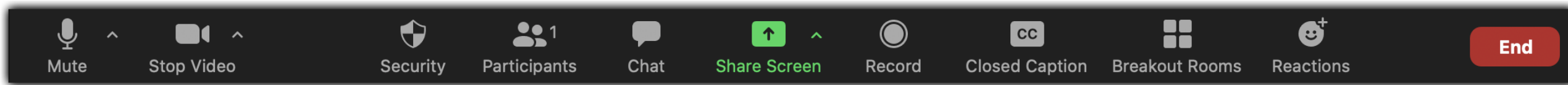# ជ្រើសរើសភាសារបស់អ្នក

Pick Your Language Now

Ahora, seleccione su idioma

Zoom Support

Mic and Video

Breakout Rooms

Chat **Ryan Natividad** with any tech issues and questions

Land Acknowledgement

Today's Agenda

Welcome & Introduction
IHI and UW Updates
Cheers: Let's Celebrate 1 Year
EiOC in Review and Panel Discussion
Trivia!
Community Announcements: *Mental Health Services Act Overview*
Wrap Up & Evaluation

Chat in Any Community Announcements

Partner Updates

Institute for Healthcare Improvement (IHI)

Community Health Improvement Leadership Academy (CHILA) Session 3
will be held on May 16, 17 & 18, 2023

Location: Delta Hotels by Marriott Anaheim/Garden Grove

Equity in OC Initiative Funding Opportunities

- **Community Participation Grants**
  - *Organizational Grant*
    - **Grant Amount Allocated:** $1.8M
    - **Award Amount for Year 2 per Organization:** $10,000 to $15,000
    - **Grant Term:** May 1, 2023 to April 30, 2024
    - **Release Date for Applications and Renewals:** March 31, 2023
  - *Individuals (Honoraria)*
    - *NEW:* Administered to Organizations funded through EiOC
      - Underserved/Underrepresented
      - Population Health Equity Collective
      - Power Building Fund
      - Social Determinants of Health (for new residents engaged)
    - **Grant Amount Allocated:** $110K
    - **Amount per Individual:** $550 to $1,400
    - Payments will be issued as a reimbursement to the funded partner to distribute Honorariums to Community Residents actively engaged in Equity in OC related activities.

Equity in OC Initiative Funding Opportunities

- **Power Building Fund 2023**
  - **Release Date for Request for Applications (RFA):** March 1st
  - **Application Deadline:** Friday, March 17th by noon (12 p.m.)
  - **Grant Term:** April 1, 2023 to March 31, 2024
  - **Award Amount per Organization:** $50,000
    - Funding available for up to 19 organizations
  - **Eligibility Requirements:**
    - Smaller Organizations with an operating budget no more than $500,000
    - Fiscally sponsored organizations are eligible to apply
    - Prior/current participation of EiOC is preferred, not required
    - ***Current recipients of the Power Building Fund are not eligible to apply***

Community in Action

Remarks from Dr. Clayton Chau

Let's Toast to EiOC:

Equity Moments to Equity Movement

Chat in:

What are you toasting to for the 1yr marker? Hopes or wishes?

EiOC in Review and Panel Discussion

Agenda

	EiOC Overview
	EiOC Participation
	Overview of Funding Streams
	Highlights & Lessons Learned
	Chat: Perspectives from Grantees

EQUITY IN OC

EiOC is working together to develop solutions that do the following:

✓ Address one or more of these 3 Priority Areas

👥 Work to improve the **systems** involved

🏞 Include working "**mid-stream**" and/or "**upstream**"

🔍 Apply an **equity lens**

👪 Are **designed with the people** that the effort is for

⧉ Use **data** (identify need, track progress, guide decision-making)

🤝 Increase **collaboration** (leverage and align)

👍 Are **actionable** and **feasible now**

If we do these things…

1

Expand existing or develop new mitigation and prevention resources and services

2

Increase or improve data collection and reporting

3

Build, leverage and expand infrastructure supports
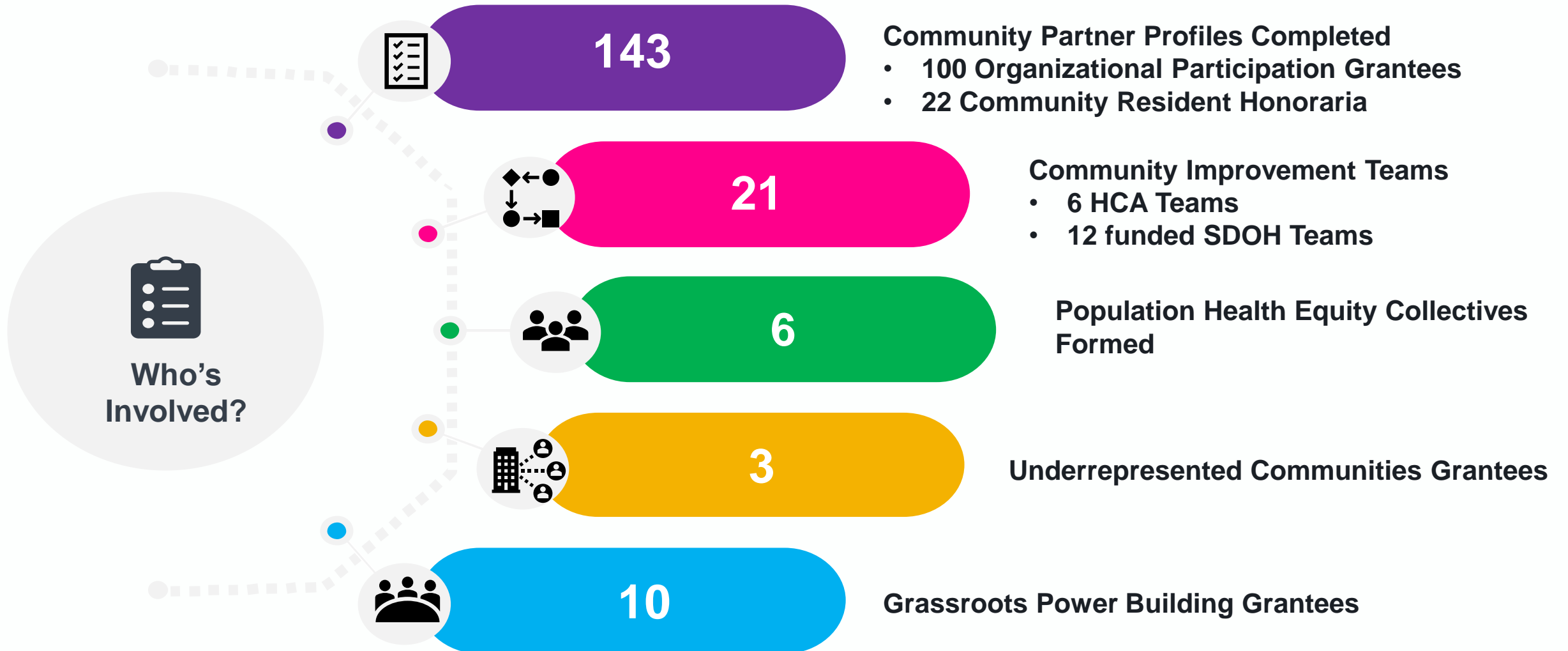
4

Mobilize partners and collaborations

In these ways…

- OPHE Self-assessments assess internal policy & practices

- HCA Equity Improvement Team builds population health equity capacity & infrastructure

- EiOC Taskforce conducts data-driven community planning & engagement

- Community Honoraria engage residents in process ($220K)

- Organizational Participation grants support engagement in process ($2M)

- Services provided to Underrepresented Communities (Transgender & Gender Nonconforming, Native American and API) ($1.08M)

- 3SDoH Funded Action Areas: Food as Medicine, Housing is Health & Health & Healing ($6M)

- Power Building Fund (10+ grantees) who attend Community Health Improvement Leadership Academy and get funds to build capacity ($1.5M)

- 6 Populations Health Collectives (API, African American/Black, Individuals w/Disabilities, Latinx, LGBTQ+, Older Adults) create HEP and expand capacity to support priority populations ($2.4M)

This happens…

- Increase services provided to priority populations

- Increase community capacity through infrastructure & data to address health equity

- Increase internal capacity of OCHCA to address health equity

- Increase engagement & mobilization of partnerships in Orange County

- Positively Impact 3 Social Determinants of Health

Create a healthier, more equitable Orange County

Who's Involved in EiOC?

Who's Involved?

143 — Community Partner Profiles Completed
- 100 Organizational Participation Grantees
- 22 Community Resident Honoraria

21 — Community Improvement Teams
- 6 HCA Teams
- 12 funded SDOH Teams

6 — Population Health Equity Collectives Formed

3 — Underrepresented Communities Grantees

10 — Grassroots Power Building Grantees

1	**Individual Community Member Honoraria**	• **$1,400 each for up to 78 individuals from Orange County** **TOTAL FUND** $110,000 annually (*only 9 awarded)
2	**Organizational Participation Grants**	• **$10K each for up to 100 OC-based organizations** **TOTAL FUND** $1M annually
3	**Grants for Underserved/ Underrepresented Communities**	• **$180K each for 3 OC-based organizations** representing the Native Hawaiian and Pacific Islander; American Indian and Alaska Native; and Transgender and Gender Nonconforming communities. **TOTAL FUND** $540,000 annually
4	**Population Health Equity Collective Grants**	• **$200K each for 6 Collectives** (Asian Pacific Islander, African American/Black, Latino, LGBTQ+, Individuals w/Disabilities, Older Adults) **TOTAL FUND** $1.2M annually
5	**Power Building Grants**	• **$50K each for up to 10-20 OC grassroots organizations** with budgets under $500K **TOTAL FUND** $500,000
6	**Implementation Grants**	• **$6M total available for 12-15 Implementation Partnership grants** • 3 Social Determinants of Health Action Areas **TOTAL FUND** $6M over 18 months (*to begin Q4 of 2022)

ORGANIZATIONAL PARTICIPATION GRANTEES

Priority Population	% grantees providing services
Individuals who are non-English speaking	77%
Individuals adversely affected by persistent poverty or inequality	73%
Latino, Hispanic, Chicano, or Latin American community	73%
Members from mixed immigration status households	72%
Youth community (18-24)	69%
Asian or Asian American community	63%
Individuals who experienced under-employment	63%
Multiracial or multi-ethnic community	63%
Older adult community (65+)	57%
Black or African American community	53%
Mental health and recovery community	51%
Lesbian, gay, bisexual, and queer (LGBQ+) community	49%
Individuals with disabilities	48%
Houseless or unhoused community	44%
Members of gender minorities (transgender, non-binary, or nonconforming)	43%
Middle Eastern or North African community	39%
Native Hawaiian or Pacific Islander community	37%
Members of religious minorities	32%
American Indian, Alaskan Native, Native American, or Indigenous community	30%
Veteran community	28%

UNDERREPRESENTED COMMUNITIES GRANTEES

- **Underserved/Underrepresented Communities Grantees** (*Native Hawaiians and Pacific Islanders; Native Americans, American Indians, and Alaska Natives; and Transgender and Gender Nonconforming Community*) have conducted a combination of **supportive service, referral, linkage, outreach, and engagement** activities, related to COVID-19 for their respective communities.

- **Supportive services**

- **Referrals and linkages** to community members for COVID-19 testing, vaccinations, and other mitigation strategies were provided.

- **Outreach and engagement** activities related to the COVID-19 response and recovery were also conducted.

POPULATION HEALTH COLLECTIVES

50% of Backbone organizations report having a funding relationship with a department of HCA

25% of Population Collective members report having a funding relationship with a department of HCA

Six Population Health Equity Collectives are building capacity within six priority communities (Asians, Native Hawaiians, and Pacific Islanders; Blacks and African Americans; Latinos; Older Adults; LGBTQ+; and Individuals with Disabilities).

At baseline, there were **80 unique organizations** across the six Population Collectives.

½ include healthcare, education (K-12), and community residents involved
1/3 include business, faith, housing, local elected officials, or HCA staff involved.

Two-thirds of the Population Collectives reported having a collective success in the past two years.

Our Population Collective…

Asian, Native Hawaiian, and Pacific Islander · Black and African American · Latino · Older Adult (65+) · LGBTQ+ · Individuals with Disabilites

Focus of Group "All-Hands" Meetings

	% Agree
Shares a deep commitment to health equity Shares a deep commitment to systems and policy change Has inclusive decision-making processes Has consensus around the Collective's health equity goals and objectives	**100%**
Balances the needs of the Collective and the needs of individual organizations Has clear communication processes among Collective members Has a clear and transparent decision-making process	**83%**
Has clear member roles and responsibilities *Has a clear mission, vision, and strategic direction for health equity* *Has inclusive and transparent priority-setting processes* *Has a plan for sustainability*	*66%*
Has clear processes to address and manage conflicts or tensions *Has a clear governance structure and processes*	*50%*
Has a clear system and process to integrate new Collective members	*33%*

Power Building Fund

- All organizations have **budgets of less than $500,000, and 90% are fiscally sponsored** programs (one is a 501(c)(3) nonprofit).

- These organizations plan to conduct community engagement (100%), leadership development (60%), and coalition building and collaborating (50%).

- 40% intend to engage in policy and budget advocacy.

- They voiced interest in receiving **trainings around strategic planning, base-building, data and communications.**

- These trainings are being provided in 2023 to meet these needs.

EQUITY IN OC

Lessons Learned Year 1

- **Data Coordination and Utilization are Critical**

- **Reflecting on the data** collected at baseline is a critical step.

- Now that we have information on who is engaged with Equity in OC, it is time to step back and ask ourselves: *Who is missing from the table? Who can outreach to other communities and populations we may want to engage?*

- Baseline data provide us with information that can help plan our next iteration of outreach and engagement to ensure the Equity in OC Initiative is working for *all* of Orange County.

- **Centering Equity Requires Flexibility**

- EiOC Initiative has shown **adaptability and flexibility** are critical to equitable grantmaking.

- Communicating 6 unique funding opportunities to the public required **extensive support to help organizations apply for opportunities** aligned with their work.
    - OPHE hosted various office hours,
    - Advance OC hosted workshops
    - OC United Way hosted office hours, bidder's conferences, and online meetups where organizations could come together to potentially partner.
- Together, these resources have **provided the community with numerous "entry points"** into the Equity in OC Initiative

EiOC Strategies

- Expand existing and/or develop new mitigation and prevention resources
- Increase or improve data collection, reporting, and infrastructure
- Build, leverage, and expand capacity and infrastructure of local health departments
- Mobilize partners and collaborators to advance health equity and address social determinants of health

PANEL EiOC CHAT:
What does it all mean for the community?

EiOC Taskforce is officially....


The EiOC Partnership

Purpose

The EiOC Partnership will advance the work of the EiOC Taskforce and OC Health Improvement Partnership (HIP), take on new topics to promote and sustain Orange County's collective responsibility to cultivate strong and healthy communities.

Leading together for Orange County change through participating in the EiOC Partnership to:

- **Support the EiOC Initiative** by taking part in updates, networking, information and resource sharing, and storytelling to create a healthier, more resilient and equitable Orange County;

- **Guide periodic countywide assessments** such as Public Health Accreditation Board (PHAB), support Mental Health Services Act (MHSA), and other planning processes; and

- **Establish health priorities and promote the adoption of associated health improvement plans and innovations** for better health outcomes and a strong OC health care system.

Community Sharing:
Mental Health Services Act Overview
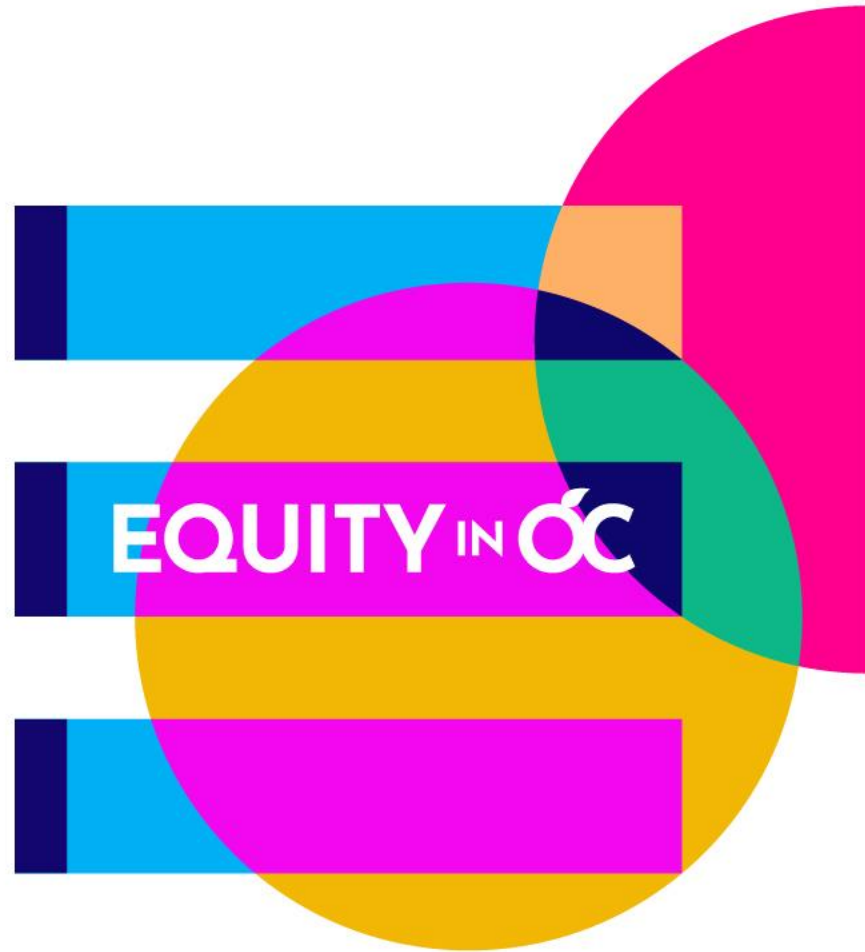
Evaluation

- Please send feedback and comments:

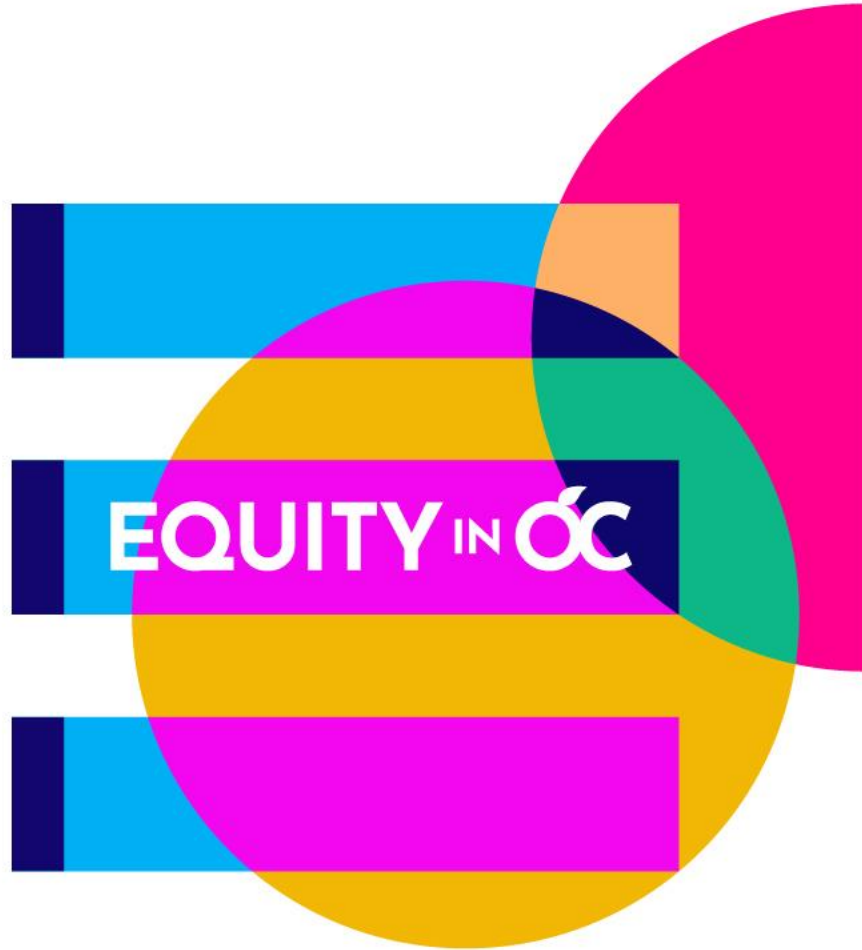# EiOC Taskforce Reminders

Taskforce Meeting Time:
90 minutes from 10am to 11:30am

Meeting Frequency:
Once a month on the 4th Wednesday

Check Your Email!
Updates are emailed and posted online

EquityinOC.com