

Cross-sector Innovation Initiative (CSII)

Interim Evaluation Report

David Napp, MPH
Practical Applications of Public Health

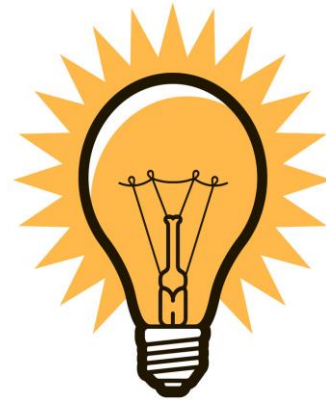
Jane Conklin, MA
Jane Conklin Consulting

March 30, 2021

Introduction

This evaluation report

- Provides a mid-program check on project progress thus far
- Identifies factors that may facilitate or hinder projects going forward
- Identifies topics to be further explored in subsequent evaluation data collection



This evaluation report provides a mid-program check on project progress, identifies factors that may facilitate or hinder projects going forward, and identify topics to be further explored in subsequent evaluation data collection. As stated in the CSII evaluation RFP, the overall intent of the evaluation is to *focus on themes from across all the grantees and not to conduct a separate, detailed evaluation of each grantee's project.*

Evaluation questions

1. For each of the four pillars of alignment: What has been accomplished? What are the internal and external barriers and facilitators?
2. How have the project or collaboration strategies changed through the course of the grant?
3. How were the partners and the community engaged?
4. What are the contributions of each partner and the community to the collaborations? What is the value of the collaboration to each partner? What is the unique role of governmental public health in the collaborations?
5. What are the shorter-term community benefits of the projects?
6. How will these shorter-term community benefits contribute to improved population health and health equity?
7. To what extent did the CSII support these collaborations and contribute to its results? How did the learning community contribute? What resources were helpful? How could they be improved? What additional resources would be helpful?

The CSII evaluation is guided by seven evaluation questions. While this report will address each question, it is important to remember that this is a “mid-program” evaluation. Findings are emergent and many of the evaluation questions cannot be fully addressed until the end of the program and after the collection and analysis of additional evaluation data.

High-level findings

Sites have adapted their work in response to the COVID-19 pandemic and national attention to racial justice

Sites are actively addressing the four pillars of alignment and their population health and equity goals

CSII staff support and peer-to-peer learning are highly-valued features of CSII; some sites have adopted strategies learned from other sites

Biannual Progress Reports have significant limitations as a source of evaluation data making it difficult to fully determine how and the extent to which CSII has contributed to sites' successes

This slide presents four high-level findings from this evaluation. These are additional findings will be further explored in this presentation.

Data sources and methods

Biannual Progress Report open-ended questions coded in MAXQDA

Notes from peer calls coded in Excel

Initial code structure aligned with evaluation questions and subcodes developed to deepen understanding

Data exported by code and reviewed to identify themes

Quotes selected to illustrate themes

Biannual Progress Report closed-ended questions analyzed in Excel



Data for this interim evaluation report spans activities conducted in calendar year 2020, the first half of the two-year CSII program cycle. Given the disruption of the COVID-19 pandemic, the evaluation's planned 2020 primary data collection activities (e.g., grantee focus groups and site visits) were deferred. The interim evaluation, therefore, relies on heavily on grantees' Biannual Progress Reports.

We reviewed Biannual Progress Reports 1 and 2 from each of the 10 CSII grantee sites (n=20 reports) and coded these narrative data using MAXQDA, a software program that supports systemic analysis of qualitative data. Additionally, we observed and took notes on 6 peer calls, including grantee discussion calls (May and July 2020), peer-sharing calls (one in August 2020 and two in October 2020), the CSII Grantees' Meeting (December 2020). These notes were reviewed and coded in Excel. The initial code structure aligned with the evaluation questions (e.g., pillar accomplishments, barriers, facilitators) and emergent subcodes were developed to deepen understanding (e.g., types of facilitators and barriers). Code memos were used to define codes and ensure consistent coding over time and across the work of both

evaluators. The data were then exported by code and reviewed to identify themes. Throughout this presentation, representative quotes from Biannual Progress Reports are used to illustrate findings. Quotes have been lightly edited for clarity and brevity, and to delete specific partner or community names; however, grantee site names are associated with each quote.

Microsoft Excel was used to conduct quantitative analysis of the numbers of grantees working on each pillar of alignment and to calculate the mean score for grantee responses to scaled questions. Excel was also used to generate associated data visualizations.

Report navigation

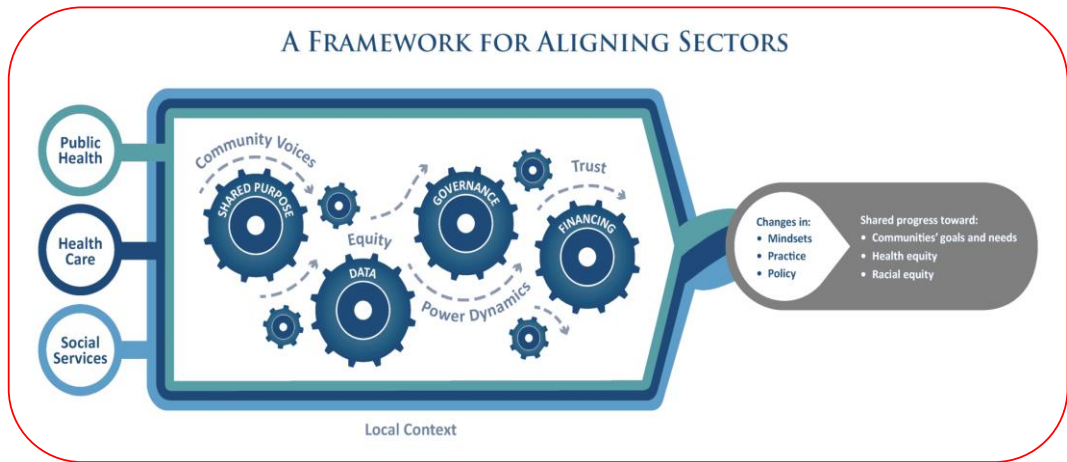
Address evaluation question #7 first

Then the remaining evaluation questions in their original order (i.e., 1-6)



We will first address evaluation question #7 because it represents an area of inquiry that has been under-represented in CSII's internal reporting to date. Following evaluation question #7, we will present the remaining evaluation questions in their original order (i.e., 1-6).

EQ7. To what extent did the CSII support these collaborations and contribute to its results? How did the learning community contribute? What resources were helpful? How could they be improved? What additional resources would be helpful?



Evaluation question 7 does not correspond to a specific part of the framework. Instead, it explores how the CSII mechanism supported grantees' efforts in sector alignment. The data to address this evaluation question came primarily from responses to questions on the Biannual Progress Reports that asked about grantees' views on CSII project assistance. These included open-ended questions on the ways in which CSII project assistance supported grantees' work, suggestions for improvement of that support, and how grantees may have interacted with other grantees in addition to the structured peer learning events. In addition, both reports included a scaled response question on the helpfulness of individual CSII project elements such as CSII staff support, project emails, peer calls, and the Grantees' Meeting. As needed, these data were supplemented with responses from other report questions when helpful to better understand grantees' views on project assistance.

CSII funding addresses diverse needs

Personnel

We've been lucky to have a health district staff member who was hired because of the grant funding, so has been able to dedicate time to the evaluation plan and next round of Wilder Survey & partnership building.

Funding to support partner agencies

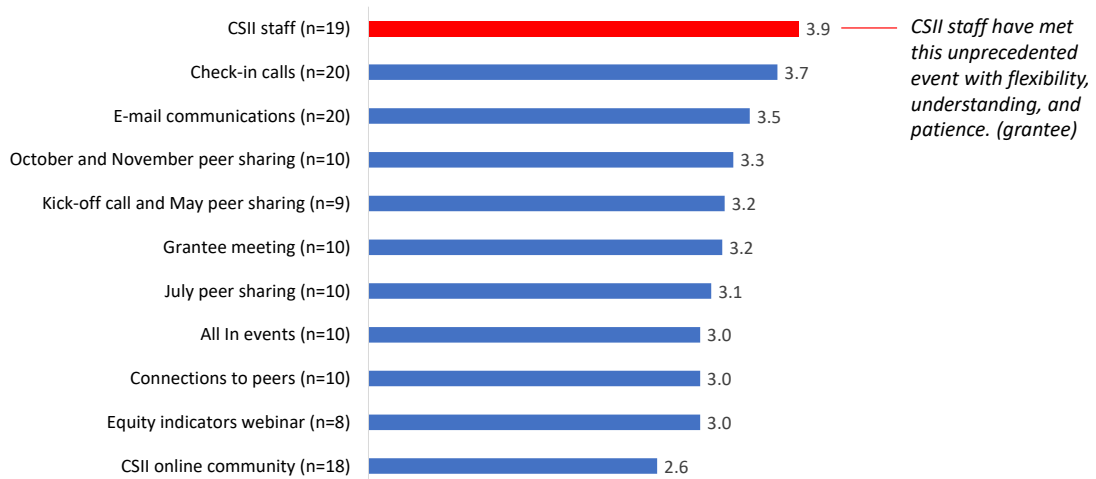
We have been aligning partners since before this period, however I think the opportunity to be involved in this work has been able to give lift to partners financially and through capacity that were not previously there.

Compensation for community members

The ability to compensate participants for the time they spend sharing very personal narratives with us seems to be an integral part of building trust that we have never been able to actualize before this grant.

Although there was not an explicit question about how CSII funding support helped grantees' work, in Biannual Progress Reports, half of the Grantees offered examples of how the CSII grant funding helped advance their work in ways they would otherwise not have been able to do. As illustrated by the quotes on this slide, this included securing technical expertise or dedicated staff time to accomplish key tasks in their alignment efforts and providing funding to partner agencies or compensation to community members. In Peer Calls, several additional grantees echoed these ideas and described ways in which CSII funding provided unique support. Two of these grantees described ways in which the CSII grant allowed them to address siloes or work in a less siloed fashion, and another grantee expressed enthusiasm that their area was eligible for this kind of funding opportunity because they do not typically receive funding for cross-sector work.

CSII support: staff assistance rocks!



CSII staff support received the highest score, with a mean score of 3.9 on a 4.0 scale. A sample quote representing just some of the positive feedback toward staff is included in the figure above.

Grantees considered CSII staff very helpful

Abundant praise, generally and for all team members

Supportive: flexible, friendly and engaging, aware, affirming

Quality of communication

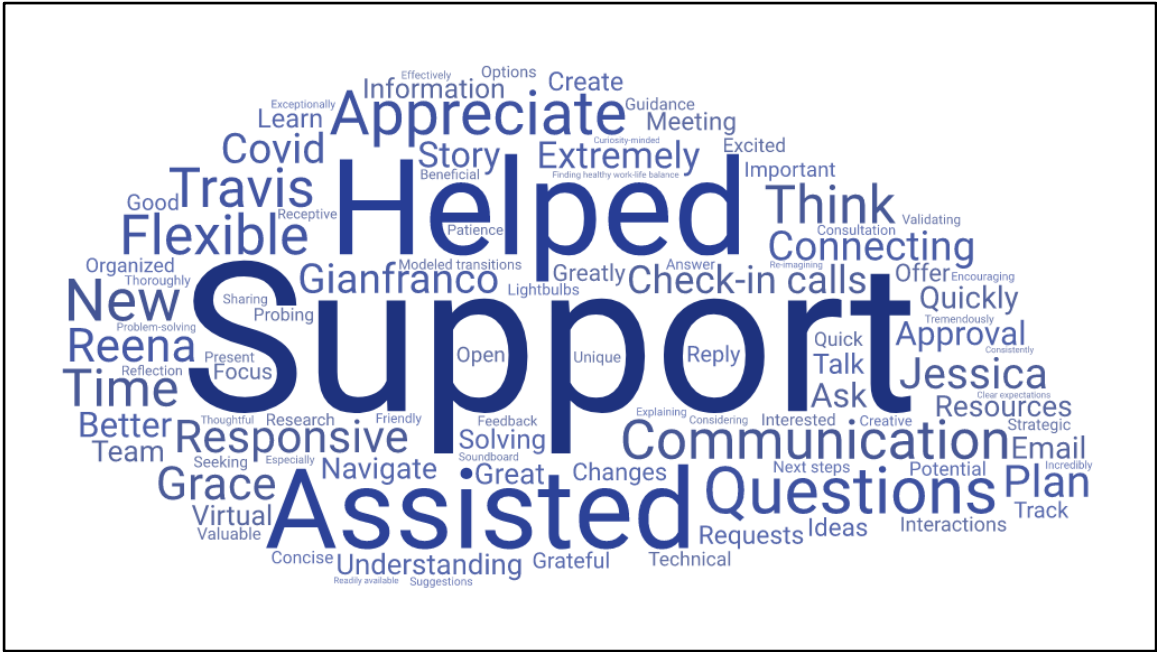
Thoughtful, thorough

Timely, clear, organized

Thought partners and problem solvers

Conduit to ideas, resources, other grantees

In open-ended responses, grantees offered abundant praise to CSII staff. Comments were inclusive of “staff” generally and offered praise to all team members by name. Themes related to the supportive nature of staff’s efforts. Additionally, grantees appreciated the quality of the communications from staff. Staff were viewed as working in partnership with grantees and offering sound advice or providing a sounding board with whom to think through problems. Finally, grantees described staff as valuable partners in helping access new ideas, resources or other grantees.



This Word Cloud depicts the most frequent words in the Biannual Progress Reports associated with staff support.

Peer learning, ongoing and unfolding

Structured Opportunities: Peer Calls, Grantees' Meeting, All-In Conference

Independent Collaborations

- Connected through Learning Community events or CSII staff
- Regional Collaborations
- Informal networking, within CSII Grantee network and beyond

Connection to new ideas, tools, resources, best practices

Inspiration and support

Our participation in CSII partner calls has been invaluable in gaining new ideas, identifying resources, and feeling generally supported by a cohort of inspiring groups doing inspiring work.

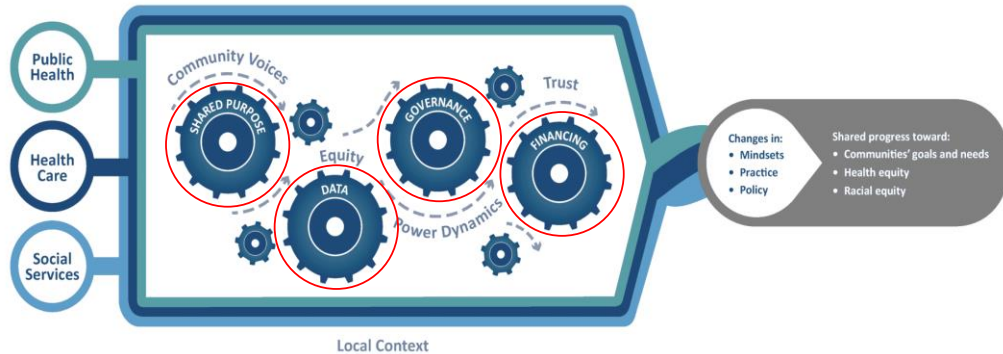
In narrative questions in the Biannual Progress Reports, grantees described participating in two broad types of peer learning: those that took place in the context of structured opportunities (e.g., peer sharing calls, Grantees' Meeting and All-in Conference) and individual grantee collaborations that grew out of those calls or introductions facilitated by staff.

Two sets of grantees described regional collaborations.

It was clear from the progress reports that peer-to-peer learning activities continue to evolve over time. Additionally, grantees appreciated their peers, both as resources for new ideas and tools, and as supportive colleagues.

EQ1. For each of the four pillars of alignment: What has been accomplished? What are the internal and external barriers and facilitators?

A FRAMEWORK FOR ALIGNING SECTORS



Evaluation question 1 most closely relates to the parts of the framework indicated in red. This evaluation question explores grantee progress on addressing the pillars alignment.

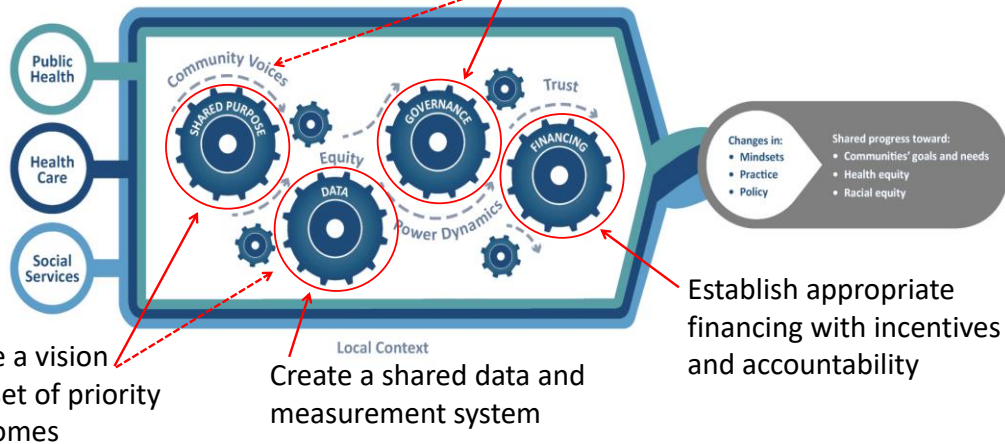
CSII funds grantees to work on 4 pillars of alignment. In the CSII request for proposals, these pillars are framed as part of aligned systems in which systems and leaders:

1. share a vision and set of priority outcomes
2. create a shared data and measurement system
3. establish appropriate financing with incentives and accountability
4. Have strong governance with leadership and defined relationships driven by the voice and participation of community members.

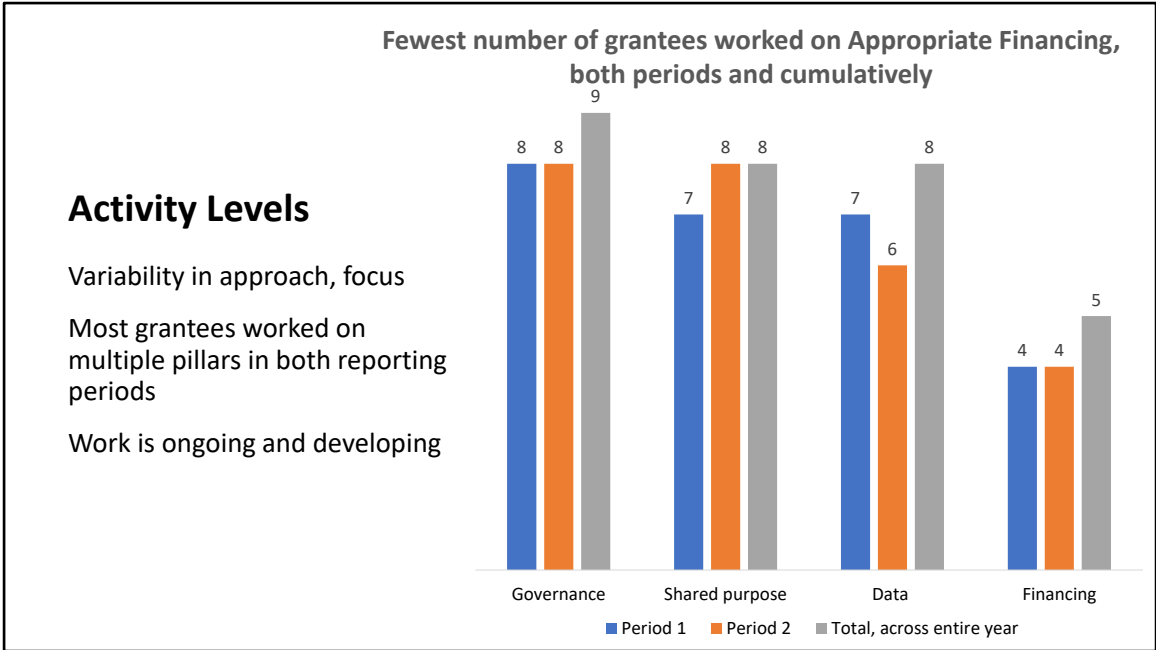
Grantees were able to choose to work on one or more of these pillars as part of their CSII grant.

CSII Pillars

Have strong governance with leadership and defined relationships driven by the voice and participation of community members



The correspondence between the framework and the CSII articulation of the pillars is clear. However, definitions of the pillars overlap and the work the grantees describe in Biannual Progress Reports does not always fit neatly within a given pillar. For example, the full definition of the Governance pillar relies as equally on community voice and community participation as it does on the mechanisms that define relationships, roles and responsibilities, i.e., community voice and participation are an important component of the collaboratives' charters, bylaws, committee structures, etc. Similarly, establishing a vision and set of priority outcomes (Shared Purpose) is dependent on systems to measure progress toward those outcomes (Data). These overlaps are useful to keep in mind both as context for how closely related these pillars are in the work of the collaborations and to frame the evaluation report's short-hand notations in presenting progress on specific pillars in the following slides.

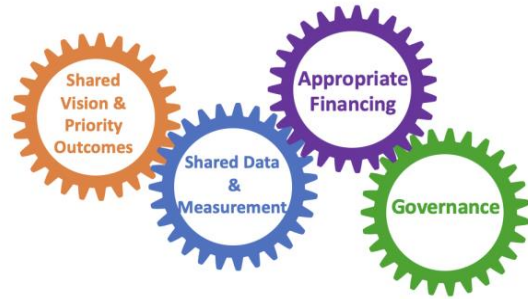


Grantees varied considerably in which pillars they chose to address, how many pillars they addressed, and whether they changed focus between reporting periods. Most Grantees chose to focus on multiple pillars, averaging 2.6 pillars within and across both reporting period. Only one Grantee chose to focus on one pillar across both time periods. The Governance pillar had the most consistent focus across time periods and was addressed in at least one reporting period by all but one grantee. Appropriate Financing was the least frequently addressed of all pillars, both for each reporting period and cumulatively.

Pillar accomplishments, barriers and facilitators

The following slides will present findings on pillar:

- Accomplishments
- Barriers
- Facilitators



The following slides will present findings on pillar accomplishments, barriers, and facilitators.



Accomplishments (with Grantees' Quotes)

Data Collection and Analysis

We're currently in the data collection portion of this pillar, working to create a shared vision that is informed by the community's priorities and feedback.

Create vision and select priority outcomes

Committees were able to meet virtually ... based on that data and input from all partners, they were able to identify a shared vision [and] its top three areas' priority outcomes.

Review and modify priority outcomes

We refocused on creating our new priority outcomes for the upcoming year and were able to not only to continue highlight work that was ongoing but also shine light on new emerging issues that the partnership overall can align together.... Additionally, we created a new graphic that highlights all of the pieces of this work.

Sustain and strengthen

The ____ project has allowed us to galvanize our partner organizations around a shared vision and set of priority outcomes.... This vision continues to serve as a powerful touchstone for the group that keeps partners committed to working together despite the chaos that has dominated 2020.

Grantees described a range of accomplishments related to **Shared Vision and Priority Outcomes**. These spanned a continuum from 1) data collection and analysis to 2) using those data to create a shared vision and associated outcomes to 3) reviewing and modifying priority outcomes and finally 4) sustaining and strengthening the shared vision.

For data collection, one grantee described starting with community ethnography to support creating a shared vision informed by community priorities and feedback. Two grantees described developing new shared vision statements and identified priority indicators during the reporting period. Other grantees described ways in which they reviewed and modified their priority outcomes and associated tools, e.g., adjusting interventions, modifying logic model, and creating new systems maps. Finally, some grantees described ways in which they used their existing shared vision and priority outcomes to facilitate conversations with partners and serve as a guide to activities.

The quotes listed in the slide are examples of accomplishments grantees described across this continuum.



Accomplishments (with Grantees' Quotes)

Assessment and planning

Leads have been involved in assuring the participation of hospitals, public health entities, and the community in our next assessment, reviewing and modifying methods, planning communications and evaluating technologies, e.g., a common electronic platform. This work is building shared measurement capacity focused on our shared equity-focused goals.

Data gathering and analysis

The Wilder survey with COVID-19 add-on questions has been developed [and implemented]. We are adding supplemental questions about COVID-19 partnerships formed, continuing needs, and opportunities. (grantee)

[Partners] collected and analyzed Medicaid data from the Department of Human Services. We also received emergency room and hospitalization data from two health systems.

Data sharing and use

We reviewed the results [of the Wilder survey] with the Collaborative leadership team and the Collaborative to determine priority areas for 2021 strategic planning work. (grantee)

Our shared community data platform has been further developed on schedule and has allowed our teams to highlight dozens of health outcomes across our community. This shared data platform has also enabled a neutral place for multiple competing partners...to work together on shared data at the community level.

Grantees described several accomplishments related to creating a **Shared Data and Measurement System**. These ranged from 1) assessment and planning to 2) data gathering and analysis to 3) data sharing and use.

Assessment and planning activities included steps Grantees took to assess available data and/or create a plan to assemble and use data. This includes activities like creating a framework, identifying which data are available and which are needed, cross-walking data elements from separate organizations, mapping out how and when data will be integrated, developing possible outcome and process measures, securing IRB approval to collect data, or addressing legal concerns about data sharing. Grantees also listed accomplishments related to their ability to secure, gather or analyze data for collaborative use. In general, these are the steps that occur after assessment and planning and before data sharing and use and apply to existing data sets within the collaborative or to newly acquired data that the collaborative receives from other organizations or collects itself. Data sharing and use refers to grantees sharing and using data within or beyond the collaborative. This includes multiple modalities, e.g., convening community or partner meetings, presentations, and sense making sessions; or developing data sharing tools such as data report cards or dashboards. Grantees described a variety of ways in which shared data were used:

individual patient care coordination, more targeted sensemaking of data related to a particular populations, advancing collaborative funding aims, and making data more generally available to the community.

The quotes listed in the slide are examples of accomplishments that Grantees describe across this continuum.

The example of the Wilder survey shows how work on this pillar evolves over time; for example, identifying a line of inquiry, designing data collection instruments, collecting and analyzing data, sharing those results and using them to advance alignment and equity work. This example also highlights how the shared data and measurement systems pillar aligns with the pillar for creating a shared vision and priority outcomes.



Accomplishments (with Grantees' Quotes)

Planning

We have had many discussions regarding governance and decision-making and while we are not in alignment with our original timeline for this work we are not far off and we are much stronger for the delay. The Coordinating Team identified the need to have a facilitated 'retreat' to help us develop these skills and muscle before leading the full Collaborative in this particular body of work.

Developing or revising Governance structures

A governance charter and partnership agreements were secured. (grantee)

We have established a Steering Committee that meets quarterly to lead the project. This Committee has committed to the establishment of a Community Advisory Board which will be convened at the end of the year.

Ensuring or integrating community voice and participation

[Work on the Governance Pillar] has really taken off in the past 6 months with the infusion of the voices of the 4 funded CBOs whose leaders and teams are very passionate about their work and dedicated to the community/ies they serve. It also has taken off in that we have given a strong voice to individual community members in cultural, spiritual, faith and geographic communities around the county. And the people who reviewed and selected both the individuals and CBOS [for funding] all were community members themselves or people working in small organizations.

CSII describes the **Governance** pillar as “strong governance with leadership and defined relationships driven by the voice and participation of community members.” It is important to keep in mind this more complete definition of Governance in the discussion of accomplishments for this pillar. Also note, that in contrast to the findings on other pillars, the Governance accomplishments are not depicted above with arrows that suggest a more sequential relationship. Rather, accomplishments for the Governance pillar are presented side by side, since leadership and defined relationships are meant to be driven by community voice and participation.

While some grantees describe accomplishments in terms of *planning* to develop governance systems with collaborative partners, most describe their work on *developing and adjusting* structures and procedures or the ways in which community voice and participation has been *integrated* into collaborative governance.

Some grantees describe accomplishments related to the collaboration’s governance structure as producing or revising formal documents such as a charter, partner agreement and so on. Other grantees may describe procedural changes, e.g., creating a steering committee or different governance body structure; however, they may not always indicate whether these changes are reflected in revisions to formal

governance documentation, if such documents exist. Accomplishments related to the community voice side of governance may talk about engaging community-based organizations or individuals in a variety of roles such as participating in meetings, serving on committees, receiving funding from the collaborative, or holding decision-making roles in the collaborative.

The quotes above are examples of accomplishments Grantees describe across this continuum.



Accomplishments (with Grantees' Quotes)

Planning

The backbone agency is working ... on developing a sustainability strategy. The following was accomplished :

- *A value proposition was drafted...*
- *The following strategies were identified:*
 - *Explore a model requiring financial support from members*
 - *Reach out to businesses with an interest in [the community]*
 - *Influence partners to increase current community investments in the identified neighborhoods.*
 - *Explore leveraging the neighborhood networks model implemented by the (grantee) ACH.*

Operationalizing

Day to day budgeting and accounting are managed by [the County] and the CSII alignment partners provide direct oversight such as approval of the dollar amounts that will go to each funded community member and deciding to increase the total amount available ... [and] approval of budget shifts from indirect funds that would have gone to those who provide project support at [the County] out to the community. (grantee)

We had intended to advance our capacity to share grant funding across partners as the focus of our work. This included using CSII funding to lift up the expertise of [partner organizations]..... We have set up sub-contracts with [both].

Grantees described a range of accomplishments for the **Appropriate Financing** pillar. These included planning for longer-term sustainability and restructuring organizations, e.g., considering restructuring a community group as a nonprofit organization. Additionally, grantees described several ways in which they operationalized and advanced appropriate funding models, such as collaborative partners making funding decisions, individual partners submitting grant applications that reflect the collaborative's vision, executing sub-contracts with collaborative partners, and developing processes to facilitate the flow of funds, e.g., creating budget request forms.

Some of the work grantees described in this pillar also reflect the possible relationship between Appropriate Financing pillar and the Governance pillar. In the first reporting period, one grantee considered establishing a community group as a nonprofit as an accomplishment in the Appropriate Financing pillar: “[*This change*] could advance our capacity in establishing appropriate financing and accountability pillar.”(*grantee*). In the subsequent reporting period, the establishment of the nonprofit was listed only as a Governance pillar accomplishment and not referenced in the discussion of Appropriate Financing. This illustrates the complexity of working with these constructs for grantees and the challenges of these reporting formats for

the purpose of evaluation.

The quotes above are examples of accomplishments grantees describe across this continuum.

COVID-19 most frequently-cited challenge, all pillars

Competing priorities

Time pressures

Delays and changes
implementing plans

Virtual meetings less
desirable, though still useful

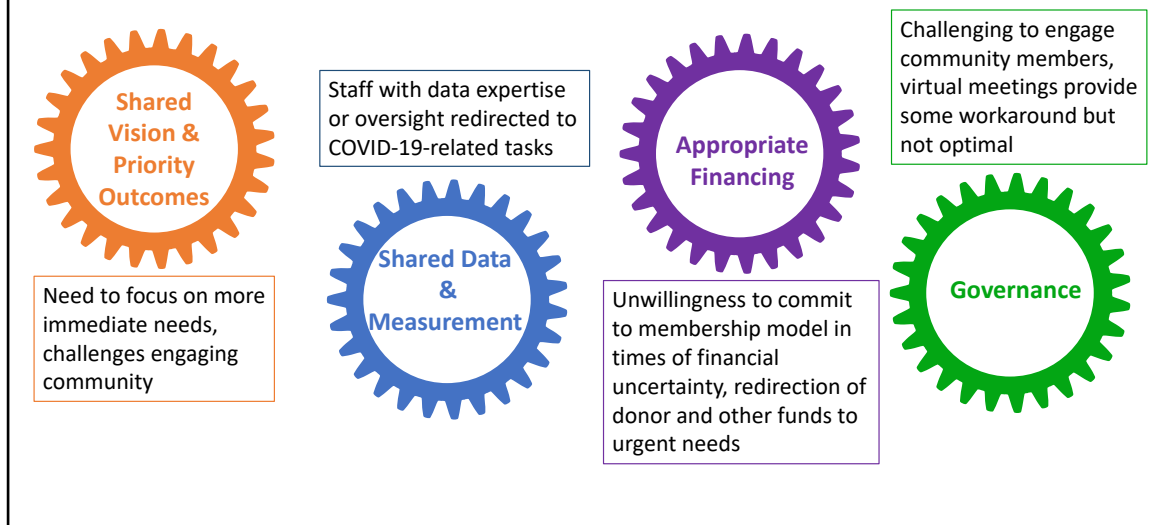


The strongest themes, for both **barriers and facilitators**, were also those that cut across multiple pillars.

Across all pillars, grantees most frequently cited the COVID-19 pandemic as adversely affecting their ability to make progress. Grantees commonly described the pandemic as putting strain on community members and partners, drawing attention and time away to focus on immediate needs, thus limiting grantees' ability to focus on CSII collaboration task. Time limitations, the need to address more urgent priorities, the inability to meet in-person or otherwise carry out plans as intended, led to delays or other changes in implementing activities as originally planned. Grantees described shifting some work to virtual platforms. Although largely viewed as allowing the work to move forward, some grantees noted challenges in fully engaging partners and including community members through these platforms. The following quote illustrates how one grantee found the lack of face-to-face meetings to be the biggest barrier to the work: *I would not say there are many barriers to this work other than it always being different when you can be in-person and breaking bread together.* (grantee). Of note, in describing how current-events hindered work on pillars, most grantees focused exclusively on COVID-19. One grantee, specifically cited the pandemic and the social upheaval related to the death of George Floyd, and another

grantee more generally described COVID-19 and *“other current events”*.

Some differences in *how* COVID-19-related challenges presented across pillars



Interestingly, there were some slight differences among pillars in how COVID-19 impacted the work. For example, in discussing the Shared Vision and Priority Outcomes pillar, some grantees reported that the focus on immediate needs and bandwidth limitations made it difficult to devote time to longer-term strategic planning, and that challenges in fully engaging the community would adversely affect progress on this pillar. Progress on the Governance pillar, was similarly affected by pandemic-related challenges in engaging community members. Work on the Shared Data and Measurement pillar was affected quite differently. These barriers related to staff with technical expertise being redirected to COVID-19 response. Of those citing the redirection of staff as a barrier, many, but not all, of those staff were part of the public health sector. Finally, for the Appropriate Financing pillar, one grantee noted that the climate of financial uncertainty created by COVID-19, and the need for donor funds to be redirected to more urgent needs, created challenges for advancing this pillar during the pandemic.

In their own words...



One barrier to our work [on this pillar] is that it is hard to maintain daily, or even weekly, momentum on our grant activities as we are inundated with new pandemic issues.

Slower-than-desired progress on shared data is due to COVID-19. All staff in [health department] Epidemiology, Research, & Evaluation Division are operating [the] Contact Tracing and Investigation Team and have no consistent ability to make progress on [our] data.



The biggest barrier is once again COVID-19. Member organizations are unsure of the work ahead and therefore their ability to commit to a membership dues model.

We have not been as effective in integrating individual community members into the Collaborative... Some of the delay is because of COVID-19; the inability to meet in person contributed to a pause in conversations we had just begun.



The quotes on this slide illustrate how COVID-19 affected grantees' work on the pillars of alignment.

Other pillar-specific challenges



Community data and community voice challenges, differences between partners related to leadership decision-making approaches or terminology

Legal challenges integrating data, interoperability and costs to address it, lack of desired data, complexity of measurement of key constructs



Administrative challenges, e.g., contracting, disbursements, restrictions

Need to strengthen community voice and build community trust, need to convince agency partners to create safe spaces for shared decision making, disconnect between governance in theory and practice



Grantees noted other barriers to pillar progress that were not related directly to the COVID-19. These themes are secondary to the stronger pandemic-related challenges presented above and should be treated with caution, especially given the relatively small number of grantees. These themes may be best regarded as emergent and are presented here for consideration in that context.

In addition to the pandemic, more general challenges to engaging the community broadly and ensuring strong community voice were described in both the Governance and Shared Vision and Priority Outcomes pillars. Specifically, these challenges related to accessing key communities, building trust with communities, creating safe spaces for shared decision-making, or finding ways to facilitate community participation. Additionally, in the Shared Vision and Priority Outcomes pillar, there was some discussion about challenges being created by differences between partners, such as the kinds of terminology used within agencies or agency partners with leadership decision-making processes that were inconsistent with a cross-sector approach. Grantees working on the Data pillar described technical challenges, such as data privacy laws or securing IRB approvals, interoperability challenges and the costs required to address them, or how to measure complex constructs such as the relationship that collaboration and coordination activities may

have on patient outcomes. Finally, for the Appropriate Financing pillar, grantees noted administrative hurdles, such as complex procurement and reimbursement systems for small grants to individuals or small organizations, reimbursement delays and regulations or restrictions on how funds can be used by certain organizations.

In their own words...



We are struggling ... organizations include healthcare systems, health plans, housing developers and providers, social services and supportive housing providers. We each use different terminology and language and have struggled to develop a unified direction.

We also need to navigate the legality of sharing certain forms of data. While important, laws and regulations put in place to protect people's confidentiality and personal information are barriers to accomplishing some of our goals. Finally, we all use different electronic health record and data tracking software, which poses a challenge for real-time data sharing. Fixes for this are expensive and perhaps insurmountable.



Current county contracting procedures and rules have been a barrier in terms of community members and small CBOs not understanding our language and terminology and getting funds out the door in a timely manner.

We are still working on building trusting relationships with the community and establishing processes with leadership in our organizations to ensure spaces for shared decision-making are welcoming, safe and equitable so we cannot report on progress towards this pillar at this time.



The quotes on this slide illustrate how barriers other than COVID-19 affected grantees' work on pillars of alignment.

Trust, commitment, and community voice were facilitators across all pillars

Trusting relationships

Commitment to the work,
tangible and intangible

Inclusion of community voice
and community participation



As with barriers, the strongest themes for facilitators were those that cut across multiple pillars. The strongest themes for facilitators across pillars included trusting relationships, partner and community member commitment, and the inclusion of community voices and broad participation. Trust was described as something built over time, through shared history, or through mutual knowledge of organizations and organizational capacities. **Trusting relationships were viewed as having practical implications for advancing alignment. For example, trusting relationships built on a history of shared work were cited as facilitators for creating shared data systems or advancing the shared vision of a collaborative.** The quotes below illustrates a multidimensional sense of trust:

Having worked with each other in various capacities before this project, there is also a deep sense of trust amongst our four organizations. We have the gift of knowing that we could send any one of our grant partners to speak on our behalf and know that they would represent in the best light possible. (grantee)

We have worked together for more than a decade to build a shared, data-focused approach and trusting relationships. (grantee)

Grantees also describe multiple ways in which staff, organizations, and community members demonstrate commitment as important facilitators to progress across pillars of alignment. Commitment was described as direct actions (e.g., signing memoranda of understanding, completing shared work, participating in meetings or assessments, applying for funding related to advancing the shared vision, sharing expertise or data) and in less tangible terms (e.g., sense of shared understanding and willingness to work through challenges). The quotes below reflect just a few of the many ways in which Grantees described commitment as a facilitator to systems alignment:

The presence of the technical imagination necessary to work through how to bring this together was an early and encouraging sign. Partners were willing to think about different ways to put something like this together and what steps it might take to make that happen. Partners have also been willing to go back to their own organizations and push for a better understanding of what they have looked at previously or in other ways and how we could use it to strengthen this pillar. It has been clear that while there are some significant differences to how to solve certain challenges or what the best way forward may be, there is consensus that we should be building a common operating picture through shared data, not merely admiring the problem. (grantee)

Throughout 2020, the commitment that our partners have made to this vision and these shared outcomes have served as a major driver of our collaborative work. Even when our COVID-19 response and cyber incident attempted to suck up everyone's bandwidth, our leadership and community partners continued to prioritize work in this area recognizing that its impact could go well beyond this particular project. (grantee)

Partners have demonstrated a commitment towards achieving systems alignment through verbal support, signing of MOUs, allocation of staff and funding, referrals, and collaboration on cases that had previously not had multi-agency involvement. (grantee)

Finally, many grantees identified community voice and participation as facilitators to the work to alignment across pillars. Roles played by community were wide-ranging and included providing insight, feedback, expertise, history, problem-solving skills, and access to other community members or community-driven processes.

The community members have been facilitators, and frankly have been the bright spot needed in all of this upheaval. They have shown resilience, capacity, and partnership. (grantee)

Community members [names omitted] have both served as incredible community

leaders in this process historically, throughout many years of [our collaborative] work, but also in the last calendar year of work in the CSII project. Both have provided strategic vision and personal leadership in engaging community members and other colleagues to guide the next phase of this work. (grantee)

Pillar-specific facilitators



Broader/increased awareness of racism and the need to address inequities, use of models, flexibility of partners, virtual meetings, interview stipends

Appropriate human resources, complementary funding sources



Internal agency or collaboration factors

Strong, clear, collaborative and authentic processes to engage partners and community members; champions and gatekeepers



Grantees noted other facilitators to pillar progress that were not related directly to the COVID-19. These themes are secondary to the stronger pandemic-related challenges presented above and should be treated with caution, especially given the relatively small number of Grantees. These themes may be best regarded as emergent and are presented here for consideration in that context.

For **Shared Vision and Priority Outcomes**, multiple grantees cited an increased awareness of racism and social inequities as a facilitator to their work on this pillar. Several described the use of a models to guide work on this pillar; these included using a Theory of Change model and creating a systems map that outlines the impacts of structural racism in the community and identifies potential solutions. Additionally, grantees mentioned a handful of other factors that facilitated work on this pillar: flexibility of partners, use of virtual meetings to maintain relationships during the pandemic, federal funding mechanisms that require equity metrics, and the ability to offer interview stipends to community participants. One grantee described stipends as a facilitator as follows: *Being able to offer interview stipends has gone far to show our new community partners that we are fully committed to improving equity in all spaces, and that we share their vision of service. (grantee)*

For **Shared Data and Measurement System**, many grantees suggested having the right set of individuals in place was an important facilitator for this pillar. Knowledgeable, skilled and dedicated individuals at any level – whether staff, consultant, committee or intern – contributed to this pillar. For example, grantees said staff ability to complete tasks such as analyze data, develop sample performance measures, create data visualizations, or develop templates facilitated work on this pillar. Other facilitators for this pillar included having a knowledgeable external consultant with legal expertise in navigating data-sharing challenges, knowledgeable committee members, and the work of interns. Grantees also described additional funding at local foundation, state and national levels as facilitators for their work on this pillar. These included assistance from a local foundation to support a shared data system dashboard, a state-level initiative to develop and print a data-sharing card, and a national level mechanism to fund a data dashboard and the process to engage community members and analyze data.

For the **Governance** pillar, grantees identified strong processes for engaging partners and community members as important to the success of this pillar. For example, grantees described facilitators such as the collaborative development of their charter, providing training in new ideas or using a community-based asset development model to inform their process, providing stipends to support community participation, and working to secure IRB approval to ensure the protection of vulnerable community members. Grantees also found value in tools to articulate expectations (i.e., setting expectations through MOUs and confidentiality training and 1-on-1 meetings to orient new team members) or ensure that the backbone agency was meeting the needs of the collaborative (i.e., surveys). Grantees also described particular individuals as playing important roles as facilitators. Examples include staff such as peer navigators or social workers who can play multiple roles in providing insight into and access to communities, or committee members who are in decision-making or other influential roles in their agencies who can advance collaborative work.

Few grantees worked on the **Appropriate Financing** pillar and there were only some facilitators specific to this pillar. Several grantees described internal agency/collaboration factors that helped advance work on this pillar. These included an internal advocate within the agency who helped small agencies and individuals navigate the contracting and reimbursement process, possible adjustment to contracting system, regular meetings to make financial decision, and provision of more generous funding (mini-grants) to allow community members to lead with their ideas. One grantee cited the external facilitator of a state-level mechanism that may potentially support cross-sector collaborations.

In their own words...



Having the resources of the Research Department has been a facilitator of all aspects of our work in this pillar. Support has included preparing data, including analysis and developing data visualization tools and plain language descriptions of statistical terms, and providing technical assistance and training in the IRB application process.

It has become clear that until a shared governance structure is fully in place, there remains a considerable spectrum of agency engagement. We were grateful that one vocal executive, whose agency has significant political will, was willing to pull other agencies toward shared governance.



The declaration of structural racism as a public health issue ...and growing recognition of racial issues among community groups, coalitions, and individual citizens in the wake of George Floyd's death will enhance community participation in our group modeling building workshops and in implementing change.

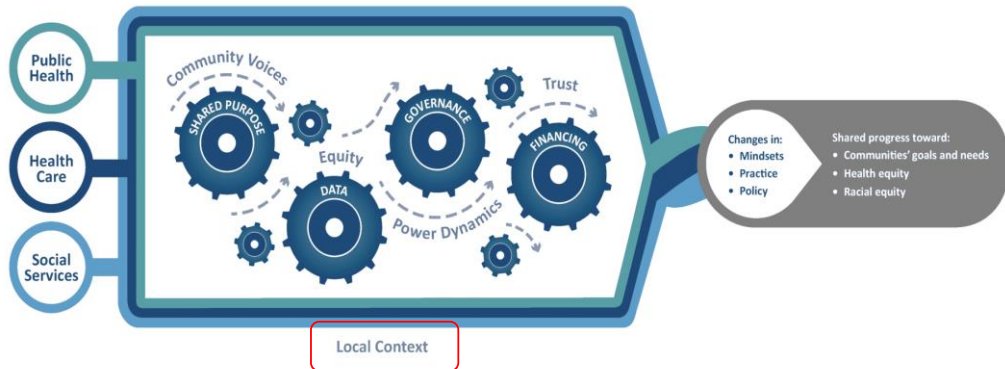
The County is talking about revising some contracting steps to make this easier overall as part of the county's disparity reduction work, which would be much appreciated not only for individual community members but for small CBOs.



The quotes on this slide illustrate facilitators to grantees' progress on the pillars of alignment.

EQ2. How have project or collaboration strategies changed through the course of the grant?

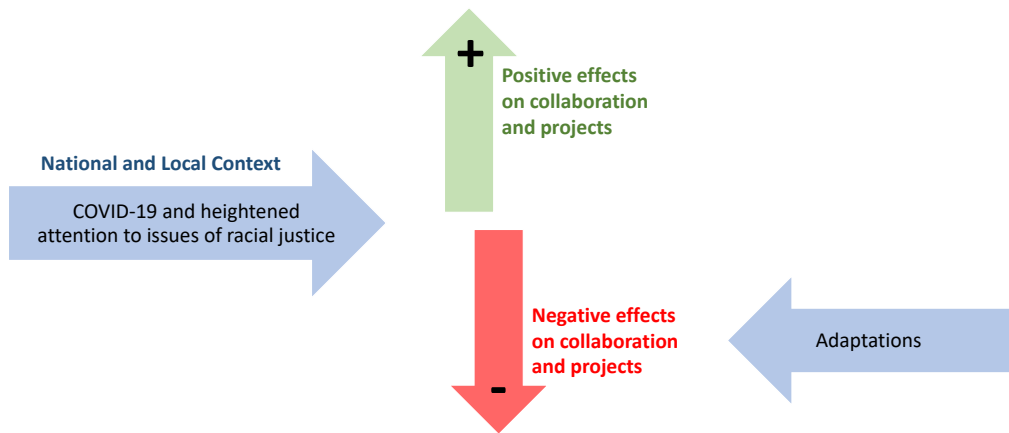
A FRAMEWORK FOR ALIGNING SECTORS



Evaluation question 2 most closely relates to the part of the framework indicated in red. Local context was significantly impacted by COVID-19 and increased national attention to issues of racial justice and, therefore, this evaluation question examines the impact of those events on project and collaboration strategies, and ways in which grantees adapted to those circumstances.

The data to address evaluation question #2 came primarily from responses to questions on the Biannual Progress Reports about how COVID-19 and racial justice have affected grantee efforts. As needed, these data were supplemented with responses from other report questions when helpful to better understand the impacts that were described. The questions on the Biannual Progress Report did not distinguish between impacts on project and collaboration strategies.

National and local context had both positive and negative effects on collaborations and projects; sites adapted to these challenges



The **national and local context** related to COVID-19 and heightened attention to issues of racial justice had both positive and negative impacts on projects, and sites developed some helpful adaptations to the challenges they encountered. The following slides explore each of these areas in greater detail.

Positive and negative effects on collaborations and projects



Stimulated partnerships to collaborate on COVID-19 response
Underscored the need to address interconnected issues related to equity
Highlighted the need for system-level solutions
Accelerated passage of resolutions declaring racism a public health crisis



Reduced time and attention for collaborative work due to COVID-19 redeployment
Directed attention away from upstream solutions toward immediate crisis needs
Delayed project activities and postponed the hiring of staff and interns
Hindered partner recruitment, community engagement, and developing collaborative relationships

This slide displays examples of the positive and negative effects on collaborations and projects that grantees described on their Biannual Progress Reports.

Sites adapted in three ways to negative effects on collaborations and projects

Adaptations

Partner roles and staffing

Shifted decisions to be less reliant on public health leadership and staff

Engaged leadership only for targeted decisions rather than more time-consuming collaborative planning

Shifted project responsibilities from public health staff to other partners

Used graduate students and interns to help with tasks that otherwise would have been done by partner staff

Collaborative and project activities

Redirected project efforts to COVID-19 response with attention to equity and meeting basic needs (e.g., food, housing, mental health, etc.)

Reordered project timelines and/or approach for some activities (e.g., launched mini-grants sooner)

Adjusted budgets to accommodate project changes (e.g., shifted funds from in-person community meetings to interview stipends)

Virtual work

Shifted to virtual collaborative meetings and planning processes (e.g., virtual model building sessions, human centered design)

Shifted to virtual services (e.g., telehealth, virtual walking groups)

Identified HIPAA-compliant virtual platforms for discussing client care coordination

Held more frequent meetings

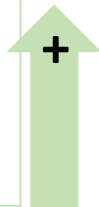
Used surveys for community input

Sites adapted in three ways to the negative effects of national and local context on collaborations and projects. These included 1) changes to partner roles and project staffing, 2) adjustments to collaborative and project activities, and 3) shifts to virtual work.

National and local context positive and negative effects and adaptations: In their own words

Our work has been accelerated a bit because of the heightened focus and public discourse on health equity and systemic racism stemming from COVID-19 (and the uprisings in response to the most recent cases of Black people being murdered in public). (grantee)

While the pandemic did not change our existing focus, it has further highlighted the health and health care access inequities that exist among immigrants and communities of color.



The success of our project depends on a substantial investment of time and personnel resources from all of our partner organizations. In a good year this would be a big ask, but with COVID-19 it was an impossible ask. (grantee)

Our greatest challenges have been all of the effects of COVID-19. We have lost time commitment from key partners that had to switch their focus to COVID-19 specific work.



We have had to completely forego any in-person gatherings with our grant partners, and for our community. We have therefore allotted the majority of the budget for community engagement to interview stipends.

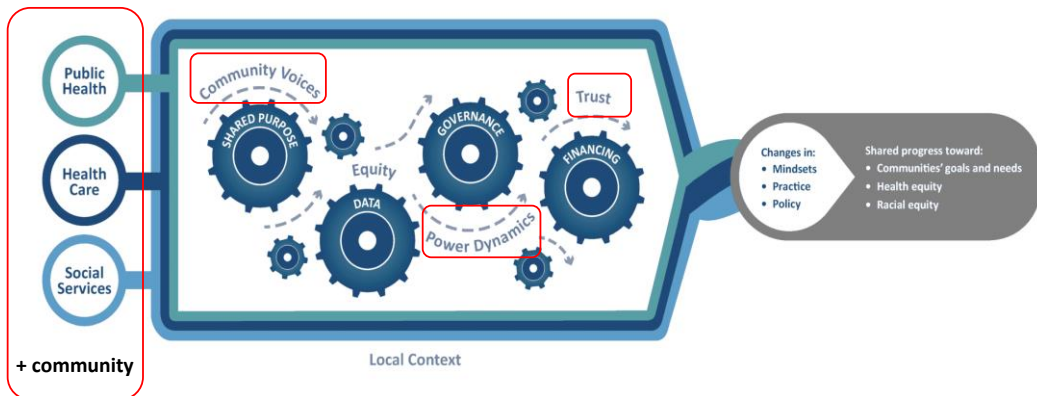
Adaptations

We had to change how we work: nearly all of our work had been in-person in small groups or on teams, and we are now working remotely. We struggled but have succeeded in shifting to online platforms to work collaboratively.

This slide lists quotes from the Biannual Progress Reports that illustrate **positive and negative effects of national and local context and adaptations** to the challenges encountered.

EQ3. How were partners and community engaged?

A FRAMEWORK FOR ALIGNING SECTORS



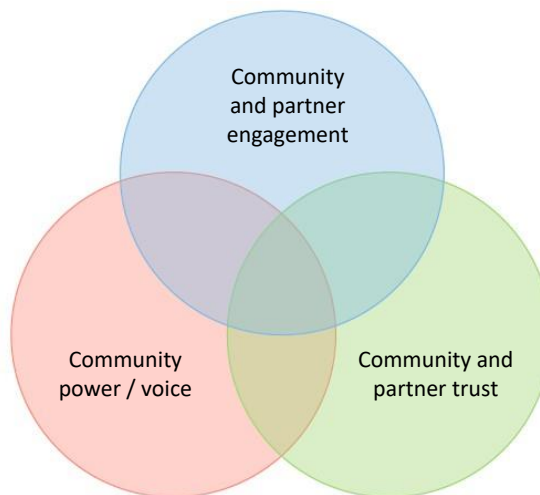
Evaluation question 3 most closely relates to the parts of the framework indicated in red. This evaluation question examines partner and community engagement generally, as well as community and partner and trust, and community voice and power specifically. We have added the word “community” to the left side of the framework to reflect the scope of this evaluation question.

The data to address evaluation question #3 came primarily from responses to questions on the Biannual Progress Reports about how CSII partners and the community were engaged, what tactics were used to build partner and community trust, and what was done to support community power / authentic community voice. As needed, these data were supplemented with responses from other report questions when helpful to better understand sites’ activities around engagement, trust, power and voice. Questions about trust, power and voice were added to report 2 based on updates to the Georgia Health Policy Center Theory of Change which included trust, power and voice as adaptive factors.

Substantial overlap in strategies used by CSII grantees for engagement, trust, and power and voice

For example, community engagement strategies described by some grantees were described by others as a strategy for trust and/or power and voice

However, some strategies appear to be domain specific



Overall, there was substantial overlap among the ways in which CSII grantees described strategies for engagement, trust, and power and voice. For example, community engagement strategies described by some grantees were described by others as strategies for trust and/or power and voice. A few strategies, however, appear to be specific to one of these three domains. In general, analysis of these data were complicated by the fact that grantees often did not distinguish between “partner” and “community” in their responses to Biannual Progress Report questions about engagement and trust (e.g., grantees view community as partners).

Distribution of strategies for engagement, trust, power and voice

Strategies	Community Engagement	Partner Engagement	Community and Partner Trust	Community Power / Voice
Convening meetings	X	X	X	X
Conducting needs assessment	X	X	X	X
Using participatory models	X	X	X	X
Providing mini-grants	X		X *	X
Supporting establishment of CBO				X
Organizing community advocacy	X			
Providing training and TA		X		
One-on-one outreach		X		

* Cited as a strategy for building community trust (i.e., not partner trust)

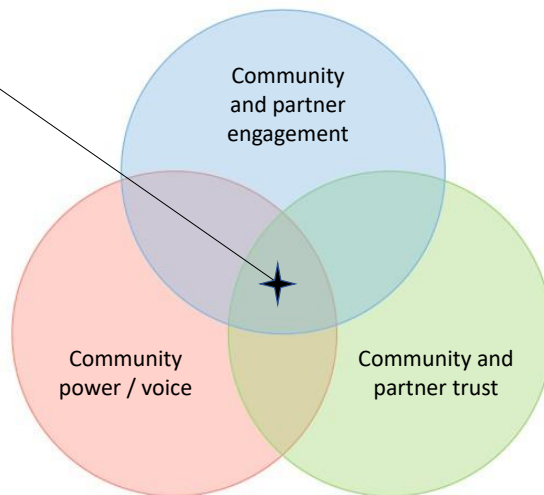
This table shows the distribution of strategies that grantees described for **engagement, trust, power and voice**. Across grantees, three strategies (meetings, needs assessment, and participatory models) were directed toward community and partner engagement, community and partner trust, and community power and voice. Mini-grants were described as a strategy for community engagement, trust, and power and voice (i.e., not partner engagement or trust). The remaining strategies were described as domain-specific as depicted in the table. The following slides describe each strategy in greater detail.

Meetings were described as a strategy for engagement, trust, power and voice

Community and partners participate in collaborative meetings to:

- Network
- Plan and coordinate
- Conduct participatory processes
- Make decisions

Transparency is key to building community and partner trust



Biannual Progress Reports described **collaborative meetings** as a strategy for community and partner engagement, building community and partner trust, and supporting community power and voice. These meetings were often described as being for the purpose of networking, planning and coordinating collaborative activities, conducting participatory processes (e.g., model building) and decision-making. Community members' roles at these meetings included being a collaborative member with decision-making authority and leading participatory process as well as guest speaker to present their perspective or experience on an issue. Some sites noted that community participants were from communities underrepresented in traditional power structures.

The word "transparency" was often used to describe how meetings build trust. Reports also noted that trust is supported by continuous communication, creating safe space to discuss difficult topics, establishing partnership rules and values, and having community members engaged in all aspects of the work. As one grantee explained: *We have used multiple principles of collective impact to foster trust throughout this difficult time in the*

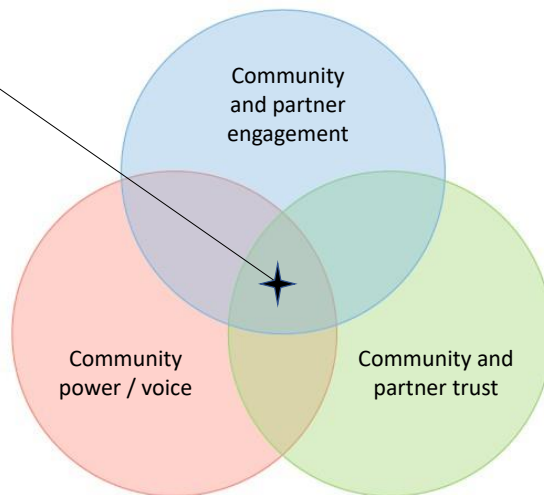
pandemic, including continuous communication (electronically/virtually), along with transparent meetings to discuss the strategic direction of this project. (Case Western)

Needs assessment was described as a strategy for engagement, trust, power and voice

Needs assessment used to gather community and provider perspective

Community members conduct interviews; participants are provided financial incentives

Trust is viewed as an important dimension of collaborative work



Biannual Progress Reports described **needs assessment** as a strategy for community and partner engagement, building community and partner trust, and supporting community power and voice. Needs assessment approaches varied across sites, using surveys, interviews, and listening sessions to gather community perspective, and surveys for provider perspective. In some sites, community members themselves conducted interviews with other community members and interview participants received financial incentives. This community-driven needs assessment approach was considered especially helpful with building trust, power

and voice.

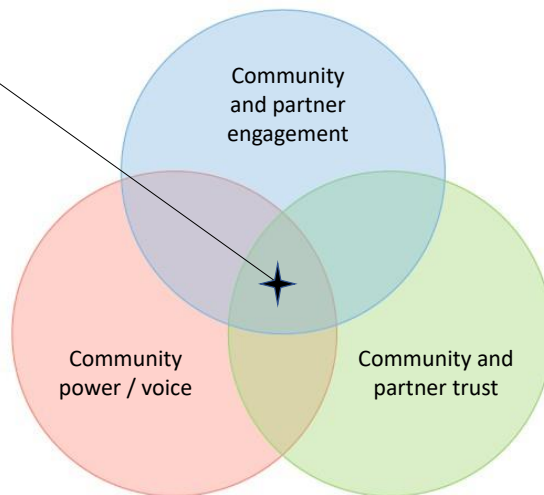
As one grantee explained: Everyone who engaged with our community participants (beginning with the request to be involved, to the interviewer , and even the person who dropped off their gift cards) spoke to them in their preferred language, Spanish. They never had to ask for interpretation, or for materials to be translated. The ability to compensate participants for the time they spend sharing very personal narratives with us seems to be an integral part of building trust that we have never been able to actualize before this grant. (grantee)

In addition, one site described using the Wilder Collaboration Factors Inventory to measure “trust” as an important dimension of collaborative work.

Participatory models were described as a strategy for engagement, trust, power and voice

Participatory frameworks center community perspective to identify assets, needs and solutions, and to engage partners in collaborative work

- Community Based Systems Dynamics
- Asset Based Community Development
- Theory of Change Problem and Ideal Statement



Biannual Progress Reports described various types of **participatory models** as a strategy for community and partner engagement, building community and partner trust, and supporting community power and voice. Three specific models were cited: Community Based Systems Dynamics, Asset Based Community Development, and Theory of Change Problem and Ideal Statement. All three models appear to center community participation in identifying assets, needs and solutions, and were also described as strategies to engage agency partners in the collaborative work.

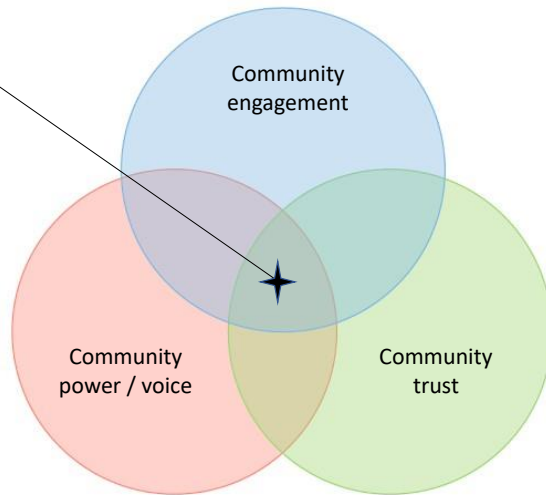
As one grantee described: Based on the group's input, we are expanding the CMT (Core Modeling Team) to include additional community members and partners from healthcare, education, economic opportunity organizations, and community development organizations to gain additional perspectives on our shared system map. (grantee)

Mini-grants were described as a community-specific strategy for engagement, trust, power and voice

Mini-grants given to community members to support community-driven solutions

Community representatives reviewed proposals and made funding decisions

One site modeled mini-grant on approach used by another site (i.e., peer-to-peer learning)

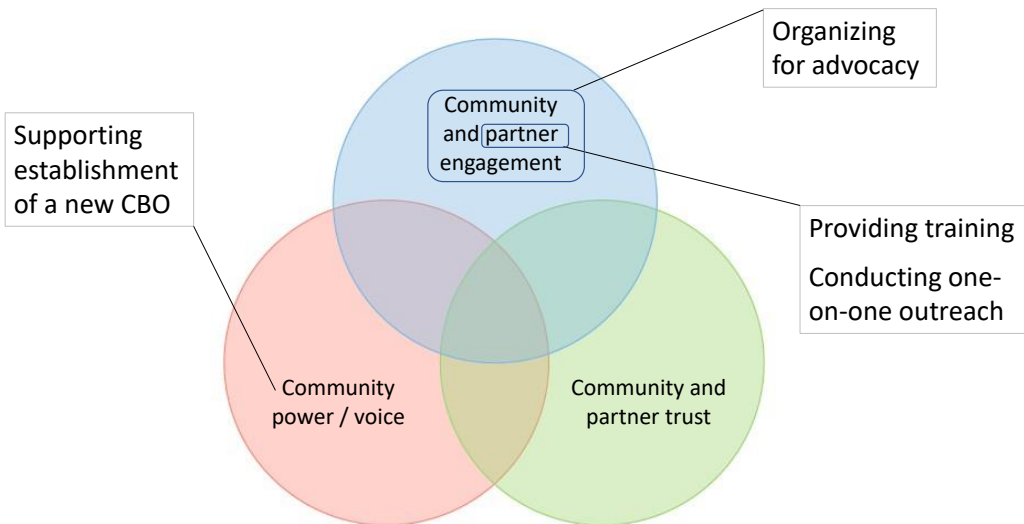


Biannual Progress Reports described **mini-grants** as a community-specific strategy for engagement, trust, and power and voice. Report data did not explicitly describe mini-grants in relation to partner engagement or trust, though descriptions of the mini-grant process did indicate agencies supported this approach. Central to the mini-grant process was that 1) funds were provided to community members to implement community-identified solutions to address community needs, and 2) community representatives were involved in making decisions about who would be funded. It is also worth noting that one site learned about the mini-grant

approach from another (this example of peer-to-peer learning is further explored in evaluation question 7).

As one grantee explained: *Providing mini-grant funding to individuals and having them present to the Executive Committee and/or one of the action teams has been our biggest power-building endeavor . And now we are waiting to hear whether some of them will be awarded the opportunity to present their work at either the [state's] public health association's annual conference or NACCHO. They are incredibly excited! Mini-grant recipients have reported how powerful it is that "professional" organizations trust community members to know what to do and how to do it...and provide funding for their communities. (Hennepin).* At the time this mid-term evaluation report was prepared, the status of mini-grant recipient presentations to the state public health association or NACCHO conference is not known; however, one mini-grant recipient co-presented on the mini-grant program with the CSII grantee at the All In 2020 National Meeting.

Some strategies were described as specific to a domain



Biannual Progress Reports described some strategies as being specific to community voice and power or community and partner engagement. None of the strategies described in the Biannual Reports appeared to be directed solely at community and partner trust.

For community power and voice, one grantee described supporting establishment of a community-based organization: *We have helped give lift to our most community-based partners to start their own non-profit/business structure. In doing this we are supporting them in no longer being accountable to an institution that doesn't have the same values. (grantee)*

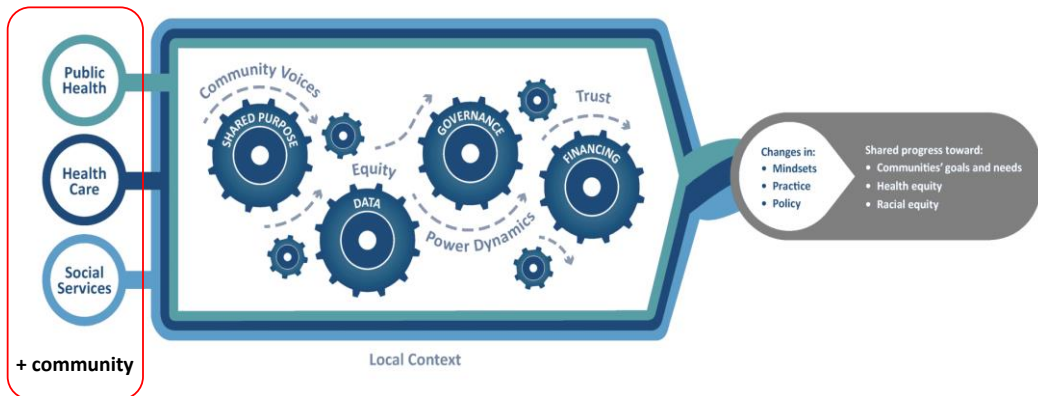
For community and partner engagement, a grantee reported organizing advocacy efforts to improve healthcare access: *Community voice, community doulas,*

and health care leadership have been engaged as advocates for the return of doulas to labor and delivery. The focus has been on changing hospital policy. (grantee)

Lastly, for partner engagement, the following quotes from two different grantees describe trainings provided to partners and one-on-one meetings to recruit partners to the collaborative: *Four partner trainings have been provided and one formal site visit has been completed. (grantee); Prior to COVID, we were recruiting partners via individual meetings with partners (grantee)*

EQ4. What are the contributions of each partner and the community to the collaborations? What is the value of the collaboration to each partner? What is the unique role of government public health in the collaboration?

A FRAMEWORK FOR ALIGNING SECTORS



Evaluation question 4 most closely relates to the parts of the framework indicated in red. This evaluation question explores partner and community contributions to the collaborations. We have added the word “community” to the left side of the framework to reflect the scope of this evaluation question.

The data to address evaluation question #4 came primarily from responses to questions on the Biannual Progress Reports about the role and value added of each partner. As needed, these data were supplemented with responses from other report questions when helpful to better understand partners’ role and value. Reports did not have a question about the value of the collaboration to each partner and, therefore, this part of evaluation question #4 is not addressed in this presentation.

Partners and community make five types of contributions to the collaboratives; data do not indicate a unique role for public health



Leader and convener



Knowledge and perspective



Data-related



Service provider and referral



Community and agency access

Biannual reports identified five **contributions that partners and the community make to the collaboratives**. All sectors do not necessarily play all five roles in each site; however, across sites, all partner types (public health, healthcare, social services) and the community were described as playing all five roles. Each of the five roles is further explained on the following slides. Report data did not indicate a unique role for governmental public health.

It is worth noting that the role of “grant administrator” was also mentioned in Biannual Progress Report data. However, this role was not examined in this analysis because there are other data sources (e.g., NCPHI program records) that are likely to be more reliable than Biannual Progress Reports in identifying which sector(s) played this role.

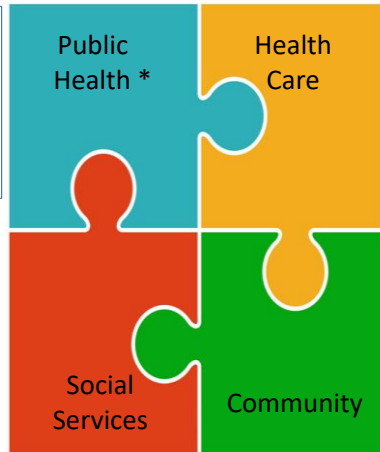
Partners and community contributions to the collaboratives

Contributions	
Leader and convener	Formal and informal leadership roles such as convening and chairing collaborative meetings, supporting visibility of project, championing causes and leading specific actions; includes references to role of “convener” that lacked additional detail
Knowledge and perspective	Brings an informed perspective on community needs as well as knowledge in specific topic areas such as COVID-19, housing, SUD, structural racism, equity, systems, and population health
Data-related	Access to data that is often sector-specific such as COVID-19 cases; ER, hospitalization and clinic visits; social services data; and community surveys; includes some evaluation-related tasks
Service provider and referral	Provides a range of services including COVID-19-related clinical, support and crisis intervention, community education, and referral to and from collaborative projects
Community and agency access	Facilitates access to communities via established trusted relationships, and facilitates identification and engagement of other agency and community partners

This table describes in greater detail the five types of contributions that partners and the community make to the collaboratives. The following slides examine each role more closely.

Leader and convener: Examples

Convening and leading meetings, recognizing racism as public health issue, advocating for population health and systems perspectives, creating staff positions to support project, managing COVID-19 response with equity lens



Leading meetings, promoting visibility of projects to healthcare stakeholders, engaging providers on policy change efforts, championing efforts to address racism

Leading efforts on affordable housing, establishing funders collaborative for COVID-19-related community needs, co-leading efforts on racial justice and equity

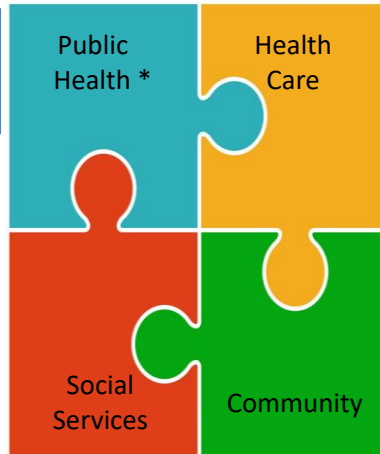
Finding common ground, engaging community health workers and Spanish speaking community members, pushing organizations to be responsive to community voice, advocating for policy change

* Public health was the only partner type for which the term "convener" was explicitly used in descriptions of partner roles

This slide lists examples from the Biannual Progress Reports of the **leader and convener** role for each sector. All four sectors serve as leaders. Public health was the only partner type for which the term "convener" was explicitly used in descriptions of partner roles. However, it was difficult to clearly distinguish between "leader" and "convener" in Biannual Progress Report data and it is likely that other sectors also play a convening role in the collaborations.

Leader and convener: In their own words

The Department serves as the administrative lead for the project, the linchpin for the cross-sector partners at the table, and the unyielding proponent of population health and systems-focused solutions.



Worked to assure health system leadership is engaged in conversations about structural racism.

Engaged Mission Hospital leadership in changing the policy regarding doulas being able to attend to women and families on Labor and Delivery.

Helping establish... funders collaborative which brings together community agencies to pool funds that are rapidly available for people and populations disadvantaged during the pandemic.

Continued their role as racial justice leaders in our community.

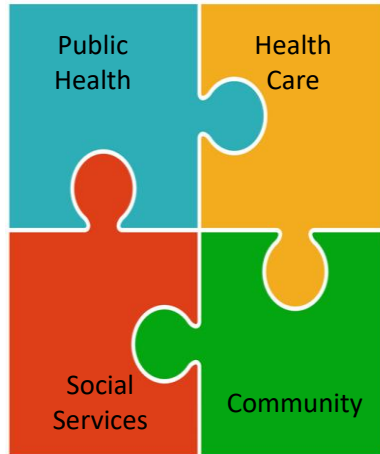
Worked to push the larger organizations at the table to be more responsive to community voice and to step back so that community and grassroots organizations can step in. These individuals are much more closely connected with individual community members in a trusted way than the larger organizations.

* Public health was the only partner type for which the term "convener" was explicitly used in descriptions of partner roles

This slide lists quotes from the Biannual Progress Reports to illustrate the leader and convener role for each sector. Because these data are primarily taken from the section of the reports that ask about the role and value added of each partner, the quotes on this slide (and the following slides) do not always refer directly to a specific sector. For example, even though the quotes about the role of social services on this slide do not explicitly state "social services", these quotes clearly referred to the role of social services in the report data.

Knowledge and perspective: Examples

Bringing knowledge of public health, covid epidemiology and equity-based response, systems and multi-sector strategies, chronic disease, policy



Understanding community needs and challenges in providing care, how to build connections with other providers, bringing experience working with faith communities

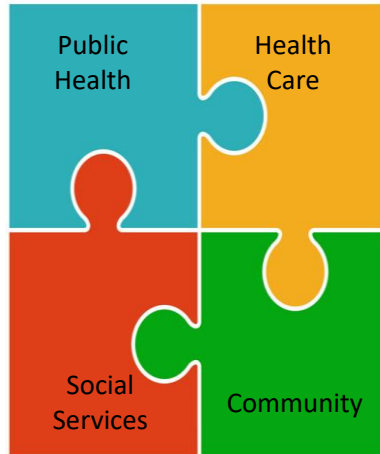
Having perspective on community impacts of COVID-19, weaknesses of and opportunities to strengthen safety net, challenges impacting women and children, overdose prevention strategies, innovative ways to coordinate services

Having lived experience and client perspective on wide range of topics including white supremacy and structural racism, housing and other community needs

This slide lists examples from the Biannual Progress Reports of the **knowledge and perspective** that each sector contributes to the collaborations.

Knowledge and perspective: In their own words

Has a great deal of experience dealing with COVID-19 at the county level and is passionate about multi-sector efforts to reduce chronic diseases.



As the primary provider of prenatal care in the county, ... has offered an on-the-ground perspective backed by clinical data and the experience of their providers.

Brought the experience and expertise of one of our largest social services and housing agencies ...to the table and provided that much needed perspective along with her own policy expertise.

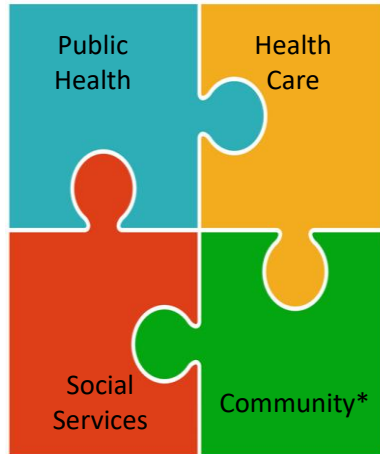
Have brought important insight and guidance to how the standard operating procedures and decision making of larger institutions uphold white supremacy and structural racism.

Their lived experience and client-voice perspective often refocuses weedy conversations back to client needs.

This slides lists quotes from the Biannual Progress Reports to illustrate the knowledge and perspective that each sector contributes to the collaborations.

Data-related: Examples

Providing public health data on COVID-19 and community indicators, supporting development of performance measures and evaluation of the collaborate



Providing health care data on hospitalization, ER and clinic visits; conducting equity analysis; helping enhance data collection

Providing social services data on underserved women

Providing data from community surveys on walkability and social connectedness

*Lived-experience data is reflected under the "Knowledge and Perspective" category

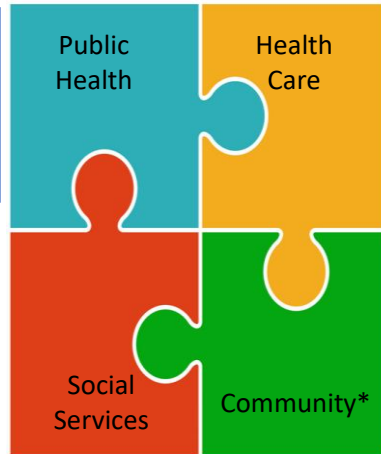
This slide lists examples from the Biannual Progress Reports of the **data-related** contributions that each sector makes to the collaborations. Although "lived experience" is an important form of narrative data, that contribution from community is represented on the prior slide describing knowledge and experience.

Data-related: In their own words

Provided epidemiological guidance ...regarding COVID-19 and data on number of cases and deaths in buildings.

Responsible for leading evaluation efforts and documenting final evaluation outcomes. ... supported the development of performance measures and story report.

DSS is able to share data on women not served by our healthcare partners and provide a larger view of underserved women in the county.



Hennepin Health Care and Health Partners have also provided data on MPHA residents, e.g., emergency room visits, hospitalizations.

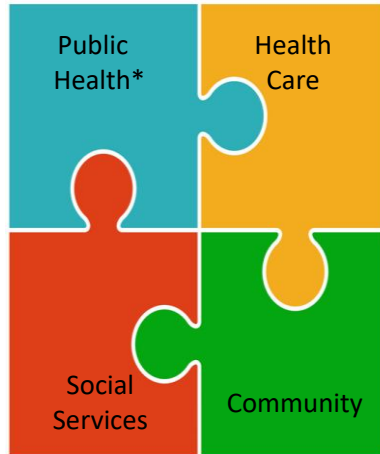
Sharing walk-ability data from assessments conducted in the targeted West Sacramento communities. Shared survey data that assessed community interest in different activities to inform the social connectedness focus area.

*Lived-experience data is reflected under the "Knowledge and Perspective" category

This slide lists quotes from the Biannual Progress Reports to illustrate the data-related contributions that each sector makes to the collaborations.

Service provider and referral: Examples

Providing COVID-19 testing, vaccines and education, tobacco education, housing SUN clinic



Providing clinical and other services including COVID-19 testing, vaccines, telehealth, addiction treatment and support services, care coordination, and referral

Providing social services including case management and referral, crisis intervention, mental health assessment, housing and food assistance, translation, COVID-19 testing and PPE

Providing peer support services, care coordination, COVID-19 testing, and referral

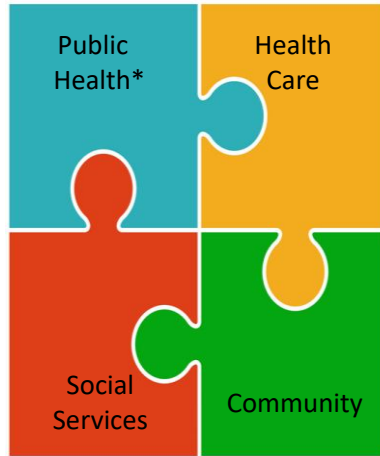
*Referral was not explicitly mentioned for the Public Health sector

This slide lists examples from the Biannual Progress Reports of the **service provider and referral** role of each sector in the collaborations. All four sectors contribute to the collaborations in their role as service providers. Three sectors (health care, social services, and community) also contribute by their role in referring clients to and from the collaborative projects. Public health was the only partner type for which referral was not described. However, it is likely that public health also plays a referral role in the collaborations.

Service provider and referral: In their own words

Acts as the key COVID-19 leader in testing, containment and education.

Houses the SUN Clinic where clinical services are provided. It is central to the SUN Project collaboration.



As the equity work is implemented, healthcare and social service partners has been key in reaching and referring clients.

Provided chronic disease support, mental health needs assessment and played a significant role in COVID-19 testing in the buildings.

Peer support also visits participants in their homes as needed and assists them with finding needed resources in the community such as food, clothing, or housing.

*Referral was not explicitly mentioned for the Public Health sector

This slide lists quotes from the Biannual Progress Reports to illustrate the service provider and referral role of each sector in the collaborations.

Access to community and agency partners: Examples

Connecting to agency partners and communities via other cross-agency efforts in which they are involved



Leveraging trusted relationships with community and identifying community leaders

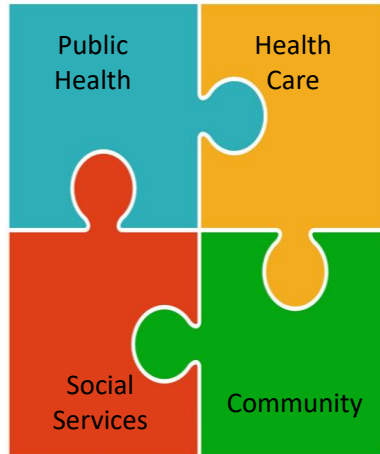
Building partnerships with people served, identifying community leaders, identifying and engaging partners missing from collaborative

Facilitating community input by recruiting community members and linking to community groups, and connecting to service providers and other agency stakeholders

This slide lists examples from the Biannual Progress Reports of each sectors' contribution in helping the collaboration to **access community and agency partners**.

Access to community and agency partners: In their own words

Home to another cross-agency effort.... and with that, multiple communication channels and community partnerships.



A trusted source of information and support amongst our Latinx community and we continue to rely on this relationship as we push forward our grant activities.

Our social services partner has been focused on community engagement and building partnerships with people served through their agency.

Social service partners have been key in identifying and engaging partners missing from the Collaborative.

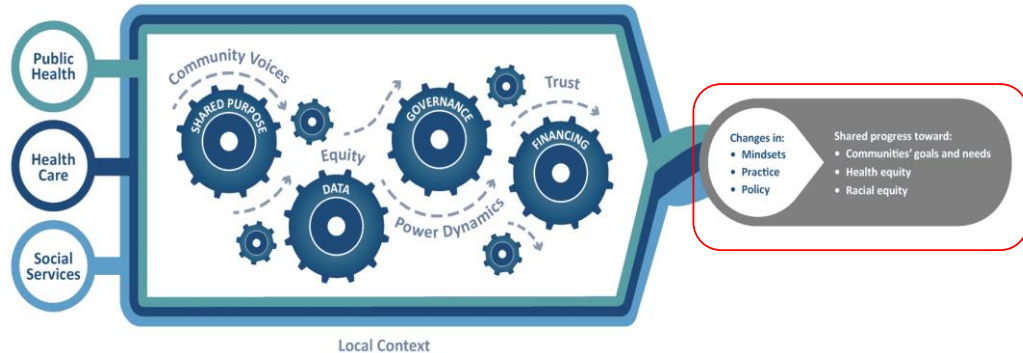
Has recruited residents to serve on the HHA and has supported them with pre-meeting preparation.

Convenes a Community Voices Council of Medicaid recipients that members of the Collaborative attend to gather input and feedback on any proposed initiatives.

This slide lists quotes from the Biannual Progress Reports of each sectors' contribution in helping the collaboration to access community and agency partners.

EQ5/6. What are the shorter-term benefits of the projects to the community? How will these shorter-term community benefits contribute to improved population health and health equity?

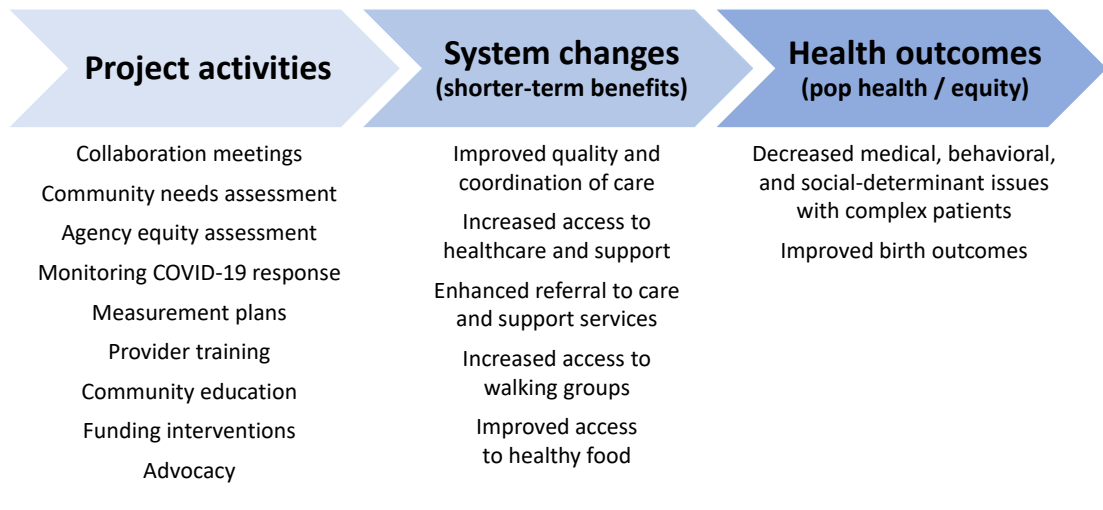
A FRAMEWORK FOR ALIGNING SECTORS



Evaluation question 5 and 6 most closely relate to the parts of the framework indicated in red. This evaluation question examines grantees' efforts around population health and equity and how they describe project activities and outcomes.

The data to address evaluation question #5 and 6 came primarily from responses to questions on the Biannual Progress Reports about progress toward achieving population health and equity goals. As needed, these data were supplemented with responses from other report questions when helpful to better understand the progress that was described. The population health equity questions on the Biannual Progress Reports did not ask grantees to distinguish between shorter-term community benefits and longer-term goals.

Descriptions of progress on population health and equity spanned a continuum from activities to system changes to health outcomes



Biannual Progress Reports included descriptions of **progress on population health and equity** that spanned a continuum from descriptions of project activities that had been conducted to changes in institutions and systems that had been achieved (i.e., shorter-term community benefits) to descriptions of improved health outcomes that had occurred (i.e., improved population health and equity). **Overall, grantees tended to more clearly describe project activities as compared descriptions of the results of those efforts.**

Progress on population health and equity: In their own words

Project activities

We began monitoring inequities in COVID-19 in our community.

Our community partners have similarly trained staff and embarked on the ethnography (or empathetic interviewing) process of human-centered design.

We recently launched our "Equity Assessment Pre-Test" for partner organizations to complete.

System changes (shorter-term benefits)

Some success in initiatives to bring breastfeeding support services to the hospital and to ensure Medicaid eligible pregnant women are referred to WIC.

Establishing recognition of doulas as essential workforce on labor and delivery which overturns a hospital policy prohibiting doulas from attending births as part of the COVID-19 infection prevention and safety response.

Our partners implemented new practices to deliver food and resources were shared.

Health outcomes (pop health / equity)

We are seeing full-term healthy babies at 75% rate, not withstanding Neonatal Opioid Withdrawal Syndrome, which is anticipated. There has only been one baby born less than 34 weeks.

This slide lists quotes from the Biannual Progress Reports that illustrate different ways in which grantees described [progress on their population health and equity goals](#).

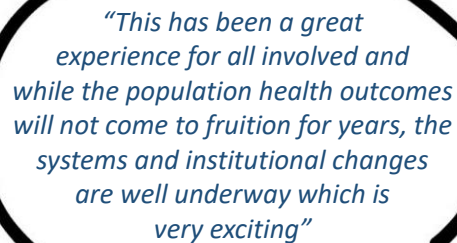
<p>Grantees described a wide range of population health and equity issues on which they are focused</p>	Birth outcomes	Physical activity
	Breastfeeding	Substance use disorder
	COVID-19	Social connectedness
	Family violence	Structural racism
	Food security	Tobacco prevention
	Housing	Trauma-informed care
	Mental health	

Regardless of *how* grantees described their progress (project activities, system change, health outcomes) there is a wide range of population health and equity issues on which they are focused.

Most projects will not be able to demonstrate longer-term population health and equity outcomes within the project period

Long-term population health and equity outcomes were described by only one project that is focused on healthcare delivery

Projects working on upstream issues (e.g., structural racism) and changes to service delivery systems may not demonstrate measurable longer-term changes in population health and equity until after the project period



“This has been a great experience for all involved and while the population health outcomes will not come to fruition for years, the systems and institutional changes are well underway which is very exciting”

Health outcomes were clearly described by only one grantee whose project that was focused on healthcare delivery to mothers with Substance Use Disorder. Projects working on upstream issues (e.g., structural racism) and/or changes to service delivery systems may not be able to demonstrate measurable changes in population health and equity until after the project period. There is some evidence in the Biannual Progress Reports that grantees are cognizant of this constraint.