OREGON HEALTH AUTHORITY

Public Health Equity Grant: Evaluation Report

Prepared by Rede Group in July 2025

Acknowledgments

This report was produced by Rede Group (hereafter Rede) on behalf of the Oregon Health Authority. Rede extends our sincere gratitude to the Community-Based Organizations that developed the five-year evaluation plan in 2024 and continued to provide insights as reviewers of these evaluation results. Importantly, 42 CBOs spent hours of their time providing information for this evaluation. Their participation made the evaluation process possible, and their stories, insights, and recommendations were both meaningful and inspiring.

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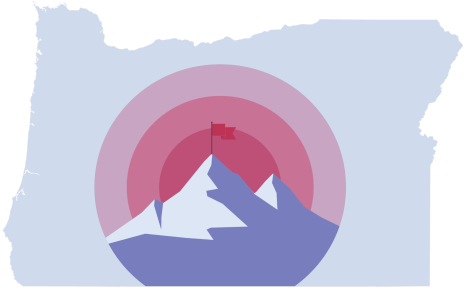
Contents

Executive Summary

Introduction

The Oregon Health Authority's (OHA) Public Health Equity Grant was a landmark investment in community-driven public health, designed to confront longstanding disparities caused by systemic oppression, racism, and colonialism. This investment in communities was designed to improve health equity in Oregon. OHA funded Community-Based Organizations (CBOs), who centered community strengths, needs, and wisdom to ensure that groups impacted by past and current harms and injustices can fully access and utilize public health services to live happier and healthier lives.

From March 2022 to 2024, the Public Health Equity Grant awarded over $70 million to 196 Community-Based Organizations (CBOs) across the state. The initiative combined funding streams from eight public health program areas—including commercial tobacco prevention, environmental health and climate resilience, adolescent and school health, communicable disease prevention, overdose prevention, breast and cervical cancer screening, and emergency preparedness—into a single funding opportunity that centered health equity and uplifted community expertise.



In the calendar year 2024, Public Health Equity Grant CBOs reached 590,114 people in Oregon. Collectively, CBOs worked with 23 diverse population groups, providing public health education and other services in over 50 languages.

Evaluation Purpose

1. Describe the impact of the Public Health Equity Grant on community health outcomes and community power-building.
2. Evaluate the effectiveness of OHA systems supporting CBO participation, collaboration, and program sustainability.

Outcome Evaluation Insights

Expanded Access and Reach

CBOs expanded access to public health services:

- 590,000+ people reached
- 71% of CBOs conducted work in at least one non-English language
- 92% of CBOs served more than one priority population[1]
- Services spanned 23 different subgroups within the priority populations and 50+ languages

Key focus areas included commercial tobacco prevention (42% of reported events), emergency preparedness, adolescent and school health, and climate-related services. Many services were culturally tailored and community-led, improving accessibility and trust.

Shifting Power and Practice

CBOs played a central role in shifting public health power structures:

- Conducted needs assessments and co-designed programs

[1] OHA defined priority populations as communities of color, Tribal communities, disability communities, immigrant and refugee communities, undocumented communities, migrant and seasonal farmworkers, LGBTQIA+ communities, faith communities, older adults, houseless communities, and others (OHA-RFGA-5272).

- Built community capacity for advocacy
- Integrated cultural identity and healing into public health services

The Public Health Equity Grant enabled organizations to expand geographically, reach new populations, and embed advocacy into service delivery.

Strengthening Collaboration

The Public Health Equity Grant facilitated more meaningful collaboration among OHA, CBOs, and local partners:

- CBOS reported numerous new partnerships and increasing levels of collaboration (moving from networking to shared projects) with partners
- Collaborations spanned governments, Tribal nations, schools, and health systems

Process Evaluation Insights

What Worked Well

- High CBO enthusiasm for a grant opportunity aligned with community values
- Technical assistance, training, and consistent communication were key to CBOs' success in navigating grant applications and requirements and helped shore up knowledge in program areas such as commercial tobacco prevention
- OHA staff were largely responsive, knowledgeable, and supportive
- Grant application and reporting processes improved over time
- Support structures such as bi-monthly grantee meetings, office hours, and a point-of-contact at OHA helped build trust

CBOs described their relationships with OHA as transformational, rooted in mutual respect and shared purpose.

Areas for Improvement for OHA

- Payment delays strained small organizations, so improving payment systems is crucial
- Some CBOs experienced confusion with grant application terminology and issues with grant application technology platforms, so continuing efforts to simplify application language and upgrade technology may be warranted
- CBO and Local Public Health Authority partnerships were sometimes strained due to required collaboration, so careful consideration of how to support partnership development through helping make connections and creating spaces for networking and authentic relationship building is suggested
- Grant reporting could be improved by increasing the consistency and transparency of report requirements for CBOs

Despite these challenges, most CBOs described the Public Health Equity Grant as enabling growth and deeper community engagement.

OHA Staff Reflections

OHA staff confirmed key themes from CBOs and added the following insights:

- The Public Health Equity Grant marked a major cultural shift in how state agencies partner with communities, moving from a more top-down and government-to-government funding structure to funding community organizations in a model based on power-sharing
- Cross-program collaboration within OHA led to resource sharing and innovation

- Staff capacity and internal coordination remain ongoing challenges
- Learning was mutual—OHA staff deepened their understanding of communities, and CBOs learned how to navigate state systems

OHA also invested in participatory structures such as CBO advisory committees and public health board representation to establish and sustain equitable governance.

Conclusions

The Public Health Equity Grant represents a groundbreaking shift in Oregon's public health landscape. More than a funding stream, it is a structural intervention that has:

- Enabled historically underserved communities to define and drive their own health solutions
- Elevated the standing, capacity, and sustainability of many CBOs across the state
- Modeled a trust-based, equity-centered approach to public health funding

Key takeaways include:

- Community-based organizations were effective in leading health equity, likely because they were trusted, adequately resourced, and supported by OHA to meet specific bureaucratic needs (i.e., grant applications and reports)
- Health equity cannot be achieved without systems change, including a shift in how government engages with communities. A focus on community-driven programs developed through co-leadership is essential

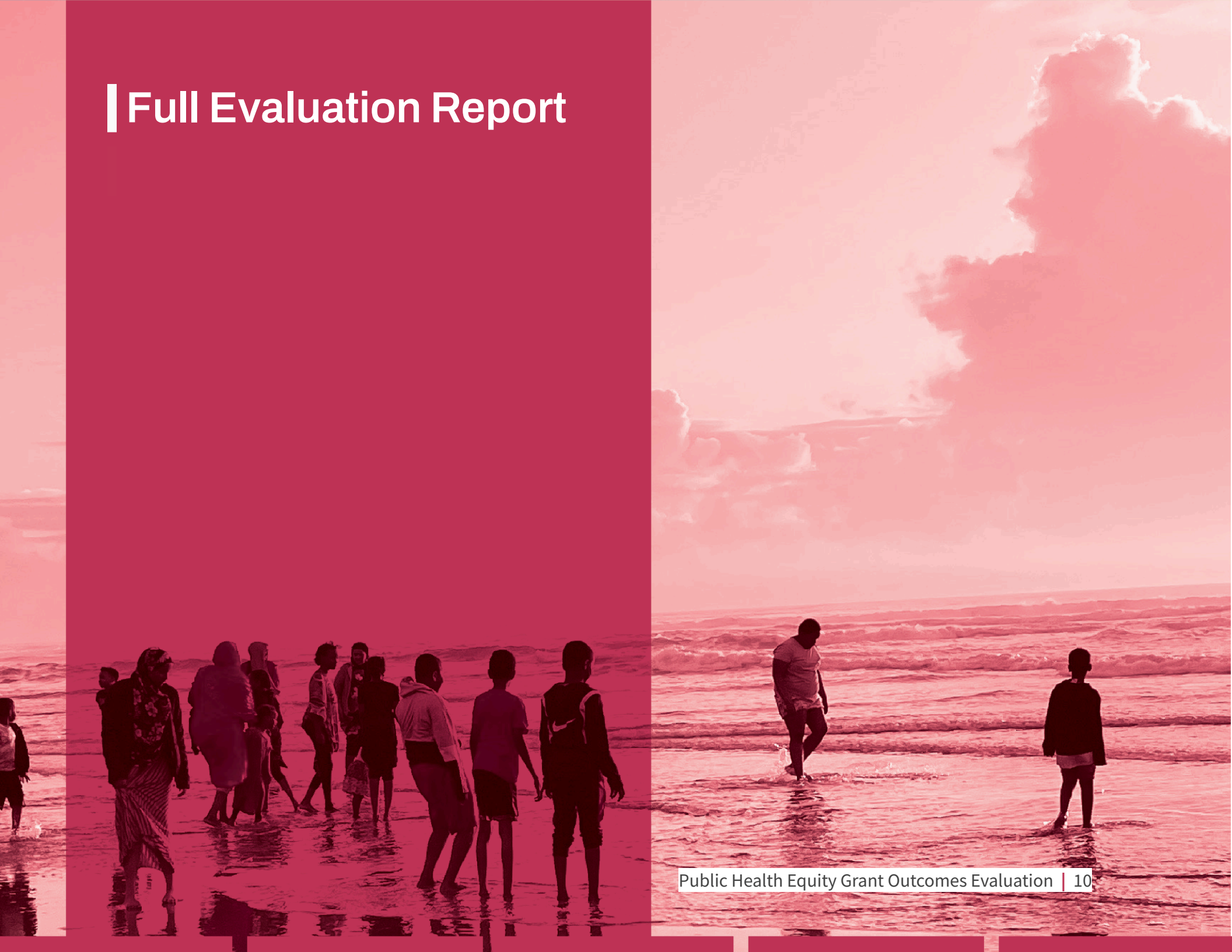
Furthermore, the evaluation demonstrates how this investment sparked ripple effects that not only achieved the specific aims of the grant but, in many cases, went beyond them. CBOs leveraged

resources to expand geographically, develop new partnerships, influence policy, and build durable community infrastructure.

Many CBOs moved from short-term service provision to long-term strategic planning, opening new pathways for sustainability, advocacy, and innovation. These shifts underscore the importance of long-term, flexible funding that allows communities to adapt to evolving needs.

Finally, the Public Health Equity Grant strengthened OHA's ability to listen, learn, and adapt. The transparency, availability, and responsiveness of agency staff laid the groundwork for lasting relationships between government and community. This human-centered approach to governance offers a replicable model for other states and public agencies.

Full Evaluation Report



Introduction

Administered by the Oregon Health Authority, the Public Health Equity Grant supports programs and partnerships across Community-Based Organizations (CBOs), Local Public Health Authorities, and the Oregon Health Authority (OHA) to reduce health inequities and improve access to health resources for all.

Purpose

The purpose of this evaluation is to outline the outcomes of funded work and identify potential improvements to the Public Health Equity Grant to build partnerships, tackle barriers, and create lasting change for healthier communities across Oregon.

Public Health Equity Grant Description

The Public Health Equity Grant is an initiative led by OHA's Public Health Division that invests directly in CBOs to advance health equity across Oregon. Launched in 2022, the Public Health Equity Grant consolidates public health investments across eight OHA, Public Health Division program areas into a centralized, equity-focused funding model—one that recognizes CBOs as essential leaders in advancing community health.

From March 2022 to June 2023, OHA awarded $31 million to 152 CBOs working to improve community health in the following areas:

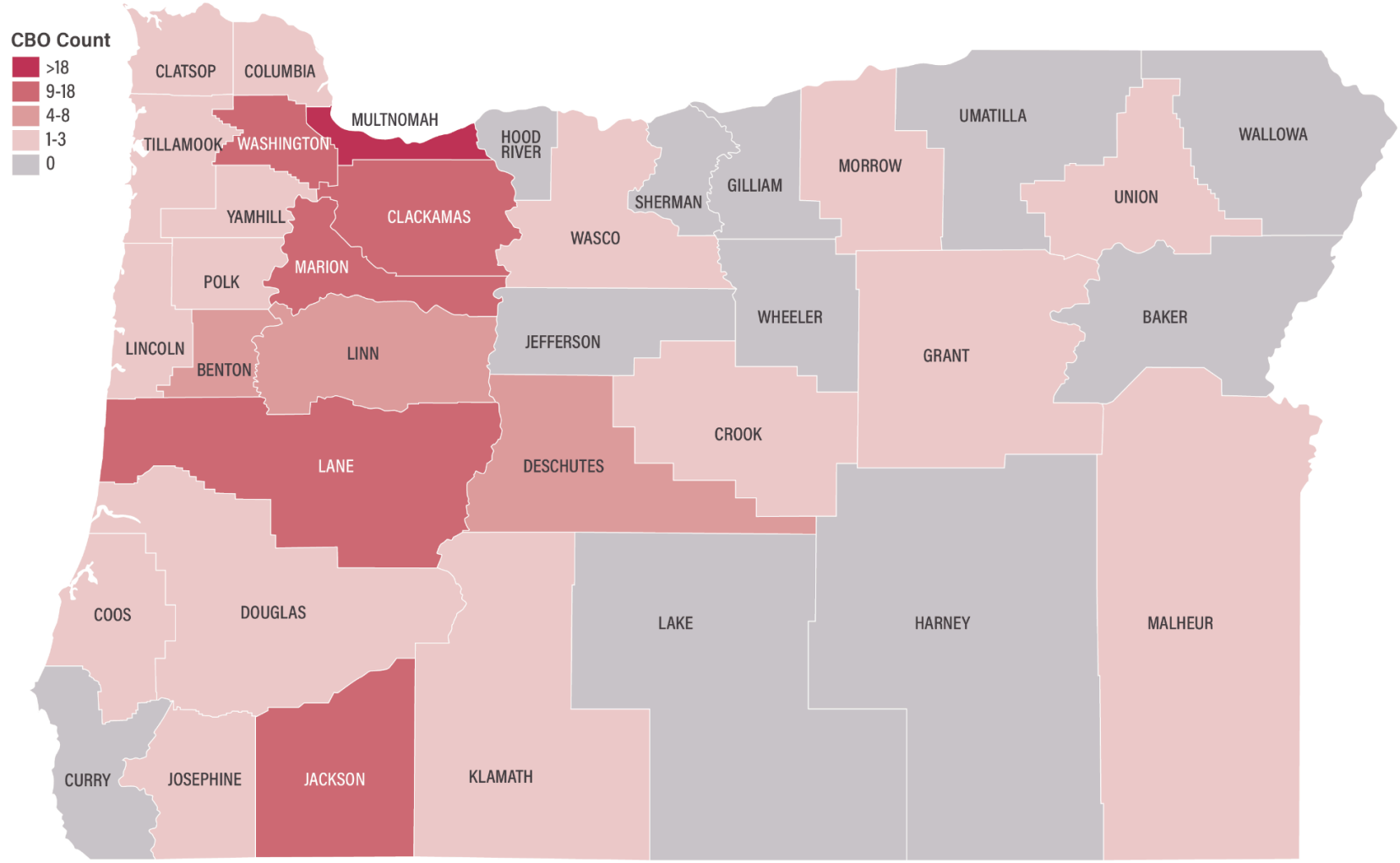
- Adolescent and school health
- Commercial tobacco prevention
- Environmental health and climate change
- Emergency preparedness and communicable disease prevention
- HIV/STD prevention and treatment
- Overdose prevention
- Breast and cervical cancer screening (ScreenWise)

These same CBOs were offered continued funding for their community health improvement work from July 2023 to June 2025. 149 CBOs opted to receive continued funding totaling $32.4 million. Funding extensions were provided for all areas described above, except for HIV/STD prevention and treatment, overdose prevention, and breast and cervical cancer screening (ScreenWise).

To address underinvestment of CBO funding in rural and frontier areas of the state and with organizations serving people with disabilities, OHA awarded $9.1 million to 44 CBOs that served these priority areas and populations. These CBOs were funded for the period from February 2024 through June 2025 in the areas of environmental health and climate change, emergency preparedness, and communicable disease prevention.

Figure 1. Locations of CBOs that received funding per Oregon County

This map shows the density of CBOs by county using their headquarters' physical location. Many CBOs reported serving multiple counties outside the county where they are headquartered.



The CBO Public Health Equity Grant was grounded in the understanding that racism, settler colonialism, and systemic harm have driven inequities in health outcomes. By funding organizations rooted in communities most impacted, including communities of color, Tribal nations, LGBTQIA+ individuals, older adults, immigrants and refugees, houseless populations, and people with disabilities, the Public Health Equity Grant was designed to advance health equity and health outcomes.

The Theory of Change (Figure 2, next page) was co-developed by a group of Public Health Equity Grant recipients and the Oregon Health Authority (OHA).

Figure 2. Public Health Equity Grant Theory of Change

The Public Health Equity Grant is an investment in communities to improve health equity in Oregon. OHA partners with CBOs, who center community strengths, needs, and wisdom. CBOs work to ensure that groups impacted by past and current harms and injustices can fully access and utilize public health services to live happier and healthier lives.

Strategies

- Build capacity for community partnerships at OHA
- Identify & assess community priorities
- Implement program improvements
- Provide culturally & community-specific education & communication
- Provide culturally & community-specific programs, services, resources, & support
- Mobilize communities to participate in & inform policy & systems change

Intermediate Outcomes

- Increased resources & support for CBOs
- Improved collaboration across OHA, CBOs, & other partners
- Improved access to public health programs & services for Oregonians
- Increased utilization of public health programs & services for Oregonians
- Increased presence of historically marginalized communities at decision-making tables

Long-term Outcomes

Communities have increased power to influence policy & systems change to address social determinants of health → A transformed public health system that centers community-identified needs

Communities experience equitable distribution of & access to information, resources, & services that promote health & well-being

Goal

Eliminate health inequities driven by historical & contemporary injustices & improve health & well-being for Oregonians.

Evaluation Design + Methods

Key Evaluation Questions

This evaluation reflects a strong partnership between OHA and more than 30 CBOs who helped shape the theory of change, evaluation questions, and data collection approach, ensuring the process itself models equity, accountability, and shared learning. To support learning and continuous improvement, OHA contracted Rede to lead a collaborative and equity-centered evaluation of the grant. The evaluation focused on understanding:

- Did OHA create systems and policies that support CBO participation (throughout the program life-cycle) in the Public Health Equity Grant? What are the areas of success or improvement?
- Ways that collaboration between OHA, CBOs, Local Public Health Authorities, and other partners changed as a result of the Public Health Equity Grant? In what ways, if any, can collaboration be improved in the future?
- Ways the Public Health Equity Grant increased accessibility and utilization of public health services.
- Ways the Public Health Equity Grant played a role in shifting power to historically marginalized communities to address social determinants of health.

Data Collection and Analysis

Methods at-a-glance

Method	General Purpose	Participants
Ripple Effects Mapping (REM)	Identify grant outcomes	23 CBO participants 15 OHA participants
Journey Mapping (JM)	Process evaluation	20 CBO participants
Activity Report Analysis	Outcomes evaluation	194 CBO activity reports (7/2023 – 12/2024)
Focus Groups	Process evaluation	6 OHA participants

Detailed Methods

Evaluation activities included Ripple Effects Mapping, Journey Mapping, analysis of CBO activity reports, and focus groups with OHA staff. These methods are grounded in community-based and utilization-focused approaches that prioritize meaningful use of findings for both OHA and CBOs.

Ripple Effects Mapping

Data collection

Rede conducted Ripple Effects Mapping (REM) to assess the broader impacts of CBOs' or OHA's work. This methodology relies on storytelling (i.e., participants relaying a specific event or set of actions) and teasing out the impact through a facilitated dialogue. This method explores the contribution of an

intervention to a broader system of change and effects. Rede sent multiple direct recruitment emails to Cohort 1 CBOs (the 149 CBOs first funded in March 2023). Since the maximum number of participants in a REM session is 12, Rede enrolled participants on a first-come, first-served basis using regional quotas to ensure geographic representation across the state. We conducted three sessions (two virtual and one in-person) in April 2025, with a total of 23 CBO participants. CBOs were offered compensation for their attendance and participation. Rede also conducted one REM session with OHA staff.

Analysis

All REM recordings were transcribed and uploaded into ATLAS.ti for human analysis. Rede staff conducted content and thematic coding, using the Public Health Equity Grant Theory of Change (see p. 15) as a starting point for a priori/deductive codes and for inductive codes as they emerged in the data.

Journey Mapping

Data Collection

Journey Mapping (JM) interviews were conducted with 19 CBO grantees during March-April 2025. CBOs self-selected from Cohort 2 (the 44 grantees funded in February 2024); Rede sent multiple recruitment emails to all (44) Cohort 2 grantees. Additional targeted recruitment was conducted to ensure representation from all regions. See Figure 4 for the number of CBOs interviewed from each region. The response rate for JM participation was 43%.

The JM interview guide focused on the process of applying for and receiving a Public Health Equity grant. Interviews lasted approximately 45 minutes. Nineteen interviews were conducted in English and one in Spanish. CBOs were offered compensation for their attendance and participation.

Analysis

All interview recordings were transcribed and uploaded into ATLAS.ti for human analysis. Rede staff conducted a thematic and sentiment analysis coding. Sentiment was coded using a standard three-point scale (negative, neutral, and positive) and then compared with generative large language artificial intelligence sentiment analysis to check for potential bias. Rede plotted sentiment analysis on a Stream Graph by calculating the average of the low and high points on the three-point scale (see Figure 11).

CBO Activity Reports

CBO activity reports, standardized reports due to OHA on a quarterly basis, were analyzed quantitatively and qualitatively. A total of 194[2] reports were submitted, with data spanning January 2024 to December 2024, and including a retrospective qualitative question about workplan activities from July 2023 to March 2024. Rede received these activity reports, prepared by OHSU[3], from OHA. Activity reports included quantified information about funding source, types and topics of events, people reached, partnerships, and counties, languages, and populations served. CBOs also had an opportunity to submit open-ended responses related to progress on workplan activities, highlights, and challenges.

- **Quantitative Analysis**

  Data from the quarterly activity reports (n = 194) were cleaned and aggregated. From those reports, the Rede conducted descriptive analysis by summarizing and visualizing the data.

[2] 196 CBOs were funded in 2022; two did not continue receiving funding past 2022, leaving 194 grantees for data collection and analysis.
[3] The Oregon Health and Sciences University, Oregon Clinical and Translational Research Institute, Evaluation Assistance Program analyzed CBO activity report data under a separate contract with OHA.

- **Qualitative Analysis**

  The open-ended responses from the quarterly activity reports were compiled for each CBO and uploaded to Atlas.ti, a qualitative analysis software. After reading several reports, consulting the developed logic model (above), and drawing on codes developed by the analysis team at OHSU, Rede staff met to discuss initial themes related to this evaluation. Using a recursive process of code development and refinement, staff met until a coding tree was developed. Then, using the developed coding schema, four analysts coded the qualitative reports (n = 194). To ensure inter-rater reliability, 25% of qualitative reports were secondary coded by three analysts. No analyst coded their own original coding assignment. Any discrepancies were discussed until agreement was achieved.

Focus groups

Data collection

Rede conducted two focus groups with a total of six OHA staff responsible for implementing various aspects of the Public Health Equity Grant infrastructure. The focus groups were conducted virtually in April 2025. The purpose of the focus groups was to gather information about the implementation and functionality of the Public Health Equity Grant, identify successes and challenges, learn about the collaboration dynamics between OHA and CBOs, collect recommendations for functional improvements, and gather input on how policies and procedures could better support CBOs.

Analysis

Both focus group recordings were transcribed and uploaded into ATLAS.ti for human analysis. To aid in the initial identification of themes, Rede used Rev Artificial Intelligence to organize data and detect

thematic content. Rede verified and refined AI-generated themes, including analyst review of context, internal consistency, extensiveness, and intensity of participant responses.

Evaluation of JM and REM participant characteristics

Figures 3-4 describe the characteristics of data collection participants by geography and population services by the CBO for both JM and REM.

Figure 3. REM participants' region and populations served (n=23)

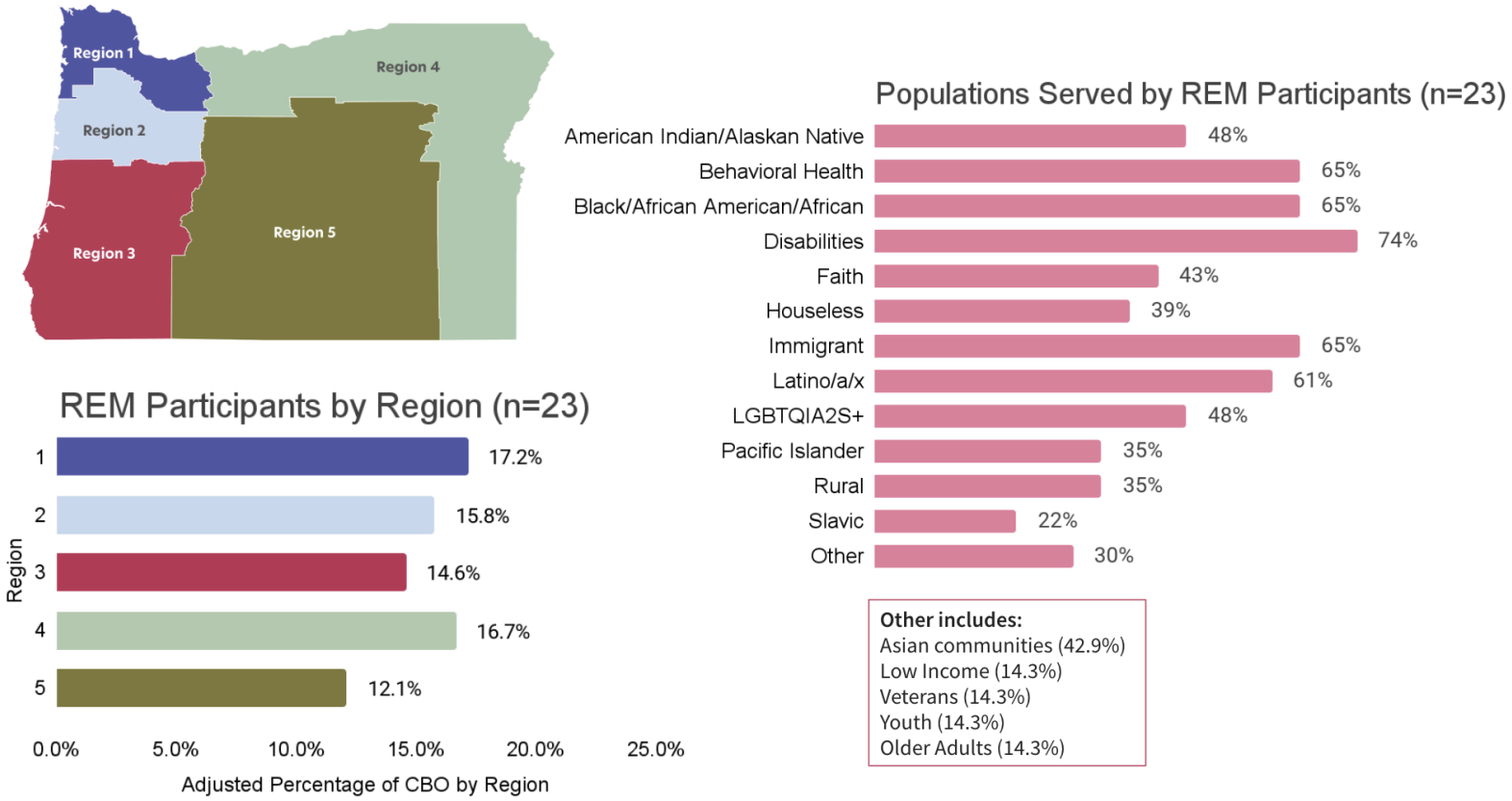
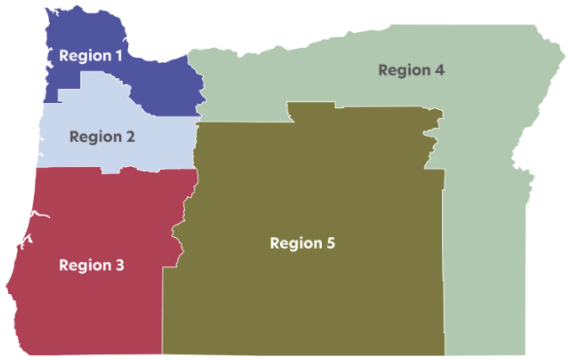
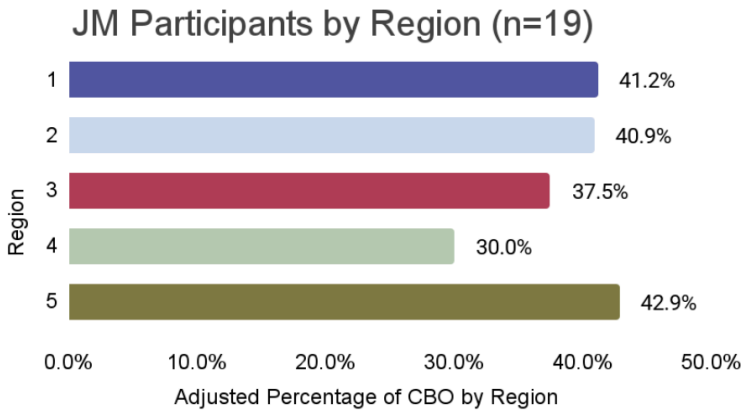
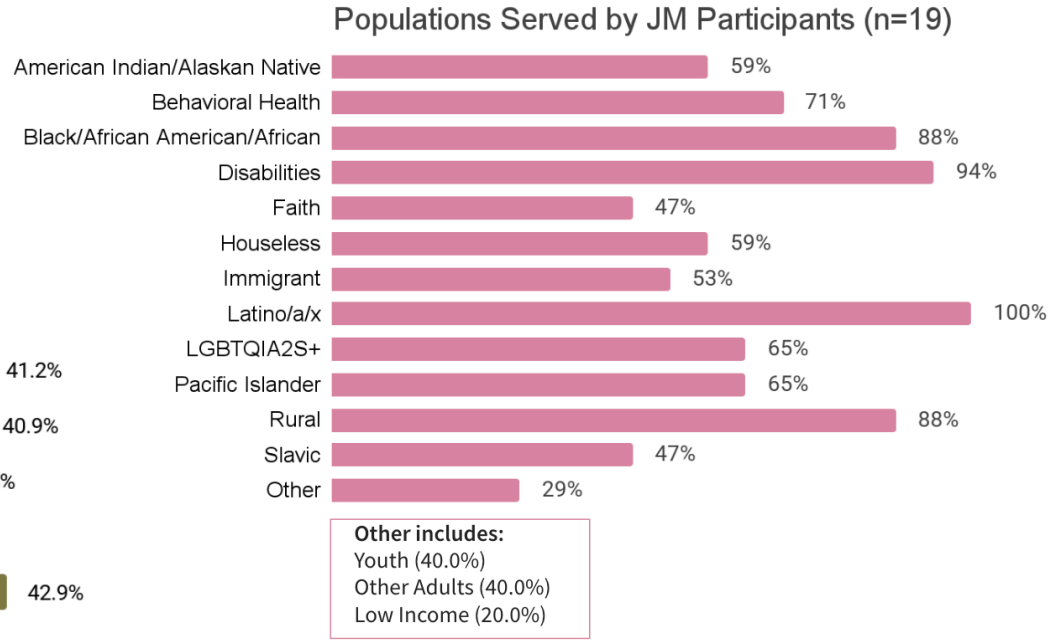


Figure 4. Journey mapping participants' region and populations served (n=19)







Limitations

While this was a robust evaluation, limitations still exist.

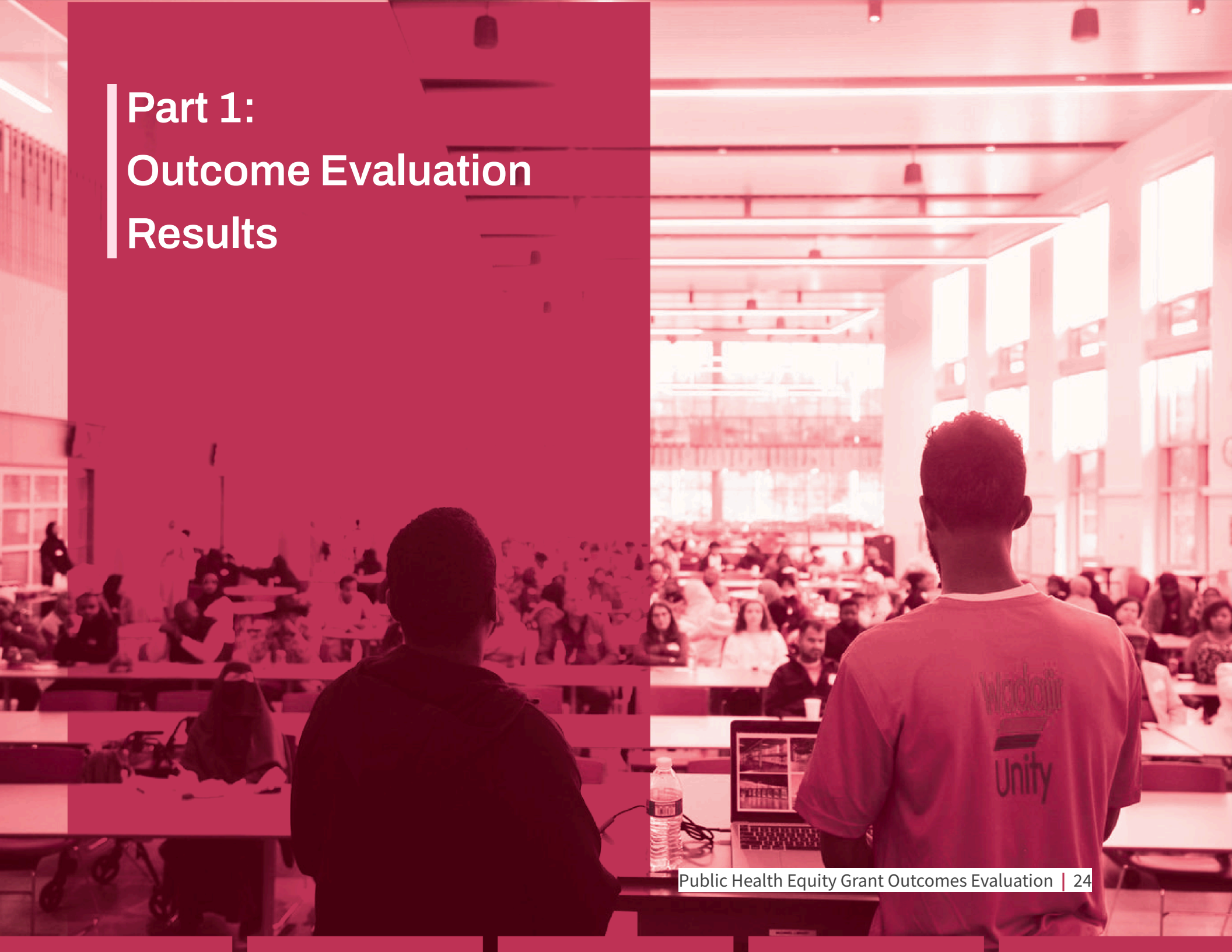
Regarding the process evaluation, Rede conducted interviews with CBOs that were funded by the Public Health Equity Grant, thus introducing a sampling bias because we did not interview CBOs that applied but did not receive a grant or those that did not apply.

Moreover, CBO, REM, and OHA recruitment relied on convenience sampling within the group of funded CBOs and OHA staff working with the Public Health Equity Grant, which may result in findings that do not accurately reflect the characteristics of the entire population being studied. Rede attempted to counterbalance convenience sampling methodologies by evaluating activity reports from all grantees and ensuring that sample sizes of evaluation activities were large and representative across the state.

Report Structure

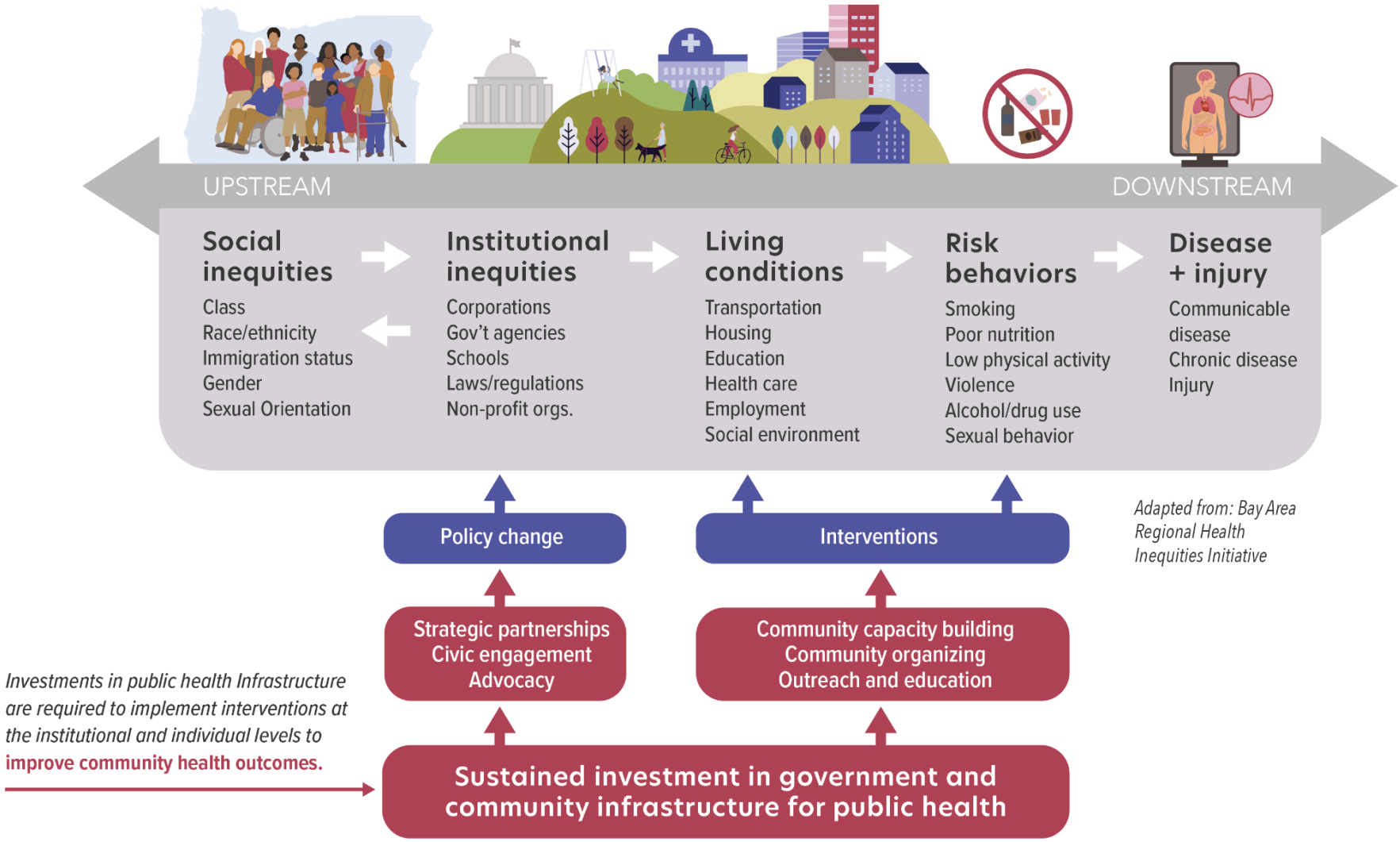
The evaluation results in this report are presented in two sections. The Outcome Evaluation Section assesses the effectiveness of the Public Health Equity Grant in achieving its intended outcome of delivering public health services to marginalized community groups. The second section presents process evaluation results regarding how well the implementation of the Grant met its intended purpose of improving health equity through community-driven, community-implemented, culturally responsive programs.

Part 1: Outcome Evaluation Results



Outcomes of the Public Health Equity Grant

Figure 5. Investment in community-driven public health leads to better health outcomes



As shown in Figure 5 on the previous page, health inequities stem from a complex and pernicious array of interacting factors, most of which are deeply culturally and structurally embedded in our society and economy. Modern public health frameworks recognize the criticality of "empowering communities marginalized by intersecting systems of oppression as the key to addressing inequities"[4]. Understanding this, OHA set out to create a funding opportunity for CBOs that centered community-driven solutions to specific public health challenges such as commercial tobacco use, climate change, emergency preparedness, adolescent health, HIV/STI, and communicable disease.

Rede looked at outcomes of the Public Health Equity Grant from two interwoven vantage points:

1. **Emerging public health outcomes**——building community power and agency and transforming power relationships.
2. **Traditional public health outcomes**——promoting health through population-level interventions to prevent disease and prolong life.

This section of the report presents outcome evaluation findings from the various evaluation methods employed. Specifically, this section covers three of the four key evaluation questions.

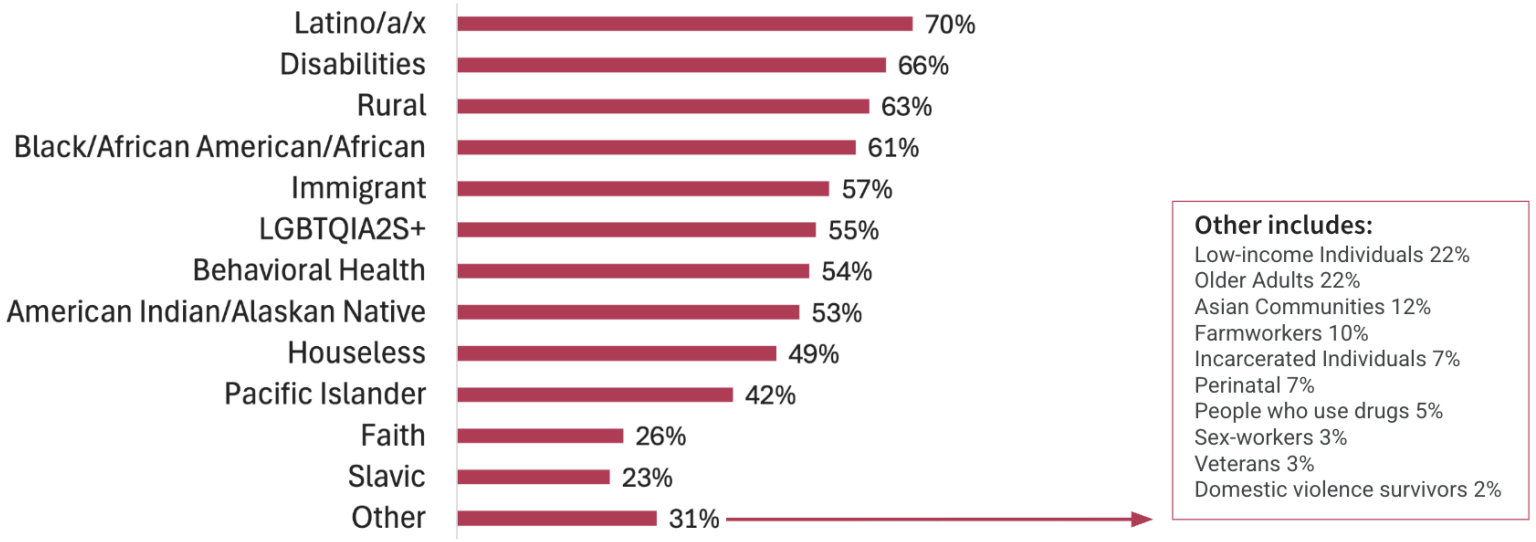
- Ways the Public Health Equity Grant increased accessibility and utilization of public health services.
- Ways the Public Health Equity Grant played a role in shifting power to historically marginalized communities to address social determinants of health.
- Ways that collaboration between OHA, CBOs, Local Public Health Authorities, and other partners changed as a result of the CBO Public Health Equity Grant.

[4] Levy, J. I., & Bowleg, L. (2023). New Frameworks for Engaging Communities to Confront HIV, COVID-19, and Climate Change Health Inequities. American Journal of Public Health, 113(2), 175-176.

Population served

In their submitted activity reports, CBOs reported which populations they were serving in their funded activities. Of the 194 CBOs, 92% reported serving more than one population, and on average, CBOs served over six different populations, and a total of 23 different populations were served.

Figure 6. Percentage of each population served by CBOs (n=194)



Languages

CBOs were asked to report the languages that they Performed their funded activities in.

71% → **50**

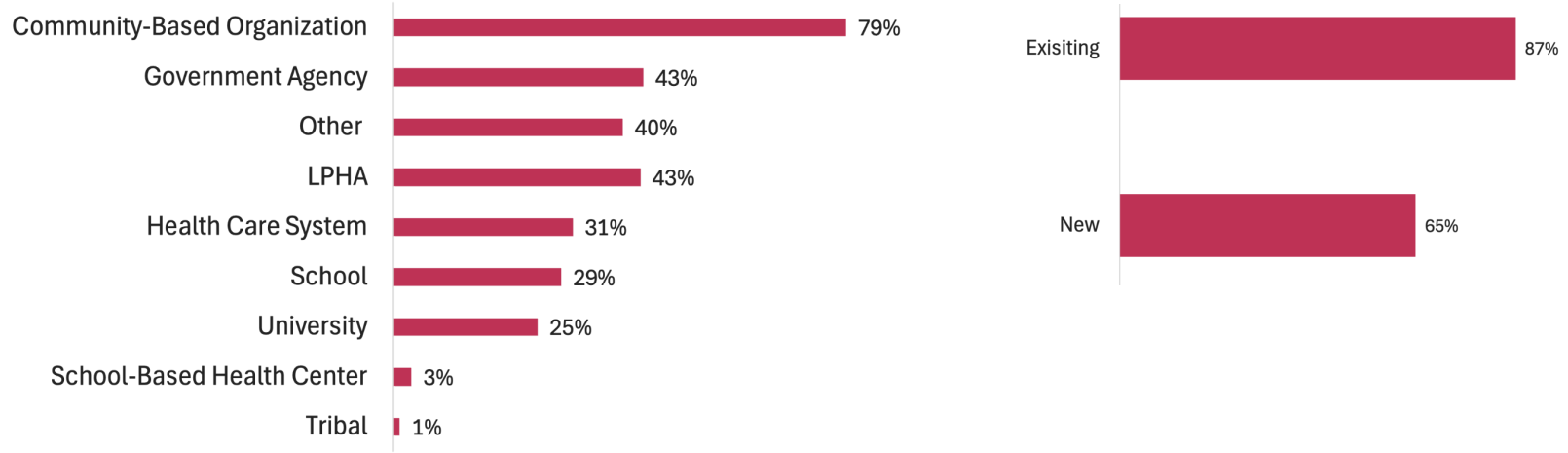
Of CBOs performed funded work in a language other than English

Different languages were reflected in funded work

Partnerships

In their submitted activity reports, from a provided list, CBOs reported who they were partnering with and if that partnership was new or existing. Of the 194 CBOs, 79% reported partnering with another CBO, followed by government agencies, local public health authorities, and more. Of these partnerships, 65% were new partnerships.

Figure 7. Type of partnerships (n=194)

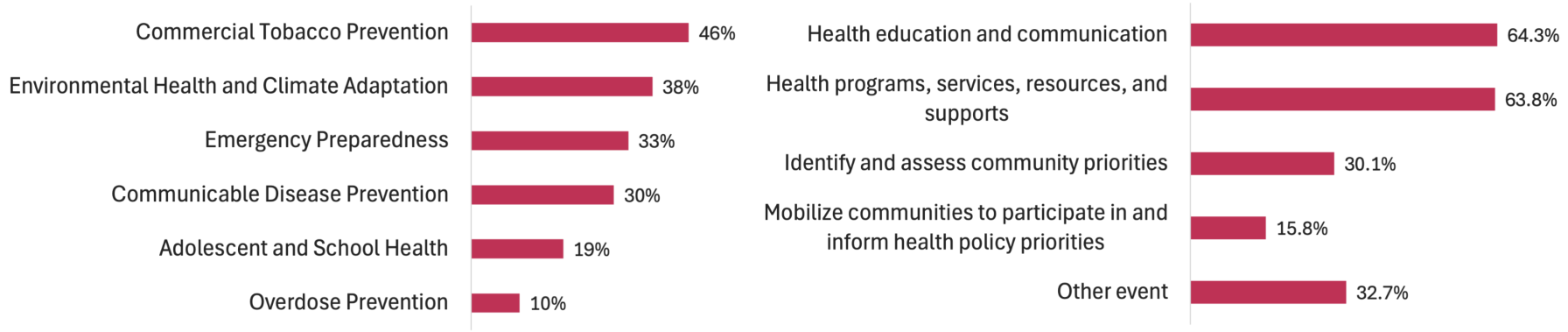


Events

CBOs described the type and topic of events that they performed as part of their work plan activities. These events were then categorized into the funding streams as provided by the grant. Forty-six percent (46%) of events were related to commercial tobacco prevention, followed by environmental and climate health, emergency preparedness, communicable disease prevention, and adolescent and school health.

The type of event was also categorized, and among the events hosted by CBOs, nearly 65% were related to health education and communication, or health programs, services, resources and supports.

Figure 8. Type of CBO events (n=194)



Overarching Impacts of Public Health Equity Grant

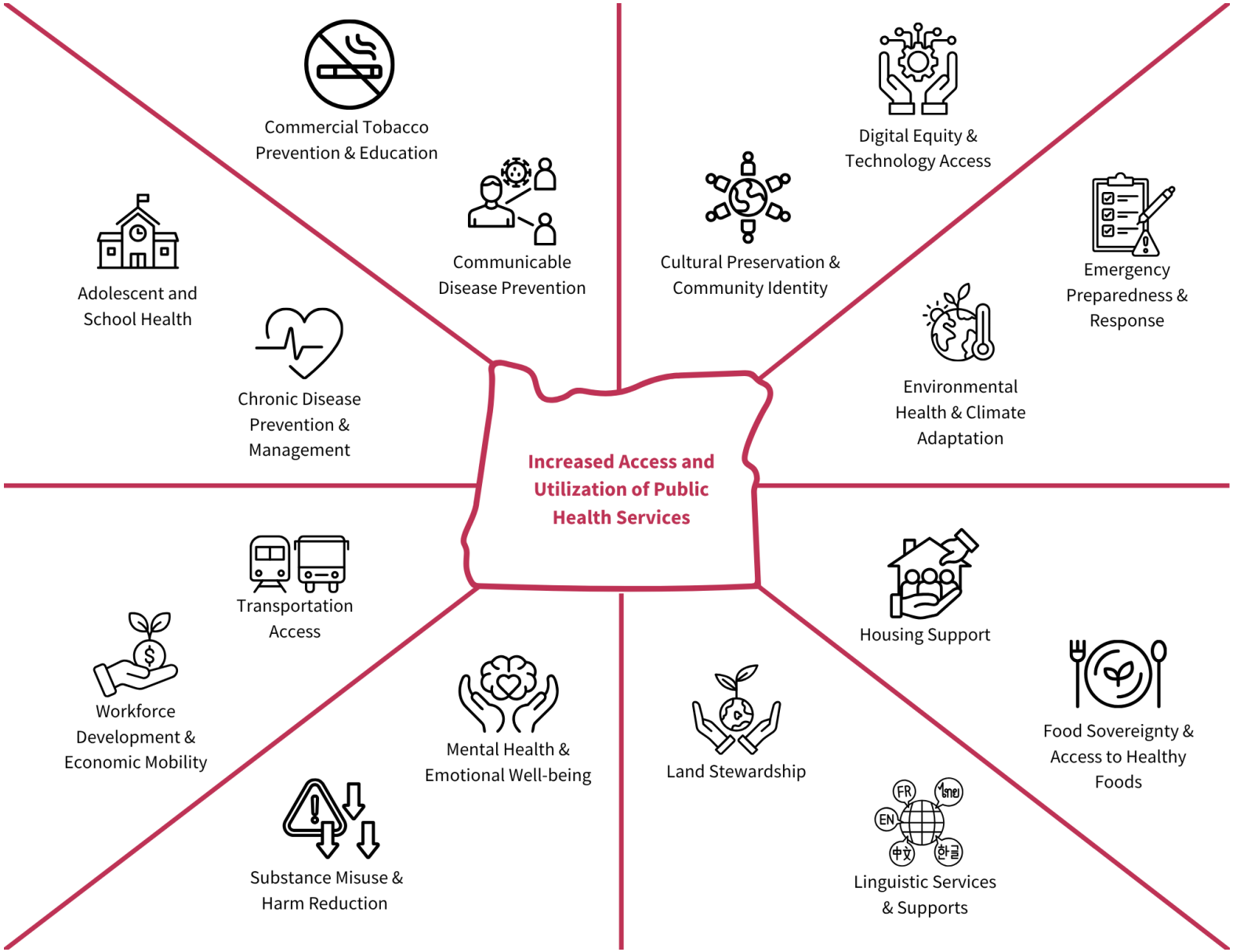
CBOs provided increased access and utilization of public health services

Using findings from REM and qualitative responses submitted in activity reports from January 2024 to December 2024, we found that CBOs increased access to, or utilization of, public health services across sixteen unique topics. Data includes any mention of the topic in submitted activity reports or the REM sessions. This means that some CBOs may have done work in areas or topics that were not mentioned in the activity reports or were not specific to a funding stream. In the following pages, we describe each of these public health service topics and give examples of major themes, events, activities, stories, and quotes.

Delivery of these public health services occurred through culturally and community-specific education, communication, events, services, supports, and resources. Figure 8, on the following page, covers the breadth of public health services provided by CBOs through the Public Health Equity Grant, including:

- Adolescent & School Health
- Chronic Disease Prevention & Management
- Commercial Tobacco Prevention & Education
- Communicable Disease Prevention
- Cultural Preservation & Community Identity
- Digital Equity & Technology Access
- Emergency Preparedness & Response
- Environmental Health & Climate Adaptation
- Food Sovereignty & Access to Healthy Foods
- Housing Support
- Linguistic Services & Supports
- Land Stewardship
- Mental Health & Emotional Well-being
- Substance Misuse & Harm Reduction
- Transportation Access
- Workforce Development & Economic Mobility

Figure 9. Increased access and utilization of Public Health Services



Adolescent and School Health

A total of 69 CBOs reported a focus on adolescent health. Of these organizations, 19 were specifically funded through the Adolescent and School Health funding stream, which encompassed any services or supports related to adolescents, youth, or school-based initiatives. Many CBOs included youth in service planning and delivery and focused on holistically supporting youth on the topics that were most relevant to them. This often included tobacco/substance misuse education, mental health and emotional well-being, workforce development, and post-secondary education access.

> "[Our program] focused on providing comprehensive support to the youth we serve, both in school and in the community, with a strong emphasis on prevention, positive engagement, and holistic development." ——CBO

Chronic Disease Prevention & Management

A total of 74 CBOs had a focus on Chronic Disease Prevention & Management. This included hosting health fairs and tabling at other established events, conducting workshops on health metrics (e.g., taking blood pressure), providing education on screening for various diseases (e.g., dental health, cancer), and offering community health worker trainings. This community-level education included concepts of health literacy, such as navigating the health care system, reading a medication or nutrition label, and how to read health screening results. These events and educational materials were always culturally tailored and designed, and often translated to, or presented in, other languages for each target population. Several CBOs focused on encouraging physical activity, healthy lifestyles, and stress management.

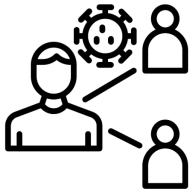
> "Our health fair events are centered and focused on health care, most importantly, how to make health care more accessible, affordable, and inclusive to all, especially the underserved and underrepresented communities." ——CBO

Commercial Tobacco Education & Prevention

A total of 97 CBOs were funded through the Commercial Tobacco Education & Prevention funding stream, which encompassed any services or supports related to commercial tobacco use and legislation. CBO activities related to commercial tobacco centered on prevention, education, community outreach, and cessation support, often using a culturally-tailored approach. Many of these efforts framed commercial tobacco prevention using a holistic public health approach and focused on addressing factors beyond individual behavior. There was also a significant focus on training community health workers to become effective messengers and facilitators of tobacco-free living, especially in underresourced populations that have experienced historic harms related to commercial tobacco.

> "A majority of our community health worker training, specifically for tobacco prevention, is led by and for our Black community. Knowing and understanding that our Black communities have been harmed by commercial tobacco companies, and generational harm has affected our communities quite a bit. So a lot of the training that we provide includes community engagement/connection with one another and a space for healing and empowerment as well, not only is information provided, but community is also formed during these spaces as well." ——CBO

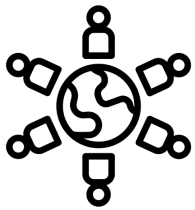
Communicable Disease Prevention



A total of 53 CBOs focused on the topic of Communicable Disease Prevention, which encompassed any services or supports related to vaccination, reproductive health, sexually transmitted infections, or mpox prevention and education, tailored to the community's needs. Of these organizations, three were specifically funded to focus on mpox prevention in 2023. Programs and services frequently involved community education and outreach at health fairs or other community events, hosting vaccine clinics for flu, COVID-19, or other needed immunizations, and health screenings or resource navigation for reproductive health. CBOs often focused on building community awareness through consistent messaging and utilized trusted messengers to reach at-risk groups.

> "We have prioritized resource navigation for our clients, ensuring they have access to health insurance, which is crucial for receiving timely medical care. We have also provided necessary information regarding vaccines, helping clients to understand their options and the importance of vaccination in disease prevention." —— CBO

Cultural Preservation & Community Identity

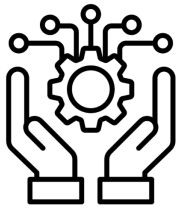


A total of 54 CBOs focused on cultural preservation & community identity in their activities and service delivery. This included centering the lived experiences, traditions, and values of the community by hosting cultural celebration events, fostering intergenerational education and storytelling, and creating opportunities to celebrate identity. CBOs often weaved cultural preservation and community identity into the service delivery of another public health service topic, strengthening collective identity, building

resilience, and empowering people across the lifespan to remain connected to who they are and where they come from.

> "We hosted a [cultural event] which is an activity that engages old and young [peoples] across generations and is an opportunity to reconnect with culture, listen to stories, and become closer to the foods we eat and the benefits of "slow food," as opposed to the highly processed foods that are around us every day."—— CBO

Digital Equity & Technology Access



A total of 11 CBOs focused on improving digital equity & technology access. Although many CBOs have begun to offer online workshops to accommodate individuals with transportation or mobility barriers, access to reliable internet and devices remains a challenge for some. Several CBOs focused on providing a safe and reliable way to access the internet to apply for jobs, make or attend health care or telehealth appointments, attend remote work or complete educational classes, and even connect with loved ones. Some CBOs offered technology usage classes for high-priority groups, such as older adults or immigrants, or provided connectivity resources and devices to support their needs.

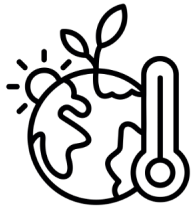
> "We entered into a new partnership with AARP to increase digital connectivity in the communities by installing battery-powered fiber optic hubs that will provide emergency wifi during times of city-wide power outages, enabling our vulnerable populations to have access to critical information and guidance from state and local emergency officials." ——CBO

Emergency Preparedness & Response

A total of 68 organizations focused on Emergency Preparedness & Response, which encompassed education, community planning, and resource distribution related to emergencies. CBOs focused on equipping communities, especially low-income, BIPOC, people living with disabilities, and rural populations, with the tools and knowledge required to prepare and survive emergency disasters, including wildfires, winter storms, ice, extreme heat, tsunamis, and earthquakes. Organizations distributed emergency kits, air purifiers, weather radios, and power stations. They also engaged in community-driven approaches by co-creating plain-language and translated educational materials for distribution at community events. A few organizations were trained and received the necessary supplies for responding to an emergency.

> "Our CHWs conducted emergency preparedness workshops on preparing emergency kits for our Vietnamese and Korean communities. Each member who attended the workshop received a pouch with emergency preparedness items such as a flashlight, whistle, and a first aid kit. We also began culturally adapting [this workshop] to our Cantonese-speaking community members." ——CBO

Environmental Health & Climate Adaptation



A total of 76 CBOs were funded through the Environmental Health & Climate Adaptation funding stream, which encompassed any services or supports related to climate and environmental risks. This included community outreach and education, resilience-building activities, and connection to resources for extreme weather events. Often, events focused on climate/environmental justice, community empowerment,

and the integration of traditional ecological knowledge and modern public health strategies. Activities supported both the immediate needs of the community, like coping with extreme heat by distributing air conditioning units or launching a cooling shelter, and long-term needs through community education and awareness.

> "The goals of the project are to expand skills and knowledge in the Latinx, immigrant, BIPOC, and low-income populations to understand and address the health risks of air pollution exposure and climate vulnerability. We hosted or co-sponsored [several] well attended events which informed [attendees] of threats to their community and environmental health, and inspired them to take action to support protections." —— CBO

Food Sovereignty & Access to Healthy Foods

A total of 52 organizations focused on food sovereignty & access to healthy foods. This included supporting community gardens, partnering with local farmers and growers, and offering nutrition education that was grounded in culturally appropriate ways. Food sovereignty and access to healthy foods also involved connecting families or clients to SNAP or WIC benefits, providing meals, and expanding access to food pantries that carry culturally relevant and appropriate foods. Some CBOs distributed culturally relevant meal kits that included everything needed to create a meal, including information on how to cook and store these foods. Some also hosted cooking classes that taught individuals how to cook with local, in-season fresh produce.

> “We hosted three Food Pantries to combat food insecurity in our communities. These pantries help keep food in the youths' house. From July to September, we served over 360 households with culturally specific foods contributing to the fight to end hunger. Our goal with the food market pantries is to offer our community free healthy cultural food options that will ultimately help reduce health obstacles, food insecurity, and the anxiety of running out of food.” ——CBO

Housing Support

A total of 28 organizations focused on housing support. This encompassed any services or supports related to houselessness, shelter, housing instability, or rent control. Among these CBOs, many offer direct services or connections to other services for temporary shelter, access to basic necessities, and referral to case management services for individuals navigating unstable housing conditions. In addition, other CBOs worked on tenant rights education and rental assistance programs to help those who are in need of additional support.

> “One shelter is 140 beds, the other shelter is 55 beds. And so we know they need shelter, they need food, they need clothing, and they have a clothing closet. But with regards to health, we better understand the health disparities. And truly, the houseless population is not thinking about communicable disease. They're thinking about survival. How can we get out of the cold and just warm up for the night because that's what our shelter is.” ——CBO

Land Stewardship

A total of 27 organizations focused on land stewardship. This encompassed any services or supports related to learning about local ecosystems, land and water preservation,and sustainable land practices rooted in cultural and environmental awareness. Other efforts of land stewardship included community-led restoration projects, Indigenous-led education, and teachings about traditional ecological knowledge and workshops on ecology and biology. Many land stewardship activities included youth in the programming and helped to build a shared sense of responsibility and connection to the land.

> "Participants enjoyed a bilingual, hands-on approach with a variety of STEM-related activities, including interactive games, a scavenger hunt, and engaging learning opportunities like dissecting owl pellets and matching games with themes of migration and wildlife. These activities not only made emergency preparedness accessible to all ages but also fostered an appreciation for local wildlife and the natural environment." ——CBO

Linguistic Services & Supports

A total of 65 organizations focused on linguistic services & supports. This included a wide range of services that help bridge language barriers and make vital resources more accessible. This includes delivering education, health information and community services and support in a language other than English or bilingually. This also could include adapting existing materials to reflect cultural norms and language preferences or investment in interpretation or professional translation services.

> “In addition to our social media efforts, we resumed distributing language-specific educational flyers through our weekly drive-up pantry services in October and December. Through this initiative, we reached approximately 889 patrons.” ——CBO

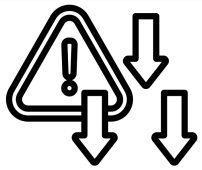
> “Refining our information materials to improve readability and access and overall comprehension. We actively sought and received feedback from individuals with disabilities, which has been instrumental in shaping our approach. Their insights help ensure that our communication methods are effective, inclusive, and resonate with the unique needs of our community.” ——CBO

Mental Health & Emotional Well-being

A total of 54 organizations focused on mental health & emotional well-being. Organizations provided education on suicide prevention, mental health first aid, trauma-informed care and emotional literacy. Some also offered direct connections to therapy, counseling and culturally and developmentally appropriate mental health resources. Often these were delivered via youth-centered programming that integrated mental health support through life skills development and personal growth activities including workshops, providing safe spaces, offering mindfulness or stress management trainings, and building peer support networks.

> "Staff have also created a professional development curriculum to support clients in honing soft skills related to communication, self-evaluation and self-awareness, creating schedules and routines for themselves to show up to work on time and prepared, as well as working as a member of a team. These activities support self-efficacy and self-actualization, both important mental health-related goals for the youth we serve. " ——CBO

Substance Misuse & Harm Reduction



A total of 39 organizations focused on substance misuse & harm reduction, offering a wide range of supports designed to educate, prevent, and reduce harms associated with substance use. Of these organizations, five were specifically funded through the Overdose Prevention funding stream. These efforts included providing information about substance use disorder, promoting drug resistance strategies, and offering parenting classes that equip caregivers with tools to help prevent youth substance use. Many organizations delivered, often youth-focused, workshops on drug refusal skills, risks of substance use during pregnancy, and information on the social and emotional factors that contribute to addiction.

> "Through trust building, frank and affirming talk, shared lived experience, and deep accompaniment, [our youth group] assisted peers to address commercial tobacco and other substance use impacts and make adjustments to their use, through addressing root causes, and acted as informed and affirming sounding boards for discussion ." ——CBO

Transportation Access

A total of 18 CBOs had a focus on increasing access to transportation, which included providing discounted or free tickets to the TriMet, connecting individuals with rides to appointments or job interviews, or distributing bikes to individuals. Some CBOs also conducted community surveys to gain a better understanding of barriers and needs related to transportation access.

> "We brought together regional transportation partners to help residents explore new ways to get around. We were there promoting and providing information about the Free Bike Share Access Plan for those who qualify." ——CBO

Workforce Development & Economic Mobility

A total of 31 CBOs focused on workforce development & economic mobility. This was often in the context of youth and adolescent programming and had a focus on skill-building, career exploration, and job shadowing. Some CBOs helped to connect clients to workforce training or provide transportation to interviews or work. Some CBOs even directly connected individuals to job opportunities that resulted in their being hired. Many also had a focus on college or post-secondary preparation and exploration.

> "We advance long-term economic mobility for young people by engaging them in college preparation and workforce development training, exposing them to career opportunities across various industries, and equipping them with an entrepreneurial mindset." ——CBO

Challenges Reported by CBOs

CBOs accomplished the outcomes described above despite challenges in their work. OHA activity reporting forms asked CBOs to report challenges they encountered while engaging in their work plan activities. CBOs were most likely to report difficulties with building and maintaining internal capacity to perform the work, engaging community members, and funding stability. The following list overviews the challenges reported by CBOs (*N*=194; n=163) in activity reporting for the calendar year 2024 (coded values do not equal 163, as most CBOs reported more than one challenge).

Organizational Capacity (97)
CBOs reported experiencing a challenge in carrying out services due to a lack of staff capacity or staff turnover.

Community Engagement (75)
CBOs reported experiencing issues with getting their community to engage with their services, educational opportunities, or data collection efforts.

Funding and Sustainability (51)
CBOs reported that they faced challenges in carrying out their services because they could not afford to do so as an organization, or through other support mechanisms, or had concerns about starting and then discontinuing a service.

Resources (43)
CBOs explicitly stated that they lacked a specific resource, which prevented them from providing a service, such as a lack of specific educational materials, reductions in available free preventive screenings, or unavailable foods.

Cultural and Linguistic Barriers (36)
CBOs reported a challenge in providing services due to their inability to overcome cultural or linguistic barriers with the resources available to them.

Partnership Development (36)
CBOs reported a challenge with knowing how, or have an ability to, develop partnerships with other organizations to mutually benefit their services.

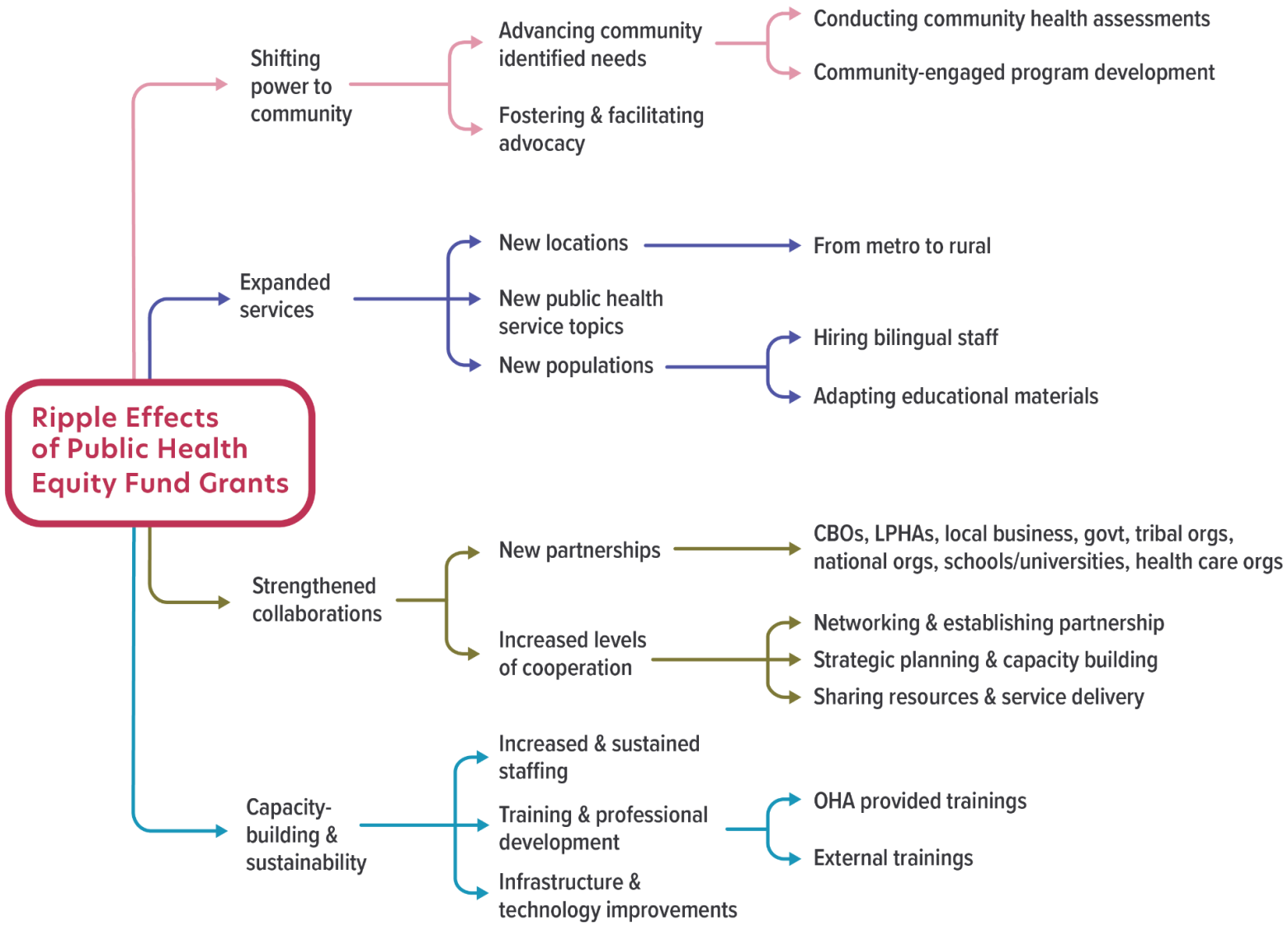
Program Adaptation (26)
CBOs reported challenges related to effectively making adjustments or adaptations when faced with a challenging external situation.

Space/Facilities (14)
CBOs reported a challenge in providing services due to a lack of space or facilities to offer them, or a location where the target population could physically receive the services.

Ripple Effects Mapping Results

The following pages contain thematic results from CBO Ripple Effects Mapping (REM). Figure 10 presents the REM themes in a hierarchical structure, starting with the central focus—the Public Health Equity Grant, and then branching out to more specific themes, subthemes, and topics. On the following pages, each major theme (i.e., shifting power to community, expanded services, strengthened collaborations, and capacity building and sustainability) is further broken into subthemes and topics that are presented with more detail and supporting quotations.

Figure 10. Public Health Equity Grant: Ripple Effects Above and Beyond Public Health Service Delivery



Ripple Effect: Shifting Power to Community

> "This work involves the co-creation and dissemination of information materials for the community and finding ways to communicate about prevention and testing for flu, COVID, and STIs [that resonate with the community]."
>
> — CBO

> "One of our big things is we just had a big event in Salem where we had about 170 youth come, learn how to do advocacy, how to tell their stories, and then talk to their legislators. We were able to partner with some different organizations this year, to where they were able to bring youth that are outside of our network and introduce them to the idea of advocacy."
>
> — CBO

> "It's the mentality that you know nothing about us without us. And just being able to see the amount of leadership that can be put in the hands of community because of this, and the ability to advocate for ourselves and with community. I think that's huge. That's what it's about."
>
> — CBO

Ripple Effect: Shifting Power to Community

As CBOs are uniquely positioned for increased access and grassroots community work, these findings show that CBOs conducted a host of community engagement activities, centering the community in the driver's seat as decision makers. This theme surfaced in several ways, including 1) advancing community-identified needs and 2) fostering advocacy and mobilizing community for systems-level change.

Advancing Community-Identified Needs

CBOs often focused on gaining a better understanding of the community's needs before providing targeted services based on those needs. This occurred by conducting community needs assessments through canvassing, focus groups, listening sessions, having informal conversations with community members or interest holders, and even creating, launching, and analyzing quantitative surveys.

CBOs emphasized the value of designing programs in partnership with the communities they serve, ensuring initiatives reflect local needs and lived experiences. Through steering committees and direct engagement, many CBOs co-developed programs, materials, and services, often adapting and improving them based on community feedback to ensure relevance and impact.

Conducting Community Needs Assessments

Several CBOs conducted community needs assessments to gain a better understanding of the issues, barriers, strengths, and supports that are important to the community they are working with. Sometimes, CBOs partnered with a Local Public Health Authority to conduct this work, and sometimes the CBOs themselves created, tested, launched, and analyzed the community needs assessment in the form of a survey.

> “To date, we have completed 50+ surveys across 6 sites. So far, over 50% of respondents find the quality of the seasonal, fresh produce to be the most valuable to them.” ——CBO

> “Tabling at different community events and canvassing, we did a lot of canvassing, going door-to-door in that community, just being like, ‘Hey, there's this program that we're wanting to offer to you, would you be interested?’ ——CBO

> “We used some OHA funding to run a community needs assessment for the queer community in the [area]. So that was information that we didn't have before. [The Community Group] developed all of the questions for it, wrote out the survey, met with a bunch of community partners to make sure we were covering everything that people wanted information about, distributed the survey, analyzed the data and made conclusions and then put together a one-pager to hand out to community partners.” ——CBO

Community Engaged Program Development

CBOs described the importance of creating programs that are shaped by, and for, the people they are intended to serve. Many CBOs established steering committees or conducted direct engagement with interested community members to co-create initiatives that reflected the local priorities, needs, and lived experiences. CBOs often involved the community in the development of programs, plans, and educational materials for issues that were relevant and important to the community. Some also reported how they have crafted changes, additions, and improvements to their services or programs by

integrating community feedback and ensuring service delivery occurs in a way that is meaningful to that community.

> "To buttress our current plans, we have engaged in a deep mapping/planning process to fully incorporate community feedback and integrate our plans with community partners, including discussions with community. This plan will also inform resilience strategies and resources across the state." ——CBO

> "We held a virtual gathering of parent leaders to ask them about their advocacy efforts, what would help them be successful, and areas that they wanted more support." ——CBO

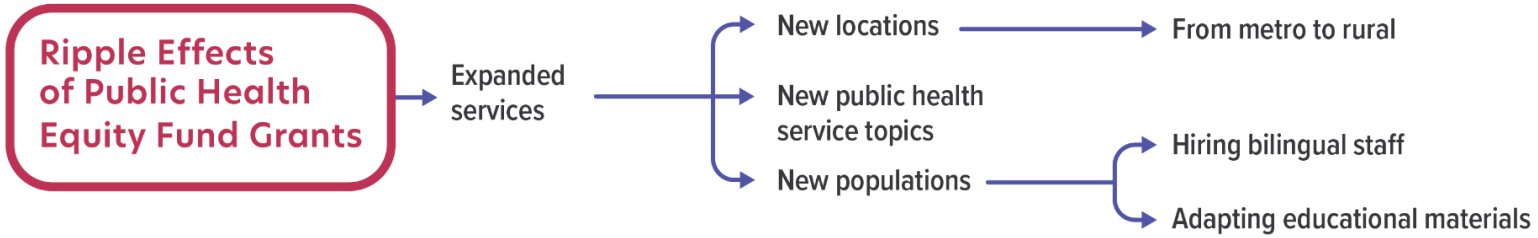
Fostering and Facilitating Advocacy

In the REM and qualitative activity reports, CBOs often shared experiences of fostering advocacy for individuals and communities. CBOS described not only doing advocacy work at the organizational level but also including the community in that advocacy work. Some examples include taking youth to the Oregon State Legislature to learn about advocacy and engage in conversations with legislators, helping adolescents learn to advocate for themselves in healthcare or work situations, and becoming better informed about issues impacting the communities they serve.

> “And so, just really seeing how in those spaces where we start to cultivate joy is where we also start to cultivate advocacy and those opportunities. It's a really natural point. We don't necessarily always bring folks together with the intention of, let's rally around a specific issue. But it's inevitable that when we're together, we know what thriving feels like.” ——CBO

> “ We expanded our advocacy work as well. And so we've been doing the advocacy work with our clinics for quite a while now, but really now engaging the community through the CHW trainings in a different way, more meaningful, I think, in a grassroots level way, which is definitely something that we've been wanting.” ——CBO

Ripple Effect: Expanded Services



> "Through [this grant] we got a chance to expand our capacity to strengthen our staff so we can have one more CHW to deliver our services, not only in the metropolitan area, but we have expanded services to [two new counties]."
>
> — CBO

> "This has grown from us just providing a safe space for our kids and families to be commercial tobacco-free to actually looking at economic development within our community, looking at environmental justice, looking at renewable energies…and all those things that will support our community, having a plan for what we're going to be affected with with climate change."
>
> — CBO

> "Our work has expanded from COVID to emergency preparedness and now communicable disease because in congregate living, communicable disease is paramount. It is paramount. And so just finding ways to remove barriers [to care access]."
>
> — CBO

Ripple Effect: Expanded Services

Many CBOs reported being able to expand their current programs, services, and focus to other groups in need. These expansions often occurred as a result of new partnerships and collaborations or were due to improved organizational capacity. Expanded services occurred in three different ways: 1) to new, previously unserved or underserved locations; 2) inclusion of new public health service topics; and 3) new populations being reached.

New Locations

CBOs described an ability to expand their services to previously unserved or underserved geographic locations. Often, this included expansion from metropolitan to rural or non-core areas, but sometimes it also involved statewide service expansion.

> "We have 18 pantries right now, but we're ultimately going to end up in the whole state of Oregon, and so taking a step to Central Oregon is going to be a big deal out of the tri-county." ——CBO

New Public Health Service Topics

CBOs described an ability to expand their services by focusing on a new public health services topic that they were previously unable to provide. The flexible and open nature of this grant program allowed CBOs to focus on a broader range of public health services. For example, some organizations that were historically focused on commercial tobacco cessation and prevention began expanding their services to include community-driven climate change or emergency preparedness work.

> "Although we may not do the tobacco prevention anymore, we are going to be doing this climate change and health work even more, because our model has morphed to a restorative, circular, regenerative, and sustainable more business model, where we're applying that, and then we are connected with other Community-Based Organizations and businesses that share those same values." ——CBO

New Populations

CBOs often described an ability to expand their services and reach to new populations that were previously unserved by the CBO. This included conducting work in new languages by hiring bilingual staff, translating, or adapting educational materials or expanding services to other marginalized communities as a result of collaborations with other CBOs.

> "So we started working with African-American and African immigrant farmers, and then we started reaching out to the Indigenous farmers as well to do this [food program]. So we're going to create this network and market, so that we can do the building. So we're trying to be in the forefront of all these things." ——CBO

Ripple Effect: Strengthened Collaborations

> "We also partnered with a Latinx-owned business in Salem for an event and were able to engage with Latinx families to share and showcase our work."
>
> — CBO

> "This has grown from us just providing a safe space for our kids and families to be commercial tobacco-free to actually looking at economic development within our community, looking at environmental justice, looking at renewable energies…and all those things that will support our community, having a plan for what we're going to be affected with with climate change."
>
> — CBO

> "We've been ramping up our work during that time to also expand our span of work to do more CHW trainings or really just to do CHW trainings."
>
> — CBO

Ripple Effect: Strengthened Collaborations

In both the qualitative activity report responses and the REM data collection, though not a requirement, CBOs often described the type and nature of their collaborations. A total of 96 unique CBOs described any type of collaboration and often also the nature of that collaboration. We describe both below.

New Partnerships

CBOs and Local Public Health Authorities

Of the CBOs that reported and described collaborations in our evaluation methods, 73% (n=70) reported a partnership with another CBO. These partnerships ranged from collaborating on events and creating and distributing educational materials to sharing resources and skills, and serving on joint interest committees with other organizations. CBOs often explained how OHA fostered events and opportunities for CBOs to meet each other and learn about each other's work. Anecdotally, Rede even witnessed CBOs exchange information to start a collaboration in our data collection and evaluation events.

> " I think one of the things we all discussed was just the ability to connect with each other. I mean, the fact that [one] organization wants to expand and to think about finding pantry partners to make sure when they are releasing patients back who live in Central Oregon, to make sure that they are connected to food that they can eat while they're healing feels so important to me." ——CBO

Of the CBOs that reported and described collaborations in our evaluation methods, 26% (n=25) reported a partnership with their Local Public Health Authority or other surrounding Local Public Health Authorities. These partnerships ranged from collaborating on a community needs assessment to

engaging in future planning or information dissemination (e.g., surviving extreme weather-related events or tobacco prevention resources).

> "[The Public Health Equity Grant] has brought us into so many fantastic partnerships. One is our local public health agency, we're full on partnering in this work with them." ——CBO

Local Businesses or People

Of the CBOs that reported and described collaborations in our evaluation methods, 24% (n=23) reported a partnership with local businesses or people. These partnerships ranged from co-hosting events with local business partners, working with volunteers that bring lived experience and community trust to program delivery to working with local farmers or food vendors to support access to healthy and culturally-relevant foods.

> "And we also partner with some minority owners of grocery stores and shipping companies in rural communities." ——CBO

Governmental or Tribal Organizations

Of the CBOs that reported and described collaborations in our evaluation methods, 25% (n=24) reported a partnership with a governmental or tribal organization. These partnerships included working with city governments, local public libraries, emergency services or one of Oregon's Nine Federally Recognized Tribal Nations.

> "With OHA support and additional capacity, [organization] has codified our relationship with the Chinook Indian Nation through a Memorandum of Understanding. This quarter, we were able to utilize a full time Tribal Lands and Water Steward to continue building upon that relationship." ——CBO

National Organizations

Of the CBOs that reported and described collaborations in our evaluation methods, 10% (n=9) reported a partnership with a national organization. This included collaborations with the American Red Cross, American Heart Association, and more. For example, one CBO partnered with the American Red Cross to create and deliver educational materials on emergency preparedness and disaster preparation to farmers living in rural Oregon.

> "We are still doing the disaster preparation classes, and through those classes we've actually been able to establish a really good working relationship with the Red Cross." ——CBO

Universities and Schools

Of the CBOs that reported and described collaborations in our evaluation methods, 30% (n=29) reported a partnership with a university or local school. These collaborations included co-hosting events, providing a space or resources for an event, or establishing a volunteer or internship program. Sometimes this included bringing educational programs, often about Tobacco Prevention or mental health, into schools or partnering with a university to provide adult education classes. For example, one CBO partnered with a middle and high school to bring awareness of the harm that tobacco has had on communities in Oregon and hosted multiple "talk and listen" sessions that culminated in survey development to better understand youth perspectives on tobacco use.

> "And we've taken advantage of being close to OSU, and having some interns from their public health, but then being able to support some of those interns with some stipends, because we had OHA money." ——CBO

Health Care Organizations

Of the CBOs that reported and described collaborations in our evaluation methods, 10% (n=9) reported a partnership with a health care organization. These collaborations occurred with CCBOs, hospitals, health clinics, dentists' offices, and health and insurance providers. Collaborations included co-hosting events, providing a space or resources for an event, or helping create and disseminate health information. For example, one CBO partnered with health providers to deliver Question, Persuade, Refer suicide prevention trainings and substance misuse prevention education.

> "We have continued our partnership with Providence Medical Group to provide monthly school-based health clinics on each of our high school campuses. In addition to monthly school-based health clinics that began in September, the Providence Medical Group also provided a sports physical clinic at each of our high schools back to school BBQs in August." ——CBO

Increased Levels of Cooperation

In addition to the types of partnerships listed above, the evaluation surfaced information about the evolving nature and depth of these collaborations. Levels of cooperation begin with early networking and establishing a partnership, then progress to more intense collaboration through co-strategic planning and capacity building, and ultimately culminate in sharing resources and engaging in shared service delivery. CBOs may have multiple relationships with other entities that are each at a different "stage" of collaboration, and these may not be linear stages. These changing and evolving

collaborations show a deepened capacity for collective work as a result of the Public Health Equity Grant.

Networking and Establishing Partnerships

Through a variety of opportunities, some provided by OHA and some occurring naturally, CBOs began forming partnerships with other entities by engaging in networking. This stage was characterized by a desire to build relationships with others, but not yet engage in formal collaboration. For example, CBOs reported that they were meeting with other organizations to explore how a partnership between them could work or that they were attending local events specifically to find and meet with potential partners. The stage of networking and establishing partnerships is crucial, particularly for newer CBOs or those seeking to expand their community impact, as this stage lays the groundwork for future collaboration and resource sharing.

Strategic Planning and Capacity Building

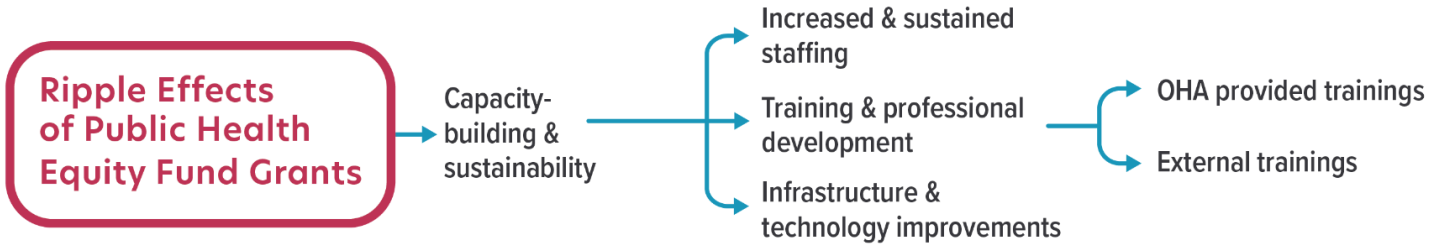
CBOs described a shift from early networking and partnership establishment to more structured collaboration that included strategic planning and capacity building. This involved CBOs working with their partners to align their goals and engage in concrete planning activities like mapping out how to deliver services to reach the target population(s). This stage also included partnership activities that helped to build the capacity of the organization. For example, CBOs reported that partnerships with other organizations helped to get volunteers into the organization to deliver services or that they received help from another organization to build an internal tracking system for their attendance and engagement data, sometimes this even included partnering with groups that had access to new populations or cultures that the CBO previously was unable to serve. Taken together, partnerships that

include strategic planning and capacity-building activities can help a CBO with sustainable and affordable growth and implementation of new programs and service delivery.

Sharing Resources and Mutual Service Delivery

As partnerships shift and develop, CBOs reported engaging in sharing resources and a mutual delivery of services and supports to populations of interest. Sharing resources occurred when one organization helped another with providing a physical space, supplies, or other resources to help the CBO run its programs. For example, a CBO shared that partner organizations had provided physical space so that they could run an in-person program on emergency preparedness education with older adults, as they did not have a big enough physical location of their own. The sharing of resources helped CBOs deliver public health services efficiently and with fiscal responsibility. As partnerships matured, some CBOs reported engaging in mutual service delivery with their collaborators, where both organizations actively contributed to the delivery of programs and services in a coordinated manner. For example, one organization shared that with their partner organization, they co-created a bilingual resource guide on tobacco cessation and delivered it to households in the target area. In some cases, organizations reported sharing staff and volunteers to serve overlapping communities more effectively.

Ripple Effect: Capacity Building and Sustainability



"They're [OHA] not just interested in pushing down funds, but actually building the capacity of the organization, supporting the organization and their work, not just throwing money at them, but also again, supporting them in a meaningful way that a lot of organizations struggle with, especially the smaller ones."

— CBO

"We have been focusing on emergency preparedness training for staff to learn how to best communicate with the larger community and we participated in several conferences to help guide community priorities during disaster."

— CBO

"I think one thing is the fact that we are able to increase our visibility through more of the operational side, like our website and our video, and then meeting other people in different meetings and things like that."

— CBO

Ripple Effect: Capacity Building and Sustainability

Increased and Sustained Staffing

Increased and sustained staffing emerged as a central theme in organizational capacity building and sustainability. CBOs reported hiring new staff across a variety of roles, including outreach managers, site managers, and program coordinators, to strengthen service delivery and expand organizational reach.

> "We've had school-based health center staff, and other statewide organizations [who have reached out for advice and help]. And it's really just that we wouldn't have the capacity to even have [these] meetings with [them] if we didn't have this little bit of extra funding. We would have to be like, 'Nope, this funding is only for the event. That's all we can do. I can't meet with you. I can't include you. We just don't have the capacity.' But I think this [funding] gives us a lot more capacity." ——CBO

Many organizations emphasized a prioritization of recruiting of bilingual and culturally-responsive staff. These staffing investments demonstrate a sustained commitment to building resilient, responsive and equity-driven organizations.

Training and Professional Development

Training and professional development were significant areas of focus in organizational capacity building. CBOs emphasized the importance of equipping staff and volunteers with specialized skills and knowledge through training and technical assistance opportunities. CBOs reported engaging in a range of training and technical assistance from both OHA and external sources. Training provided by OHA

focused on general operations, fiscal management, and tobacco prevention, while external training covered broader topics and specialized certification programs, see details below. These included participation in certifications and workshops on topical areas of interest. Organizations also invested in internal training sessions and sent staff to conferences to learn and sometimes present. These investments reflect a commitment to strengthening internal expertise but also fostering staff growth and preparedness to respond to evolving community needs.

OHA Provided Training

- FYI and Fiscal Fridays
- Metropolitan Group consultation and training
- Nicotine cessation training
- Personal Protective Equipment Distribution Event
- Public Health Modernization chats
- Specialized and topical training
- Tobacco Learning Communities

External Trainings

- Certificate programs
- Conferences
  - ToPCon
  - Inclusive Leadership Summit
- Communities Quitting Together Meetings
- Community Health Worker Trainings
- Community Resilience in a Changing Environment Training
- Donations Management Training
- LifeCourse Ambassador Training
- Rural HPV Vaccination learning Community (American Cancer Society)
- Workshop on congenital syphilis
- UniteUs Training

Infrastructure and Technology Improvements

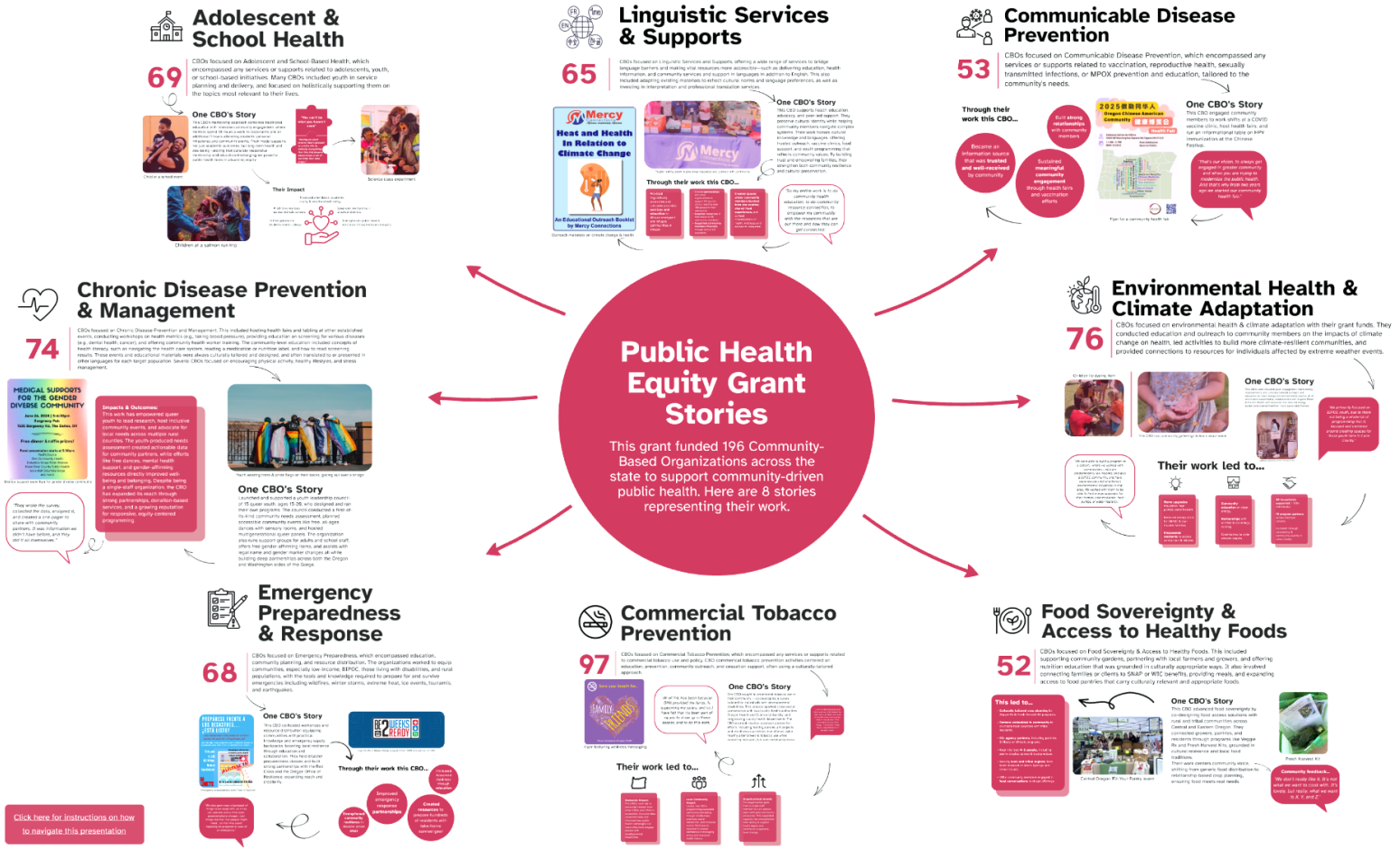
Infrastructure and technology improvements played a critical role in improved capacity and sustainability of CBOs. These include, but are not limited to, physical and financial infrastructure and digital technology improvements. Organizations reported launching or upgrading their websites, implementing project management or customer relationship management tools, and acquiring essential technology like laptops or video conferencing equipment to help increase their reach. Some CBOs also had physical infrastructure improvements like winterizing or adding safety provisions to buildings and rooms. By investing in infrastructure and technology, CBOs are better equipped to sustainably and efficiently respond to community needs as they grow and change.

> "By providing essential resources and support, the grant has allowed us to strengthen our community health programs, build relationships with key stakeholders, and develop a more robust infrastructure. This increased capacity has positioned us more favorably in the eyes of potential funders, demonstrating our commitment to public health priorities and our effectiveness in implementing programs. As a result, we have successfully secured additional funding this quarter from Umpqua Bank- $7,500 for community health, $7,500 for vaccination work, and $25,000 for culturally specific programming from CareOregon." ——CBO

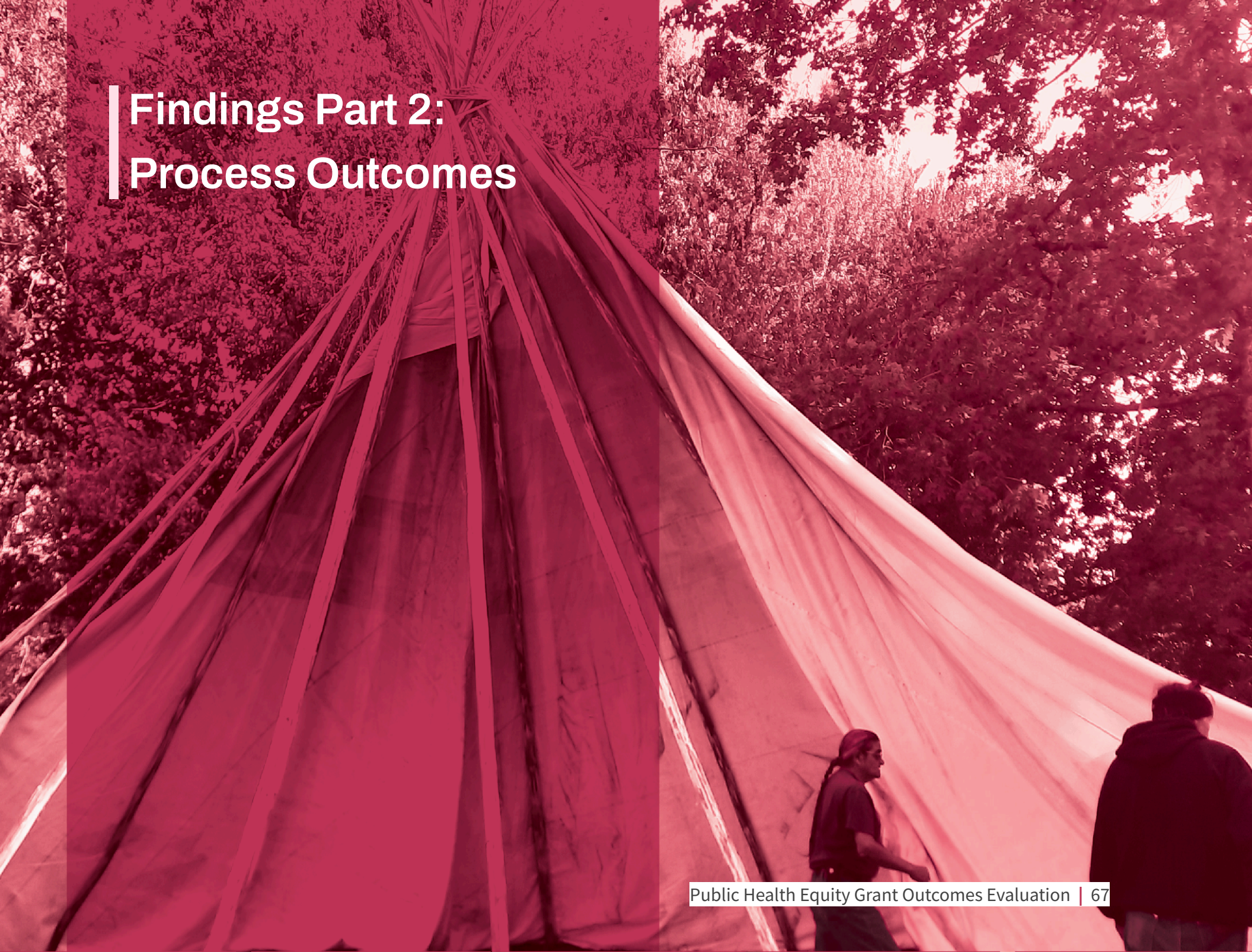
> "I think one thing is the fact that we are able to increase our visibility through more of the operational side, like our website and our video, and then meeting other people in different meetings and things like that." ——CBO

Stories of Impact

To illustrate the efforts, ingenuity, and vastness of the impacts of CBOs who received the Public Health Equity Grant, we have created an interactive presentation for you to explore CBO-specific stories across eight of the public health service topics.



Findings Part 2: Process Outcomes



Intent and Design

In creating the Public Health Grant, OHA intended to center community strengths, wisdom, and priorities for health. With a focus on specific public health issues (for example, HIV, climate change, overdose, commercial tobacco prevention), and the provision of opportunities for flexible funding for specific community health needs related to equity and the social determinants of health (for example, racism, colonialism, ableism, heterosexism, sexism).[5]

This section of the report outlines results from data collection methods designed for process evaluation, including Journey Mapping, REM, and Focus Groups. These methods were designed to evaluate two of the four evaluation questions:

- Did OHA create systems and policies that support CBO participation (throughout the program life-cycle) in the CBO Public Health Equity Grant? What are the areas of success or improvement?
- Ways that collaboration between OHA, CBOs, Local Public Health Authorities, and other partners changed as a result of the CBO Public Health Equity Grant? In what ways, if any, can collaboration be improved in the future?

[5] OHA-RFGA-5272

OHA Focus Groups and Ripple Effects Mapping Results

Key Program Successes

Community-Centered Approach

Aligned with the results of CBO interviews, OHA's intentionality and success in grounding the Public Health Grant in a community-driven model surfaced as a theme from OHA focus groups and the OHA REM session (which focused more on grant design and operations and less on grant outcomes). OHA staff identified the following points as aspects of their approach to community-driven programming:

- OHA encouraged CBOs to identify their own community health equity challenges and solutions and exercised flexibility in co-adapting approaches to meet funding priorities
- OHA shifted from transactional relationships to authentic partnerships with CBOs
- OHA staff fostered deeper community connections with CBO partners by attending events, conducting site visits, and providing supportive listening and problem-solving services
- OHA staff challenged traditional structures (including historical funding pathways), systems, and ways of doing things, acknowledging that current systems "haven't centered community, especially coming from a state level."

Additional policy and practice actions that facilitated community-driven work by shifting power from government to community included:

- Creation of the CBO advisory committee to inform decision-making
- Integration of CBO representation on Oregon's Public Health Advisory Board
- Paying community members for their participation and expertise

- A conscious and considered effort by OHA to humanize and demystify government funding and grant monitoring structures, thereby breaking down barriers to knowledge, information, and hope

> “In terms of new ways that we do the work at OHA, I think we're more aware of power dynamics and creating programs and structures that reverse power dynamics, especially when it relates to community."

> "The public health advisory board expansion to include CBO representation, I think, was just a huge milestone in terms of participation, a seat at the table, representing their perspective in these decision-making spaces."

> "We're asking CBOs what they identify as the key health equity challenges and what the key solutions that they specifically and uniquely bring to the table are."

> "I've never [before] seen community engagement coordinators come and volunteer at events. We have really good relationships with all of the Community-Based Organizations, like I know the staff's kids' names."

According to REM participants, following the community’s lead allowed the program to reach "organizations that speak different languages and serve different communities" at an unprecedented level. One participant noted, "There hadn't been any other OHA funding that was able to reach so many communities across the state."

Cross-Program Collaboration within OHA

Funding, another critical aspect of program viability, stood out to focus group participants as another example of innovation and success. They noted that numerous OHA programs, across multiple subunits within OHA, collaborated on the grant, working together to share resources. Programs also worked together and provided joint technical assistance and training opportunities.

Structure

Focus group participants pointed to OHA's formalized CBO grantee support structure, which consisted of training, regular informal CBO gatherings, technical assistance, and regular check-ins with Community Engagement Coordinators (CECs), as a key factor in building and maintaining successful working relationships with the large number (196) of CBO grantees.

> "A lot of CBOs have talked to me about really appreciating having a community engagement coordinator, having regular meetings and just a single contact that they know who to reach out to with questions or when they need help."

Communication Innovations

Streamlined communication through newsletters reaching 1,200-1,400 people, multilingual materials, accessibility improvements, and "FYI Fridays" were examples of methods crafted by OHA to ensure that communication to CBO grantees was effective and efficient. While several CBOs reported in Journey Mapping interviews that the amount of information could be overwhelming, many CBOs reported appreciating OHA's organized and predictable communication practices.

Learning Opportunities

Focus Group participants discussed learning opportunities facilitated by OHA, including:

- Regular "lunch and learns" with high attendance
- Grant-writing assistance with waitlists due to popularity
- Learning communities/communities of practice for specific focus areas, such as climate change adaptation and commercial tobacco prevention

Participants discussed that learning communities were designed to (1) facilitate connections between CBOs working on similar issues, (2) build trust and partnerships among community organizations, (3) allow CBOs to connect with each other rather than just hear from OHA, and (4) deemphasize the role of OHA staff at training, situating them more as evaluators and supporters than trainers or active participants. These learning communities represent OHA's efforts to move beyond transactional relationships with CBOs toward more collaborative partnerships that recognize community expertise and foster meaningful connections. As noted by one focus group participant, OHA focused “on giving the resources as much as we can to the CBOs, but let them do things instead of us telling them what to do or how to do."

OHA Focus Group and REM participants also discussed ways that OHA learned from the CBOs in the program, noting:

- OHA staff learned about CBOs' structure, operations, capacity, and limitations, and at the same time, CBOs learned about OHA's structure and limitations, increasing mutual understanding and paving the way for better relationships and effective collaboration
- OHA staff gained deeper insight into the diversity of Oregon through an understanding of the work and communities served by CBOs

Key Challenges and Areas for Improvement

Internal Coordination and Capacity

OHA focus group participants reported some internal challenges with coordination and program management, including resourcing staff who are expected to participate in supporting the Public Health Equity Grant operations but are not funded to do so. Additionally, some participants expressed a need for ongoing work to define roles and responsibilities across the program. Another consideration brought up by OHA focus group participants was that the large number of CBOs and staff turnover within CBOs required repeated onboarding by OHA staff, and some smaller or newer CBOs needed extensive technical assistance with budgets, reporting, and administrative and legal requirements for OHA grantees.

Geographic Coverage Gaps

Focus group participants reported two challenges with covering all geographic areas of the state. First, OHA had difficulty finding CBOs in certain rural areas, and second, there were concerns with statewide CBOs that primarily serve metro areas.

CBO-Local Public Health Authority Relationships

Some focus group participants reported that the unprecedented practice of OHA directly funding CBOs may have strained relationships with Local Public Health Authorities in some regions, and some participants opined that the requirement for collaboration between CBOs and Local Public Health Authorities likely exacerbated those tensions by mandating relationships between CBOs and Local Public Health Authorities.

> "We didn't understand in the beginning of this fund that we needed to be really incorporating LPHAs to some extent in the work, and so we've been having to repair some of the destruction that caused."

> "One of the very first things we did when we were getting this pushback from LPHAs was adding into the contract language or the grant agreement that they had to partner. And so it's from the start, that just doesn't feel like a super authentic way of encouraging partnership and collaboration."

Sustainability and Program Integrity Concerns

Focus group participants reported that competitive grant cycles created uncertainty for CBOs and that the reduction in funding amounts (e.g., an anticipated 20% decrease in commercial tobacco prevention funding and the end of COVID-19 recovery funds) led to an unclear financial outlook for the program and CBOs. Moreover, the program has struggled to strike a balance between flexibility (a necessary component for community-driven work) and accountability for traditional public health outcomes and metrics. Ushered in by changes in leadership, this shift to a greater focus on traditional public health metrics has created a need for deeper dialogue about what community-driven means in the public health context and how to shape programs that balance both important needs. Through the natural evolution of the program, OHA has taken steps to ensure that CBOs are accountable for reporting and has established reporting feedback loops to support continuous quality improvement.

Impacts Systems Change and Equity

When asked about the impacts of the program on systems change and health equity, REM participants reported that the diversity and reach of the program, into population groups not previously reached by OHA, was the most significant impact. Participants also shared that investing in these programs fostered community strength and resilience in ways that go well beyond CBOs merely implementing the grant-funded activities. For example, participants reported that some CBOs were able to leverage OHA funding to secure additional resources and enhance their sustainability. Finally, OHA REM participants shared that dissemination of program design and success had reached other entities within OHA, different states, and national organizations, generating interest in the community-centered approach and a desire to replicate it.

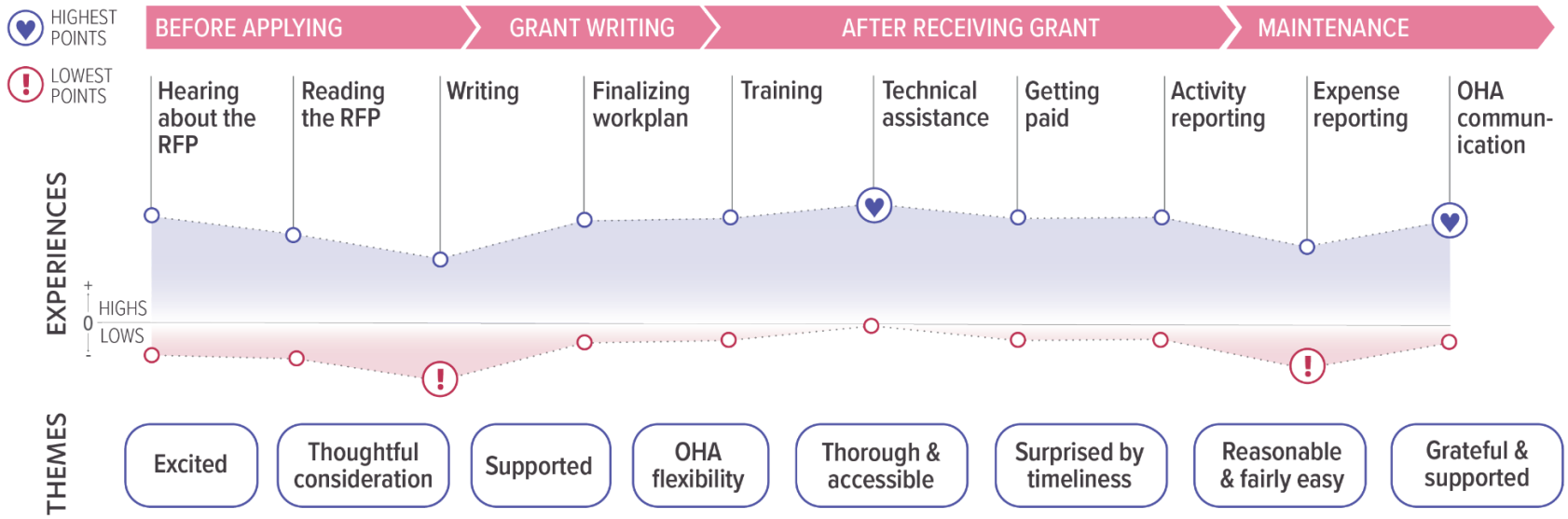
> "It's reached far beyond the agency, which is actually really exciting."

> "CBO provided really compelling testimony in favor of additional modernization funding at the legislature. So the relationship and work contributed to increased funding for modernization."

Journey Mapping

Rede conducted Journey Mapping (JM) interviews with CBOs to evaluate OHA's processes for grantmaking and supporting grantees in the first stages of program development. Figure 11 on the following page outlines JM sentiment analysis results. The calculated scores for positives and negatives at each step of the process were plotted horizontally. The figure shows that throughout the grant-making and start-up process, the highs substantially outweighed the lows. JM interviewees in this evaluation were funded in Cohort 2 of the Public Health Equity Grant, and between Cohort 1 and Cohort 2, OHA took measures to improve the quality of grant-making based on feedback, informal conversations, and interviews. These quality improvements likely contributed to the overall positive experience reported by JM interviewees.

Figure 11. Journey Map



KEY QUOTES

"We felt confident in all those areas to be able to move forward with the project and felt excited about doing this work and really expanding our team skills as well."
—CBO

"This grant process was really supportive. I think that. Everyone on the OHA team has made themselves just over the moon available to answer questions."
—CBO

"Within that week of being notified in that week of having that meeting, we received, like, three different emails saying, if you need help, if you need this, if you want help, we have this. So they [OHA] were very, very, very supportive."
—CBO

"So I would say if I was rating, reporting, one being I want to crawl in a closet and cry, and 10 being this is magical and I love it, I would say it's like an eight."
—CBO

"As an organization that struggles every day to find funding, particularly for projects like this, particularly for this population, it's a godsend to have it, and it's really made an impact, and it will continue to."
—CBO

Journey Mapping Narrative

How CBOs Learned about the Public Health Equity Grant

BEFORE APPLYING | GRANT WRITING | AFTER RECEIVING GRANT | MAINTENANCE

CBO Interviewees (n=19) described multiple sources from which they learned about the Public Health Equity Grant:

- Many (9) CBOs interviewed learned about the grant through their existing professional connections, partner organizations, or coalitions they belonged to.
- Some (6) CBOs discovered the grant through email newsletters, listservs, and regular communications from OHA.
- Some (4) CBOs reported hearing directly from OHA or hearing based on an existing relationship with OHA.
- Some (4) CBOs heard about the grant through informal channels and word-of-mouth from colleagues.
- A few (2) CBOs actively searched for grant opportunities as part of their regular operations.

These varied pathways to discovering the grant highlight the importance of OHA maintaining multiple communication channels and leveraging existing relationships with CBOs to disseminate information about funding opportunities. In addition, the findings in this report represent only those CBOs that were successful in securing a Public Health Equity Grant.

Reactions to Learning about the Public Health Equity Grant

BEFORE APPLYING | GRANT WRITING | AFTER RECEIVING GRANT | MAINTENANCE

Enthusiasm and Excitement

Many interviewees reported having genuine excitement about the grant, seeing it as a chance to expand their work and secure substantial funding. For some interviewees, the enthusiasm was especially pronounced if they were newer or smaller CBOs

> "We were really excited but also really nervous."

> "Ah, hugely excited about it."

> "I thought it was great, right? I was happy to get even the lowest amount of because we were just starting out."

Appreciation for the Focus on Equity and CBOs

Interviewees reported valuing that the grant was specifically designed to reach organizations that might not typically access government funding.

> "It was clear that OHA had a very direct intent to reach Community-Based Organizations and remove barriers to get funds to build capacity to do this work."

> "I think OHA is trying to be open in access and community responsive."

> "I like that OHA funds a variety of different sizes of organizations. They're not just funding the big providers."

Initial Concerns about Capacity and Qualifications

A few interviewees, particularly those representing smaller or newer CBOs, reported having experienced initial uncertainty about whether they were qualified or had the capacity to manage government funding.

> "We were really nervous at first because... when we saw this opportunity with OHA... there was like the single line, and that was like 'by receiving this Grant funding, you become like an Oregon health authority Community-Based Organization', it was really intimidating."

> "Well, I think it's always everyone's like, 'Oh, OHA money. OHA.' Especially as a small nonprofit... I think it can be overwhelming."

> "It fell in line with [our] goals...my first thought was who are we gonna involve and then make sure that we had the right people involved."

Recognition of a Strategic Funding Opportunity for Growth

Some interviewees saw the grant as a strategic opportunity to expand their services and build organizational capacity.

> "This would be a really incredible way in which to strengthen the work that we were doing on behalf of our [...] community."

> "It was transformative for [CBO]. It took the organization from being basically a random collection of concerned community members to something more stable."

> "It put us on the map. It helps with our credibility. It allows us to get other funds."

Alignment with Existing Organizational Needs and Goals

Interviewees recalled appreciating that the grant aligned with their existing work and could help them address specific community needs they had already identified.

> "Our assessment was that it did in fact correspond to exactly what the mission of the collaborative is."

> "It was something we need and we continue to work on that to make those services available."

These themes suggest that while CBOs were generally enthusiastic about the grant, some also had to carefully consider their capacity and readiness to accept government funding, particularly if they were smaller or newer organizations.

Understanding the Request for Proposals

BEFORE APPLYING | GRANT WRITING | AFTER RECEIVING GRANT | MAINTENANCE

A majority of interviewees found OHA's Request for Proposals (RFP) to be generally clear, straightforward, and well-described; however, just over 40% of interviewees experienced some confusion or difficulty understanding certain aspects of the RFP.

Areas of Confusion

Interviewees who experienced confusion noted the following areas as sticking points:

- Environmental/health focus mismatch: Some organizations struggled to see how their work fit into what appeared to be an environmentally-focused grant because their CBO's primary work wasn't explicitly environmental in nature.
- Technical language and acronyms: Public health terminology and acronyms were challenging for those without public health backgrounds
- Budget instructions: Several found the budget instructions particularly confusing
- Breadth of scope: Some found the RFP too broad, making it difficult to determine where their organization fit with the scope of the grant
- A few interviewees specifically mentioned that the online application system (Smartsheet) was not accessible

Areas of Clarity

Interviewees reported that OHA's Request for Proposals provided clarity in the following areas:

- Goals: Most interviewees understood the overall purpose and goals of the grant

- Work Plan Templates: Some interviewees mentioned that the work plan templates were helpful for structuring their proposals
- Support Available: Many appreciated that there were clear channels to ask questions (webinars, email support)

Writing the Proposal

Experiences Varied

When asked about their experiences writing the application for Public Health Equity Grant funding, a majority of interviewees described that at times the application process felt complicated or overwhelming (11), and many (7) suggested that instructions could be improved for clarity, especially around preparing the budget proposal.

Accessibility Concerns

Some interviewees expressed concerns about the accessibility of the application process. Concerns about accessibility seemed to focus on technology that was hard to master, the use of jargon and acronyms, and “technical grant” language. Some (8) interviewees noted that they needed to work with specialized experts (from outside their organization) to prepare their proposals.

Time Commitment for Preparing the Application

Most interviewees noted that the time commitment for preparing the application was significant; however, interviewees appeared to appreciate that the grant and the amount of funding available matched the time required for writing the application.

Supportive Communication with OHA

The vast majority (15) of interviewees reported some form of helpful or supportive communication with OHA staff during the proposal writing process. Specifically, interviewees mentioned that information sessions, webinars, and having individual questions promptly answered by OHA were ways in which OHA supported potential grantees in the application process.
Notably, several interviewees noted OHA's support for linguistically diverse groups.

> "Siempre había el grupo en inglés y el grupo en español para mantener a ambos grupos informados"

> "A huge benefit to organizations was that this process was really supportive. I think everyone on the OHA team has made themselves just over the top available to answer questions."

Finalizing the Work Plan

BEFORE APPLYING | GRANT WRITING | AFTER RECEIVING GRANT | MAINTENANCE

Process Experiences

A majority (11) of interviewees described working with OHA to finalize their workplan and budget as a positive and smooth experience; they reported the process as straightforward, clear, or generally positive. A smaller number (5) described experiencing some difficulties but ultimately navigating the process successfully. A few (3) interviewees found the process particularly challenging or confusing.

Communication with OHA Staff

- A majority of interviewees (13) specifically mentioned that OHA staff were responsive, helpful, or supportive during this stage of the funding process
- Some (8) mentioned having regular meetings or check-ins with their OHA contact
- A few (4) noted that OHA staff turnover affected their experience in a negative way

> "They're [OHA] really invested in understanding the nonprofits and what their needs are to deliver this work. And that showed up in the grant."

Sticking Point

Similar to experiences with writing the application, some interviewees reported difficulty with finalizing their program's budget.

Training and Technical Assistance from OHA

BEFORE APPLYING | GRANT WRITING | AFTER RECEIVING GRANT | MAINTENANCE

Types of Training and Support Offered

Seventeen interviewees mentioned specific training or technical assistance they had received as a part of the program, including:

- Dashboard orientation (3)
- Financial/accounting training (9)
- FYI Fridays
- Grant writing training (3)
- Hands-on support with reporting (7)
- One-on-one support from Community Engagement Coordinators (10/19)
- Personalized assistance from assigned OHA program staff members
- Regular virtual meetings where grantees could ask questions and receive updates
- Support with budget management, reporting, and fiscal responsibilities
- Training on using OHA's online dashboard for reporting and accessing resources
- Weekly Office Hours
- Workshops on developing future grant proposals

> “There were financial Fridays where we could have our questions answered about reporting, budgeting, if we had to do budget reallocations. It was so helpful. Those have stayed, although the name has changed, and it's just a space for us to ask questions about upcoming opportunities and reporting questions. It also created a space where nonprofits could support each other, which we were deeply grateful for.”

Some interviewees were particularly grateful to have subject matter experts in non-profit management, finance and accounting, and communications from outside OHA available for training and technical assistance.

> "Lesley Bennett [outside finance and accounting consultant] was extremely helpful, and we worked through it all, and I figured out what I really had to do."

Quality of OHA Technical Assistance

A majority of interviewees (15) reported that OHA staff providing ongoing technical assistance were responsive, available, knowledgeable, and demonstrated caring and flexibility with grantees.

> "Our OHA liaison has been amazing, super helpful walking me through things."

Potential Areas for Improvement

Five of the 19 interviewees desired a more formal orientation to OHA processes, and four noted instances where information was delivered late or unclearly. Several interviewees (3) mentioned a desire for peer learning opportunities.

> "If there was a cohort sometimes with other people who are awarded could meet; it's nice when other organizations can talk to each other."

> “And that goes a long way, and that helps us do our work better, is when we feel trusted to do the work. I feel like OHA really, really lives that value. They check in regularly. They're available to ask questions.”

Impact of Training and Support

Most interviewees were able to pinpoint ways that training or technical assistance improved their work. Many (9) reported that training and technical assistance increased their organizational capacity, improved grant management skills (8), and increased their confidence in program implementation (6).

> "It really helped us get our stuff in order in order to be able to deliver the service."

Payment Systems and Processes

Delayed Initial Payments

Eight interviewees described delays in receiving their initial payment from OHA, and five of these interviewees reported delays of several months. Three interviewees expressed concerns about the negative effects of delays on smaller CBOs. However, these comments came from self-described larger CBOs that were concerned about their peers in smaller organizations.

Ongoing Payment System

Most interviewees expressed satisfaction with the payment systems once they were established, and a few (3) interviewees expressed appreciation for the predictability and consistency of payments from OHA.

Activity and Expense Reporting

BEFORE APPLYING > GRANT WRITING > AFTER RECEIVING GRANT > MAINTENANCE

Overall, a majority of interviewees reported that the quarterly activity reporting, required by OHA, was manageable. Several interviewees highlighted opportunities to streamline the reports, enhance feedback mechanisms, refine the reporting format to better capture the qualitative aspects of their work, improve consistency in reporting requirements, and provide grantees with advanced notice of activity reporting expectations and formats.

> "I think they're reasonably easy. I don't have any ideas to make them simpler."

> "It's collecting very simple information in a very overcomplicated document. I think the format could be simplified."

> "It was a little bit heavy, I think, initially, and it's definitely lightened, and the reporting feels fairly manageable in comparison to other [funding] sources."

> "Having the report change in the middle was a challenge. Not a huge challenge, but it was a surprise because I set up a system where we knew what types of things we were reporting, and then to suddenly change that was a thing."

> "I'm just really curious, how is all of this grant reporting translated into, like, actual data that represents the reality of each specific organization?"

Additional Thoughts from CBO Journey Mapping Interviewees

Capacity Building and Organizational Reach

During Journey Mapping interviews, all interviewees shared insights about how the Public Health Equity Grant changed their organizations and, by extension, improved community health. A majority of interviewees reported that the funds, combined with technical assistance and training, allowed them to:

- Build capacity to reach more people within their communities. Capacity building examples included improving organizational governance structures, updating accounting systems, and formalizing processes and accountability measures
- Enhance organizational credibility and standing within the community, becoming a trusted source of support for the community members, and garnering more potential funders

> “I'm beyond grateful for the opportunity and [OHA] trusting a brand new organization that we can steward their money well.”

> “We've really appreciated the opportunity to be able to receive funding and really solidify our organization and the mission that we have, and be able to meet the needs of the community.”

> “It took the organization from being basically a random collection of concerned community members to something more stable and professional. And that's been great.”

> “And one of the things we were able to do with the grant was to hire a new resident services person that was really focused on community organizing, community building activities, and was able to really deep dive into the emergency preparedness work. That was just really helpful because, as I said, we had interest in that.”

> “We were able to expand our client base for how well and how many Native Americans we're serving.”

Conclusions

1. **The Public Health Equity Grant, administered by the Oregon Health Authority (OHA), represents a groundbreaking investment in community-led public health across Oregon.** This initiative operationalized health equity by funding culturally responsive, locally driven strategies that addressed both longstanding public health issues and emergent community priorities.
2. **This evaluation demonstrates that when communities are trusted, resourced, and empowered, they deliver innovative, culturally responsive, and impactful solutions to complex public health challenges.** Across both cohorts, funded CBOs reached at least 23 diverse populations, delivered services in over 50 languages, and addressed a wide array of topics—from commercial tobacco prevention to climate adaptation, adolescent health, food sovereignty, and mental well-being. These public health programs were not only tailored to community needs but also strengthened by CBO expertise, cultural knowledge, and deep trust within marginalized communities. Notably, 92% of grantees served multiple high-priority populations, with over 65% forming new partnerships as part of their funded work—demonstrating both the breadth and depth of community impact.
3. **Evaluation findings highlight that the Public Health Equity Grant flexible and equity-forward design empowered CBOs to expand their reach, co-design services with communities, and participate in policy and systems change efforts.** Many CBOs reported increased organizational stability and capacity to serve the priority populations, underscoring the transformative potential of sustained investment in grassroots leadership. Ripple effects included new collaborations, community-driven advocacy, expansion into rural and previously underserved areas, and enhanced organizational infrastructure and staffing. Importantly, these impacts reached far beyond the scope of traditional public health funding and have begun to shift the norms of government-community relationships.

4. **OHA's intentional approach to training, technical assistance, and partnership—while imperfect—was widely recognized as supportive and responsive.** Still, the evaluation surfaced areas for continued growth, including internal coordination, rural outreach, and minor improvements to grant-making processes. Regarding partnerships, the Local Public Health Authority, OHA, and CBO relationships will benefit from removing requirements for collaboration and creating more opportunities for authentic connection, such as discussion spaces, networking meetings, and demonstrations of the effects of collective action.
5. **Sustainable funding structures and concern over funding** (possibly fueled by national social sector funding cuts) **may undermine long-term success**. Some CBOs reported reluctance to start offering particular public health services in the community if there was a likelihood that those services would be discontinued due to funding constraints. Others spoke to the limitations of a two-year funding cycle in a similar vein. CBOs do not want to lose community trust, and more poignantly, they do not want community members to lose access to the critical services the CBOs provide.
6. **The Public Health Equity Grant has greatly expanded Oregon's capacity for equitable, community-driven public health.** Its success underscores the importance of trusting communities impacted by health inequities as architects of their own health solutions, investing in local capacity, and building enduring partnerships rooted in respect, accountability, and shared learning. Governmental public health cannot solve health inequity alone, and the Public Health Equity Grant expands public health's capacity and reach through CBOs. A continued commitment to these principles will be crucial in sustaining and expanding their impact into the future.

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