

August 2022

## Value of Flexible Funding in the Together Toward Health Model

Evaluation Brief



Together Toward Health (TTH) is a statewide initiative that supports over 500 community-based organizations (CBOs) who work on reducing the spread of COVID-19 by strengthening COVID-19 education, testing, and vaccination access across California's most impacted communities. TTH is guided by a principle of equity to support under-resourced communities through culturally and linguistically appropriate education, awareness, and outreach. The initiative's commitment to ensuring the broad cultural and socio-demographic diversity of California is reflected in the community-based partners that represent and have experience engaging Black, Indigenous, People of Color, LGBTQ+, older adults, youth, low income, people with disabilities, people with limited access to healthcare (including those underinsured or uninsured), and essential workers of historically marginalized groups.

TTH is administered by Public Health Institute (PHI) and funded by a collaborative of over 20 philanthropic organizations. PHI implements TTH by providing technical assistance, support, and professional development opportunities to funded community-based organizations. Since its launch in 2020, TTH has disbursed over \$33 million via 251 awards to 548 community-based organizations including churches, health centers, community centers, coalitions, and others. Funded organizations range from recently formed grassroots organizations to well established community-based organizations.

PHI engaged [Harder+Company Community Research](#) and [Ross Strategic](#) at the outset of the initiative to evaluate the impact of Together Toward Health. The evaluation used a mixed methods approach, incorporating quantitative data and narrative stories, to summarize TTH-funded activities, explore the implementation of the TTH model, and identify community-level impact of TTH funding on addressing challenges of the COVID-19 pandemic. Methods include analysis of reports from funded community-based organizations, as well as focus groups and interviews with CBO partners, TTH funders and staff, and local health department representatives.

This brief focuses on the benefits and challenges of the initiative's approach of providing flexible funding to grantees. A prior [report](#) focused on elements related to the TTH model, partnerships, centering equity, PHI's role as a coordinating body, and initial recommendations to inform ongoing efforts. Additional briefs will delve into topics such as successes related to workforce development and implications for future public health efforts.

### Together Toward Health Funders

Ballmer Group  
Blue Shield of California Foundation  
The California Health Care Foundation  
Crankstart Foundation  
Genentech  
Gordon and Betty Moore Foundation  
Conrad N. Hilton Foundation  
Heising-Simons Foundation  
The James Irvine Foundation  
Medtronic Foundation  
The David and Lucile Packard Foundation  
The Sierra Health Foundation  
Sunlight Giving  
The California Endowment  
The California Wellness Foundation  
The Eli and Edythe Broad Foundation  
Tipping Point Community  
Chan Zuckerberg Initiative  
John & Marcia Goldman Foundation  
Walter & Elise Haas Fund  
The Weingart Foundation

**The Flexible Funding Approach of Together Toward Health.** Together Toward Health started with a robust, shared vision among a collaborative of funders in the summer of 2020 with the unique priority of responding rapidly to the emerging needs of community-based organizations in California in response to the COVID-19 pandemic.

Since its inception, the funder collaborative prioritized a model of fast and flexible funding to quickly scale a statewide COVID-19 response. This included:

- **Expedited grant application and award processes.** A fast application process allowed awards to be given quickly and made a wide array of organizations eligible for funding.
- **Streamlined grant reporting and data collection requirements.** Grant reports focused on essential data and reduced the amount of tracking and reporting CBOs were required to conduct throughout their grant. This allowed them to focus resources on their pandemic response.
- **Up front funding.** CBOs were provided approximately 80% of their grant funding upon award. This meant funds got out the door and into communities quickly, in days and weeks instead of months.
- **Ability to use the money creatively to adapt to changing needs.** Community needs to address the pandemic evolved quickly, shifting from initial needs for Personal Protective Equipment (PPE) and testing sites, to vaccination information and access. As pandemic needs shifted, CBOs shared their plans with PHI but did not have to submit formal scope of work changes, budget modification requests, or get formal approval to integrate new activities. Additionally, CBOs received a fixed-price award, meaning they could keep any remaining funds and continue to spend it on their pandemic-focused efforts that continued past the award timeline.

Together, these features contributed to a grantmaking model that was much more agile than typical nonprofit funding sources. A flexible approach was crucial to a COVID-19 response rooted in reducing health disparities and addressing structural racism. The low administrative burden on CBOs expanded the number of smaller community-specific organizations able to participate in TTH, thus further ensuring that the TTH model was anchored in centering local community workers as the experts on which COVID-19 activities and approaches were most culturally relevant and appropriate for their communities.

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**"What Together Toward Health did was give us that immediate infusion of flexible funding to do all that foundational work just to get it going. That takes so much effort. It's how you create the machinery to then be able to start whirling the impact through it. "**

**- CBO Representative**

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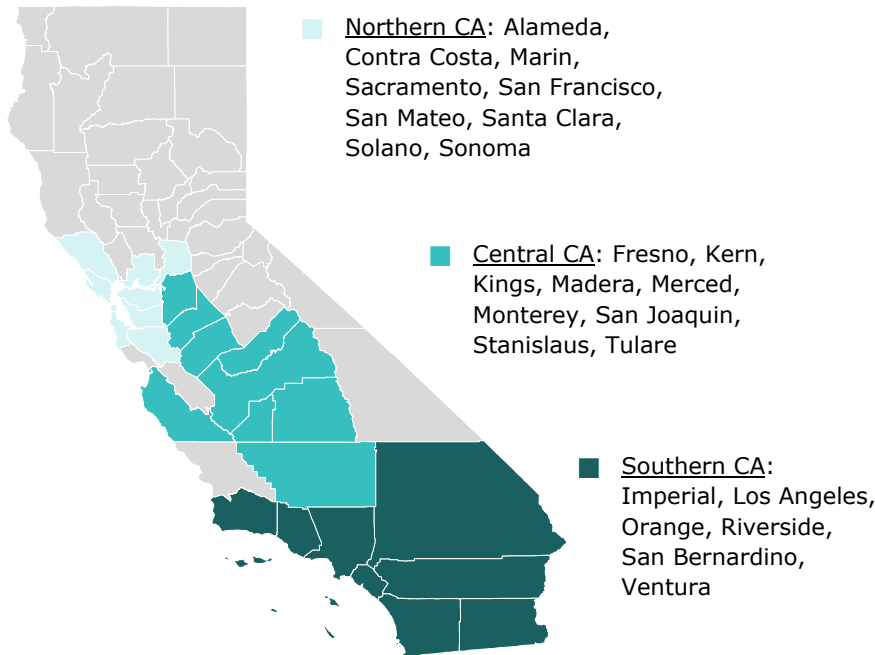
### **Flexible Funding is Growing throughout the Philanthropic Sector**

Typical nonprofit funding sources often come with stringent criteria to qualify for and maintain funding, strict data collection requirements, and an emphasis on demonstrating impact. Often, these requirements are rooted in the white-dominant norms and assumptions around competency, readiness, and capacity. Simultaneously, organizations working in the most underserved communities rely on deeply-rooted, culturally-based strategies to connect with community members that are often not supported by traditional funding.

The concept of flexible funding as a mechanism to drive equity in the field of philanthropy is gaining ground. [The Center for Effective Philanthropy](#) (CEP) conducted a survey in 2020 among 236 foundations about the future of flexible funding as a part of a series of reports about changes in practice in response to unprecedented challenges of the pandemic. They found that foundations have changed their practices to be more flexible and responsive. This means that funders are loosening grant restrictions, providing more unrestricted funding, and reducing what they ask of grantees for monitoring and reporting. Many plan to continue these practices in the future, though to a lesser degree than during their pandemic response.

There were several administrative changes from traditional grantmaking models that TTH implemented that resulted in the flexible model unique to the collaborative.

**TTH used an intentional, data-driven process to select priority communities and which organizations to fund.** At the onset of the work in 2020, TTH identified and prioritized 27 California local health jurisdictions, as well as statewide tribal and Native American organizations, that were in high need of COVID-19 prevention and intervention. Selection of these priority communities was based on indicators related to COVID-19 cases, local race/ethnicity data, and other social and economic factors (such as education status).



*Note: 25 counties identified at onset of TTH Initiative. CBOs located in additional counties including Placer, Shasta, San Luis Obispo, San Diego, and Santa Barbara were added at a later point*

PHI and the TTH team understood from the beginning that while some communities had larger-scale nonprofit partners ready to support TTH, most underserved communities did not necessarily have the same network of larger, well-known nonprofits and would benefit from partnering with smaller CBOs that had stronger relationships and local networks within these communities.

TTH did not use the typical competitive selection process of writing a Request for Proposals or Qualifications (RFP/Q) and then selecting which organizations to fund. Instead, TTH spoke to representatives from local public health departments (LHD), philanthropic funders, and other community leaders to identify nonprofit CBOs who were either already working to address COVID-19 or were well trusted in underserved communities and were therefore important partners for the work.

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**"We really appreciate PHI and the TTH coalition where they said, hey, here is an issue, here are some funding, you guys go and solve it to the best that your community will respond to. And we've never really had anyone ever say that to us... We felt like they were trying to listen to what the community needed and not what they thought the community needed."**

**- CBO Representative**

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CBOs were ultimately selected based on their existing roles and relationships in communities, as well as their insight on how to address the pandemic in their local areas. PHI approved grants based on applications that provided general overviews of organizations' plans, budgets, and other essential documentation, and provided funding quickly, usually within 10 days of the request in the beginning of the initiative. This allowed organizations to get their COVID-19 response efforts up and running quickly and not wait for an extended approval process, contract negotiation, or payment schedule to obtain their funding before getting started. Many of the funded organizations were already working at capacity using local donations and volunteers to serve the urgent needs of the community. Receiving their initial grant payment allowed organizations to have a way to pay for work they were already doing to respond to COVID-19.

A local health department representative contrasted their own county's grant process—described as “slower than molasses”—with TTH:

*"We're county, and so counties have restrictions. With community partners, you have to have indemnification. You have to have risk insurance. You have to have everything so that it is pretty much risk neutral in our partnership with you. And so some of the community partners were startup partners. They were very loosely organized CBOs. And I knew that they didn't have the infrastructure, and so PHI was able to provide them the resources and do the work that we were wanting them to do without us navigating a lot of bureaucracy."*

**TTH's flexible funding attracted community-based organizations typically left out of traditional grantmaking.** Many of the organizations identified as ideal TTH partners were led by local community members and did not necessarily have the administrative infrastructure and capacities that larger, well-resourced nonprofits had. TTH staff worked with CBOs that, for example, did not have extensive experience working with grantmaking proposals, and did not meet the typical insurance requirements required by large funders. TTH eliminated many of the typical funding requirements, such as needing to submit insurance and financial records, to ensure that smaller, local grassroots organizations were able to access funding and leverage the resources that would have otherwise been out of reach with traditional funding requirements.

As CBOs were identified by LHDs and other partners, TTH reached out to each organization to invite them to participate in TTH and provided them with the information they needed to develop their funding applications.

In several cases, TTH staff provided technical assistance to CBOs during the application period to help them refine their grant plan. Occasionally, TTH staff went above what most funders typically do and assisted CBO staff who spoke languages other than English and those that had less experience writing formal grant proposals or applying for large-scale grants. Where needed, the team also worked with groups of CBOs to form a collaborative structure where one larger-scale organization served as fiscal agents and then facilitated subcontracts with the smaller organizations to support them in the funding process.

Typical funding processes are competitive and by nature require a potential grantee to state their 'case' for why their cause, need, or community is worthy of receiving intervention. Funded CBOs appreciated TTH's approach that recognized funded organizations as the experts to design their grants in the ways they thought would best meet community needs rather than ask them to submit plans to fulfill funder-determined scopes of work. One CBO described the application process as “friendly” compared to past funding opportunities that centered on granting to organizations based on administrative requirements and historical funding versus their ability to do the work in community effectively.

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**"COVID-19 remains a health emergency. The greatest benefit of TTH is that it dropped the usual application process for an expedited, emergency approach. The application process was fast and streamlined."**

**- CBO Representative**

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**"They were great because they kept it simple. It was like, here is the \$75,000 go do the work."**

**- CBO Representative**

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**TTH's funding model enabled CBOs to be strategically nimble and rapidly change programming to respond to a changing pandemic.** Funded organizations defined the broad goals for their grant by selecting one or more of the following funding objectives:

- Help California interrupt and reduce the community spread of COVID-19 by supporting and enhancing the capacity of state and local health agencies to perform testing, case finding, and contact tracing;
- Facilitate new workforce development opportunities for culturally and linguistically competent Californians most impacted by the COVID-19 epidemic;
- Enhance communication, public awareness, and health education to increase the adoption of behavioral change that reduces the spread of COVID-19 in California;
- Support targeted efforts to reduce the spread of COVID-19 in vulnerable and/or highly susceptible populations; and
- Provide wrap-around support services to contact tracers to ensure they are successfully prepared for sustainable economic employment.

While CBOs sustained their goals and objectives throughout their grant, they also saw the need to adapt and change their strategies throughout the course of the pandemic. This was especially evident when vaccines began to roll out and organizations began to pivot from strategies focused on COVID-19 education and prevention to ensuring access to vaccines. CBOs were able to make these shifts without having to wait to first get formal approval of their modified work plan and budget. Instead, as CBOs saw emerging needs and challenges in their community, they were able to identify solutions and were trusted and supported by TTH staff that they were making the right decisions for their community. One CBO representative emphasized how the flexible funding allowed them to quickly pivot from providing outreach and education about measures to avoid COVID-19 to supporting access to vaccines once they became available. Another recalled that flexible funding allowed them to stop using their private vehicle and rent a U-Haul to carry chairs, tables, and a large volume of testing supplies when the Delta variant hit and testing demand increased 10-fold in one week.

Flexible funding also allowed for experimentation and learning so CBOs could best determine how to maximize their impact. A local health department representative said that flexible funding *"really allowed everybody to be creative, troubleshoot, maybe hit a wall, and redirect a different way... It's just been like a laboratory experiment. And of course...we're all kind of a laboratory experiment as we're trying to figure out the best ways to do this work right now."*

**TTH's low reporting burden helped CBOs prioritize meeting community needs.** TTH asked funded organizations to submit brief summary reports about their work roughly mid-point through their grant period and at the end of the funding period. Instead of asking CBOs to track every encounter and activity, the grant reports focused on asking for a summary of activities, total number of individuals/families reached, and reflections about successes, challenges, and changes to their plans over time. These reports were not required for awards under \$10,000 (meaning payment was not contingent on receiving the reports). Additionally, the report template included open space for organizations to summarize—in their own words—where they focused their efforts, what was working, and what they were learning, without prescribed language or formatting requirements. Funded organizations also informally shared updates with TTH Regional Managers during check-in meetings and learning communities that brought together CBOs working in the same county or with the same priority population together to share progress, challenges, and key lessons. TTH staff also

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**"The flexibility of Together Toward Health funds was a key component in being successful throughout our grant term. In just one year, we saw the mask mandate lift suddenly, delta variant take our community by storm, confusion around boosters grow, and now changing guidance with omicron. Flexible funding allowed for us to combat these issues almost immediately through adapting innovative strategies to combat these issues throughout our community."**

**- CBO Representative**

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made themselves available to assist CBOs in the completion of the reports, reviewing drafts and offering opportunities for additional information.

CBOs all shared that they were facing an immense amount of work fighting the pandemic in their communities and many had limited resources and staff to do their work. CBOs and LHDs appreciated the low administrative overhead of TTH grants, and the ability to instead focus their resources on implementing community programming to respond to COVID-19. Funded CBOs reflected that the reporting process was simple, and a funder described it as “trust-based.”

The reduction of monitoring and reporting processes also restructured some of the typical power dynamics present in funder-grantee relationships. Funded CBOs appreciated the opportunity to share their work without having to constantly demonstrate that what they were doing was resulting in predetermined metrics or outcomes. Instead, CBOs reported that they did not need to prove their expertise and knowledge and that TTH genuinely trusted them to know what was best for their communities. CBOs shared that by participating in TTH, they felt they had been a ‘part of something’ – a meaningful statewide effort that subsequently increased their relationships and networks (through the Regional Learning Communities) and augmented their professional capabilities (through the technical assistance offered by TTH).

*"[Flexible funding] has also empowered them to really know that when we say you're the experts in the community, to really feel like we're not just sucking up to them or anything. Like, they know that we truly mean it because we're allowing them to use the funds, within reason, to... adapt based on what they're seeing in the community." –TTH team member*

**Flexible funding kept equity and community at the center of the work.** The TTH model enabled CBOs to customize work to meet the needs of their communities by allowing those closest to the issues to guide the solutions. Flexible funding demonstrated a fundamental respect built into the TTH model for CBOs’ understanding of their communities and appropriate solutions. CBOs shared several examples of how TTH was able to support community-appropriate methods and staffing that may have been restricted or more difficult with traditional funding.



**Hiring New Staff:** Many CBOs used their funding to hire and train promotores to talk to residents about the COVID-19 vaccine, help schedule appointments, and conduct outreach in a wide range of languages. The ability to use grant funds to expand positions and hire new staff was unique for many. As one organization shared, “The flexibility of the funding helped us use funds for staffing, which is critical when you are providing social services. Most grants do not cover staffing and having the flexibility to use funds to help support our staff made the program stronger.”



**Expand Access:** While TTH funding could not be used to supplant other sources of COVID-19 funding such as local public health vaccination sites and popup clinics, CBOs could use their funding to support access to these resources and to make those sites better suited to the needs of community members. For example, one CBO used TTH funds to provide tents for shade at popup clinics and another rented a van to enhance mobile vaccination services in their area. Additionally, many CBOs helped staff events by providing language support to help non-English speaking community members navigate these events.

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**"I like the fact that they trust us a lot and that we know-- that they know that we know what it is that our community needs."**

**- CBO Representative**

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**Address Vaccine Hesitancy:** CBOs also used their funding to directly address vaccine hesitancy. Some organizations engaged youth and other residents to create videos, posters, [social media](#), and other media to talk about the vaccine and encourage people to get vaccinated. Others used their funding to learn more from community members about their concerns so that they could better identify strategies to address them. For example, when vaccines became available, a Bay Area-based CBO used TTH funding for a participatory research project that surveyed the Black population in Oakland to find out why residents were not getting vaccinated. They relate: “We had to convince [TTH] a little bit because they said, ‘Well, we don't really want to get into that, we really want to do the outreach and education.’ And so we said, ‘Well listen, the whole deal around this vaccine hesitancy is we have to find out what people are thinking, like what are the reasons why?’ They agreed, and I think that's probably the most exciting piece that we're doing with Together Toward Health.”

Many organizations found they could make more of an impact by engaging with community members on broader health issues and then introducing information about the COVID-19 vaccine, particularly in areas where hesitancy and the presence of misinformation about the vaccine were high. For example, one CBO provided access to showers, soap, and hand-washing stations for homeless residents of San Francisco as part of an effort to educate the community about handwashing to prevent COVID-19 transmission. Since many public services in the city had been shut down, they had “a line around the block” for showers. A representative related, “being able to have the funds to staff [these events]...was super important because we needed to pivot to whatever that need was for the community.”

CBOs also organized health fairs and other events to engage community members. Once that connection was made, they offered information related specifically to the vaccine. They also partnered with faith and community leaders and other trusted members of the community to highlight the importance of the vaccine and address concerns and questions. One CBO representative said the ability to use flexible funding to engage trusted messengers, “allowed us to provide vaccination efforts using an outside the box approach such that our clinics did not look like a typical medical setting and used a family-friendly approach.”



**Engage community members in culturally relevant ways:** Local CBOs use deeply-rooted culturally-based strategies to connect with community members; often these strategies are not supported by traditional funding. An example [highlighted previously](#) is that a community organization paid a tribal elder in tobacco, which Native communities use for spiritual and medicinal purposes, to compensate them for their involvement in their COVID-19 prevention activities. For that organization, tribal elders’ role as leaders ensured their community saw COVID-19 as a legitimate concern. Traditional funding typically excludes the use of non-cash-based incentives, particularly those that involve tobacco. Without this flexibility, the organization may have missed the opportunity to deeply engage their elders or needed to ask for their engagement without a culturally relevant way to compensate them.



**Expanding Networks & Partnerships:** In the early stages of TTH, many organizations used their funding to nurture relationships with other partners to ensure a community-centered pandemic response. As one CBO explained, “One of the benefits was the ability to partner with many organizations and services within the county, a collective effort from all the sectors starting from state, county, city, health institutions, education, faith-based organizations, [and] nonprofit organizations. The accumulative [of] resources made an impact in the most affected areas from the county, the funding flexibility allowed [us] to use the funds in areas of greatest need/benefit such as

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**"We saw one lady who was really hit hard by COVID. She's gotten over it, but she still has lingering side effects that have unfortunately kept her from being able to work. And so we can't help her with rent, but we [could say], 'Hey, here's a \$25 gift card for you to go buy some groceries or buy yourself something that will support you right now during this moment.' So there's been little, different things that have just helped the Promotores with the funding that hasn't been really restricted to, 'You have to purchase this and there's limitations.' That was very, very helpful for them."**

**- CBO Representative**

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providing/distributing PPE, information about testing, vaccination sites, and events.”

**Lessons Learned from TTH can advance equity in future funding**

**opportunities.** Together Toward Health has focused on supporting COVID-19 recovery efforts that are rooted in how and where community members live, organized by people they trust, and offered in the languages they speak. While the strict grantmaking requirements from public funders may be due to federal, state, and municipal compliance, other types of funders often cite grant monitoring and a need to demonstrate impact as the primary reasons there are strict requirements for potential grantees. However, these requirements often leave out organizations working in the most underserved communities or limit the ways in which organizations engage in culturally-based strategies to connect with community members. TTH illustrates several opportunities to disrupt the underlying norms and assumptions in nonprofit funding by advancing flexible and trust-based funding models.



**Rethink how to evaluate grantee qualifications to advance grantmaking to organizations best suited to community work.**

The TTH model created an opportunity for smaller organizations to receive funding and illustrated how organizations that might have previously been left out because of lack of a financial history or insurance are well-suited to make incredible community impacts. Traditionally, the first step in the grantmaking process (competitive Request for Proposals) alone is enough of a barrier to deter some community-based organizations that already reach known underserved communities from applying, as they do not have the resources to cover the costs and staff time associated with completing a rigorous application process. Grantmakers should examine the assumptions often made about organizations that are not able to meet stringent funding requirements. For example, lack of financial history, language capacity, or business insurance might not mean that a nonprofit lacks the tacit knowledge and strategic insight to adapt critical health information for the communities they serve. Additionally, program officers and foundation staff can expand their capacity to be more hands-on with potential grantees at the critical first steps of the application processes in order to engage CBOs best poised to do community-based work.



**Find ways to demonstrate impact while reducing burden on grantees.**

While reporting can help funders stay accountable to their boards, partners, and the public at-large on their investments, TTH has demonstrated ways to adapt reporting requirements to ensure sufficient information about process, progress, and impact without putting undue burden on funded organizations. [Equitable evaluation](#) and [trust-based philanthropy](#) both emphasize grant monitoring and reporting as areas of actionable improvement in the philanthropic sector. Grantees want to tell their stories and funders play a key role in [expanding ideas of what counts as “evidence”](#) by advancing opportunities for emergent learning, conversational reporting, and greater flexibility in outcome expectations.



**Continue to offer flexible funding for a broad array of health issues.**

While focused on an immediate COVID-19 response, TTH funding also provided unique opportunities to support community-based organizations in reducing health disparities and addressing structural racism. There are multiple spaces in California where conversations about the future of pandemic relief and response funding, as well as longer term [opportunities for ongoing health equity funding](#), are taking place. Funders, such as community foundations and local health departments, play a key role in advocating for these advancements and examining ways to adapt their grantmaking practices to engage trusted partners in meaningful equity-advancement work.

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**"In our community, if we want to honor someone we might give them tobacco. We might give an honorarium for someone who gathered sage, but I can't like get quotes from harvesters, that is super offensive. So I can honor an elder by giving them those things, but not make it a transaction like that. We were able to be flexible, that was huge. Usually health communications funding comes with a lot of restrictions. This was amazing by contrast."**

**- CBO Representative**

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