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Together Toward Health Brief: Value of Pooled Funding and Multi-Funder Collaboration

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 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 over 20 philanthropic organizations. PHI implements TTH by providing technical assistance, support, and professional development opportunities to funded community-based organizations. Since its development 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 onset 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.

This evaluation brief focuses on the origins of Together Toward Health as a funder collaborative and explores the benefits and challenges associated with a pooled funding approach. 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

Funder collaboratives are not new in philanthropy and are increasingly seen as an important tool to advance equity, particularly in the wake of racial justice movements and the COVID-19 pandemic where pooled funds can address urgent needs quickly and at scale. An article last year in the [Chronicle of Philanthropy](#) documents multiple ways pooled funds are driving changes in the philanthropic sector. Many of these pooled funds are focused on pandemic relief while others focus on equity and racial justice. A common element across these efforts is shifting power from endowed foundations to organizations working directly with communities, particularly when pooled funds are administered by an entity that works closely with community leaders and organizations.

Together Toward Health was a Rapid Response to the Pandemic and Originally Focused on Supporting the Public Health Workforce. In the early months of the COVID-19 pandemic, philanthropic organizations reached out to statewide leaders to find out where their support might be most effective. Together Toward Health (TTH) emerged in the summer of 2020 when an initial coalition of funders committed to agile grant-making to expand and deepen the COVID-19 response in California. PHI agreed to be the anchor organization and provide fiscal sponsorship and operational support.

Funders shared that a pooled funding approach through the TTH funder collaborative was attractive because it helped focus the work on a shared vision anchored in public health principles. By pooling their resources, TTH funders could efficiently resource community-based health work at a scale needed to meet the challenge of COVID-19 and broaden the impact of their efforts.

The original strategy for TTH funds had been to address public health workforce challenges by giving money to community-based organizations to hire and train community health workers to serve as contact tracers. However, when TTH was officially launched, most public health departments had already hired staff and/or redistributed staff from other departments to work at COVID-19 testing and tracing sites. PHI and TTH experts quickly identified that the funding strategy needed to evolve and that a broader focus was needed to ensure a variety of support services were provided for communities most impacted by the pandemic.

Together Toward Health’s priorities include the following:

- **Help California interrupt and reduce the community spread of COVID-19** by supporting and enhancing state and local health agencies’ capacity to inform impacted communities, perform time sensitive testing and case finding/contact tracing, and rollout vaccines;
- **Facilitate new workforce and professional development opportunities** for culturally and linguistically competent Californians most impacted by the COVID-19 pandemic;
- **Enhance community-appropriate communication, public awareness, and health education** to increase both the adoption of behavioral change that reduces the spread of COVID-19 and awareness and uptake of COVID-19 vaccines;
- **Support targeted efforts to reduce the spread of COVID-19** in impacted and/or highly susceptible populations; and
- **Provide support services/training opportunities** to TTH-funded community-based organizations and their staff to support organizational sustainability, build capacity, improve professional development prospects, and strengthen the overall public health infrastructure.

The early adoption of a shared vision among TTH funders ensured strategic alignment as the effort evolved in response to a rapidly changing pandemic. Early on, TTH focused on communities disproportionately impacted by COVID-19, including communities of color and other historically excluded groups throughout California (particularly those in areas with significant public health concerns and insufficient healthcare infrastructure). To further ensure consensus and consistency in the implementation of the pooled fund, early TTH funders initially drafted a memorandum of understanding (MOU) to formally define its governance and roles. However, because the TTH funders agreed the initiative had the necessary access and information without the MOU, they never formally adopted it. TTH funders joined the collaborative because of various interests: For some it was primarily health, for others community-based work, equity, economic development, or other factors. However, all funders recognized the ability extend their reach in a joint effort as opposed to individual grantmaking.

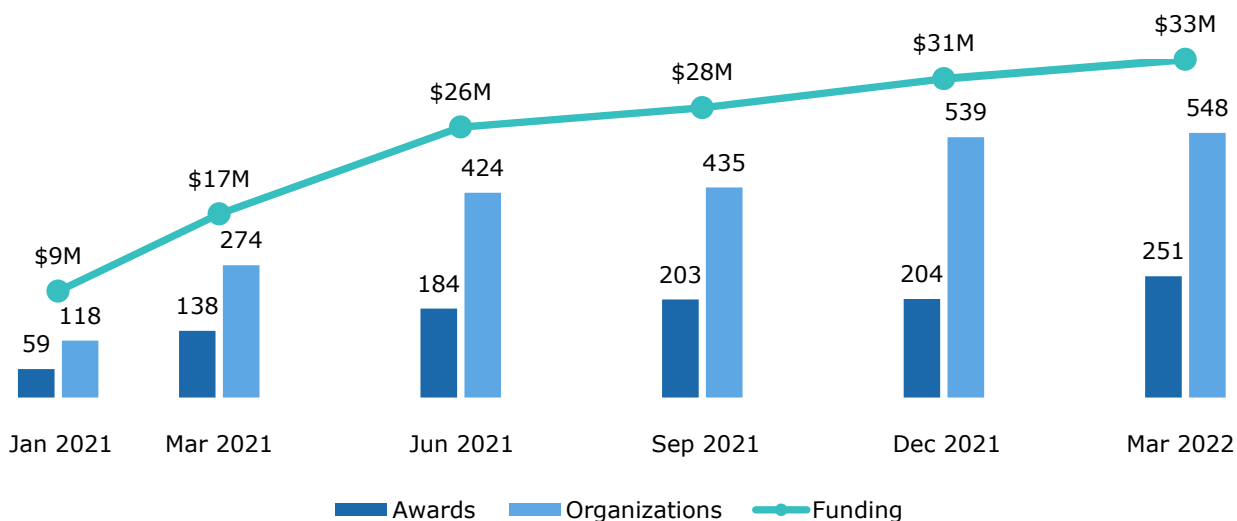
The TTH funding model ramped up quickly to get funds to communities. At the start of TTH, 11 philanthropies joined together as a funder collaborative and raised approximately \$20 million. Over time, a total of 25 funder organizations joined TTH and raised roughly \$40 million.

TTH identified priority counties in late 2020 and met with local public health leaders to identify organizations to invite to apply for funding. The application process was streamlined to make it easier to get funding awards out quickly to a wide variety of organizations. By January of 2021, TTH had awarded \$8.8 million to 118 organizations. Two months later, funding had already doubled to just under \$17 million in awards to 274 organizations. TTH funding continued to expand throughout the first half of 2021. Ultimately, TTH awarded over \$33 million in grants to hundreds of community-based organizations from late 2020 through Summer 2022.

"I think that [collaboration is] only possible when you are working with other funders who are really aligned on the overall outcome that you want to see, even if...every foundation has such specific goals and strategies...If you have kind of a clear north star that aligns the various funding organizations, I think that allows you to feel more confident being flexible and makes everything a little bit easier."

– TTH Funder

Exhibit 1. Expansion of TTH Pooled Funding



In late 2021, TTH recognized the need to transition to a long-term COVID-19 response; with the exception of some priority counties, it strategically reduced funding grants through the first half of 2022.

Governance of TTH funding evolved over time. PHI managed the distribution of pooled funds and supported the multi-funder collaboration to help guide TTH as it progressed. PHI regularly engaged funders in a variety of ways about the ongoing implementation, evolution, and impact of the initiative. Although the previously-mentioned MOU was never formally adopted, the funders agreed that PHI implemented several of the key elements included in the MOU document. For example, PHI carried the fiduciary responsibility for any duties and obligations of grant awards related to the fund. It also provided critical staff infrastructure by identifying a Program Director, Operations Director, Deputy Director, Program Manager, and Regional Managers to carry out the fund's day-to-day operations. These core staff were critical to advancing the goals of the pooled fund and building a responsive and flexible approach to meet the needs of 25 different philanthropic partners and hundreds of funded CBOs.

The TTH funders met regularly to review strategic priorities and learn about the progress of the fund towards TTH's priorities. Additionally, TTH funders:

- Committed to provide the financial resources necessary to support the fund and its administration, through their own contributions and by recruiting additional funders;
- Recommended CBOs that could be potential partners in implementing the fund's priorities; and
- Notified PHI of other opportunities or resources that may further support and enhance the fund.

As the fiscal sponsor of the fund, PHI was responsible for pre-award administration, pre-award solicitation, award acceptance, oversight and post-award administration, as well as executing and monitoring contracts. PHI was also responsible for financial management, including accounting, contracts administration, risk management and general liability insurance, personnel administration, and tax and regulatory compliance.

To ensure ongoing alignment and communication with TTH funders, PHI hired Fenton Communications, a professional communications firm, to develop a TTH newsletter and establish other communication channels. PHI also convened quarterly TTH funder meetings and weekly informal "Tea Times" (AKA "office hours") to highlight progress toward shared goals and give CBOs an opportunity to describe their work directly to TTH funders. Additionally, PHI provided regular reports to each individual TTH funder on the execution of key priorities and responded to information requests in advance of funder meetings.

While TTH funders were able to provide recommendations on grants, PHI had ultimate control and discretion over selection of CBOs to fund and the award amounts. TTH was designed on a model of flexible funding, in which CBOs are seen as experts who are best-suited to design their grants to best meet community needs; the model does not ask grantees to fulfill prescribed scopes of work. TTH staff worked directly with selected CBOs to ensure their goals aligned with TTH funding objectives. Funding guidelines also allowed CBOs the flexibility to adapt their approaches over time.

Pooled funding allowed TTH funders to support community-based health work at the scale needed to meet the challenge of COVID-19 in an administratively efficient way. TTH funders were able to do more together through TTH than they could have accomplished separately. Even for TTH funders newer to pooled funding, the initiative was collectively seen as a way to have greater impact on COVID-19 response in California than they could achieve working

independently.

TTH pooled funding, with PHI as the central administrator of funds, lowered administrative overhead and streamlined the process for grantees—a particular benefit given the complexity and urgency of the pandemic response. TTH’s pooled funding approach also allowed funders of all sizes to meaningfully contribute, including those that haven’t traditionally funded public health efforts. Some TTH funders that focused more on supporting efforts in a particular county or area of California in the past could still contribute to the pandemic response in those areas and also rely on the shared expertise of the pool to support statewide efforts centered on community health work. The pooled funding approach allowed funders to leverage the relationships, experience, and "reach" of other funders.

Funded CBOs and local health department (LHD) representatives across the state recognized the benefits of TTH’s pooled approach, specifically in the ability to do more with a cohesive pool of funds and the ability to streamline the application process to get funding out into communities quickly. CBO partners appreciated the ability to secure a single large grant to fund COVID-19 activities rather than having to seek out individual funding opportunities and string together several separate grants. TTH CBOs could operate under consistent guidelines rather than responding to individual requirements from multiple funders. Collectively, CBOs across the region could work toward TTH’s shared vision and goals anchored in solid public health principles.

"I think pooled funding is amazing. One of the hardest pieces of doing this work-- and public health is in this place all the time-- is we have lots of very small pots. And the effort and the energy put into trying to integrate those things is really, really hard because we have to report to all these different funders. And then each funder has a different way of thinking about things. They want different things reported and sometimes even choose different fiscal years. And it makes it very complex to be able to be effective." - LHD Representative

The only downside a few CBO and LHD partners identified was that pooled funding may have limited TTH funders’ visibility of specific community efforts. One CBO leader remarked that they were concerned that a lack of direct interaction with funders could limit their ability to develop relationships with funders and thus, their ability to secure additional funding from those organizations when TTH was over. TTH tried to mitigate this issue in several ways: it highlighted CBO efforts in its monthly newsletters and invited 22 different funded CBOs to attend funder “Tea Times” to share their work and answer funder questions. TTH also connected funders directly with CBOs as needed.

Pooled funding expanded networks and knowledge. Many TTH funders emphasized how much they learned from PHI, CBOs, and each other about COVID-19 and community needs. They also relied on and learned from each other’s expertise. Some funders specifically appreciated that the model allowed them to learn from CBOs in a neutral environment where they were not being pitched for future funding.

PHI developed a variety of communication strategies to share information with funders and cultivate collaboration and learning. These strategies were valuable to funders and to the TTH team to ensure that funders were involved and aligned as TTH evolved over time. Several TTH funders highlighted the value of regular, informal interactions during the funder “Tea Times”. Member of the TTH leadership team were also available for one-on-one conversations with funders to discuss, for example, concerns or what they were hearing in their professional networks. TTH funders highlighted the value of ongoing access to stories and videos of work in communities as well as summaries of numerical data that emphasized the scope of

"We could make these investments by ourselves... or [through TTH] we could be part of something larger that is a coordinated and cohesive effort, that is still steeped in the values and the goals that we have as an individual philanthropy but allows us to be part of a greater effort."

- TTH Funder

the effort (funder boards were an important audience for this information). By directly engaging with funders to answer their questions and address their concerns, the TTH team also greatly reduced the burden that would otherwise have fallen on CBO staff if they had to directly respond to questions coming from over two dozen different funders. Absorbing funder communication was crucial to ensuring CBOs could focus their time and attention on their community work.

"There's some of the intangible benefits...being in the room with those other funders, having those conversations, building relationships, ...in theory, identifying other areas or spaces where you could collaborate and just learning from the other donors." - TTH Funder

For some funders, the pooled and collaborative approach created new relationships with CBOs that they could support in the future. Some LHDs noted that TTH raised their awareness of local CBOs, their work, and their needs. Some funders noted that relationships and learning from the TTH work would help guide more impactful future work.

"We have ongoing relationships with the CBOs now to understand... if you really want to get it done, you fund this one." - LHD Representative

PHI was a strong choice for coordinating a pooled fund, but there were administrative challenges. PHI's previous experience with grants and contractors allowed it to move funds faster than a smaller or less experienced organization could have. Additionally, PHI had the administrative expertise and financial infrastructure to quickly identify partners, finalize grant awards, and give CBOs funding up front. However, even for PHI, setting up a pooled fund was administratively complex--the "pool" was comprised of over 30 separate budgets that were individually tracked and managed.

At the start of the initiative, there was criticism from some TTH funders who felt that funding and information about initial impacts on the pandemic were rolling out too slowly. Most TTH funders saw their contributions as crisis investments. They were eager to see funding get out to communities quickly and to hear evidence of the impacts of those funds in more immediate ways. The TTH team took a very intentional approach to identifying CBOs for funding, reaching out to local health departments in priority counties to identify partners who might get involved. While this outreach to ensure funding went to priority counties and populations took time, the actual grant processing was done in record time. In the initial weeks of TTH, grants were approved within ten days of application and within two to three weeks throughout the initiative. Additionally, once a contract was executed, CBOs received their initial grant payment typically within three days. These initial payments were roughly 80% of the total grant amount, giving organizations a vital infusion of resources at the onset of TTH to support their work.

On reflection, the TTH team wished they had invested earlier in communications to effectively tell the story of TTH to its funders and others. However, TTH funders also recognized that they could have better managed their expectations of what funding rollout and reporting would look like given the pooled funding approach. As one funder shared, *"We should know it doesn't take a month to do that. What could we have done to calm down foundation staff? ...We are experienced enough to know this would take time, and it was a shortcoming on our end."* This funder further reflected that they could have done more to share information with their boards and colleagues about what they were learning to help assuage any concerns about the ways in which TTH adapted as the pandemic shifted over time.

Most CBOs and LHDs engaged in TTH appreciated the collaboration and partnerships facilitated by PHI. However, some partners still struggle with ways to change the way they work with CBOs and not everyone has embraced new models

"I do appreciate the consistency of communication that has come from this initiative, the availability that the team has had in terms of making themselves available to answer questions, meet, brainstorm, partner."

- TTH Funder

such as TTH. One representative from a rural LHD said they would have preferred to have funding flow directly through the public health department as they were concerned about the loss of alignment with public health priorities. Though this reflection was not shared widely by other CBOs and LHDs, it highlights the importance of managing expectations with those less familiar with pooled funding and openly discussing the tradeoffs associated with this approach. Other local health department representatives appreciated TTH as it was a funding approach not always available in public grants.

"I don't know how many different sources of funding they pulled together, but just the idea of having to go out and do that ourselves gives me so much anxiety. Because now you're reporting to so many different people, and you want to keep all these people happy. So, in that sense, I think it was great that they did that because they essentially just made it a lot easier for us to just do the work. So, I think that's great, and that model is great, and especially because of what we were going through and the pace at which everybody was working." – TTH CBO Representative

The TTH team also contended with the challenge of managing various reporting requirements from each participating foundation. While the reporting requirements for individual CBOs to TTH were very streamlined (i.e., narrative reports due at key timepoints throughout the grant period), the TTH team had to take that information and integrate it into specific formats, timelines, and reporting frameworks for each individual funder.

"Operationally, it required a lot of keeping track of each funder requirement, knowing when reports are due, knowing what's in the reports that they need turned in, knowing where we are in spending down the funding, knowing [has this funder] specified that their funding is only for Los Angeles County or only for Alameda and San Francisco counties or just the Bay Area? ... Or only farm workers in the Central Valley. So all those layers, being able to prioritize [is tough]." - TTH Team member

Effective collaboration requires focused support and an ongoing emphasis on collective impact. PHI effectively guided the TTH's minor adaptations and major pivots with support of funders and kept collective impact at the center of the collaboration. For example, an early strategic shift away from workforce development and contact tracing to COVID-19 messaging and communications tested the ability of TTH to adapt; however, TTH funders were responsive and generally followed PHI's lead. The TTH team found it valuable to maintain a collective perspective among funders. They emphasized shared accomplishments from a pooled fund (and in some cases pushed back on requests of "where did our money go?"). Some funders needed to move past their "traditional" operating models and cede some control to PHI or the collective voice of participating funders. The TTH team members felt they had quite a bit of autonomy to implement the vision and support from funders to do so.

"I think that when things did change, [PHI] did a good job of kind of bringing us along, so it... wouldn't be a shock or a surprise... I think they've done a good job of pivoting to the needs in the community." -TTH Funder

Nearly all TTH funders signaled that they would consider pooling resources to fund future strategies. One funder already considered pooled funding as "core to our work" prior to their participation in TTH. For others, it is an approach they are more interested in cultivating because of their participation in TTH. The successes and challenges of TTH as a large-scale statewide investment elevate some lessons that might inform future funder collaboratives. The following key takeaways are intended to inform future pooled grantmaking efforts:

"My observation is that funders in California still have a learning curve that we're heading up. And there's lots more to learn, in terms of how funders can come together like this."

- TTH Funder

- **Select a fiscal sponsor for pooled funds that is trusted by communities and has high administrative capacity.** TTH would not have been nearly as successful without the leadership of PHI, the trusting relationships it built with CBOs, and its commitment to equity. Additionally, PHI was already integrated into the public health infrastructure in California, had a streamlined process to fund CBO awards as soon as funder investments started to come in, and were a trusted entity among funders, LHDs, and CBOs alike. Future pooled funds will benefit from fiscal agents who can similarly carry out the administrative components, develop strong relationships with funded organizations, and work closely with cross-sector partners to advance the goals of the pooled fund.
- **Establish governance that facilitates collaboration but is not so rigid that it impedes flexibility and innovation.** Funders have varying levels of comfort with unrestricted funds and different approaches to compliance and grant monitoring. For this reason, MOUs can be very helpful for pooled funds. Although the TTH funder collaborative ultimately decided against completing a formal MOU, PHI leadership and the TTH team guided the collaborative and worked to ensure grantmaking was in alignment with agreed-upon goals. They used multiple methods to keep TTH funders informed and engaged while simultaneously providing flexible, low-burden grants to a diverse array of community-based organizations. PHI not only ensured a successful pooled fund but supported CBOs to implement creative solutions to an ever-changing pandemic.
- **Communicate early on, and often, to funders what is gained, and what is lost, by collaborating.** Though some funders were frustrated by the initial rollout of grants or wanted additional details about funded CBOs and their activities, funders agreed that it was beneficial to trade in decision-making authority and detailed real-time reporting in exchange for meeting community needs with urgency and building a flexible funding approach that fostered partnership and trust with CBOs. Identifying TTH funder expectations up front and the tradeoffs associated with participating in a pooled fund are essential for a successful collaboration.
- **Be prepared to manage expectations.** Despite funders' shared appreciation for the benefits of a pooled approach, they still had boards and other entities less familiar with the goals of TTH that may have anticipated more traditional funding management and reporting mechanisms. Participants in a pooled fund, and the fiscal sponsor, may need to play an ongoing role in keeping their partners informed about the work and address concerns that may come up, particularly for those less familiar with the tradeoffs associated with a pooled fund. Additionally, funders should work together at the outset to identify a shared set of reporting requirements to reduce the administrative burden on the fiscal sponsor, particularly if they are managing a large-scale effort similar to TTH.
- **Allocate resources to lifting up successes (and challenges). PHI invested** in robust communications and evaluation efforts to share the rollout and impacts of TTH funding across the state. This ensured that CBOs could learn from one another in real time, funders were aware of the wide array of strategies being implemented, and state and local public health officials were aware of and could coordinate with these efforts. These elements were essential to ensure a truly collaborative approach and extend the reach of the pooled funds.