

October 2022

Together Toward Health: Workforce Development

Evaluation Brief



Together Toward Health (TTH) is a statewide initiative that supports over 500 community-based organizations (CBOs) that 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 its 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.

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

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 CBOs. Since its launch in 2020, TTH has disbursed over \$33 million via 251 awards to 548 CBOs including churches, health centers, community centers, and coalitions. TTH-funded organizations range from recently formed grassroots organizations to well-established CBOs.

PHI engaged [Harder+Company Community Research](#) and [Ross Strategic](#) at the outset of TTH to evaluate the impact of the initiative. 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 CBOs, as well as focus groups and interviews with CBO partners, TTH funders and staff, and local health department representatives.

This brief focuses on the workforce and professional development component accomplished by TTH between December 2020 and May 2022. 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 have explored other topics such as [TTH's flexible funding model](#) and the [value of pooled funding and multi-funder collaboration](#).

Building a public health workforce

TTH launched in August 2020 with an initial goal to expand COVID-19 contact tracing by supporting training and other workforce development in California communities most impacted by COVID-19. This brief describes ways in which the trajectory of the workforce strategy evolved and changed over time to adapt to a shifting pandemic. In this report brief, “workforce/workforce development” encompasses the concentrated effort TTH implemented to provide skill development opportunities for workers responding to COVID-19 in a public health capacity; these efforts are typically cohort-based, locally-focused and include support such as resume building and career support. Professional development includes broader training, webinars, and other professional development opportunities.

At the height of the pandemic, stay-at-home orders and social distancing resulted in substantial job loss for frontline workers, many of whom were from low-income communities disproportionately impacted by the pandemic. TTH responded with an initial objective to retrain these workers to conduct COVID-19 contact tracing. However, by that time, most local contact tracing needs were being met through the deployment of government resources, Centers for Disease Control and Prevention staff, and other mechanisms. Priorities for supporting the COVID-19 response shifted to testing, vaccination, combatting vaccine misinformation, and other strategies to mitigate the impact of the pandemic. These strategies required support from public health, medical, and community professionals that understood how to best support communities that were not adequately reached through mass vaccination campaigns. In recognition of these needs, TTH prioritized funding CBO-led outreach and messaging efforts while continuing to provide opportunities to develop and strengthen the public health workforce in communities disproportionately impacted by the pandemic. This included funding place-based workforce development organizations and providing professional development opportunities for the over 500 TTH-funded partners along with their subgrantees and other key partners. Below is a breakdown of various TTH workforce efforts.

\$2,480,000

invested into place-based workforce development



265,865 individuals assisted through workforce development initiatives such as one-on-one support, coaching, resume development, and trainings



130 training sessions and webinars curated by TTH and led by various organizations with over 5,321 participants estimated to date (see Exhibit 1.)

32 Learning Communities led by TTH with 892 participants



focused on sharing best practices working in different regions, with different populations, and on different topics, including one with workforce development-focused funded partners



Exhibit 1. Six organizations provided TTH partners with professional development opportunities including trainings, and webinars

Cypress Resilience Project



Offered **classes on over 20 different topics** some in Spanish



Provided over **272 hours** of informational material



Reached **2,397 individuals**



- Included Mental Health First Aid training for adults, youth, and in Spanish
- Other informational topics included Adverse Childhood Experiences, Healing from Trauma, Historical and Intergenerational trauma, Self-Care, Grief Recovery, and more

El Sol Neighborhood Educational Center



Offered **over 30 classes** in English and Spanish



Provided over **21 hours** of live informational sessions



Reached over **875 individuals**



- Webinar training series with COVID-19 information
- Supervisor workshop
- Core competency evaluation survey related to communication, relationship-building, capacity building, and service coordination skills
- Community Health Worker training
- Workforce Development survey

This is Our Shot



Offered over **25 classes** in English and Spanish



Provided over **27 hours** of live informational sessions



Reached over **942 individuals**



Included COVID-19 information such as how to combat misinformation, provide vaccine information, address the Omicron variant, etc.

Berkeley Media Studies Group



Offered **five classes** related to media advocacy and message development some in Spanish



Provided over **seven hours** of informational workshops



Reached over **317 individuals**

Harder+Company Community Research



Offered **workshop series** on evaluation topics



Provided over **four hours** of evaluation workshops



Reached **87 individuals**



Workshops were focused on an introduction to evaluation, developing an evaluation framework, and survey design

Candid



Offered **four-part series** on Fundraising Fundamentals



Provided **six hours** of interactive training and tangible tools for participants to put into practice lessons learned



Reached over **490 individuals**



Topics included finding grants, fundraising planning, proposal writing, and project budgets

Using TTH funds, CBOs were able to employ workers directly from the community and retain at least one staff member, many of whom identified as promotores or community health workers.

TTH funding was critical to ensuring that CBOs were able to employ the workforce needed to support the services they were providing for communities. This was especially necessary early in the pandemic when there was concern about the financial sustainability of many community health worker (CHW) and promotores positions given the financial uncertainty many CBOs were facing. Because of TTH funding, many CBOs were not only able to retain their current workforce but also expand it which allowed them to keep up with the demand for services. For example, among CBOs who submitted a progress report in June 2022, 71 retained a total of 424 staff members and an additional 40 hired a total of 364 staff using TTH funding. As shown in Exhibit 1, TTH also strengthened the capacity of public health efforts by funding six organizations to provide training and professional development opportunities.

Several examples highlight the value of the training and professional development opportunities provided by TTH. In many cases, these opportunities helped build the capacity of CBO staff to facilitate new skills and tools to utilize when serving the community. Ninety percent (90%) of participants trained by Berkeley Media Studies Group reported feeling *more* or *much more* confident to align their communications messages to their overall organizational goals and include a solution or action that they want their audience to take after hearing the messages. Other opportunities supported participants in their professional work but also in their own well-being and that of their communities and families. Cypress Resilience Project facilitated training on topics such as mental health first aid, healing from trauma, burn-out, and toxic stress, among others. Cypress Resilience Project was responsive to individual requests from CBOs and tailored the topics further, and adapted the training to increase accessibility, making them available in Spanish and revising all materials for low vision/blind participants. Participants that engaged in professional development opportunities on fundraising fundamentals hosted by Candid noted the significance of these opportunities in supporting their organizational sustainability. As one participant put it, "the information I learned will change the trajectory of our organization." Additionally, CBOs valued the format and level of engagement in the training. They valued having the space to put into practice the information they learned. Another participant noted, "[it's] always helpful to get to do work during these workshops as usually it's hard to carve out time afterward." A representative from a small CBO noted "It's challenging as a small nonprofit to conduct programs while looking for funding to continue the program. The information presented is valuable as funding and grant writing are a way to sustain the work."



Delving deeper: TTH’s place-based workforce development efforts and impacts

As the nature of the COVID-19 pandemic continued to evolve, TTH sought to better understand the needs of communities facing economic and employment challenges, and how the broader initiative might strengthen the public health workforce. Using surveys to quickly assess the needs of their funded partners, TTH designed an approach to supplement broader capacity-building and professional development objectives. Additional funding was provided to local entities to focus on training and job creation opportunities to mitigate job losses while also bolstering community resilience and public health workforce resources. TTH funded seven of these place-based workforce development partners to carry out this approach between June 2021 and April 2022 (Exhibit 2). Place-based approaches—which aim to address the structural and systemic barriers preventing individuals from employment opportunities and economic security— were shaped to the needs, strengths, and experiences of specific communities TTH-funded partners served.

Place-based workforce development partners prioritized activities to lower barriers to employment and increase opportunities in historically excluded communities.

Place-based workforce development activities included several components, such as training or professional development, peer-to-peer networking and social support, support to overcome barriers to employment such as resume development, and a job placement or certification component that involved partnerships with employers, nonprofits, and higher education institutions. A majority of workforce development partners reported providing individuals with one-on-one employment support, training, and resume development. Partners also offered coaching and job placement opportunities. Most of the dedicated workforce development opportunities took place in the areas of behavioral health, public works, community health, health care, and education.

Exhibit 2. TTH place-based workforce development funded partners

<p>Building Opportunities for Self Sufficiency</p> <p>employment services</p>	<p>CODE Tenderloin</p> <p>Community Health Worker training/ambassador program</p>
<p>Contra Costa Regional Health Foundation</p> <p>(Sub-awardees include California State University, Easy Bay; Bay Area Leeds; Healthy Richmond; Family Justice Center; Brighter Beginnings): career pathway internship program in public health</p>	
<p>Latino Community Foundation</p> <p>nonprofit accelerator program supporting leadership and organizational development</p>	<p>San Diego Workforce Development Partnership</p> <p>workforce training/development program to facilitate advancement of careers in behavioral health</p>
<p>Worker Education & Resource Center</p> <p>support High Road Training Programs with the public sector</p>	<p>Valley Center for the Blind</p> <p>career pathway linkage program creating in-house employment</p>

Workforce development partners shared that program participants gained greater awareness and understanding of the importance of social determinants of health. Training opportunities provided participants with exposure to a wide range of sectors that supported capacity-building opportunities. This led to not only a transfer of helpful knowledge but an opportunity to create mentorship pathways and expand professional networks. According to one partner, when students from higher education institutions (program participants) were involved in workforce development activities, they were able to serve as dedicated mentors to high school students who connected concepts from the classroom to the public health field in practice. As a result, program participants began to see themselves as future public health professionals with a fundamental understanding of the social determinants of health and their role in preventing disease and advancing equity. From the partners' perspective, the alignment of curricular and professional experiences allowed program participants to have significant institutional and community impact, as evidenced by written reflections and public testimonials. For instance, program participants experienced firsthand the value of community engagement in promoting vaccination and centering historically marginalized communities' voices and needs in developing culturally responsive programs. Participants in several programs also reported having developed authentic relationships with their peers for social support or expanded networks.

Additionally, six out of seven partners facilitated new culturally and linguistically competent workforce development opportunities for Californians most impacted by the pandemic to help them develop diverse skills needed to be excellent job candidates in other fields after their current public health work ended. A subset of workforce development partners reported that individuals expanded their careers as a result of these efforts. For instance, one partner reported that over 20 participants secured permanent employment with benefits and the opportunity for upward mobility within their new job and over ninety-five percent (95%) of participants passed a county exam and were offered job interviews.

Some of the workforce development partners were able to hire CHWs in historically underserved communities, effectively expanding the CBOs' capacity, increasing the number of CHWs conducting COVID-19 outreach and education, and implementing social service navigation services to help address community needs. For one partner, their network of CHWs received professional development training that covered topics on mental health first aid, healing from trauma, historical and intergenerational trauma, self-care, and grief recovery, among others that improved interpersonal relationships between CHWs and the communities they served.

Workforce development strategies were designed to meet the evolving needs of communities disproportionately impacted by COVID-19.

As described in the [TTH evaluation report](#), the CBOs leading the TTH work brought extensive tacit knowledge and lived experience that was instrumental to expand public health capacity for historically marginalized communities. CBOs engaged participants in ways that larger institutions removed from the local context could not, using strategies such as incorporating community-specific programming.

Workforce development partners described their strategies as "person-centered" or "wrap-around" and tailored to holistically meet the needs of community members. With this approach, workforce development partners recognized that "everything is connected" and that many factors play a role in maximizing a person's opportunity for career advancement. For example, one partner tailored and delivered on-the-ground events and "pop-up" style programs to individuals grappling with housing instability in neighborhoods known to be frequented by individuals lacking stable housing. Other partners focused on individuals who have experienced high barriers to employment by providing trauma-informed care and strength-based approaches.

"Employers that we interacted with expressed a need for a more diverse behavioral health workforce that reflected the communities that they were serving and, as such, we focused on recruiting participants for this program from those communities."

- Workforce Development Partner

Other strategies utilized a cohort-style program where “participants were able to build camaraderie and a social support network with one another.” In an effort to make workforce and professional development opportunities more accessible to community members, partners tapped into their knowledge of the known barriers that potential workers have during the job search and interview process. Some partners provided essential support such as gas cards, meal vouchers, clothing vouchers, and stipends which helped better prepare individuals for their job interviews and reduce barriers that participants often have when attempting to participate in programs for professional development and job placement.

Workforce development involved partnership, engagement with employers and employees, and understanding the local conditions that facilitate job creation and uptake. Partners focusing on employers took a strategic approach to increase the likelihood that qualified prospective employees would find job opportunities; for example, one partner worked to secure vacant positions with certain employers before launching a new training program. Specifically, with TTH funds, a funded partner secured a partnership with two new county departments that committed to launching a new workforce development cohort. In addition, this organization secured three new employer partners within the behavioral health sector to pilot a new program during summer 2022. Another partner noted the importance of securing employer buy-in to a program that builds a talent-management pipeline to support job placement for program participants.



TTH funding gave workforce development partners the necessary latitude to support the needs of their participants and quickly adjust their programming based on local conditions.

TTH prioritized a model of fast and flexible funding to quickly scale a statewide COVID-19 response. This included an expedited grant application process, upfront funding, and reduced reporting requirements. Additionally, TTH-funded partners could use the money creatively to adapt to changing needs. Two separate briefs explore funding strategies behind TTH’s success and are accessible on the [Public Health Institute website](#). While the needs of the frontline were constantly changing and employment opportunities were unstable at best, TTH offered some bright spots for the workforce development partners. For example, one partner was able to create a “pathway to permanency” option for workers who were hired into temporary positions on various COVID-19-related projects. The flexibility of the funding allowed them to provide skill-enrichment training to newly hired and

“The flexibility of the funds gave us the freedom to meet the needs of our participants to set them up for success in the program and beyond.”

- Workforce Development Partner

incumbent CHWs and supervisors within county departments, which better equipped workers and managers on the frontline of the pandemic. Another partner was able to provide program participants with financial support while they took part in a three-month long behavioral health training. Program participants received stipends and reimbursement for childcare needs, which prevented them from having to miss work or otherwise not participate in the course due to competing obligations.

Just as the flexibility of funding allowed the broader cohort of TTH CBOs to remain nimble and redesign their approaches as the pandemic shifted over time, workforce development partners were able to optimize their funding to make important shifts in their projects, helping to ensure that employer and worker needs were met. For example, one partner remarked that allowing funds to be provided for students—directly through salary support and indirectly through the planning of immersion and networking experiences—was important for facilitating an environment of support and interaction: “With dynamic academic, professional, and social environments likely to continue into this next phase of the pandemic, adaptability in the allocation of resources to specific activities appropriate to the current context is important for programmatic success.”

Workforce development partners experienced persistent internal challenges related to recruitment and engagement.

Recruitment for workforce development programming was challenging for a variety of reasons. Transportation was a greater challenge than before the pandemic because participants were hesitant to use public transportation when COVID-19 rates were high but struggled to afford car and gas expenses. Another challenge to recruitment was the statewide vaccine mandate, which all workforce programming agencies were legally required to follow. Prospective participants came from the same communities that were skeptical about receiving the vaccine – even though the mandate required the vaccine for employment in some workplaces. Another major barrier to participation was the mental health burden experienced by program participants while navigating job uncertainty. One partner serving a community that was particularly hard hit by the pandemic reported that mental health and substance use issues intensified as the local economy continued its downward spiral.

One workforce development partner noted that they did not receive the volume of referrals they had anticipated and had to pivot their program’s target audience to recruit unemployed individuals who were interested in community health work or those already employed in need of upskilling. Another partner reported that they may have been able to attain higher recruitment numbers for a CHW-focused program had they broadened their scope—which initially focused only on the universe of TTH-funded CBOs— to reach more unemployed people in the community looking to transition into the healthcare field.

External challenges brought unanticipated program disruptions.

Workforce development partners reported barriers working with potential employers who had limited bandwidth to participate or had to delay or freeze hiring campaigns. Hiring freezes in some counties created numerous disruptions to planned and ongoing workforce development programming. Another workforce development partner was unable to place program representatives given restricted access to public facilities. Additionally, some prospective program participants had limited access to computers/laptops and Wi-Fi, or did not know how to use computers, and some faced substance and mental health challenges that limited or prevented their participation.

“It is extremely critical for funders to provide flexible funding that allows organizations, [like ours] to cover gaps in services (e.g., stipends, transportation vouchers, food vouchers), as well as additional funding that can be allocated for general operating support to build capacity.”

- Workforce Development Partner

Even as TTH funding winds down, workforce development partners are sustaining momentum by securing additional sources of funding and scaling up programs for broader reach.

In several instances, partners noted plans to expand projects initially piloted through TTH funding and plans to expand programming and launch new cohorts for eventual placement into permanent positions in the public sector. Two partners are leveraging partnerships and lessons forged through TTH to apply for funding from the Health Resources and Services Administration (HRSA) Community Health Worker Training Program (CHWTP), which supports projects that increase the number of CHWs and health support workers (including promotores) and equips them with skillsets needed to provide effective community outreach and help reduce health disparities. Another partner was able to secure additional funding for stipends and partnerships for their apprenticeship program, which begins after students graduate from the CHW program. These stipends and partnerships serve as, “a vitally important way to create a bridge between the point of graduating from our programs and being placed in a job and/or career”. Through the “foundation of partnership” supported by TTH, one workforce development partner is hoping to scale their work by pursuing additional funding from philanthropic sources: “If successful, this would lengthen the time frame of this immersion experience, provide more student support in the form of tuition offset and academic credit, and allow faculty mentors more protected time to advise and guide participants”. As another partner said,

We will continue to implement lessons learned from the projects that we executed during our TTH funding period. We continue to be in communication with community health organizations and healthcare providers...They are continuing to share with us the ways in which they are expanding the healthcare services that they provide and how we can help prepare a workforce to fulfill this expansion. We are looking to develop and expand on training plans and program structures that will prepare job seekers for specific healthcare roles.



Lessons from TTH can influence future workforce development efforts

The pandemic created a highly dynamic, unpredictable timeline for identifying emerging workforce development needs and responding to those needs at the right moment. As quickly as TTH was able to identify needs and deploy funding or other support to service providers in hard-hit areas, communities would be hit with a new challenge, and service providers would need to redirect their focus. Job fairs and recruitment workshops were canceled last minute; prospective program applicants were prevented from entering public buildings due to newly established vaccine mandates; and predicting the readiness of prospective applicants to transition to new, full-time jobs proved challenging as the pandemic dragged on much longer than expected. Continuing into 2022, national attention on COVID-19 began to wane as a sense of response fatigue took hold. Funding streams similarly shrank for many CBOs, but the need remained as high as ever. Lessons from the TTH experience can help shape future responses; these include:

- **Continue to listen for emergent needs** on the ground and provide smaller, targeted funding opportunities to local organizations that best understand the local workforce and economic threats and their implications.
- **Engage workforce development partners as early as possible** to create longer, more resilient recruitment periods to enhance participant uptake and account for potential programmatic disruptions.
- **Re-evaluate job requirements** to be more holistic, inclusive, and reflective of the value of lived experience. Removing requirements such as the number of years of experience, the requirement to have a reliable car, and the completion of higher education can lower common barriers to employment.
- **Deploy funds quickly and with limited requirements.** The more ably service providers can pivot in response to the onslaught of challenges presented by a dynamic situation like the COVID-19 pandemic, the more quickly local needs can be met.
- **Balance breadth with depth.** In some cases, it might be more impactful to fund fewer sites to allow them to dive deeper into their models for workforce development.
- **Embed technical assistance support** to expand the organizational capacity of workforce development organizations. Some examples of topics that may be useful are included in Exhibit 1.
- **Facilitate diverse opportunities for professional development** for staff including topics that support broader organizational needs that would strengthen organizations for future opportunities. Some examples are found in Exhibit 1.
- Fund small projects, that when **thoughtfully designed and rooted in cultural humility**, can create strong ripple effects. Workforce development funded partners reported several instances of these lasting impacts.
 - Scaling up workforce training programs in partnership with county departments and with employer partners; creating pathways to permanency programming for populations who are underserved and have high barriers to employment, including individuals who

were hired in temporary positions for COVID initiatives.

- Enhanced visibility and community awareness of workforce development service provider organizations, and the ability to serve clients well beyond the reach of those traditionally served.
- The ability to leverage the learnings from TTH to secure additional funds to sustain ongoing workforce development recruitment efforts and projects.

Even with the high level of attention TTH paid to the constantly shifting workforce context, rapid deployment of flexible funding to support providers, and measurable successes in the number of people trained and placed into new, permanent positions in the public health workforce, the pandemic demonstrated the need for continuous evaluation and course correction. TTH has shown that effective response is possible and can create lasting effects in communities reeling from economic instability brought on by public health challenges but must be guided by organizations that understand local conditions and the needs of their residents.