

Washington State Department of Health

COVID-19 Community Media Outreach Program Final Report

Updated January 2023

PREPARED BY DH FOR:

Washington State Department of Health

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Table of Contents

| | |
|--|-----------|
| Executive Summary | 3 |
| Part I Overall Program Outcomes | 6 |
| Program Partners October 2020 – January 2023 | 7 |
| Glossary | 14 |
| Program Methodology | 15 |
| Insights and Lessons Learned | 22 |
| Program Overview Infographic | 29 |
| Part II Community Dashboards | 32 |
| Afghan Evacuee Initiative | 33 |
| Asian Media Outlets and Organizations | 34 |
| Black/African American Media Outlets and Organizations | 35 |
| Disability Media Outlets and Organizations | 36 |
| Former Soviet Union Media Outlets and Organizations | 37 |
| Hispanic/Latino(a) Media Outlets and Organizations | 38 |
| LGBTQ+ Media Outlets and Organizations | 39 |
| Multicultural Media Outlets and Organizations | 40 |
| Pacific Islander/Pasifica/Native Hawaiian Media Outlets and Organizations | 41 |
| Tribal-related or Urban Indian Organizations | 42 |
| Part III Partner Experience Evaluation | 43 |
| Partner Experience Evaluation Overview | 44 |
| Winter/Spring 2022 Partner Experience Evaluation Summary | 45 |
| Summer/Fall 2021 Partner Experience Evaluation Summary | 75 |
| Winter/Spring 2021 Partner Experience Evaluation Summary | 102 |
| Appendix A - Partner Evaluation Survey Methodology | 123 |
| Appendix B - Partner Evaluation Survey Questions | 125 |
| Appendix C - Insight Interview Methodology | 142 |
| Appendix D - Insight Interview Discussion Guides | 143 |

Executive Summary

Since October 2020, the Washington State Department of Health (DOH) has partnered with Desautel Hege (DH) to support community-driven COVID-19 outreach and communications. The Community Media Outreach (CMO) program specifically focuses on connecting with priority communities who have been disproportionately impacted during this pandemic and experienced access barriers to COVID-19 information, resources and vaccines.

This report gives an overview of CMO program efforts completed between October 2020 through January 2023. During this time period, DOH partnered with DH to support COVID-19 equitable response and recovery efforts. Through the CMO program, DH helped DOH quickly distribute over \$13.6 million in funds to more than 200 community-based organizations and community media outlets to enhance their capacity to respond to communities' needs during the pandemic. Funding needs, priorities, and activities were determined by these community partners within designated funding caps and periods of performance composed of up to 3-4 months per funding round.

An additional \$5.3 million was invested by DOH to develop and expand the program infrastructure and support partner capacity building. DH led these technical assistance efforts which acted as a sort of scaffolding to help support the infrastructure that community partners were already building upon. This funding supported technical assistance such as messaging and asset development, language translation, graphic design, video production, print production and more to ensure culturally-relevant and linguistically appropriate materials were produced and made available to community partners' audiences and beyond. Technical assistance by DH also included the hosting of over 20 Community Conversations to hear community partner feedback, and support of community-specific workgroups. This included collaborative efforts with local health jurisdictions (LHJs), Accountable Communities of Health (ACHs) and other community partners working to reach Former Soviet Union (FSU) audiences, as well as LHJs and DOH staff working to reach Hispanic/Latino(a) and agricultural worker populations. DH also facilitated connections and relationship building between community partners and regional, state, and federal agencies.

As of September 2022, DOH has allocated over **\$19,498,028** to support community-rooted organizations through the CMO program.

GOALS

- Improve COVID-19 information access and equity
- Develop meaningful, culturally appropriate communications
- Invest in, and grow, existing communications infrastructure
- Build relationships between communities and public health
- Increase reach and impact of DOH public health messaging

PROGRAM PROCESS OVERVIEW

| | | |
|---------------|--|--|
| STEP 1 | Funding Approach | Outreach strategies and funding targets are informed by the latest Social Vulnerability Index (SVI), COVID-19 vaccine uptake, hospitalization and death rate data. |
| STEP 2 | Outreach | Community-based organizations and community media outlets are invited to submit proposals addressing COVID-19 vaccine access gaps and hesitancy in their communities. |
| STEP 3 | Proposal collection & review | Community partners outline their outreach approaches and funding amounts needed, and submit their proposals to DH. A DOH committee reviews proposals to ensure approaches are strategically allocated across target communities. |
| STEP 4 | Strategy Development | DH works with partners to refine outreach strategies and identify areas where DH can support partners. |
| STEP 5 | Contracting, funding & onboarding | DH contracts community partners, receives and distributes funding from DOH, and provides partners access to the latest COVID-19 messaging, assets, and an Accessibility Toolkit to encourage inclusion and help partners expand their reach to more audiences. |
| STEP 6 | Technical assistance support | DH and DOH support community partners as needed through message development, graphic design, language translation, video production, web services and more. Through forums such as Community Conversations, partners engage with each other and DOH to identify gaps, barriers, and collaboration opportunities to better serve their communities. |
| STEP 7 | Reporting | Community partners share progress updates of their efforts and impacts with DH, who in turn reports to DOH, providing information needed for quarterly reporting to funding entities. |

PRIORITY COMMUNITIES & FUNDING DISTRIBUTION

Priority communities across the program have varied over time, but cumulatively have included organizations that communicate with the following audiences:

- **Asian** communities
- **Black/African American** communities including communities across the African diaspora
- Individuals with **disabilities** and their support systems
- **Former Soviet Union** communities including Russian- and Ukrainian-speaking people
- Hispanic communities, Spanish- and Indigenous language-speaking communities and/or **Latino(a)** populations
- Individuals who identify as part of the **LGBTQ+** community
- Individuals who belong to multiple communities and/or **Multicultural** populations, including Afghan evacuees
- People who identify as **Pacific Islander, Pasifika or Native Hawaiian**
- **Tribal-related** and Native American communities including **Urban Indian** populations

From October 2020 through January 2023, the over \$14.2 million in funding has been distributed to community-based organizations and community media outlets serving specific populations as follows:

| | |
|---|-------------|
| Asian | \$1,858,579 |
| Black/African American | \$2,579,003 |
| Disability | \$688,577 |
| Former Soviet Union | \$720,502 |
| Hispanic/Latino(a) | \$2,876,321 |
| LGBTQ+ | \$552,317 |
| Multicultural, including Afghan evacuees | \$3,361,315 |
| Pacific Islander/Pasifika/Native Hawaiian | \$725,060 |
| Tribal-related or Urban Indian | \$926,499 |

Please note: These community categorizations are intended to help simplify campaign reporting, based on information that partners self-reported to DH. Community partners and the audiences they serve are not monolithic, and DH recognizes that audiences and partners may represent many groups.

Community funding targets are based on a combination of community feedback, public health data and broader population data. Final distribution was largely driven by organizations able and willing to partner in the program, and prioritization and funding needs as identified by community partners.

INSIGHTS AND LESSONS LEARNED

Throughout the program, DH collected community partner feedback. Below are takeaways from their feedback that rose to the top.

1. Community-based organizations and community media outlets value **opportunities to respond to the most pressing needs of their communities.**
2. **Intentional, flexible structures and comprehensive support** enable community-based organizations to do their best work.
3. Health officials have the opportunity to **help all communities feel represented** and increase trust.

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Part I

Overall Project Outcomes

Program Partners | October 2020 - January 2023

Below are all the organizations that have been contracted by DH to support the Washington State Department of Health's (DOH) Community Media Outreach (CMO) program to-date.

ASIAN

[Access Partner Profiles for each of these organizations serving Asian communities here.](#)

Community Organizations

- Asia Pacific Cultural Center (APCC)
- Bothell Hindu Temple
- Cham Refugees Community
- Communities of Rooted Brilliance / Coalition for Refugees from Burma
- Filipino Community of Seattle
- Hmong Association of Washington
- India America Community Services / India Association of Western Washington
- JLT Enterprises and Pacific Mien Language Services
- Khmer Community Seattle King County
- Khmer Health Board
- Kin On Health Care Center
- Lao Community Service Center
- Nepal Seattle Society
- Thai Association of Washington
- UTSAV USA
- Vietnam Health Clinic
- Vietnamese Health Board
- Washington Hindu Education and Seva Foundation

Media

- Chinese Radio Seattle on KKNW 1150 AM Alternative Talk
- Crossings TV
- Dreamdriver Work Seattle (DWS) Korean Community Service Center
- Joy Seattle
- Junglecity.com
- Seattle Chinese Radio KARI 550
- NA Post, Soy Source (North American Post Publishing Inc.)
- Người Việt Ngày Nay/Nguoi Viet Ngay Nay (Vietnamese newspaper)
- Seattle Chinese Post & Northwest Asian Weekly
- Seattle Chinese Times
- Tasveer

BLACK/AFRICAN AMERICAN

[Access Partner Profiles for each of these organizations serving Black/African American communities here.](#)

Community Organizations

- Act Theatre
- African American Reach & Teach Health (AARTH)
- African Leaders Health Board (ALHB)
- Black Arts Love
- Dunia Clinic
- Eritrean Debes Organization Seattle
- Eritrean Health Board (EHB)
- Ethiopian Community in Seattle
- Gambian Talents Promotion (now Washington West African Center WAWAC)
- King County Equity Now
- Martin Luther King, Jr. Family Outreach Center
- NAACP Bremerton
- NAACP Vancouver
- Power 2 The Poetry
- REACH Tacoma (Tacoma Community House), REACH Center
- Somali Community Services of Seattle
- Somali Health Board
- Southeast Seattle Education Coalition (Tesfa Program)
- Sudana
- Tacoma Ministerial Alliance
- Tacoma Urban League /Leaders in Women's Health
- The Christ Spirit Church
- The Tubman Center for Health and Freedom
- Urban League of Metropolitan Seattle
- Walker Chapel A.M.E. Church
- Washington State Coalition of African Community Leaders
- West African Community Council

Media

- The Black Lens (Square Peg Multimedia LLC)
- THE WORD SEATTLE 820AM and AM1590 THE ANSWER (Inspiration Media)
- Kris Bennett Broadcasting, Inc., KBMS/Z TWINS
- KVRU 105.7 FM
- SouthEast Effective Development (SEED)
- Rainier Avenue Radio
- Runta (The Truth)
- Salaxley TV
- Salon Ethiopia
- The Facts
- The Seattle Medium / Rhythm and News Radio
- The Skanner

DISABILITY

[Access Partner Profiles for each of these organizations serving disability communities here.](#)

Community Organizations

- Alliance of People with disAbilities
- Center for Independence (CFI)
- Central Washington Disability Resources (CWDR)
- Clallam Mosaic
- Northwest Disability Support
- The Arc of Grays Harbor
- The Arc of King County
- The Arc of Washington State
- The Hearing, Speech & Deaf Center
- University of Washington's Center for Continuing Education in Rehabilitation (CCER) and Accessible Design and Innovative Inclusion (ADII)
- Washington Advocates of Deaf & Hard of Hearing
- Washington Autism Alliance & Advocacy
- Washington State School for the Blind
- Yakima Children's Village

FORMER SOVIET UNION

[Access Partner Profiles for each of these organizations serving Former Soviet Union communities here.](#)

Community Organizations

- Immigrant and Refugee Community Organization (IRCO) - Slavic and Eastern European Center (SEEC)
- Jewish Family Service (JFS)
- Ukrainian Community Center/ Oleg Pynda
- Spokane Slavic Association
- Konev Consulting LLC
- Nashi Health Board

Media

- Accent Network
- Afisha Russian Advertising Agency/ Slavic Family Media
- Continent Media / Radio Continent on KXPA 1540 AM
- It's Not Evening Yet on KKNW 1150 AM Alternative Talk (S Media)
- Kanon Magazine
- Russian Spokane
- Northwest Slavic Media Group

HISPANIC/LATINO(A)

[Access Partner Profiles for each of these organizations serving Hispanic/Latino\(a\) communities here.](#)

Community Organizations

- Catholic Community Services WW / Director Farmworker Initiative WW
- Centro De Servicios Comunitarios (CSC) Yakima / La Oficina
- CIELO Projects/RADIO RANCH
- Clark County Latino Youth Conference
- Community Health Worker Coalition for Migrants and Refugees (CHWCMR)
- Downtown Pasco Development Authority
- El Centro de la Raza
- Familias Unidas por la justicia
- Spokane Hispanic Business/Professional Association and Foundation (Spokane HBPA)
- Institute for Washingtons Future (Community 2 Community)
- Ireta P'urhepecha - New Hope Lutheran Church
- Latino Educational Training Institute (LETI)
- Latinos en Spokane
- Movimiento Afrolatino Seattle (MAS)
- Northwest Justice Project
- Orquesta Northwest
- Our Valley Our Future / Nuestro Valle Nuestro Futuro
- Para Los Ninos
- Pierce County AIDS Foundation (PCAF) - Latinos Unidos del South Sound (LUSS)
- Raiz of Planned Parenthood of Greater Washington and North Idaho
- The Community for the Advancement of Family Education; Community Services Coalition Network, Wenatchee Cafe
- Tri-Cities Hispanic Chamber of Commerce / Tri-Cities Community Health
- UFW Foundation / United Farm Workers Foundation
- Western Wa. National Association of Hispanic Nurses (WW-NAHN)
- Yakima Neighborhood Health Services (YNHS)

Media

- Bustos Media / Grays Harbor collaboration
- Comunicativo
- El Siete Dias Newspaper
- Entre Hermanos
- KDNA FM 91.9
- Radio El Rey KKMO 1360 AM
- Radio Luz, La Patrona (Inspiration Media) KNTS 1680 AM -
- KUNS-TV Univision-Seattle
- La Super Deportiva on KXPA 1540 AM
- La Nueva 103.3 FM and 92.1 FM - Alpha Media USA
- La Pera
- La Voz Hispanic Newspaper (Ads)
- Latino Northwest Communications
- Oye Producciones / Actitud Latina
- Telemundo Yakima
- Tu Decides / You Decide
- VT Radio Universal / Voice Tacoma Creative Media LLC

LGBTQ+

[Access Partner Profiles for each of these organizations serving LGBTQ+ communities here.](#)

Community Organizations

- Gay City
- Gender Justice League
- Lifelong AIDS Alliance
- Odyssey Youth Movement
- Out Spokane / Spokane Pride
- Seattle Pride
- Spectrum Center
- TRACTION (TRans Community ACTION) & Heartspark Press

Media

- Malcontent News
- Seattle Gay News

MULTICULTURAL

[Access Partner Profiles for each of these organizations serving multicultural communities here.](#)

Multicultural Communities

- Afghan American Community of Washington (AACW)
- Afghan American Cultural Association (AACA)
- Afghan Health Initiative
- AHANA
- Alefba Group
- Boys and Girls Club of Skagit County
- Bridging Cultural Gaps
- Building Changes
- Cascade AIDS Project (CAPNW)
- Center for Multicultural Health (CMCH)
- CID Mutual Aid
- The Coffee Oasis
- Equity Institute
- Faith Action Network
- FMS Global Strategies
- Foundation for Multicultural Solutions
- Integrated Wellness (Integrity Nurse Consultants)
- Iraqi Arab Health Board (IAHB)
- Islamic Center of the Tri Cities
- Islamic Center of Washington (Idris Mosque)
- KD Hall Foundation
- Lived Experience Coalition (LEC)
- Lutheran Community Services Northwest - Tacoma/Puget Sound
- Manzanita House
- MAPS-MCRC-Community Health Clinic
- Mohammed Akmoosh
- Multicultural Service Center of South Sound (MSCSS)
- Muslim Community and Neighborhood Association (MCNA) / Muslim Community Network Association (MCNA)
- Neighborhood House
- North Counties' Family Services
- Open Doors for Multicultural Families
- Out of the Ashes Development Council
- Pacific County Immigrant Support (PCIS)
- People of Color Against AIDS Network (POCAAN)
- Power Of Two
- RAIN Incubator / Collaborative Effort
- Refugee and Immigrant Services Northwest
- Snohomish Health District Child Care Health Outreach Program
- Youth and Family Link / Southwest Washington Equity Coalition (SWEC) / LULAC
- Tacoma Pierce County Coalition to End Homelessness
- The Maternal Coalition
- The Way to Justice
- Washington Immigrant Solidarity Network
- Washington State Imam Association (WSIA)
- Wativersity
- White Center Community Development Association (WCCDA)
- World Relief Seattle
- World Relief Spokane
- WOW Tri-Cities / Women Of Wisdom TriCities WA

Media

- Alzagil (Muslim Ethnic Media)
- U.S. Chinese Radio on KXPA 1540 AM
- The Fig Tree
- Titre Avval / Persian Media, Inc.

PACIFIC ISLANDER/NATIVE HAWAIIAN/PASIFIKA

[Access Partner Profiles for each of these organizations serving Pacific Islander/Pasifika/Native Hawaiian communities here.](#)

Community Organizations

- Asian Pacific Islander Coalition of South Puget Sound (APIC SPS)
- Asian Pacific Islander Coalition of Spokane (APIC Spokane)
- Pacific Islander Community Association of Washington (PICA-WA)
- Pacific Islander Health Board
- U.T.O.P.I.A. (United Territories of Pacific Islanders Alliance) Washington

Media

- Hawai'i Radio Connection on KXPA 1540 AM

TRIBAL-RELATED

[Access Partner Profiles for each of these organizations serving Tribal Related communities here.](#)

- American Indian Community Center
- American Indian Health Commission
- Chief Seattle Club
- National Urban Indian Family Coalition
- Native Action Network
- Native Project
- Seattle Indian Health Board / Urban Indian Health Institute
- South Puget Intertribal Planning Agency (SPIPA)
- Spokane Tribal Network
- Tahoma Indian Center
- United Indians of All Tribes Foundation, Daybreak Star
- Urban Native Youth Organization

Glossary

AUDIENCES Populations within priority communities with specific ethnicities, languages, culture, religion and lived experiences that organizations reach through their efforts

CMO The Community Media Outreach program funded by the Washington State Department of Health to support community-driven COVID-19 communications with priority communities

THE COLLABORATIVE Washington State's [COVID-19 Vaccine Implementation Collaborative](#), a group established in February 2021 to help implement equitable vaccination strategies by centering the voices of those most impacted by COVID-19

COMMUNITY ENGAGEMENT Activities such as in-person outreach, vaccination events, community educational events, community webinars and other outreach tactics outside of mass media that connect individuals directly to public health information and services

COMMUNITY-BASED ORGANIZATION (CBO) An organization that is owned, operated or primarily serves a priority community identified in this program. This can be a non-profit, a cultural association, a faith organization, a mutual aid fund, a health organizations, or any organization where community members are working to serve and connect their community.

COMMUNITY MEDIA OUTLET Community-rooted organization that operates as a paid media vendor. They may own commercial media channels, develop culturally appropriate content, accept paid advertising, or work as a non-profit specifically in media spaces. Their primary activity is media and communication.

CRE The Community Relations and Equity unit of the Washington State Department of Health's Center for Public Affairs

DOH The Washington State Department of Health

INTERSECTIONS OR INTERSECTIONAL COMMUNITIES Other groups or audiences that an organization works with either within or in addition to the primary community served

PARTNER A community-rooted organization funded by the program

PRIMARY COMMUNITY The main community organizations serve through the CMO program. Many organizations in this program serve multiple intersections

PRIORITY COMMUNITY A broad community identified experiencing disproportionate impacts related to COVID-19 information access, prevention services and care

SVI An acronym for Social Vulnerability Index. This is a ranking used by state and federal governments that takes into account a combination of factors including economic status, education, geography, and other social determinants of health.

REACH Number of people reached by broad awareness tactics including social media, traditional media, organization's media or regularly access an organization's services

Program Methodology

Beginning in October 2020, the Washington State Department of Health (DOH) has partnered with Desautel Hege (DH) to support community-driven COVID-19 outreach and communications. The Community Media Outreach program (CMO) specifically focuses on connecting with priority communities who have been disproportionately impacted during this pandemic and experience access barriers to COVID-19 information and services.

A total of \$14,288,172 in communications funding has been directed to community-rooted organizations to support their activations.

DH supported community outreach, 1:1 communications planning with partner organizations and provided technical assistance to support communications activations. DH partnered with Kauffman and Associates to support community outreach and technical assistance with tribal-related organizations and multicultural organizations serving multiple priority communities and intersections.

The following report provides detailed information about the work to date of community-rooted organizations partnering in this program who actively implemented communications projects between October 2020 and January 2023.

GOALS

This project is grounded in the understanding that community-rooted and community-led organizations and groups are better positioned and equipped to listen, understand, and respond to the needs of their members in the most culturally relevant and appropriate way.

The program team has found the approach of investing directly in trusted community leaders, messengers, and organizations to be incredibly effective for all COVID-19 response areas. By centering community and building a program that is culturally responsive, community partners can focus on outreach and engagement strategies that they know are most effective for the communities they serve. Providing coaching and communications support to those who need it, as well as community-specific public health guidance, helps equip community partners to be effective communicators.

Between **October 2020 through January 2023**, this program partnered with **217 community-rooted media outlets and organizations** in strategic communications efforts.

This program supports community-driven communications to achieve the following:

- Improve COVID-19 information access and equity
- Develop meaningful, culturally appropriate communications
- Invest in, and grow, existing communications infrastructure
- Build relationships between communities and public health

FUNDING APPROACH

Potential partners were identified by DOH staff, the COVID-19 Vaccine Implementation Collaborative, local health partners, community leaders and community-rooted organizations. Community-rooted organizations have been crucial in recognizing emerging needs, opportunities for collaboration and gaps in language or cultural outreach in real time, that are often not represented in public health data sources. Likewise, community feedback has been crucial for prioritizing and directing funding and making the outreach and proposal process accessible and supportive to community.

DH provides technical assistance to potential partners throughout the proposal process, including consultation, translation support, identifying additional funding sources, refining activities to meet community goals and taking on any administrative burden that could prevent organizations from applying for funding. The goal is for all interested partners to have proposals accepted and to fund strong projects that impact public health outcomes.

PROPOSAL REVIEW PROCESS

Not all partners have communications expertise, nor do partners necessarily have health care expertise. What partners bring are strong connections to priority communities and unique communications channels to connect with them. Partners have submitted proposals requesting funding of community-driven communications projects of their choosing typically within the range of \$5,000 to \$50,000.

Proposals were approved for funding by DH and DOH based on the following criteria:

| | |
|---|--|
| Alignment with communications strategy | to reach priority communities with education, information and support regarding COVID-19, with an emphasis on increasing access and readiness to be vaccinated |
| Creative and unique tactics | to use the funding to develop specific communications programs promoting COVID-19 vaccine messaging relevant to the target communities |
| In-house capabilities | capacity, or opportunity to partner with others |
| Efficient use | of partner time and resources |
| Potential reach | across a specific community, intersections, geography, age groups and strength of current communications networks |
| Potential for community engagement | and encouraging two-way communication flows |
| Balance amidst other proposals | to connect with a wider range of cultural communities, regions, and age groups |

To date, the program team has **reached out to over 500 potential partners** for proposals.

Scopes of work and budget requested are determined by community partners, with some partners requesting more funds based on their activities and needs and others requesting less.

The program team worked closely with DOH's Community Relations and Equity team to establish criteria, review proposals, and provide strategic guidance to partners to address community needs. The team also identified areas of collaboration and technical assistance needs. The broader project team worked with partners to refine proposals and budgets, develop more detailed plans, and worked to ensure they had adequate support to implement communications in the funding timeframe. The goal was to support partners on a path to approval with strong, strategic projects that responded to community needs with the tools in place to be successful.

In many cases those who were not selected for funding in this project were connected to other sources of public education or operational funding that better suited their goals and needs.

PRIORITY COMMUNITIES

Priority communities across the program have varied over time, but cumulatively have included organizations that communicate with the following audiences:

- **Asian** communities
- **Black/African American** communities including communities across the African diaspora
- Individuals with **disabilities** and their support systems
- **Former Soviet Union** communities including Russian- and Ukrainian-speaking people
- Hispanic communities, Spanish- and Indigenous language-speaking communities and/or **Latino(a)** populations
- Individuals that identify as part of the **LGBTQ+** community
- Individuals that belong to many communities and/or **Multicultural** populations, including Afghan evacuees
- People that identify as **Pacific Islander, Pasifika or Native Hawaiian**
- **Tribal-related** and Native American communities including **Urban Indian** populations

The program receives feedback from community-rooted organizations on an ongoing basis through several pathways:

- [Semi-annual partner experience evaluations, including surveys and insight interviews](#)
- Regular 1:1 check-ins with outreach coordinators
- Feedback from attendees at the COVID-19 Vaccine Implementation Collaborative monthly meetings
- Monthly community conversations on COVID-19 topics
- Monthly topical surveys from partners
- Mid-term and final project reports submitted by partners

DOH was able to fund nearly all proposals submitted.

Funding distribution is largely based on community feedback around opportunities, gaps, and emergent needs.

In addition to community feedback, the team also considers statewide public health data from DOH, LHJs, and other research partners as appropriate. This includes:

- Lower vaccination initiation and completion rates
- Higher hospitalization and death rates
- Social Vulnerability Index (SVI) rankings considering other economic status, education, geography, and other social determinants of health
- Significant structural barriers such as language and access issues
- Lack of representation in other DOH funding and outreach programs

Further, funding allocations were also informed by broader ethnographic, cultural, and identity-based population data for Washington state. The program team also considered the regional population distribution data in Washington state.

FUNDING DISTRIBUTION

Over the course of the program, the project team set the following community funding targets based on a combination of community feedback, public health data and broader population data:

The funding allocations are also informed by ethnographic, cultural and identity-based [census population data](#) for Washington state. The objective was to understand the representation of communities by percent of the total statewide population to help inform equitable distribution of funding. At the same time, statistically smaller communities may experience significant barriers and/or do not have support coming from other funding sources, which needed to be considered.

Partners contracted to support specific communities received the following funding over the course of the program, from October 2020 through January 2023:

| COMMUNITY | FUNDING DISTRIBUTED | PERCENT OF FUNDING DISTRIBUTED |
|---|------------------------|--------------------------------------|
| Asian | \$1,858,579 | 13% |
| Black/African American | \$2,579,003 | 18% |
| Disability | \$688,577 | 5% |
| Former Soviet Union | \$720,502 | 5% |
| Hispanic/Latino(a) | \$2,876,321 | 20% |
| LGBTQ+ | \$552,317 | 4% |
| Multicultural including Afghan Refugees | \$3,361,315 | 24% |
| Pacific Islander/Pasifika/ Native Hawaiian | \$725,060 | 5% |
| Tribal-related or Urban Indian | \$926,499 | 6% |

Final distribution was largely driven by organizations able and willing to partner, funding needs identified by communities and emergent messaging needs identified by communities (for instance, newly arrived evacuees from Afghanistan during the funding period).

Likewise, many organizations serving one priority community may also serve significant intersectional communities that are not represented easily in the categories above. While a great deal of planning and conversation goes into setting funding targets, the program maintains flexibility to effectively respond to community needs and community-driven partnerships.

MESSAGING

The project team works with partners to help identify barriers and opportunities to address COVID-19 response topics. Common messaging themes during this period include:

- Addressing vaccine hesitancy
- Sharing factual information about vaccines
- Promoting culturally appropriate and accessible vaccination events
- Sharing back to school and workplace guidance
- Communicating changing state mandates and regulations

In a supportive role the program team can help connect partners to subject matter experts, to existing educational materials to customize or to develop new communications to meet their specific messaging needs.

TECHNICAL ASSISTANCE (PRODUCTION SUPPORT)

During implementation DH and Kauffman and Associates provided partners with **1:1 technical assistance** to implement communications projects. Technical assistance largely focused on messaging, communications planning and creative production support needs to develop communications materials. DH also provided technical assistance support throughout the proposal and final reporting process to relieve partners of any administrative burdens that would be a barrier to applying for funding or implementing their projects. This support from DH and DOH acted as scaffolding around the efforts partners were already constructing.

Technical assistance included translation of materials, coordination with state COVID-19 resources, video production and editing, subject matter expert outreach, media training, webinar hosting, graphic design, photography, and messaging support. Production support also included working with DH to further define strategies and tactics appropriate for that community. Technical assistance and production costs were covered by DOH at no cost to community partners.

Across four rounds of funding, this program has on average reached 3.4 million people across Washington state through a total of \$19.5 million dollars in funding. This means the per capita cost for this program is around \$5.60.

As a community-driven campaign, priority messaging is surfaced by, directed by, and approved by community partners.

Throughout the program, DH and Kauffman and Associates completed **over 250 creative production projects** with partners, in addition to **5,000+ hours** of messaging and communications planning assistance.

PROGRAM INFRASTRUCTURE

To facilitate the program and support community partners in their scopes, DH leveraged a team of approximately 35 people in addition to other technical assistance and production contractors.

Team members at DH served in the following roles:

- Strategy leads, including equity and social change marketing consultants
- Outreach coordinators
- Communications coordinators
- Contracting, finance and administrative coordinators
- Creative directors
- Production managers
- Production staff

Program infrastructure also funded technical assistance and production contractor costs such as:

- Translation and interpretation vendors
- Subject matter experts
- In-language content reviewers
- Supplemental video production vendors
- Web development vendors

COLLABORATION

The community media outreach program collaborated with multiple entities supporting COVID-19 education, outreach, and engagement statewide. This includes:

- Attending the COVID-19 Vaccine Implementation Collaborative and heavily promoting the Collaborative with partners
- Multiple partner events utilizing Care-a-Van
- 81 weekly highlight newsletters sent to state and regional government leadership
- Monthly meetings with C+C to align with the statewide mass media campaign, share messaging and refer community media outlets to support
- Working with All in Washington to support partner activities through different funding streams
- Meeting with VillageReach on rural outreach initiatives and research activities
- Meeting 1:1 with LHJs and ACHs to stay informed about activities and connect to partners

Effectively working with other entities supporting COVID-19 community engagement, public education, research, and outreach has helped coordinate efforts and connect community-rooted organizations quickly to services and opportunities. It has also helped address community feedback in a coordinated way to improve programs and access for community-rooted organizations across a wide range of efforts.

CALCULATING REACH

This project is a combination of broader communications tactics and more targeted interventions within specific communities. Dashboards in this report distinguish between broad reach and targeted reach with estimates for both.

“Estimated People Reached” considers:

- Partners’ self-reported organizational reach
- Broader reach across a community (sub-groups or language dialects)
- Geographic reach (statewide, regional, specific county/city)
- Reach across ages (children/youth, young adult, adult, sandwich generation, retired, elderly)
- Impressions or reach through traditional means (like a monthly physical newsletter that is well-read) and/or digital presence and reach (such as their website, social media, eblasts, and other digital platforms), etc.

“Estimated Community Engagements” considers:

- Data reported by partners for specific activities (if available)
- Reach of specific tactics (materials distributed, event attendees, webinar registrations, vaccinations initiated)

In some cases, reach may extend beyond the population of the community the organization is rooted in and primarily serves, especially if that organization engaged broader awareness tactics. For other communities, many may have focused on direct outreach with members who were most hesitant or experiencing more access issues. Their reach may be lower, but these activities connected community members directly to public health services including vaccination initiation and completion, boosters and testing.

Insights and Lessons Learned

Between October 2020 and January 2023, the project team worked closely with 217 community-rooted organizations to support implementation of COVID-19 communications. Each funding period saw many returning partners to the program, outreach to new communities and intersections and longer timelines for project implementation. Here are three key insight themes in this section:

1. Community-based organizations and community media outlets value **opportunities to respond to the most pressing needs** of their communities.
2. **Intentional, flexible structures and comprehensive support** enable community-based organizations to do their best work.
3. Health officials have the opportunity to **help all communities feel represented** and increase trust.

These insights capture ways in which the project team collaborated with community partners and holds important considerations for DOH and other public health officials as they work to support community-driven efforts and infrastructure.

1. COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY MEDIA OUTLETS VALUE OPPORTUNITIES TO RESPOND TO THE MOST PRESSING NEEDS OF THEIR COMMUNITIES.

Throughout the CMO program, partners expressed gratitude that the flexibility of the funds allowed them to address COVID-19 topics as well as other related and pressing health and social topics, such as mental and behavioral health, housing and food insecurity, transportation access, and other community-specific topics. Partners were able to see gaps in community access and in some cases shift their approaches to solve those barriers in real-time.

Transitioning into an endemic COVID-19 world, **community partners continue to need support and funding to help increase and maintain their communities' access to information and resources.** Gaps in vaccination rates and the impacts of hospitalization and illness continue to disproportionately affect these groups while they also confront widespread inequities across a variety of public health realms. As the long-term impacts of COVID-19 will touch communities holistically and for decades to come, partners see this new era of collaboration as a challenge and opportunity to balance lingering COVID-19 priorities while also addressing how the long-term effects of COVID-19 impact other social determinants of health in their communities.

Partners are uniquely equipped with understanding of their communities and hold deep trust within them. They can collaboratively uncover barriers that may be preventing a change or action, and help bring awareness to them, and then also solve for those barriers if the funding or their capacity allows. They are eager to understand and support their communities around other health issues in a deeper way, especially as they recognize that some health concerns may be unique to their communities and may never receive dedicated funding and communications efforts. Given this, **partners expressed the need for even more flexibility to reprioritize funding as needed to meet the concerns of their community.**

The nature of many health-related programs and funding streams is that they are focused on a specific issue and topic, pressing partners to respond quickly, and are often limited in the use of available resources and funds to meet specific milestones by specific dates. **The more constraints in a program or funding stream, the fewer organizations are able to participate in problem solving, and think through a holistic approach to solving their communities' needs.**

Partners had to respond quickly as the pandemic progressed and communications evolved. Funding periods offered through the CMO program ranged from three to six months for partners to activate. In the future, **partners suggested nine to twelve-month contracts** in hopes of producing more thorough, widespread outreach plans to see a deeper collective impact from their efforts without the added stress of a time crunch. Long timelines also reinforce DOH's long-term desire for hands-on engagement with impacted communities rather than transactional relationships.

As community partners have gained trust with their audiences and with DOH and other entities through the CMO program, transitioning into broader discussions around COVID-19 impacts and widespread healthcare issues can promote holistic health and continue to reach communities most in need of information and access. Partners recognize the effectiveness of the community-based outreach model and want to participate in similar program models to increase compliance, safety, awareness and access around other health topics for their communities.

To implement a community-based model, partners should be invited to understand a challenge, and then be allowed flexibility to determine the timeline, funding and additional support needed. Giving deference to partners to be creative in their problem solving as feedback is acquired from their communities, and to have flexibility to mobilize funding and adjust their approach and messaging is beneficial. Partners want to be able to leverage resources as needed, and take advantage of opportunities to be in front of their community by effectively messaging and supporting them on multiple public health topics. **Funding streams and guidelines that allow partners to work across social determinants of health and address a variety of other community health needs creates an opportunity for a broader collaboration with DOH and other entities working to address and improve the health of all communities.**

2. INTENTIONAL, FLEXIBLE STRUCTURES AND COMPREHENSIVE SUPPORT ENABLE COMMUNITY-BASED ORGANIZATIONS TO DO THEIR BEST WORK.

DOH and DH were very intentional in setting up low-barrier, accessible structures and supports such as simplified proposal, funding and reporting requirements, and flexible on-demand technical assistance including facilitated connections with other program partners.

For context, community-based organizations not involved in the “traditional” public health realm can greatly impact the health of their community, and the CMO program included a large portion of such organizations. To engage these “non-traditional” health organizations, **onboarding processes and messaging systems should be accessible to organizations of all knowledge and skill levels.** Some specific ways the CMO program helped lower barriers to participation in the program included a streamlined application process that centered community partners' expertise, expeditious funding disbursements, and making reporting easy to complete and reflective of community partners' contexts.

In the CMO program, organizations were invited to submit proposals through a single form, and then had one-on-one conversations to further discuss and refine their scope to play to their strengths and balance against other proposals received, and/or intentionally increase capacity building opportunities. In many cases, grant opportunities such as requests for proposals can feel transactional, and be complex and time-consuming for organizations to complete, causing immediate barriers to entry. **Lowering barriers to apply for and receive funding not only helps to increase access, but in the CMO program it also helped signal to community organizations that their participation is valuable** and that DOH acknowledges their significant role in helping to reach a variety of audiences authentically.

The timeliness of funding disbursements is also critical to activating work. In the CMO program, funding could not be disbursed to community partners in advance. This was a barrier for many community organizations. Delayed compensation, especially for grassroots organizations, required some organizations to take out loans to accomplish the work while some were wholly unable to implement messaging strategies without funding, acting as a roadblock to reaching their communities. Partners shared that this inequity of delayed partner compensation and the mitigation strategies to cope with the delay is not sustainable. Partners expressed that a quicker turnaround in **receiving funding once their contract is issued**, and/or advance payment at the start of the project, **is crucial in ensuring all communities' can be represented, and that execution strategies can be achieved within the project timeline.**

In consideration with the project timeline, reporting requirements that are also balanced against the partners' overall scope of efforts are critical to reducing barriers for partners to participate in the program fully. Emphasis was put on partners using the majority of funds for activations and capacity building rather than taking a significant portion of the budget for coordination communications and reporting to DH and DOH. This flexibility allowed partners to determine how much detail and time investment they put into reporting, with some recognizing that increased effort in reporting would help their organizations' better capture their scopes and impact to then be more well-positioned to demonstrate their value when responding to this and other grant funding opportunities.

Partners also valued comprehensive support from DH and DOH such as technical assistance, including language and interpretation services, and connection to other partners in the program.

Through technical assistance from DH and DOH, community leaders were able to more easily access and understand public health messaging around COVID-19 through resource databases and one-on-one guidance, becoming better equipped to serve as message carriers to their audience. To reduce barriers to accessing information, the DH team maintained a weekly newsletter and community partner webpage with consolidated up-to-date resources. DH distributed press releases and guidance promptly, and worked to translate materials that were often only provided in English.

DH also connected with community leaders directly to understand and relay community concerns to DOH project leads to get responsive answers. In their feedback, partners emphasized how simple, two-way communication processes helped support emergent messaging needs. Partners appreciated access to up-to-date information, especially in-language, and released when it's most important for communities to receive it. In one situation, DOH's quick response to partner feedback about significant delays in receiving in-language content when English content is released first, resulted in new strategies being implemented within DOH to mitigate these obstacles and ensure equitable access to in-language information, which is critical to maintaining a low-barrier program intended to reach several communities.

With this commitment to equitable access to information and technical assistance, community partners in the CMO program received increased access to accurate information on COVID-19 topics and the latest guidance, often in-language, and were able to combine that with their own context and knowledge about how to reach and motivate their communities. **By creating low-barrier ways for community leaders to understand public health topics, DOH and other entities in partnership with community organizations can enhance public health education access.**

Additionally, creating space for collaboration and flexibility around how partners leverage resources can increase partner efficacy and improve messaging reach. Viewing their relationship with DOH as a team, partners communicated a desire to know all resources DOH can provide partners and how they should engage DOH for support. Outlining pathways for partners to request DOH support for tabling, speaking or any other event assistance would provide clarity of what level of support partners can expect from DOH in their outreach and community engagement activities.

Partners in the CMO program repeatedly shared how much they appreciated the opportunity to connect with other organizations participating in this work, and also expressed gratitude in having a team of support behind them. Through DH and DOH's efforts to connect community partners to one another, they reported they were able to learn from each other throughout the CMO program, celebrate and promote one another's work and lean on each other in times of uncertainty. Partners shared that they feel inspired by each other's work, a feeling not to take for granted in such unprecedented times. **Partners were able to connect organically and foster meaningful relationships with one another.** Having each other to brainstorm with, coordinate resources and align strategies deepened cross-community relationships and promoted intersectionality among groups, cultivating a deeper collective impact. Community partners encourage building opportunities for participants in any programs to have a forum to connect with each other and help encourage deep and long-term partnerships.

Continuing to support and sustain community-based partnerships builds upon existing public health infrastructure and allows for more pathways to reach priority communities most in need of access. Incorporating low-barrier processes into existing infrastructure that already engages with target communities helps partners focus on what they do best, and expands the reach of messaging to include disproportionately-impacted groups who may not have otherwise be reached. **Leveraging partnerships with community organizations that hold trust in these communities is key to improving health long-term across communities.**

3. HEALTH OFFICIALS HAVE THE OPPORTUNITY TO HELP ALL COMMUNITIES FEEL REPRESENTED AND INCREASE TRUST.

There are many ways that public health officials and decision-makers can engage with, better represent and build trust with communities—from soliciting feedback, to collecting and presenting data, to partnering with organizations that already maintain trust within a community group. Much of this trust-building relies in exactly how this is done.

When health officials are transparent and open to showing up for community feedback, trust grows. Being able to hear good, bad, and constructive feedback fosters a sense of care and confidence that public health officials are looking out for impacted groups and value their concerns. Throughout the CMO program, DOH created many opportunities for feedback in hopes of understanding how the state can ensure it meets the needs of its communities. Partners valued spaces to meet with state officials directly to voice their opinions and interests.

Partners continually expressed the desire for DOH to continue creating spaces to engage in tough conversations, hear community feedback, and address community needs through meaningful, two-way communication processes, and for the feedback and next steps to be documented. Ensuring community concerns are elevated and accounted for within health systems made community partners feel like their voice mattered. Not only will these steps cultivate trust and make relationships stronger, but they will also ensure program insights and impacts are honest and representative of community experiences.

Health officials also should intentionally increase representation in data to increase trust amongst communities. Collecting health data with the support of community partners and/or their feedback creates an opportunity to shape a more well-rounded and accurate approach to public health data and can also help better represent the impact a communication program like the CMO program has on the community. **One critical and emerging aspect of recognizing communities through data is to better recognize individuality and intersectionality through the practice of disaggregating of data – at collection and in data reports.**

Several partners advocate for and are willing to support data collection and reporting that delves into the nuance of community makeup. Working under broad umbrella categories that comprise many ethnic and cultural identities does not fully address the sub-communities within these larger groupings which may each have their own distinct priorities. Many communities that share a broad population label such as “Black/African American” or “Asian” can feel like **specific needs of their communities and sub-communities are overlooked when grouped into broader categories**, and thus not disaggregated or fairly represented. In that same vein, data may be driving decisions, and often the effort required and resources needed to reach communities and sub-communities are not equal. Some communities, especially those with less infrastructure, deeper hesitancy or resistance to public health and unique historical trauma required deeper work than others as part of the CMO program.

For example, organizing a COVID-19 outreach event for the Former Soviet Union (FSU) community often requires more effort to coordinate, plan, and promote due to the unique hesitancy toward vaccines and government organizations in this community. This necessitates more hands-on support and networking with influential community leaders to be successful. In some ways, the data and information around COVID-19 vaccine uptake in the FSU community may not have represented these nuances, especially considering this community may be categorized as “White” in statewide data. The FSU community may be better represented as a sub-community. **Acknowledging these nuances in data, and recognizing the differences and unique challenges community groups may face will ensure individual communities feel better represented,** and enable community partners to have better alignment with the data to back them in supporting their communities’ unique cultural, linguistic and access-based needs.

Relatedly, being sure to engage and represent community partners’ efforts beyond metrics, and with a storytelling approach, can help better demonstrate program approach, impact and value. Measuring reach, success, and health metrics in a qualitative community-based model like the CMO program is certainly complex. Traditional metrics failed to reliably represent the progress or success of community and partnership efforts. A diverse communications program with varying goals and target audiences can’t be measured with numbers. To adequately see the progress from DOH and community efforts, qualitative approaches to capture partners’ lived experiences, personal opinions and internal accountability would be beneficial to understanding the impact of the funding.

In many cases, the work at hand was not simply about increasing access to COVID-19, but also addressing and solving for other barriers and social determinants of health, as well as discovering unexpected impacts including capacity building and workforce development at the partner organization-level and beyond. **Building a flexible model to hear first-hand from communities is an impactful way to measure the operational success and reach of the program.** Throughout the CMO program, the project team implemented a partner experience survey with follow up insight interviews which provided more context around the program and the impact leaders saw in their communities and also included several storytelling-oriented methods of reporting.

Health officials can also increase trust by engaging community partners in opportunities for true partnership and collaboration. The CMO program, by design, centered community partners’ expertise and knowledge of their respective communities. As such, partners develop with their own communications strategies to address the goals of the funding. **In their feedback about the program, partners expressed the support they received from DOH and DH was invaluable—specifically, the collaboration as thinking partners to develop strategy, easy access to resources, technical assistance, opportunities to connect with other community partners and responsiveness to their feedback and needs.** Partners saw DH and DOH as a larger team and support network empowering them to unleash new possibilities and do more for their communities. Partners valued the respect DOH and DH outreach partners showed for the community leaders’ expertise and felt heard and validated throughout their experience.

Partners especially valued the public health expertise and perspectives DOH and DH brought to the work. In partnership with DOH, DH also supported key community forum spaces. Partners cited the Welcome Webinars and monthly Community Conversations with DOH's Community Relations and Equity team as a resource and format that helped to create deeper connection and engagement with the program. By recognizing intersectionalities within organizations and within communities, health officials can also play crucial role in group settings in particular by addressing concerns from those who may feel they aren't as widely represented and less heard in larger groups.

In one example, CMO partners continually identified the challenges of working within specific community category boundaries. For example, organizations rooted in one community may reach members outside of that community or have members who identify with multiple groups. Due to this, partners felt restricted when having to work within these boundaries and as a result, were excluding priority groups they were able to support, or not acknowledging the intersectionality of their own membership. Because of this, organizations saw the opportunity to collaborate with other partners who reached many of their own members.

In the future, DOH can provide networking opportunities and encourage collaborations with partners outside of their community to support intersectionality and representation of these diverse identities in a way that's meaningful to them. **Continuing to create opportunities for feedback and intersectionality has the potential to cultivate deep trust and reaffirm the strong relationships** this program has established between DOH and various community groups.

With this close attention and support, and empowerment from DOH and DH, CMO program partners felt they could lead with their expertise in community, whether community organizing, outreach, communications, social services, and more, and lean on DOH and DH and other partners to help connect them to meaningful public health data, insights, information and resources through various forums, to advance their strategies as well as have a space to voice concerns, challenges, successes and lessons learned. In working collaboratively, health officials and community partners have bright opportunities to improve access to public health education and community health outcomes.

DOH Engaging Communities Leading COVID-19 Efforts

Washington State Department of Health (DOH) Community Media Outreach (CMO) Program Overview

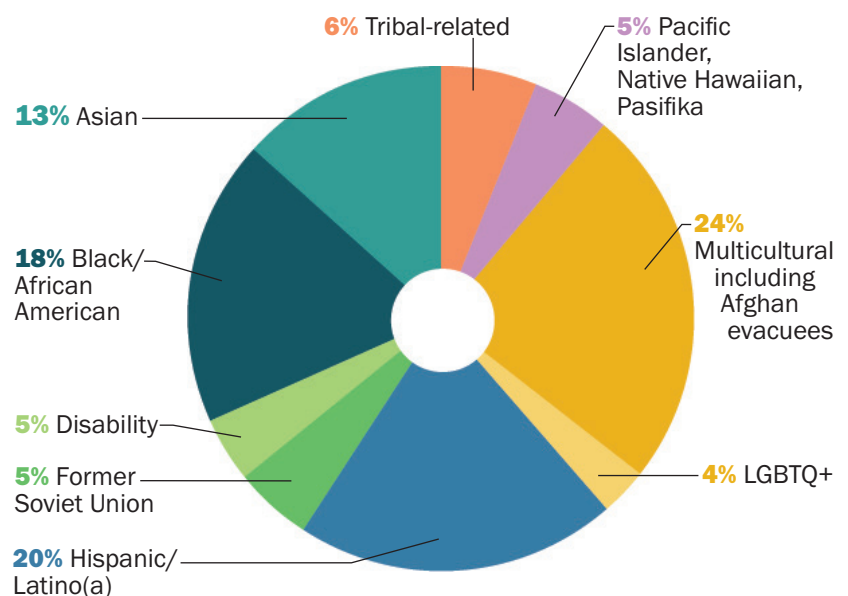
Communities across Washington have been disproportionately impacted by COVID-19. The Washington State Department of Health (DOH) in partnership with Desautel Hege (DH) engaged community-based organizations and community media outlets to increase access to COVID-19 resources and vaccines in adversely impacted communities. DOH in collaboration with DH expanded this COVID-19 Community Media Outreach (CMO) program by partnering with trusted message carriers to lead their own outreach campaigns.

With a \$19.5 million investment provided by DOH, community partners solved for unique barriers within their communities and were able to reach diverse and intersectional audiences across the state. Partners developed accessible, in-language and culturally appropriate COVID-19 messages and assets with technical assistance support from DH and DOH. Partners used trusted message carriers and subject-matter experts to encourage vaccination, address misinformation and mistrust, and build vaccine confidence.

\$19.5M
total investment

\$14.3M allocated to
community partners from
October 2020 to January 2023

\$5.2M invested in partner
capacity building including
technical assistance



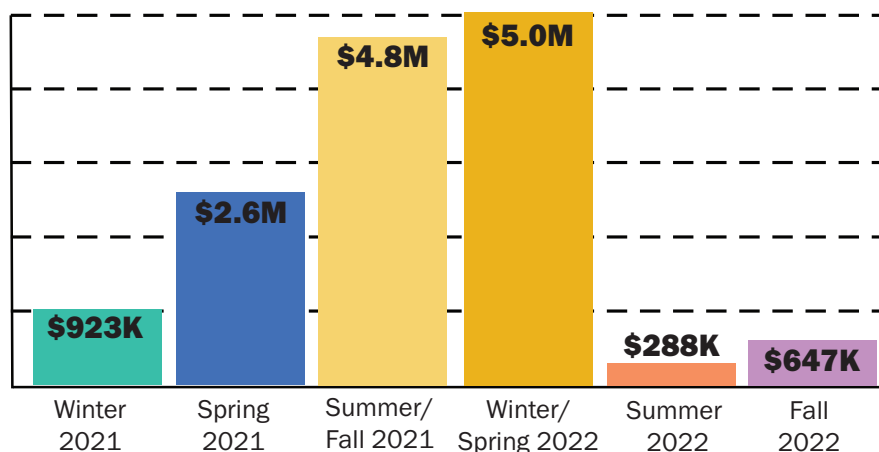
Program goals

- Improve COVID-19 **information and vaccine access**
- Develop meaningful, **culturally relevant and linguistically appropriate** communications
- Invest in and grow existing **communications infrastructure**
- **Build relationships** between communities and DOH
- **Increase reach and impact** of DOH public health messaging
- **Elevate partner feedback**

Program growth

The CMO program quickly grew from 48 contracted partners to over 200 partners through an investment of over \$19 million. DOH and DH intentionally maintained open dialogue with contracted partners through more than 15 Community Conversations and regular engagement. This trust-building and investment in community will continue to positively affect the state's public health infrastructure as well as the capacity of partner organizations and the health of the people they serve.

Community Partner Funding



Program impact



Over **22k media placements** made



4.4M estimated people reached



More than **250 technical assistance projects** completed



217 community partner organizations contracted from October 2020 – January 2023, reaching over **52 communities** and in **92 different languages**

PICA WA **increased vaccination rates** for Pasifika, Pacific Islander and Native Hawaiian communities by hosting over 20 COVID-19 community vaccination clinics, and increasing staffing in rural areas to communicate with hard-to-reach pockets of the community in person and in language.



Clallam Mosaic **made COVID-19 topics accessible** by creating an animated video and an “I got vaccinated because” campaign to share COVID-19 prevention tips and encourage vaccination amongst individuals with disabilities.



Power of Two **helped decrease the spread of COVID-19** in unhoused populations by visiting encampments and sharing information about the nearest vaccination sites and providing easy access to transportation.



These photos depict various community-based organizations who participated in the CMO program and community members participating in COVID-19 information sharing and vaccination events.



Latinx Unidos of the South Sound developed bilingual Spanish and English Loteria or Bingo-style game boards to share with their community members at COVID-19 informational and vaccination events to help reinforce COVID-safe behaviors.



Tesfa Program encouraged vaccination through stickers in culturally-symbolic colors and flowers. The stickers were placed on packages of Injera bread sold at local markets in celebration of the Ethiopian New Year.



Partners reaching Russian and Ukrainian audiences identified a need for customized written materials that explore the COVID-19 vaccine and include viewpoints of various trusted faith leaders. The flyers were distributed to community members at religious gatherings, community centers and vaccination events.

Part II

Community Dashboards

Afghan Evacuee Organizations

DOH COVID-19 Community Media Outreach Campaign — Dec 2020 - Jan 2023

Key themes

Refugee service organizations welcomed new Afghan community members during the pandemic by focusing on cultural values and traditions, and communicating by phone, Zoom and in person about regional and state guidance in native languages, especially as local guidance may have varied from refugees' origin countries.

Partners hosted several community vaccination clinics to celebrate and welcome community members, and make COVID-19 vaccines and vaccine information easily accessible.

activities

- Educational videos and panel events featuring trusted messengers including Afghan community leaders discussing COVID-19 impacts and vaccination
- Translated DOH videos and fact sheets
- Editorial collaborations with in-language community media


highlights

Afghan American Community of Washington (AACW) hosted seven COVID-19 vaccination events across King, Snohomish, and Pierce counties. At the three vaccination events held in November 2021, 156 individuals in King and Snohomish Counties were vaccinated. During the four events held in December 2021, 215 individuals in Pierce County were vaccinated.


In September 2021, **Afghan Health Initiative** community champions hosted three Zoom meetings and tabled at four community events/Friday prayers. Staff also planned welcome events, COVID-19 vaccination clinics, and other health-related events for newly-arrived Afghan evacuees, reaching over 130 community members.

"I appreciate and thank the AACA for facilitating the COVID-19 vaccination event. Today I brought my children to get COVID-19 vaccines."
– Azizullah Zadran, AACA vaccination event attendee

Above: Community members wearing face masks at a community vaccination event


4,574
estimated
community
engagements*


25,363
estimated
people
reached


.11%
of priority
communities are
Afghan Evacuees

audiences reached

- Afghan evacuees
- Somali
- Farsi
- Pashto
- Arabic
- Persian
- Dari

intersection

- Low-income


totals to date

Cumulative DOH CMO
program metrics from
October 2020 through
January 2023


\$137,236
total funding
to date


2 counties
& statewide

Note: Afghan evacuee partners' efforts and funding are also captured in the Multicultural dashboard, as other partners serving refugee/immigrant populations are captured in that dashboard, and as Afghan evacuees became an emergent population partners identified to serve.


679
estimated
media placements*


1%
of total
funding

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Asian Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partner organizations reaching diverse communities of Asian audiences focused on swiftly translating guidance into several languages, combatting misinformation in-language, emphasizing knowledge as power and elevating local voices of authority.

One organization launched “Listen to Your Aunties,” a campaign reflective of extended family’s influence and value. Similarly, partners focused on messaging vaccination as a pathway to safely resume family gatherings.

activities

- Informational video and written interviews featuring trusted, local Asian health care professionals
- Weekly newspaper columns with COVID-19 guidance
- Multi-partner collaboration to promote and host community vaccination clinics

highlights

NW Asian Weekly secured exclusive interviews with Asian and Pacific Islander health experts, including Dr. Umair Shah, Washington’s Secretary of Health, and Dr. Vin Gupta, a health policy analyst and professor at the University of Washington.

Tasveer hosted the Tasveer Festival, an event that featured 88 South Asian on-demand films. Audiences were directed toward Tasveer’s online COVID-19 vaccine resources, as well as an animated trailer encouraging vaccinations.


“ We reached patients who struggled with lack of insurance, resulting in decreased visits to the doctor’s office during COVID. We reached patients who didn’t know how the healthcare system worked and were able to connect them to local doctors. ”

– Vietnam Health Clinic

Above: Community members waiting in line at an outdoor community event


167,100
estimated
community
engagements*


552,690
estimated
people
reached


19%
of priority
communities
are Asian

audiences reached

- | | | |
|--------------|------------|---------------|
| • Cambodian | • Punjabi | • Pakistani |
| • Vietnamese | • Youth | • Afghanistan |
| • Laotian | • Hmong | • Bangladesh |
| • Thai | • Chinese | • Indian |
| • Lu Mien | • Japanese | • Maldivian |
| • Korean | • Filipino | • Nepali |
| • Bhutanese | • Khmer | • Tibetan |
| • Hindu | • Muslim | • Sri Lankan |

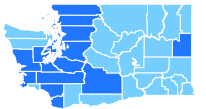
intersection


- LGBTQ+
- Restaurant workers
- Undocumented
- Small business owners


totals to date


Cumulative DOH CMO program metrics from October 2020 through January 2023


\$1,858,579
total funding
to date


16 counties
& statewide


11,445
estimated
media placements*


13%
of total
funding


28
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Black/African American Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partners worked to build vaccine confidence throughout Black and African American communities by addressing hesitancy and misinformation and highlighting benefits of vaccination while being clear about post-vaccination symptoms head on, and contrasting them with life-threatening COVID-19 symptoms.

Personal and compassionate interactions, often with a healthcare professional, proved to influence community members toward vaccination.

activities

- Radio, video and zoom interviews and Q&A sessions featuring medical experts from the community
- Community vaccination events with free food, entertainment and PPE


highlights

The **Tesfa Program** distributed 5,000 stickers promoting COVID-19 vaccination, which were placed on injera bread packages sold at local African markets and restaurants around the Ethiopian New Year.


Gambian Talents Promotion worked with trusted message carriers to connect with members of the community. They reached 6,300 individuals through community events, vaccination clinics, music and celebrations.

“ People also said that hearing COVID-19 information from a doctor that comes from the community made them feel seen and validated and more likely to share what they learned with others because they trust the messenger.”
– Urban League of Metropolitan Seattle

Above: Community members gathered at a community vaccination event


96,393
estimated
community
engagements*


587,367
estimated
people
reached


8%
of priority communities
are Black/African
American

audiences reached

- Immigrant /Refugee
- Muslim
- Eritrean
- Youth
- Somali
- Ethiopian
- LatinX
- LGBTQ+
- Somali
- Caregivers

intersection

- Caregivers
- Elderly
- Youth
- Marginalized communities
- Gig economy workers

totals to date

Cumulative DOH CMO program metrics from October 2020 through January 2023


672
estimated
media placements*


\$2,579,003
total funding
to date


18%
of total
funding


9 counties
& statewide


38
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Disability Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partners relied on the storytelling of positive vaccination experiences from real people with disabilities through various accessible formats to encourage vaccination, and focused on supporting their audience in making and/or getting to vaccination appointments.

Plain language communications empowered families to make informed vaccination decisions based on their specific circumstances, and helped to combat misinformation and provide the latest and most relevant COVID-19 prevention guidance to individuals with disabilities.

activities

- Plain language social media infographics, newsletters, printed materials and videos breaking down COVID-19 guidance updates
- Accessible, educational and empowering coloring pages and comic books encouraging COVID-19 vaccination

highlights

The Arc of King County participated in two video projects emphasizing the importance of all members of the community getting vaccinated. Combined, the videos have been viewed over 400 times.


Clallam Mosaic created an animated video about pandemic safe practices and vaccination and developed seven different flyers and coloring pages. They also developed the “I got vaccinated because...” campaign designed specifically to meet the accessibility needs of their community.


“Knowing that we have provided a critical feedback path to amplify the voices of our Autism/IDD families to decision makers has been incredibly rewarding.”


– Washington Autism Alliance



Above: Community members practicing social distancing while exercising outdoors


42,992
estimated
community
engagements*


59,318
estimated
people
reached


3%
of priority communities
are persons with
a disability

audiences reached


- Blind/Low Vision
- Deaf/Hard of Hearing
- Physical disability
- Neurological disability
- Mental Health/
Psychiatric disability
- Intellectual or
Learning disability
- Caregivers
- Professionals
(providers, social
workers, educators,
etc.)

intersection

- Black / African
American
- Hispanic/Latino(a)
- Immigrant /Refugee
- Low Income/
Unhoused
- Youth
- LGBTQ+

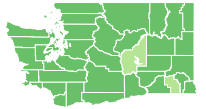
totals to date


Cumulative DOH CMO
program metrics from
October 2020 through
January 2023


1,039
estimated
media placements*


\$688,577
total funding
to date


5%
of total
funding


29 counties
& statewide


14
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Former Soviet Union Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Working within the FSU community, which has historically had low vaccination rates and strongly-rooted vaccine hesitancy, partners focused on providing practical resources and news-you-can-use style articles alongside personal stories from community members describing their experiences being vaccinated.

Partners enlisted the support of medical experts and select faith leaders to broaden the reach of accurate, verified vaccine information.

activities

- Editorial collaborations with in-language community media outlets
- Transcreation of COVID-19 toolkit materials into Russian and Ukrainian

highlights

Afisha published and distributed a series of flyers with testimonials from six Russian- and Ukrainian-speaking people in Washington sharing their reasons for getting vaccinated and their positive COVID-19 vaccination experiences. Afisha currently distributes 10,000 copies monthly.


Russian Spokane printed 5,000 brochures with COVID-19 vaccination information that were distributed to all Russian Spokane's regular locations in Spokane, Benton and Grant counties.

"As the Russian-speaking community continues to grapple with the effects of COVID-19, it was important for me to help raise awareness and confidence in vaccines... And when I saw how children and adults reacted to the book I wrote with interest and without prejudice, I realized that our project had an effect and achieved what we had planned."


– Alexei Markov, author, on behalf of Accent Network



Above: Community members at vaccination events.


77,179
estimated
community
engagements*


73,000
estimated
people
reached


2%
of priority
communities are
Former Soviet Union

audiences reached

- Russian-speaking radio listeners in Clark, King, Pierce, and Snohomish counties
- Russian-language newspaper readers in Clark and Spokane counties
- Facebook followers statewide

intersection

- Food assistance clients in Clark County
- Russian markets in Clark and Spokane Counties

totals to date

Cumulative DOH CMO program metrics from October 2020 through January 2023


485
estimated
media placements*


\$720,502
total funding
to date


5%
of total
funding


10 counties
& statewide


13
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Hispanic/Latino(a) Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partner organizations relied on personal connections and locations frequented by Latino(a) community members to promote COVID-19 vaccination information and opportunities, especially as literacy and Internet access continue to be barriers.

Personal and family success stories around COVID-19 vaccination persuaded others to consider vaccination. Partners also emphasized that vaccinations and tests were free and safe to access regardless of immigration status.

activities

- Spanish-language radio programs and videos with COVID-19 vaccination information and messages from trusted leaders
- Community outreach and vaccination opportunities at farmers' markets, grocery stores and cultural celebrations

highlights

The Community for the Advancement of Family Education (CAFÉ) supported 17 vaccine clinics between July and November 2021, resulting in 579 COVID-19 vaccinations and 77 flu shots administered. They also participated in 80 tabling events between July and November, distributing 12,299 flyers, 3,100 informational packages, and more than 5,000 masks to thousands of community members.

Community Health Workers Coalition of Migrants and Refugees produced more than 15 shows about COVID-19 through their **Los Originales CHW** radio station, with audience sizes ranging from about 2,500 to 5,000 listeners per show.

"We have continued communication with our clients and always ask them if they already had the vaccine, their answer is amazing since they thank us for always paying attention to them and supporting them with all their needs around the impact of COVID 19 in their lives."


– Entre Hermanos

Above: Community members participating in a Lucha Libre-themed community vaccination event


143,670
estimated
community
engagements*


audiences

- Immigrants /refugees
- Indigenous LatinX
- Black LatinX, Afro-indigenous
- Mesoamerican indigenous


768,580
estimated
people
reached


intersection

- Youth
- Low Income / Unhoused
- Agricultural workers
- LGBTQ+
- Rural
- Undocumented community members
- Caregivers
- Essential Workers
- Artists


28%
of priority
communities
are Hispanic/
Latino(a)

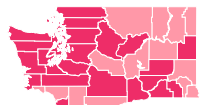
totals to date


Cumulative DOH CMO program metrics from October 2020 through January 2023


3,725
estimated
media placements*


\$2,876,321
total funding
to date


20%
of total
funding


24 counties
& statewide


42
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

LGBTQ+ Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partner organizations serving LGBTQIA2S+ audiences addressed the various impacts of COVID-19 and created content that centered community members' unique lived experiences and realities.

Prevention behaviors and vaccination were presented as individual choices that can protect the whole community and partners leveraged digital platforms and June Pride events as a way to reach large audiences with COVID-19 information and vaccination opportunities.

activities

- Digital content such as podcasts, Tik Tok videos, social media graphics and live broadcasts sharing personal stories, resources and recommendations from LGBTQ+ affirming providers
- PPE care packages with vaccination and testing information
- Culturally-appropriate vaccination clinics such as settings offering hormone therapy and COVID-19 vaccines

highlights

TRACTION developed a series of humorous comics shared on Facebook, which reached more than 110,000 people with COVID-19 vaccination messages during the funding period.

U.T.O.P.I.A. Washington distributed over 100 care packages with PPE, canned food and hand sanitizer that outreach coordinators gave to people in need while also checking in on their mental and physical wellbeing.

"We had an individual tell us that the only reason he was able to get boosted at one of our clinics was because it was within walking distance, and he does not have reliable transportation so going to a traditional clinic setting was a major hardship for him."
– The Spectrum Center

Above: Four diverse community members gathered indoors wearing face masks



estimated
community
engagements*



estimated
people
reached



of priority
communities
are LGBTQ+

audiences

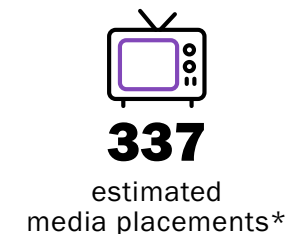
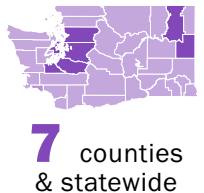
- LGBTQ+ and BIPOC persons
- Transgender people
- QTBIPOC Sex Workers

intersection

- Immigrant /Refugee
- Low Income/ Unhoused
- Native Hawaiian, Pacific Islander or Pasifika
- Samoan
- Caregivers
- Youth
- Rural

totals to date

Cumulative DOH CMO program metrics from October 2020 through January 2023



*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Multicultural Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Partners addressed myths head-on, leveraging health care and child care providers and professionals, social service workers and faith leaders in their own communities to serve as trusted messengers, and worked to connect with people where they live, shop and worship to talk about COVID-19 vaccines.

Frequent, consistent and simple in-person communications around COVID-19 prevention guidance that took into consideration people's core beliefs and practices were effective at reaching communities that continued to gather in-person during the pandemic for religious ceremonies and family events.

activities

- One-on-one, in-language assistance with scheduling vaccination appointments and supporting transportation coordination
- Trusted messengers to reach communities via various platforms including WhatsApp and in person at grocery stores, worship centers, shelters, social service centers and more

highlights

Center for Multicultural Health (CMCH) aired a COVID-19 vaccination promotional video featuring young people and families sharing their family-centered reasons for getting vaccinated in local movie theaters in Pierce and King counties.

Power of Two reached unhoused people by visiting encampments, providing COVID-19 information about the safety and efficacy of the vaccine and helping people get vaccine appointments by giving out bus tickets and information about the nearest vaccination sites.


"We did not trust the vaccine, but when it was offered inside the Islamic Center, we felt comfortable and trusted the Islamic Center, so we came to take it."

– **Event participant, Muslim Community Network Association**

Above: Community members sitting and receiving vaccinations


50,647
estimated
community
engagements*


374,432
estimated
people
reached


26%
of priority
communities
are multicultural

audiences reached

- Black /African American
- Native Hawaiian/Pacific Islander/Pasifik
- Immigrant /Refugee
- Hispanic/Latino(a)
- Indigenous people of the Americas
- Asian
- Afghan evacuees
- LGBTQ+
- Former Soviet Union

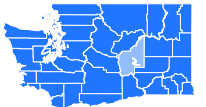
intersection


- Faith Communities
- Individuals with disabilities
- Undocumented community members
- Pregnant & parenting
- Low income/unhoused
- Youth
- Rural

totals to date


Cumulative DOH CMO program metrics from October 2020 through January 2023


\$3,361,315**
total funding
to date


38 counties
& statewide


1,710
estimated
media placements*


24%
of total
funding


54
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

**Includes partners serving Afghan evacuees.

Pacific Islander/Pasifika/Native Hawaiian Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 – Jan 2023

Key themes

Partners leveraged the voices of youth, elders, cultural navigators and faith-based leaders to reach vaccine hesitant community members with personal stories that reinforced vaccination and prevention behaviors as a sign of communal strength.

Cultural practices, celebrations and languages were incorporated into community vaccination events, and partners created space at online and in-person events for people to share the real impacts that COVID-19 has had on them.

activities

- Recurring, accessible community vaccination clinics at cultural centers including weekend and evening availabilities
- Video content including a campaign to show the impacts of COVID-19 on small community-owned businesses
- Social media content addressing misinformation and providing critical resources

highlights

Pacific Islander Community Association of Washington (PICA-WA) hosted 20 vaccination clinics and increased staffing in rural areas to communicate with hard-to-reach pockets of the community.


Pacific Islander Health Board offered at-home vaccinations to community members, bringing the vaccine directly to them.

“In only 2 days visiting 6 homes in under 6 hours (and on a Labor Day holiday weekend), we were able to vaccinate 36 community members!”
– Pacific Islander Health Board of Washington

Above: Community members gathered outside in matching shirts and wearing face masks


21,647
estimated
community
engagements*


299,194
estimated
people
reached


1%
of priority communities
are Pacific Islander/Native
Hawaiian/Pasifika

audiences reached

- CHamoru
- Chuukese
- Fijian
- Native Hawaiian
- Pacific Islander
- Pasifika
- Marshallese
- Samoan

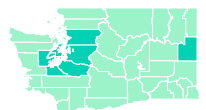
intersection


- Immigrant /Refugee
- Elderly
- Caregivers

totals to date

Cumulative DOH CMO
program metrics from
October 2020 through
January 2023


\$725,060
total funding
to date


7 counties
& statewide


654
estimated
media placements*


5%
of total
funding


6
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Tribal-Related Organizations

DOH COVID-19 Community Media Outreach Campaign — Oct 2020 - Jan 2023

Key themes

Tribal-related partner organizations focused on creating culturally relevant materials featuring tribal Elders, trusted leaders, Native languages and Native artists. Partners created space for safe gatherings so community members could express their personal stories, perspectives and recommendations around vaccination and wellness.

Elders reached community members with their vaccination stories to reduce vaccine hesitancy and encourage vaccination.

activities

- Printed COVID-19 information - such as articles and ads in community media publications, and rack cards and fact sheets featuring Native art in community gathering spaces
- Webinars, Radio PSAs and strategically placed billboards intended to reach vaccine hesitant individuals

highlights

Native Action Network designed and distributed a monthly newsletter containing artwork as well as information about COVID-19 and upcoming webinars to address vaccine hesitancy. Each issue of the newsletter reached more than 2,000 people and was opened by more than 550 recipients.

From October to November, **American Indian Community Center (AICC)** had 300 social-media engagements for the Health Sovereignty Event and community outreach. They printed custom face masks with three different designs by AI/AN artists and provided them to more than 300 community members with the logo “For the Love of Our People”.


“The only way to get back to our way of life is to get vaccinated.”

– Dylan Dressler, Clinic Director,
A'aninin Nation


WE'RE GETTING VACCINATED



Above: Young community members gathered outside and promoting vaccination


7,734
estimated
community
engagements*


54,044
estimated
people
reached


3%
of priority
communities
are Tribal related

audiences


- American Indian/
Alaska Native
- Native Elders
- Urban Indian
- Tribal American

intersection

- Black/African American
- Pacific Islander/Native
Hawaiian/Pasifika
- Youth
- Veterans
- Disability
- Low Income/
Unhoused
- Multicultural
- LGBTQ+
- LatinX

totals to date

Cumulative DOH CMO
program metrics from
October 2020 through
January 2023


2,030
estimated
media placements*


\$926,499
total funding
to date


6%
of total
funding


3 counties
& statewide


12
partners
to date

*The total number of COVID-19 vaccination resources and services provided in support of the specific community group are reflected in both the estimated community engagements and estimated media placements metrics.

Part III

Partner Experience Evaluations

Partner Experience Evaluation Overview

Throughout the course of the Community Media Outreach program, Desautel Hege (DH) has conducted evaluations focusing on the experiences of partner organizations in the program. The goal of the evaluations has been to gain more insights into the impacts of their work, their perceptions about the program's strengths and challenges, and their feedback on how to replicate successes in future partnerships with DOH and other public health partners.

As of June 2022, DH has conducted three rounds of evaluation efforts which include insight interviews and surveys with contracted partners in the program. Key findings, recommendations, and methodology and research tools for each evaluation effort are outlined below:

- **Winter/Spring 2022**
 - Summary, Key Findings & Recommendations At-A-Glance
 - Survey Key Findings
 - Insight Interview Key Findings
 - Actionable Recommendations
- **Summer/Fall 2021**
 - Summary, Key Findings & Recommendations At-A-Glance
 - Survey Key Findings
 - Insight Interview Key Findings
 - Actionable Recommendations
- **Winter/Spring 2021**
 - Summary
 - Survey Key Findings
 - Insight Interview Key Findings
 - Actionable Recommendations
- **Appendix A - Partner Evaluation Survey Methodology**
- **Appendix B - Partner Evaluation Survey Questions**
- **Appendix C - Insight Interview Methodology**
- **Appendix D - Insight Interview Discussion Guides**

Winter/Spring 2022 Partner Experience Evaluation Summary

PURPOSE

In June of 2022, Desautel Hege (DH) conducted an evaluation focused on the experiences of partner organizations that participated in the COVID-19 Community Media Outreach program with the Washington State Department of Health's (DOH) Center for Public Affairs. The goal of this evaluation was to gain more insight into the impact of their work, their perceptions about the program's strengths and challenges, and their feedback on how to replicate successes in future partnerships with DOH and other public health partners.

METHODOLOGY

DH deployed an evaluation survey to 125 community partners who were actively contracted between the period of Winter-Spring 2022 and received a total of 36 responses (a 29% response rate). The survey sample size had a confidence level of 95% and a margin of error of 10%.

In addition to the evaluation survey, DH conducted insight interviews with representatives from 18 partner organizations. These interviews included a representative sample of participating program partners and communities served.

FINDINGS AND RECOMMENDATIONS, AT-A-GLANCE

The CMO program proved to be a **highly impactful** and **positive** model for partners and the communities they serve.

- 94% of partners surveyed stated their experience was “above average” or “excellent”.
- 81% of partners surveyed noted that the partnership was “extremely” or “very” impactful for their community.

Through survey feedback, partners shared that the CMO program was most successful in enhancing their ability to:

- **Reach more people** within their community
- **Increase access** to accurate, trustworthy COVID-19 information
- **Build relationships** with other organizations and/or communities
- **Increase vaccination** rates in their communities

In insight interviews, partners highlighted which aspects of the CMO program most contributed to their success:

- **Participants felt empowered to do their work because of the trust and flexibility** they were given to adapt as they learned more about their communities’ needs in response to the pandemic.
- **Partners felt respected, heard and supported** throughout the program—they cited program staff responsiveness and willingness to listen and answer questions as key contributors to this feeling.
- **Organizations were able to build relationships and expand** the reach of their services to impact more people and regions.
- **Participation in the program was simple and accessible**—lower-barrier processes such as application and reporting increased program accessibility and allowed organizations to focus more time on accomplishing their scope of work.
- **The program centered community partners’ expertise** and allowed them to share essential information **in a culturally appropriate, accessible way** they knew would be best for their communities.

Partners also shared areas where program improvements could better meet their needs, including:

- **Longer timelines** to give partners the ramp-up time needed to extend impact and minimize stress.
- **More networking** opportunities to connect with and hear from DOH and other community-based organizations across the state doing similar work.
- **Improving real-time access to health data** for their communities so their strategies could be informed by and responsive to the latest information.

Based on evaluation findings, DH recommends that DOH:

- **Continue leading with trust in partners and providing flexibility**, where possible, to expand access, lower barriers, reduce stress and allow partners to respond to the most pressing needs of their communities as they arise.
- **Continue personal and individualized support** for CBOs to support strategy, connect people to resources or subject-matter experts (SMEs) and respond to questions through dedicated staff infrastructure.
- **Consider expanding programs to holistically fund health communication and outreach** in communities—partners expressed a desire to receive flexible funding that allows them to tackle several health issues unique to their communities, all at-once.
- **Ensure prompt delivery of funds and extend funding timelines** to ensure partners feel well-supported with the financial resources and time needed to successfully plan and complete their programs.
- **Foster collaborative community connections** to help partners learn from as well as grow and deepen their relationships across the state with other CBOs.

Winter/Spring 2022 Survey Key Findings

In June 2022, DH administered a high-level survey to all community partners who were actively contracted for Winter-Spring 2022 period of the program. The survey was inclusive of both CBOs and CMOs, but in contrast to previous surveys, this survey did not distinguish between the two types of organizations.

The goals of the survey were to:

- Develop a deeper understanding of partner organizations and the communities they represent and serve
- Provide partners with the opportunity to share their general experience throughout their partnership in the Community Media Outreach program
- Surface insights into successes and areas of opportunity for further improvement

Note: To review the methodology used for the evaluation survey, please reference [Appendix A](#).

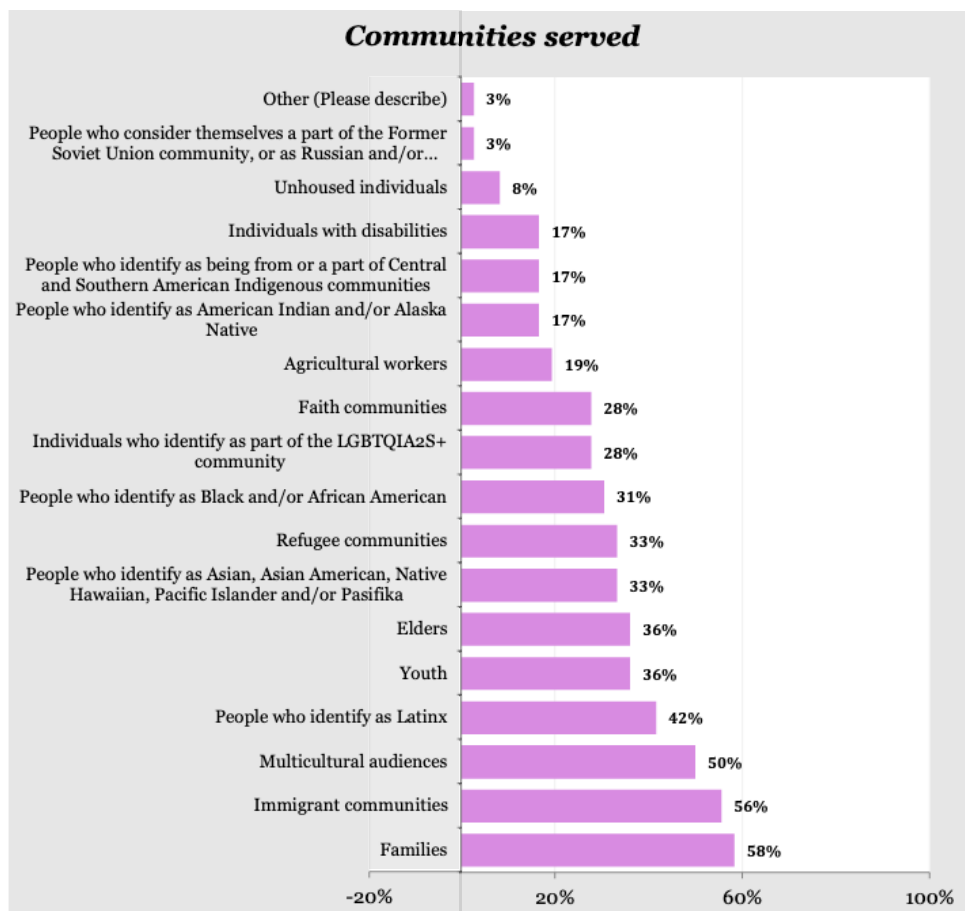
PRIMARY SURVEY TOPICS

- Communities served by partner organizations
- Additional sources of funding received
- Size of partner organizations
- Partner experiences and impact ratings
- Areas of impact
- Areas for improvement
- Equitability of program design
- Expectations for future collaboration with and support from DOH

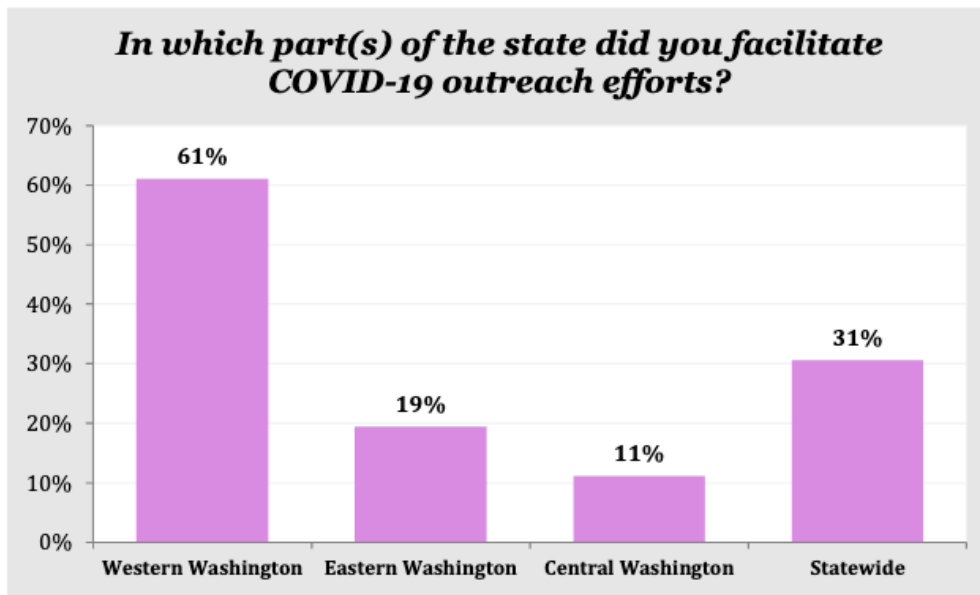
Note: To review the complete survey deployed to partners, please reference [Appendix B](#).

COMMUNITIES SERVED

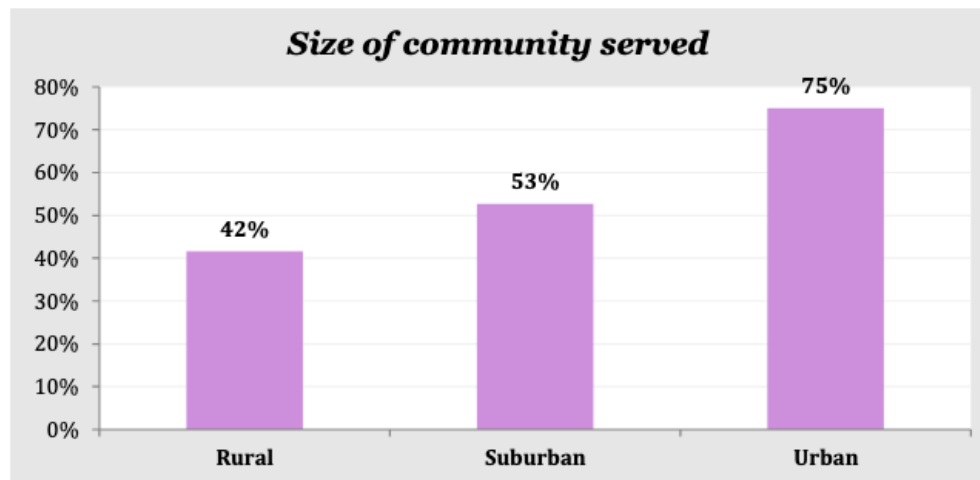
Partners reported working with a wide variety of communities across Washington state. The community most commonly served was “families” (58%), followed by immigrant communities (56%), multicultural audiences (50%), and people who identify as Hispanic/Latino(a) (42%). Communities served by partner organizations who participated in the evaluation are represented in the chart below, as well as one other response, indicated as “lu Mien ethnic groups,” which may be attributed to the Asian community.



Though partners reported working across the state, the highest proportion of organizations (61%) reported serving communities in Western Washington.

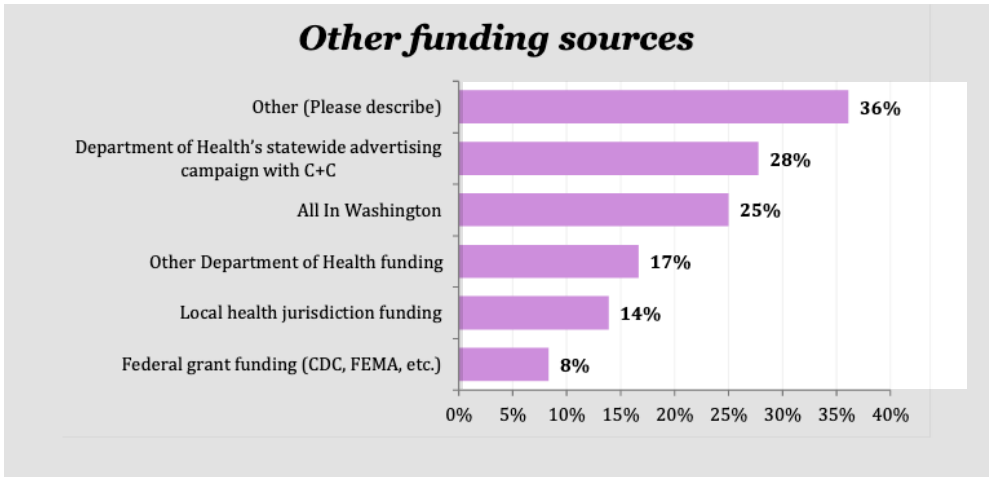


In addition, when asked what type of community they served – rural, suburban or urban – partner organizations reported serving **urban communities** the most (75%) and rural communities the least (42%).



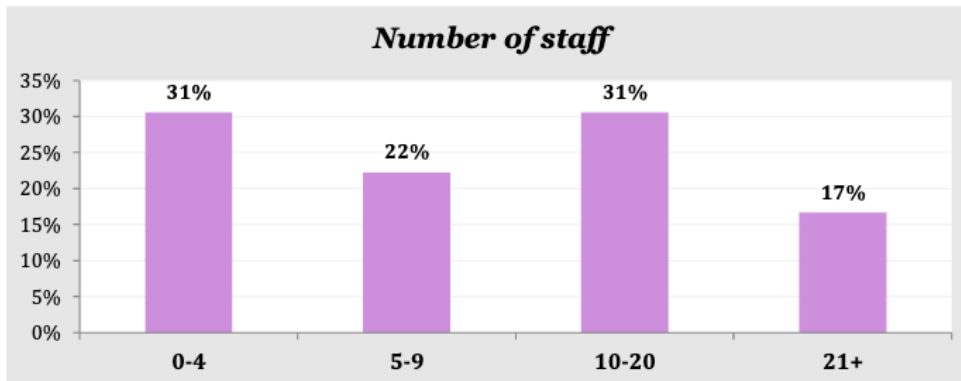
ADDITIONAL FUNDING SOURCES

In addition to the funding granted as a part of this project, some partner organizations also reported receiving funding from the Department of Health’s statewide communications campaign with C+C (28%), All in Washington (25%), other Department of Health funding (17%), and local health jurisdictions (14%). “Other” funding sources included other local or non-profit funding.



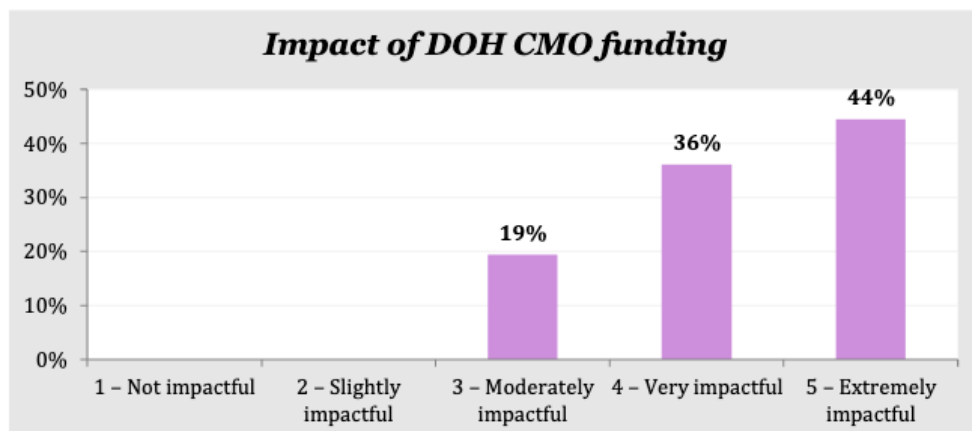
SIZE OF ORGANIZATIONS

Just over half (53%) of partner organizations surveyed reported having nine or fewer staff members at their organization. Another 31% have between 10-20 staff. This is especially important when considering partner capacity and the impact this funding has on expanding and sustaining services, staffing and other resources in order to support their communities, as described below. This also implies, and is consistent with DH's observation, that technical assistance helps offset organizational capacity constraints CBOs might otherwise face without the additional staff resource and services technical assistance provides



LEVEL AND AREAS OF IMPACT

Partners were asked to consider **how impactful the funding was** in supporting COVID-19 prevention, education and vaccination efforts. Impact was defined as “a noticeable and measurable positive difference”. Most respondents (81%) indicated the funding was very or extremely impactful, while the remainder said it was moderately impactful.



DH asked partners to consider the **ways in which this funding impacted their organization's work:**

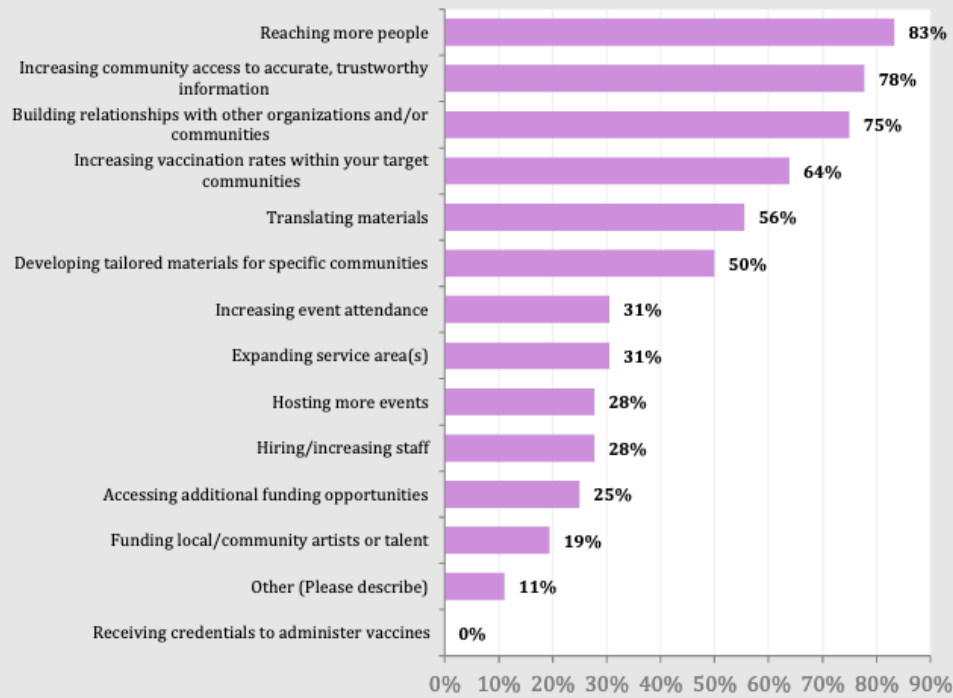
- More than 83% of partners surveyed noted that the **funding helped them reach more people** within the communities they serve
- 78% of respondents reported that the **funding helped them to increase their community's access to accurate, trustworthy information.**

Other high-level areas of impact included increasing vaccination rates within communities, building relationships with other organizations and/or communities, and translating and developing tailored materials for specific communities.

Funding also helped about 30% of organizations expand their reach and service areas and increase their capacity to serve their communities in the following ways:

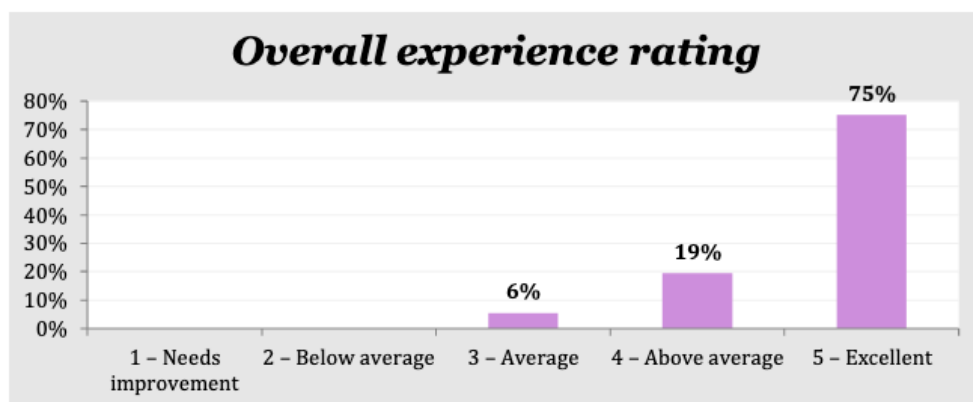
- 31% of respondents were able to expand their service area(s) and region(s)
- 28% were able to hire or increase staff
- 31% were able to increase event attendance
- 28% were able to host more events

Areas of work impacted by DOH CMO funding

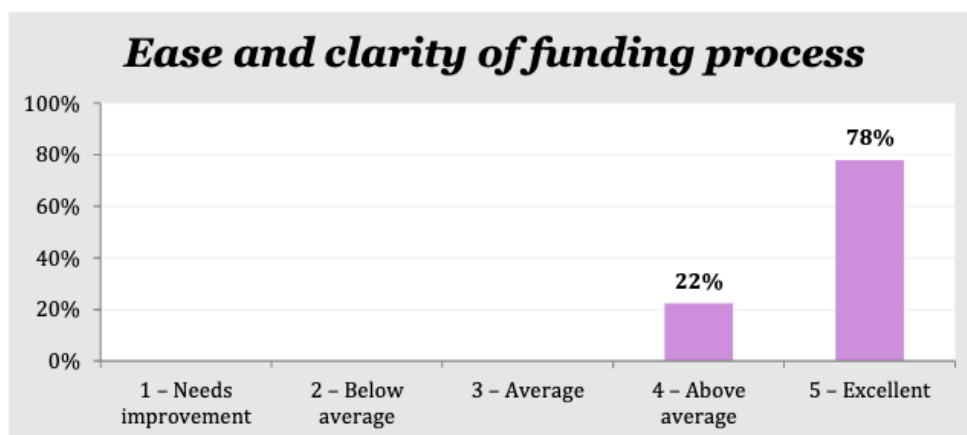


PARTNER EXPERIENCE

When asked to reflect on **their overall experience** with the Community Media Outreach program, feedback was overwhelmingly positive. **Overall, 94% of partners had a positive experience as a partner in this program**, citing their experience as either above average (19%) or excellent (75%).

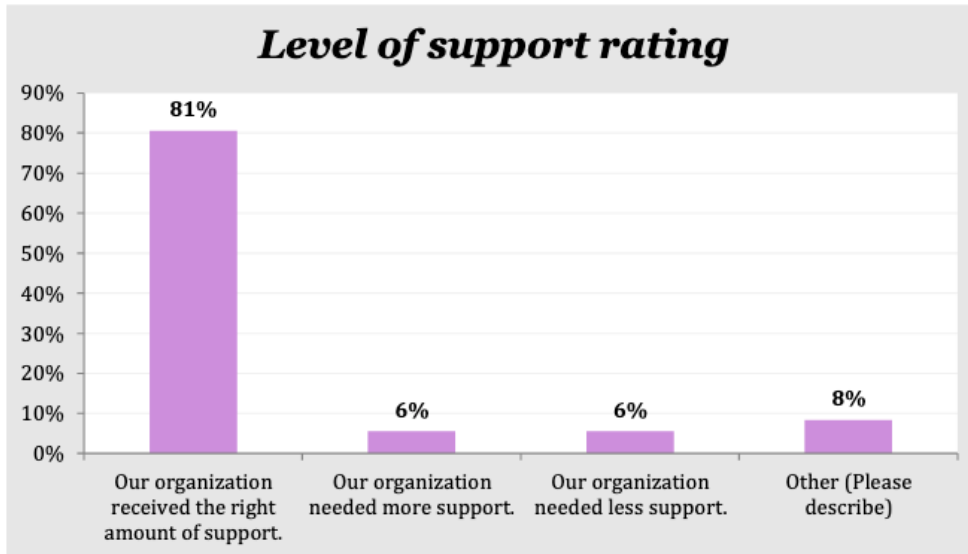


Survey respondents **overwhelmingly found the program's funding process to be easy** and clear; all partners rated the ease and clarity of the process as either above average or excellent.

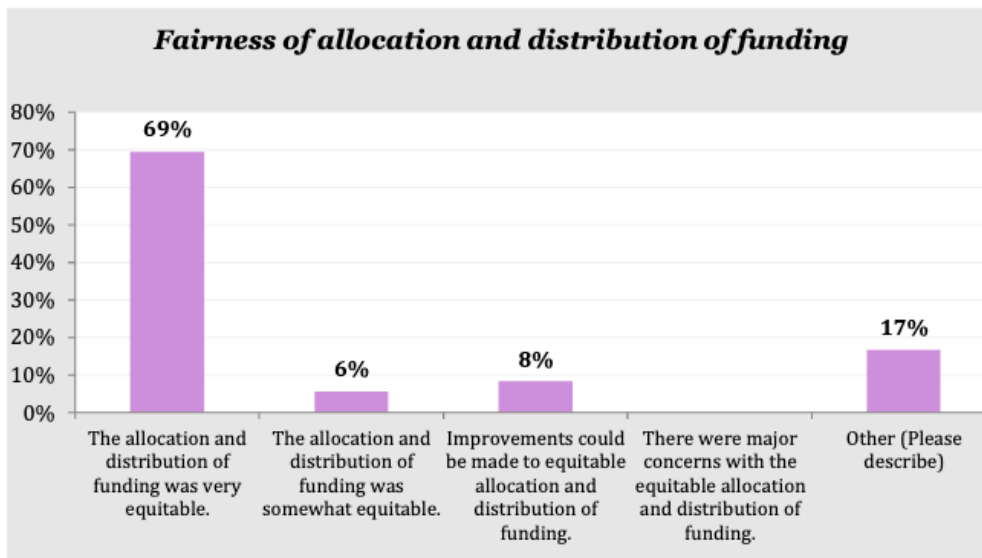


The majority (81%) of partners who took the survey reported that they received the **right level of support** throughout the process. A small number (6%) indicated they needed more support than the program offered. Among the “other” responses (8%) two themes emerged:

- Partners felt they were well supported by DOH and DH in terms of resources, technical assistance and understanding.
- Partners felt that as the pandemic response continues, it becomes more challenging to talk about COVID-19 with their communities who are experiencing fatigue from pandemic messaging.



When asked about their perceptions concerning the **fairness of allocation and distribution of the DOH CMO funds**, no partners reported major concerns. About 8% indicated that improvements could be made to improve equitable allocation and distribution. Nearly 70% felt the allocation and distribution of funding was very equitable.



Among the “other” responses (17%), two themes emerged:

- First, some respondents indicated they couldn’t evaluate the equitability of funding allocations because they didn’t know which organizations received funding or how much they received. These respondents also indicated that they were grateful for the funding and felt it did well at reaching diverse groups.
- Secondly, a small number of respondents indicated that while they felt the allocation of funding was fair, it wasn’t received in a timely way, making it more difficult to complete their work

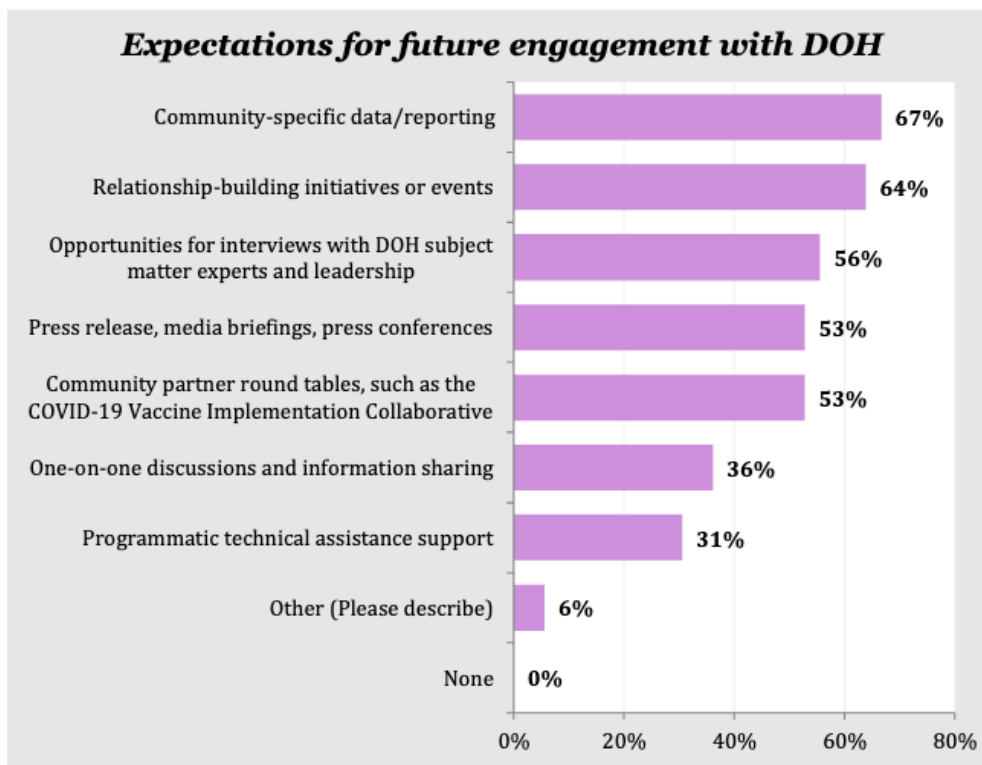
SUSTAINING EFFORTS

Partners were asked what types of **support and engagement they would expect DOH to continue** for community partners, on COVID-19 or other health topics. More than half of the respondents indicated they would like the following:

- Community-specific data/reporting (67%)
- Relationship-building initiatives and events (64%)
- Opportunities for interviews with DOH subject matter experts and leadership (56%)
- Community partner roundtables (ex: COVID-19 Vaccine Implementation Collaborative) (53%)
- Press releases, media briefings, and press conferences (53%)

Two additional, “other” responses included:

- Funding for health education not related to COVID-19
- Continued partnership with community-rooted, cultural or ethnic media



Lastly, partners were also asked an open-ended question about which **efforts they planned to sustain**. Common themes included:

- **Outreach and events:** Many respondents indicated their plans to continue sharing COVID-19 and other health-related information at community and cultural events and through their ongoing outreach efforts.
- **Existing communication tools:** Partners said they plan to use communication channels that existed before or were created with DOH CMO funding to continue sharing reliable, trustworthy information with their community.
- **Sharing vaccine and other COVID-19 related information:** Several participants noted that they will continue to share information about evolving aspects of the pandemic, including vaccination opportunities, and will continue to address vaccine misinformation.

AREAS FOR IMPROVEMENT AND FEEDBACK

Though the majority of partner experiences were overwhelmingly positive, the survey was able to shed some light on areas where they could be better supported to ensure even greater success for future partnerships. The following is a list for top suggested areas for improvement as captured by CBO, nonprofit and media outlet survey responses:

Provide a longer funding timeline: Nearly 70% of CBO and nonprofit partner organizations suggested that a longer timeline would have been beneficial to most effectively accomplish their work. Respondents noted that while they had every intention of completing every element they included in their grant application, and were passionate about doing so, many of them have limited capacity and staff and can only accomplish so much in a short period of time. A longer timeline, even with the same amount of funds, would have allowed them to accomplish each of their proposed activities to the best of their ability without the added pressure of a time crunch. Furthermore, organizations noted that an extended timeline would allow them to reach and serve even more people in their communities. Some respondents did not that the contract extension was much appreciated and did help alleviate some of the pressures of the brief timeline.

Notify partners of other funding opportunities: 58% of CBO respondents and 57% of media outlets suggested that they would appreciate more notifications of other funding opportunities that may be suited to their organizations. Many partners noted that this funding was so valuable in making an impact for the communities they serve.

Winter/Spring 2022 Insight Interview

Key Findings

DH conducted a series of insight interviews for the Department of Health Community Media Outreach (CMO) program in order to gain a deeper understanding of community partner experiences. These interviews were intended to give community partners an opportunity beyond the survey to reflect more deeply on their individual experience throughout the CMO program and share any thoughts or feedback they have directly with the DH team.

The purpose of these interviews was to:

- Provide a space for community partners to further elaborate on their experience with the partnership (beyond their final reporting and the evaluation survey)
- Gather information on what went well and what was challenging for partners throughout the process
- Review assistance offerings and support made available to partners to help inform recommendations for future efforts
- Explore impact of the funding and resulting work on the wellbeing of communities across Washington state
- Collect recommendations for specific ways we might improve outreach, coordination and relationship building for future CBO and paid media vendor collaboration efforts

Note: To review the methodology used for the insight interviews, please reference [Appendix C](#).

PARTICIPANT INFORMATION

Individuals included in the insight interviews and the organizations they represent and serve are listed below. These organizations were intentionally recommended by DH outreach coordinators to ensure that a diverse group of partners representing unique communities across Washington state were included in this reflection and evaluation process.

The list of organizations includes:

- Chief Seattle Club
- South Puget Intertribal Planning Agency (SPIPA)
- Out of the Ashes Development Council
- Center for Independence
- RAIN Incubator
- Centro de Servicios Comunitarios Yakima (CSC)
- Telemundo Yakima
- Nepal Seattle Society
- African Leaders Health Board
- APIC Spokane
- Urban League of Metropolitan Seattle
- Tasveer
- The Arc of Grays Harbor
- Power of Two
- Afisha Russian Advertising Agency/
Slavic Family Media
- Russian Spokane
- Southwest Washington Equity Coalition/
Youth and Family Link
- Odyssey Youth Movement

INTERVIEW DISCUSSION TOPICS

- Overall partnership experience
- Feedback on technical assistance offerings
- Impact of funding on organizations and communities served
- Challenges of the partnership
- Positives of the partnership
- Partnership Equitability
- Interactions with DOH
- Recommendations for future improvements

Note: To review the complete discussion guide(s) used by interviewers, please reference [Appendix D](#).

OVERALL PARTNERSHIP EXPERIENCE

Insight interviews revealed that partners found the DOH CMO program model created a very positive experience. Many expressed gratitude for the funding and the partnership with DOH and DH. When asked about their overall experience, partners named three particularly successful aspects of the program: (1) they felt supported, (2) they appreciated the ease and clarity of the funding and contracting processes, and (3) they valued the ways in which flexibility and trust modeled in this program maximized their creativity and expertise in designing appropriate strategies to reach their communities.

MAIN THEMES AND PARTNER QUOTES

Reflections on overall experience

We had support from start to finish. And like I mentioned ... our relationship with our support team was great ... Anything that needed to be addressed, they addressed immediately and help find solutions for so that was great.

It's been really, overall just a positive experience.

[I]t has been a really wonderful experience for us, particularly the outreach coordinator that we had to deal with. He has been really open, made himself available to answering our questions, to meeting with us.

I don't know what kind of feedback you'll get from others, but for me, it's honestly just glowing reviews.

I think it was an amazing partnership. I didn't anticipate as much support as your team was able to provide.

Partners felt empowered to do the work they already do well due to a sense of trust and the flexibility to adapt as they learned more through the program.

They've always been allowing us to outreach how we typically outreach. They confide in us to say, hey, you know what, we believe what you guys are doing. You guys have been doing it. Feel free to get creative in the way that your community needs ... that was probably my most favorite. Just being able to be ourselves and doing the outreach we've already done in a way that we know our community needs.

And then we'll design what we felt were the best method, the best strategies to implement our projects and though we achieved the result ... there has been some flexibility ...

I think there was there was a lot of leeway to be able to work. I think the Department of Health was very forward-leaning and progressive in the thought process about how we're going to fill these gaps where millions of people need to get this information.

And so I was really grateful [to receive funding] and have it be flexible because then I was able to really find out what it was that the community we serve was needing specifically around the vaccine like and I could pivot like at any given time, it's like oh, they want seems like people are wanting like this question answered or it seems like people are wanting like that format of education materials.

Along the way, there was a lot of trust ...

And DH, DOH, believe trusted, supported us in making that happen. I think that was really, really impactful.

I felt really grateful that the funds were flexible. It wasn't like tell us exactly what you're going to do and exactly how you're going to do it and do it by this date or else you don't get the funding, which unfortunately is something that I see and have experience with other funds where it's just like honestly, such a pain.

REFLECTIONS ON ASSISTANCE OFFERED

Partners that participated in the insight interviews noted that, for the most part, the customized assistance provided throughout the partnership was exceptional. Partners felt supported, heard, respected and empowered. They particularly valued the personalized support provided by outreach coordinators and found them to be responsive and helpful in meeting their individual needs.

Those that used the technical assistance services appreciated the efficiencies of outsourcing that work, which allowed them to focus on tailoring messages and strategies. If partners noted that they didn't make use of translation, graphic design or production technical assistance it was because they had access to those services in-house.

MAIN THEMES AND PARTNER QUOTES

Partners felt respected, heard and supported.

You could tell everybody at DH had 5 million things on their plate and they always made time for any little question you had.

I felt like I was heard. #1 I was heard. Felt like they heard the challenges.

I think the main thing is I feel like there's been respect, respect on both sides. [Our outreach coordinator] has really respected and valued us. And then in return we also respected and valued, so I think you really made that partnership, that collaboration stronger and beneficial to us.

... we were heard throughout the entire process, you know, with whatever concerns that we did have ...

Partners valued the responsiveness and helpful spirit of their interactions with program staff.

One of the things that made it easier for us was DH being able to be so friendly to be able to ask any questions that we may have. You guys were on it. And that's what makes it a lot easier for us to be able to be successful and creative and being able to build collaborations with other organizations.

Yeah, I think it's been really good, really responsive really quick. Everything from like practical questions to there is no stupid question but just help.

She is an amazing [outreach] coordinator, and I think that she made things very simple, very easy. Every time I needed her, she was responsive and open to different suggestions and also provided us with a lot of resources.

We felt comfortable going to DH with questions because we knew that they will try their best to answer, to help us meet those needs that we have.

Those that made use of technical assistance offered valued the credible content and expertise offered to them.

[The technical support of] making sure that we have the graphics clear ... on our own we wouldn't have been able to handle, so just having that level of support really made things streamlined for us.

I would say that the translation service was probably the most important for us, just being able to get the words out there.

... the way DH was there to give us the information that we needed in real-time to be able to work with the Department of Health, to say here is a resource for you...

[Our organization] is fairly small and we were initially having troubles finding folks to interview, completing the interview, writing the articles, getting them through the approval process, then publishing within deadline. With DH writing, translating and approving the articles prior to publication ... this simplified things so much.

When it comes to the graphics the not just multi language but ... the accessibility of electronic media for people with disabilities. You guys seem to be hyper-vigilant about that which is unheard of in my work.

Some partners would benefit from additional clarity around assistance available sooner in the process.

We would have liked to have known about the TA sooner.

IMPACT OF FUNDING

Partners described the impact of the CMO program in terms of the tangible outcomes they were able to achieve – vaccines administered, the effectiveness of their messaging and outreach, and the reach of their communications – but also in terms of the trust and connections they were able to build. Many partners felt the program expanded their role as trusted messengers to their community. Several also described that they were able to address adjacent health topics, beyond COVID-19, that are priorities for their community. Almost all interviewees said that this funding had a positive impact on their community's health and influenced people's knowledge and behaviors.

MAIN THEMES AND PARTNER QUOTES

Many partners say they were able to build relationships (with their community and with other organizations) and expand their work because of this funding.

We've expanded [our work] permanently. So I think that we who were able to reach out to has exponentially been affected ... From a messaging standpoint, we are light years ahead of where we were with being able to reach out to other marginalized communities of people with disabilities ...

That was one of the things that we were able to do is build relationships, continue building relationships ... People didn't know who we were before. Yeah, that's what gave us the exposure ... doing stuff like that.

I think enhancing relationships with partners that are not our typical partners was really, really helpful.

Several partners said this funding allowed them to provide information not only about COVID-19, but also about adjacent topics that were equally important to their communities.

And we really wanted to combine our work with COVID ... with the community health assessment, because they're all interrelated.

That [...] opened the door for a conversation about mental health awareness within the Black community. And how it's often stigmatized in general. So where you have a community that is already actively ignoring mental health, to a great extent, and everything surrounding it, suppressing emotions, not expressing themselves, thinking that they have to carry themselves with in a way that is almost like you can't even acknowledge that you have emotions, and then you add a pandemic ... We'll talk about mental health awareness. We'll talk about COVID, how it could have affected them being isolated for all that time ...

...we had relationships with the college and high school age community, around mental health and just having our genuine presence and interest in people's well-being was really important because we've found that ... mental health and having a place to talk about what's going on has been pretty challenging ... especially in the Asian community." "We're in a really good position to continue to let this blossom so that we cover what we can, such as the 'whole community concept' [in emergency preparedness/disaster planning].

At our recent health fair, we took a broader focus than just COVID vaccination. We also had information regarding registering for school, how to sign up for insurance, and other resources for recent arrivals from Ukraine. And we noticed that people were more open to receiving COVID vaccine information and even vaccinate.

...this time was not to specifically focus on COVID but to create this base framework where the overall health can be improved [in] our community, and those were the things we kind of thought would be helpful like gardening or how to be more sustainable in the gardening or food department. Yoga for like, physical and mental health, and things like that. So this kind of, like freedom to diversify on this project has been really helpful because now we can hit different interests point of different people like you know, regarding health.

The program allowed organizations to share essential information in a culturally appropriate, accessible manner that they knew would be best for their communities.

...what we were able to do and the expense behind making sure that we had ASL in our videos that it was closed caption that we had visual descriptions, all of those things to make it palatable for anybody with any disability, or any language. Any one of those barriers could be removed. So that is unprecedented. It's not anything that we see within local state or federal government.

There are some community members that have some hesitancy that they were just like, okay, but being able to have somebody there explain to them in a language that they were able to understand. I think that's the most important, not only is it the vaccine distribution, but being able to provide them proper information in a language that they understand. Because cultural barrier is a real thing ... And that's wonderful, being able to break it down in a way that you can understand.

I don't think I can stress enough that a lot of Hispanics get or the information that they don't get their native language. I think by having it with mass media helped a ton. So I would say that I think it did work."

We'll hire navigators who come from that, you know, either ethnic group or that language group. So they will be able to directly communicate with the members of that [group]. So I felt like directly specifically, it was more culturally appropriate and it was linguistically more appropriate to have the navigators do that. I felt like that was really powerful ...That was a part of the CMO program.

Partners shared information and services that helped keep individuals and communities healthy.

I think that the work that we've been doing, in my personal opinion, saved lives. When we look at the statistics for COVID vaccination in the Eastern European Slavic communities, it might not be very high, but I truly believe that by providing people with accurate information through the articles, the radio shows, and the videos we produced ... These resources that we created definitely swayed people enough to where they actually went and got vaccinated. I've heard feedback from some people who said they were exposed to our content and as a result, they went and got vaccinated.

We are located on the northeast side of town, which is a very poor community where the majority of the people in this whole area work for the farmworkers ... We had the outreach clinics here in front of the office. We had a barbecue, and we had people coming in, the majority of them walking distance because they live close by. And each time we had like 13-14 that would have never gotten a vaccination but did because it was close to them, because they don't drive.

PARTNERSHIP STRENGTHS

When asked about positive aspects of the partnership, most interviewees highlighted themes covered elsewhere in this report and in previous reports: a sense of trust and empowerment, flexibility to adapt and respond to community needs, the support of program staff and the ease in accessing reliable information quickly through DH.

In addition to those themes, many partners also spoke about the way in which the CMO program facilitated increased creativity and opportunity for messaging and outreach. Several also named the statewide collaboration and idea-sharing opportunities as particularly valuable aspects of the partnership.

MAIN THEMES AND PARTNER QUOTES

Partners appreciated that this program facilitated increased creativity in messaging and outreach.

I would probably say the best thing from this particular program is allowing us to be more creative.

I really like brainstorming and thinking of how we could get this project implemented and just the different ways that we could reach our community. So having DH want to support us, that worked really well, getting some folks on our team to also think in a few different ways, worked really well.

... working with killer partnerships, competent social, DH, you know, they were able to provide technical support and help with my project.

I've been able to be creative in the vaccine material education materials that I've done, so wrote to vaccine guidebooks have created videos. Those were like the main formats that I was using to get information out but the guidebook specifically, the adult paper, called Black Health Matters was really well received by the community.

I think allowing the creativity to flow from the partners in that they gave us a lot of flexibility with how we were able to convey the message. I think that that was an amazing point that they should keep and not stifle any of the creativity that they're allowing the flow.

Partners appreciated the cross-pollination of ideas and resources through statewide and regional gatherings.

Zoom meetings were beneficial. Communities of color may face similar challenges, and we were able to hear what others were doing.

PARTNERSHIP CHALLENGES

When asked about challenges of the CMO partnership program, interviewees cited aspects of both program implementation the wider community and public context. Timeline and, relatedly timely receipt of funds, were identified as challenges that hampered project activities. Other challenges included aspects of vaccine administration and elements of vaccine hesitancy and administration.

Partners identified the funding delays and overall timeline as challenges to completing their projects, but some also felt that the program flexibility allowed them to adapt and overcome challenges the delays presented.

By the time the funding came, we were really towards the end of the school year, so we couldn't schedule our meetings. And so really, it was just that moment of having the pivot. Our approach was it presented a challenge but I honestly think that we came up with a better and more sustainable solution.

The very first time I was kind of not expecting how long it takes the process to get everything going. I didn't know if I was dropping the ball, things like that. This could have been the time it takes once the funding is approved, and actually, from that time, to when we actually have him on the air.

"When we first started this project, it felt like it was going to be short-term. However, it lasted almost 2 years. If we had known at the beginning that it would be a long-term project, we could have hired additional people to make sure that everything would be done on time and properly and didn't feel so rushed and with a tight timeframe.

I think probably timeline, which is mostly something we did to ourselves because we've done three major events in like six weeks. That's ambitious, even outside of a pandemic. So we sort of did that to ourselves. I think that's probably the most of the things I could think of - just like kind of feeling crunched for time.

Some partners experienced challenges related to vaccine administration as barriers to accomplishing their goals for vaccination events.

I've gotten on the waitlist for the Care-a-van and it either takes a long time for them to get back to me so by the time they get back to me I've already like either not move forward with the event or had to figure out another option ... it felt like there was just a lot of demand and not enough actual just providers that would come and administer the vaccine.

One challenge was vaccine availability. Another was that not all vaccine providers uploaded vaccine records, so when people wanted to get their boosters they weren't able to verify they'd already had their first/second doses.

Many partners named misinformation and disinformation as key barriers to their work.

I would have to say the most challenging part was the misinformation that folks had ... a lot of folks were kind of getting information from each other and from unreliable sources.

Mixed messaging, combatting mixed messaging. Especially when it comes from certain leaders in your town/community.

For FSU partners, a key hurdle in sharing persuasive, personal vaccination messages was overcoming people's unwillingness to share about vaccination publicly.

I think the most challenging part was finding people willing to share their experience. I think the reason that we did make an impact was because we were successful in finding community members, community leaders, to participate. It took a lot of effort on our end to persuade them and talk to them and make them feel comfortable talking about their vaccination experiences.

Even if we change our minds about vaccination, we don't share this with others, and prefer to keep it private. When I attended vaccination events, people would avoid going to them because they didn't want other members of the community to see them getting vaccinated.

PARTNERSHIP EQUITABILITY

In contrast to previous evaluations, this evaluation focused questions about the equity of the program on the allocation and distribution of funding. All interviewees had few comments on this question. Most partners said they felt it was equitable and had no concerns. Several partners expressed that they simply didn't have enough information about which other organizations were funded, and for how much, to be able to evaluate how equitable the allocation of funding was. Some partners noted that delays in funding were seen as an inequitable aspect of the program.

MAIN THEMES AND PARTNER QUOTES

Funding was largely perceived as being allocated and distributed equitably between partners.

I actually thought that it was distributed extremely fairly.

It seemed equitable, but I don't know a lot about how much funding others received.

Some partners perceived delays in funding as an equity issue, especially for small organizations, as evidenced by responses about funding when they were asked about the equity of the program.

It seems like the timing, you know, needs to be quicker.

Takes a while. Flow, like I was saying, for organizations, organizations like myself - it's not like we can go and just pull a rabbit out of a hat.

INTERACTIONS WITH THE DEPARTMENT OF HEALTH

As a part of the evaluative process, DH also asked partners to reflect on the ways that they have interacted with the Department of Health (DOH). Furthermore, some partners noted that they would love to be a resource for DOH in order to help them further develop materials and resources for minoritized communities as well as data that more accurately reflects specific populations. Partner organizations greatly appreciated the consistent and accessible flow of accurate health information as well as the direct link to health experts at the DOH, and hope that these connections can continue even as the pandemic subsides.

MAIN THEMES AND PARTNER QUOTES

Partners appreciate and desire more opportunities to be known by and work with DOH.

Well, I am active in the vaccine equity collaborative through DOH. I started going there from the beginning of the vaccine rollout. And it was such a great way to feel connected to the to government and to public health and the decision-makers and stuff like that. It felt for the first time that like a government agency was actually like accessible and that I knew people there and that I could have a say.

That's what we think is happening, that our name is not, you know, forgotten, among all the other names. And that's the other outcome of this work ... people don't know about our culture. This is the first time we have been able to say hey, we exist, and we are a different community.

... we haven't worked with DOH in any capacity before. So having this opportunity and the honor to work with our community was really important and valuable.

Partners also appreciate having an entity to facilitate their interactions with DOH, making the flow of information from them to DOH and vice versa easier and quicker.

I think DOH should continue to have someone in the position that you all have been in where you're able to be the in-between the government and the community partners that are doing the work.

Partners have an interest in working with DOH on improving health data for communities across the state

We'd like to see them turning the data into something ongoing that integrates a greater, deeper, longer relationship with the funded partner.

Having uniform data would be great ... Proactively sharing data, disseminating the information correctly.

It's kind of hard to have people involved, especially in our previous projects where we try to collect data to show data about vaccine hesitancy or knowledge about COVID and prevention and things like that. We had to push really hard to get any data out of people ... we're trying to tell people okay, we need your data to figure out how much our community needs resources and all that questions. So that has been an ongoing problem.

It really posed a bigger question for us ... we have other funding to do a community health assessment for Asian and Asian American community which is a really big and important project because the data about health in our in [our region] has been like white and non white and that the non white just put everyone else in the same grouping and especially with Asian and also Native Hawaiian Pacific Islander who've been typically aggregated. Now we're breaking it down into just Asian and so we felt like part of the whole addressing COVID and vaccine education and also hesitancy had a lot more to do with than just putting out messages and putting out flyers and going to talk.

PARTNERSHIPS RECOMMENDATIONS

While partner feedback was largely positive, there was plenty of constructive feedback for the ways in which partnerships may be improved in the future. A large proportion of the feedback was focused on the timeline allotted for projects. While partners felt that the funding was more than adequate, they noted that the period of time they had to accomplish their projects felt too rushed.

Partners suggested that they would value the facilitation of more collaboration and idea-sharing statewide amongst partners doing similar work. A small number of CBO partners also suggested that blended or broadly health-focused funding would create opportunities for them to create health messages and outreach that aligns with their communities top health priorities in a way that topical funding cannot.

MAIN THEMES AND PARTNER QUOTES

Partners felt the funding timeline was too short, and many recommended that future funding should be for longer time periods.

I feel like the time was too short, the time to implement the project.

The first issue was just to allow a little bit more time for the duration of the program, because, you know, communication is a lot ... I think with the shorter amount of time we've run into issues with how big your audience is going to actually. So I think that more time would help.

Some partners suggested that funding should be blended across topics to allow them to address the health needs identified by the communities they serve more sustainably.

More money, sustainable money. Not just lump sum – not just topical. We'll never see the fruits of the labor from [topical] sources. This kind of harm reduction ... needs to be multisectoral and multilevel and driven by diverse voices and people most affected. When we get that kind of approach, not just holistic but 'who'-listic.

Partners would like to continue to learn from work others are doing.

The only thing that I might personally find helpful is sharing out what other programs are doing.

Actionable Recommendations

Upon the conclusion of the evaluative survey and insight interview for the Winter/Spring 2022 round of partnerships, the following recommendations rose to the top as key considerations for future partnerships:

CONTINUE LEADING WITH TRUST IN PARTNERS AND PROVIDING FLEXIBILITY

Partners frequently cited trust and flexibility strengths that separate this partnership from others and enabled them to develop tactics and materials that resonated with their communities. They appreciated that they were trusted, as community experts, to ask for and create what their communities needed and were supported accordingly, rather than being prescribed work plans. Partners also valued that the DOH CMO program gave them the flexibility to adapt strategies and work plans in response to lessons learned, shifting timelines or new opportunities. Future partnerships should continue to recognize funded organizations as subject matter experts when it comes to serving their communities and should continue to harness their creative expertise through trust and flexibility. Partnerships should both acknowledge and encourage partners to use their uniquely tailored strengths in order to best promote the health of communities in Washington state.

CONTINUE PERSONAL AND INDIVIDUALIZED SUPPORT FOR BOTH THROUGH DEDICATED STAFF INFRASTRUCTURE

In this and previous evaluations, partners repeatedly expressed gratitude for the customized support provided through the DOH CMO program. Partners felt the DOH CMO program gave them access to a state agency in ways they don't typically experience. It allowed them to express their organization's and community's unique needs, to feel heard by DOH and to see how DOH was responsive to their needs. Partners also described the support as flowing both ways through program staff; they received timely information, resources and services from DOH through this program, and their specific questions or requests for assistance were facilitated through their outreach coordinator or other program staff. Having this open and responsive line of communication was key to accomplishing their work, providing them with timely answers and information, as well as individualized problem-solving when needed. Future partnerships that continue to facilitate dialogue and tailored support with CBOs will foster more equitable partnerships with organizations funded by DOH to improve public health.

CONSIDER EXPANDING PROGRAMS TO HOLISTICALLY FUND HEALTH COMMUNICATION AND OUTREACH IN COMMUNITIES

Partners engaged through this program were oriented towards communities of identity, and as such they see their community's health needs holistically. As evidenced in insight interviews, many partners capitalized on communication and outreach opportunities made possible through this program to address health topics adjacent to COVID-19, like mental health, that they know are priorities for the communities they serve. Since community based organizations and community media outlets are poised to be both trusted messengers and experts in culturally-appropriate communication and outreach strategy, future partnership may consider funding these organizations to create health communication programs that holistically address priority health topics, as defined by the community.

ENSURE PROMPT DELIVER OF FUNDS AND EXTENDING FUNDING TIMELINES

While partner feedback was largely positive in both survey and interview responses, several partners in this and other evaluations noted that delayed receipt of funds prevented them from moving forward with elements of their projects or created financial challenges, particularly for small organizations. This was compounded by the relatively short funding timeline. Future partnership programs should weigh the risks and challenges for small organizations that depend on receiving funds to cover programmatic costs and factor administrative timelines into the overall funding timeframe. Extending the partnership timeline will decrease stress felt by partners and allow them to do more.

FOSTER COLLABORATIVE COMMUNITY CONNECTIONS

Community partners valued the opportunities offered to them to connect with and learn from other organizations doing similar work. Meeting with other partners sparked creativity and problem-solving, either through listening to others' experiences or actively collaborating on ideas. Similarly, they appreciated opportunities to interact with DOH as participants in informing public health strategy for their communities within Washington state. Organizations are eager to share their wisdom and expertise with peers and DOH. Continuing to create dedicated spaces where partners can build relationships, share ideas and foster innovation will be important to successful programs in the future.

Summer/Fall 2021 Partner Experience Evaluation Summary

PURPOSE

In February of 2022, Desautel Hege (DH) conducted an evaluation focused on partner experiences of community-based organizations (CBOs) and community media outlets (CMOs) participating in the COVID-19 Community Media Outreach program with the Washington State Department of Health's (DOH) Center for Public Affairs. The goal of this evaluation was to gain more insight into the general experiences of program participants—in particular, their audiences, their organization their unique needs and how they feel about their participation in this program and its alignment with their organization's goals.

METHODOLOGY

DH deployed an evaluation survey to 134 community partners who were actively contracted between the period of Summer-Fall 2022 and received a total of 57 responses (a 43% response rate). 41 of those responses were from CBOs and 16 of those responses were from CMOs. The survey sample size had a confidence level of 95% and a margin of error of 10%.

In addition to the evaluation survey, DH connected with 19 individual organizations (12 CBOs or nonprofits and 7 media outlets) who were willing to participate in in-depth insight interviews. These interviews included a representative sample of participating program partners and communities served.

FINDINGS AND RECOMMENDATIONS, AT-A-GLANCE

Community partners **highly rated** both their **overall experience** and the **impact of the project** on the communities they serve:

- 97% of CBOs and 100% of media outlets surveyed stated their experience was “above average” or “excellent”.
- 89% of CBOs and 100% of media outlets surveyed noted that the partnership was “extremely” or “very” impactful for their community.

Partners shared that this work supported their ability to:

- **Increase access** to accurate, trustworthy COVID-19 information
- **Increase vaccination** rates in their communities
- **Reach more people** within their community
- **Tailor materials** to the unique cultural, linguistic and access-based needs of their community

In insight interviews, partners noted specific features that made this project impactful:

- **Organizations felt supported** and empowered to accomplish meaningful work, especially small ones who often do not have the infrastructure to participate in large-scale programs.
- **Partners felt trusted** as the “experts” with deep knowledge of their community needs.
- **Communities felt “heard”** and valued throughout the entire program.
- **Participation was simple and accessible**, such as the application and reporting process.

Partners also shared areas where program improvements could better meet their needs, including:

- **Longer timelines** to extend impact and minimize stress
- **More networking** opportunities to connect with and hear from other partners in the program
- **Clarification of all available resources and funding opportunities** partners could depend on to complete their work as well as other COVID-19 and other public health projects at DOH
- **Being mindful of how communities are grouped into populations**—many communities who share a broad population grouping such as Black/African American and Asian, feel the unique needs of their communities can be overlooked when grouped into the needs of a racial or ethnic collective

Based on evaluation findings, DH recommends that DOH:

- Continues to lead with trust and provide partners flexibility with programs it creates
- Ensure processes and resources that support programs are simple and accessible
- Defer to lengthier participation timelines for partners to achieve their goals
- Help community partners find opportunities to build new connections, collaborate and network
- Remembers that representation matters, including how communities are grouped into populations

Summer/Fall 2021 Survey Key Findings

In January and February of 2022, DH administered a high-level survey to all community partners who were actively contracted for Summer-Fall 2021 period of the program. The survey was inclusive of both CBOs and CMOs. The goals of the survey were to:

- Develop a deeper understanding of partner organizations and the communities they represent and serve
- Provide partners with the opportunity to share their general experience throughout their partnership in the Community Media Outreach program
- Surface insights into successes and areas of opportunity for further improvement

Note: To review the methodology used for the evaluation survey, please reference [Appendix A](#).

PRIMARY SURVEY TOPICS

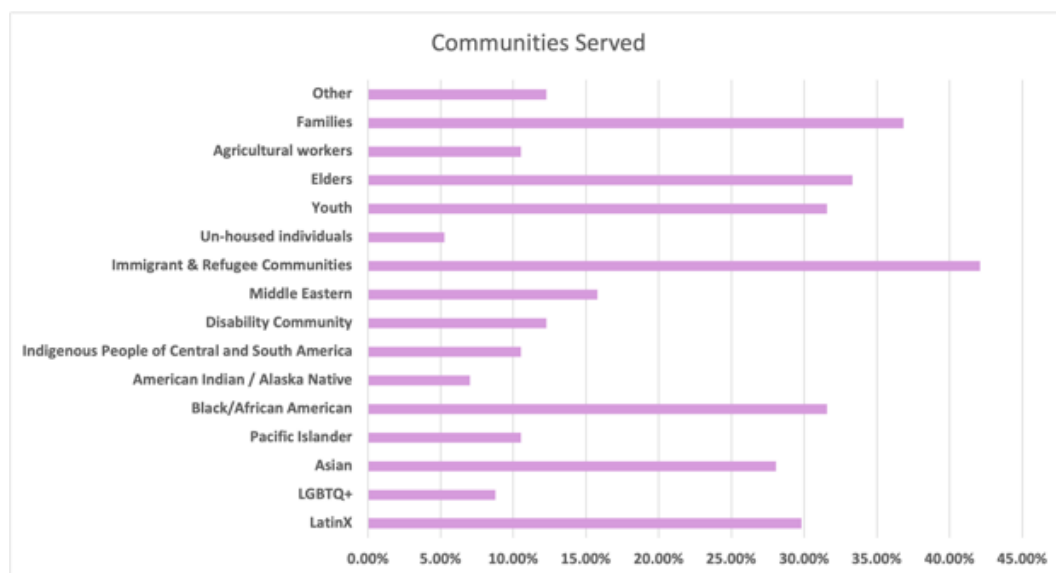
- Communities served by partner organizations
- Additional sources of funding received
- Size of partner organizations
- Partner experiences and impact ratings
- Areas of impact
- Areas for improvement
- Equitability of program design
- Connection and relationship-building with the Department of Health

Note: To review the complete survey deployed to partners, please reference [Appendix B](#).

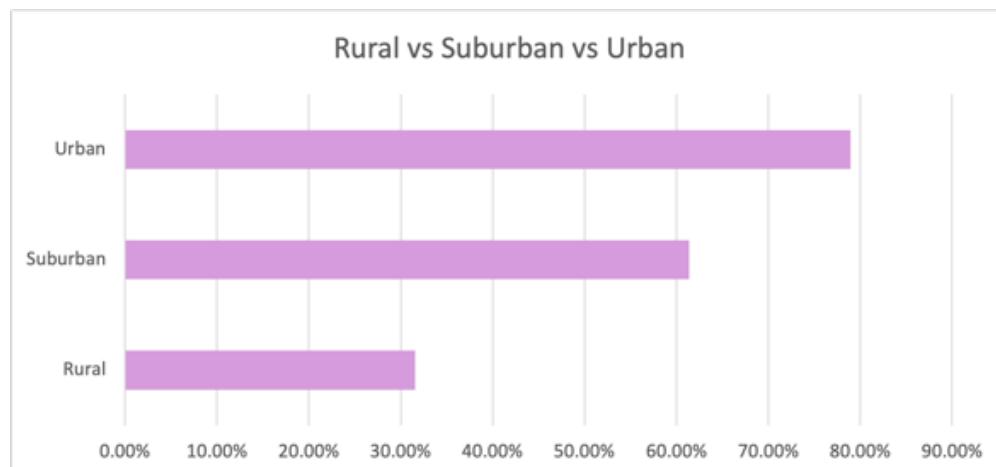
COMMUNITIES SERVED

Partners reported working with a wide variety of unique communities across Washington state. The community with the highest partner representation is the immigrant and refugee community, followed closely by “families”, “elders”, Black and African American communities and “youth”. Communities served by partner organizations are represented in the chart below as well as the following list which details responses that were shared for the “other” category:

- Ethiopian communities (specifically Amharic speaking)
- Slavic and European communities
- Muslim communities
- Individuals living in rural communities
- Somali communities
- South Asian communities
- “Educated People”

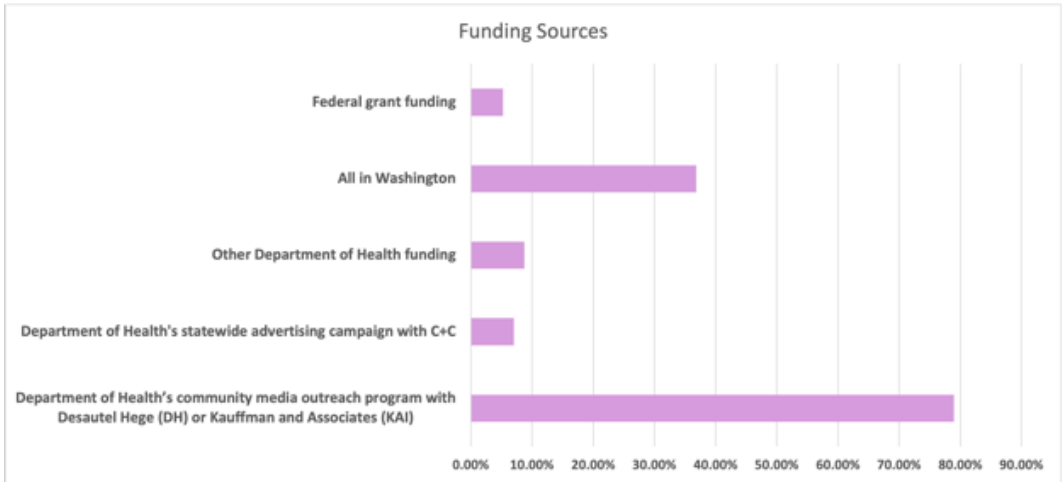


In addition, when asked if they primarily served rural, suburban or urban communities, the majority of partner organizations reported serving urban communities.



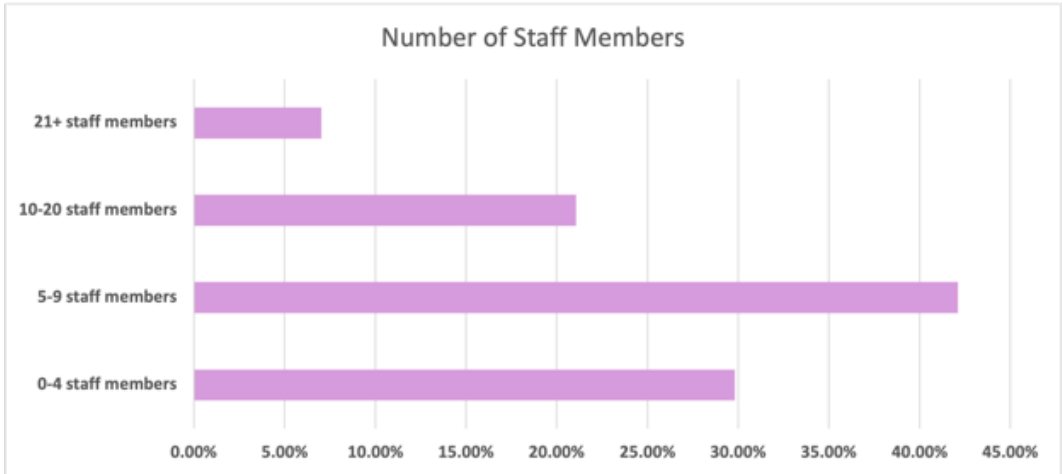
ADDITIONAL FUNDING SOURCES

In addition to the funding granted as a part of this project, some partner organizations also reported receiving funding from the Department of Health’s statewide mile-wide communications campaign with C+C (7%), other Department of Health funding (~9%), All in Washington (~37%) or other federal grant funding (5%).



SIZE OF ORGANIZATIONS

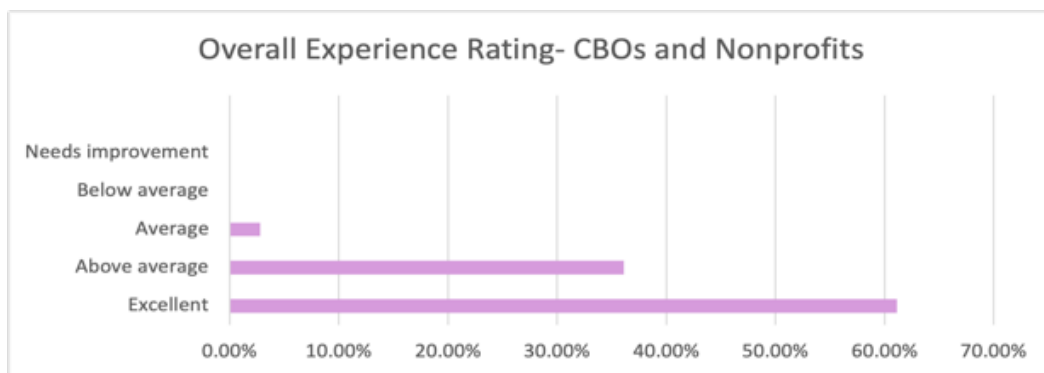
The majority of partner organizations surveyed reported having 9 or fewer staff members supporting their work. This is especially important to consider when thinking about partner capacity and the positive impact this funding could have on their ability to serve and support their communities by helping to sustain increased staffing and resources.



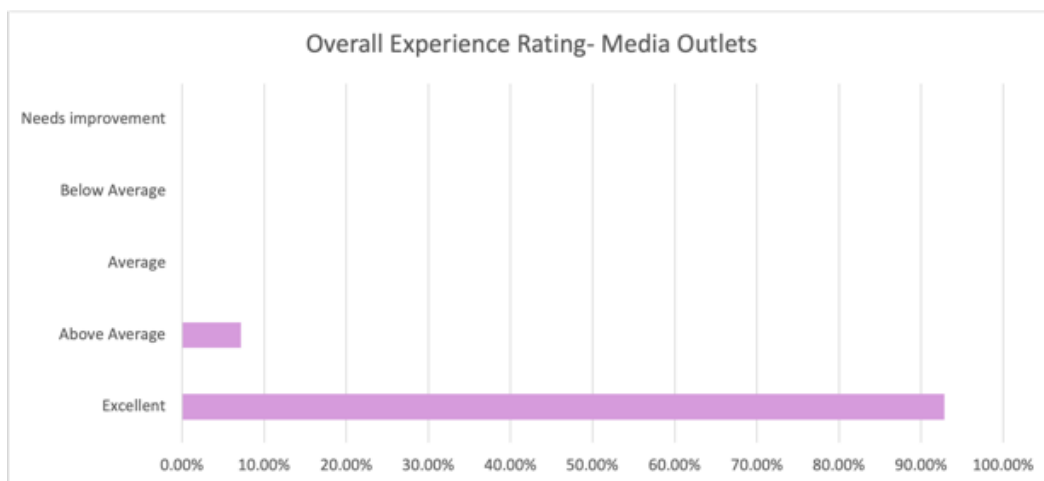
PARTNER EXPERIENCE AND IMPACT RATINGS

*It should be noted that at this point in the survey, respondents were asked whether their organization was a CBO/nonprofit or a media outlet and were given a specific survey based on their response. The analysis below details responses accordingly.

DH asked partners to reflect on their overall experience with the Community Media Outreach program. Feedback on the experience for both groups was overwhelmingly positive, with media outlets reporting slightly more positive experiences than CBOs and nonprofits. 61% of CBOs stated that their overall experience as a partner was “excellent”, 36% reported that their overall experience was “above average” and ~3% reported that their overall experience was “average.”

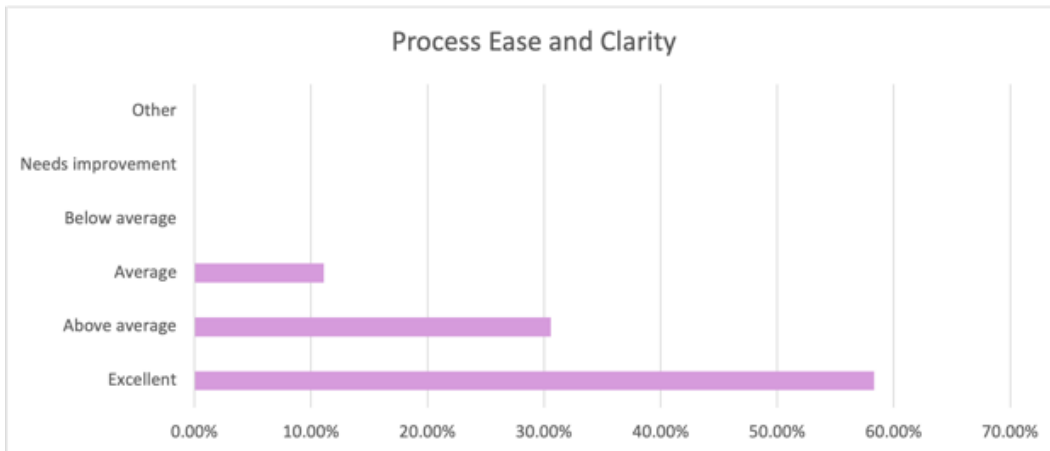


Of the media outlets that responded to the survey, ~93% said that their overall experience as a partner was “excellent” and the remaining 7% noted that their overall experience was “above average.”

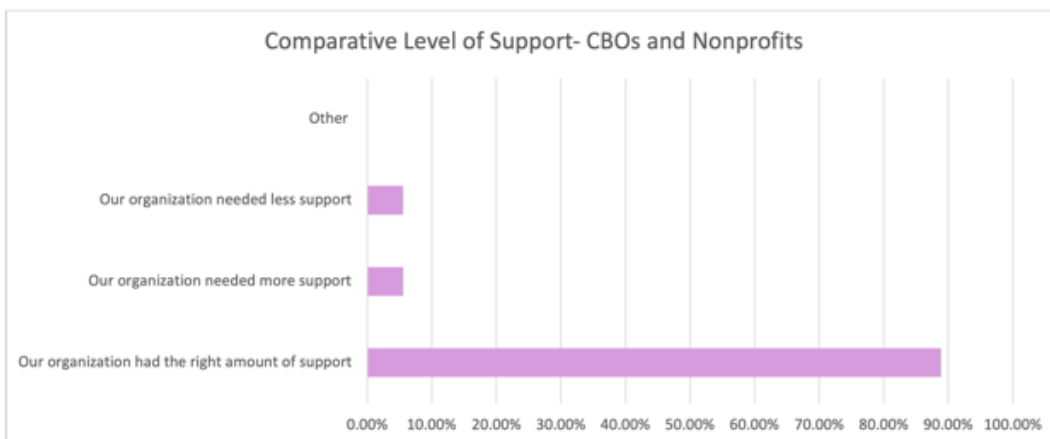


Overall, 86% of all partners surveyed rated their experience throughout the partnership as either “above average” or “excellent”.

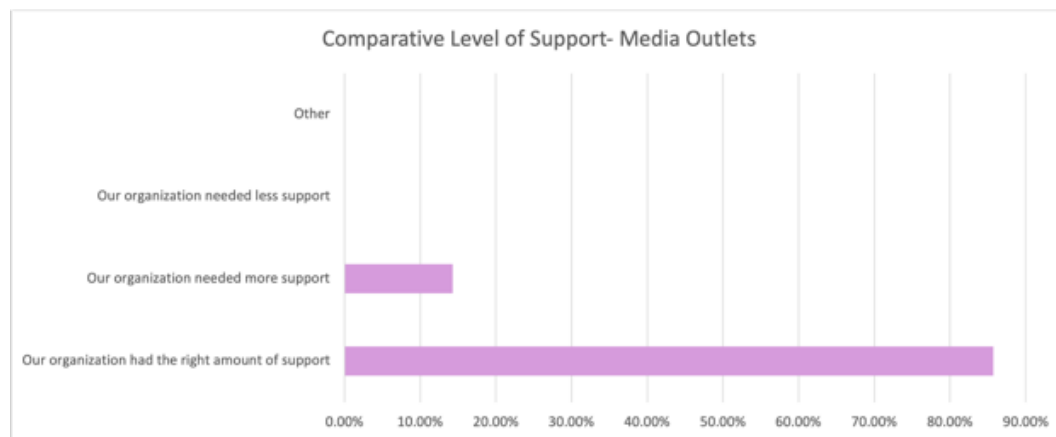
Those respondents who identified as CBOs were additionally asked about the perceived ease and clarity of the overall process during this round of partnerships in order to better understand the overall accessibility of participation in the program. The majority of partners, 58%, reported that the ease and clarity of the process was “excellent” while 31% reported the ease and clarity was “above average” and 11% reported the ease and clarity was “average”. None of the respondents gave the ease and clarity of the process a ranking below average.



Next, the partners were asked to reflect of the level of support that was made available to them (considering planning, technical assistance, production and communications coaching) as compared to other funding or grant programs. The majority of CBOs, 89% reported that their organization had the right amount of support throughout the support while 5.5% reported that they needed more support and 5.5% reported that they actually could have used less support.

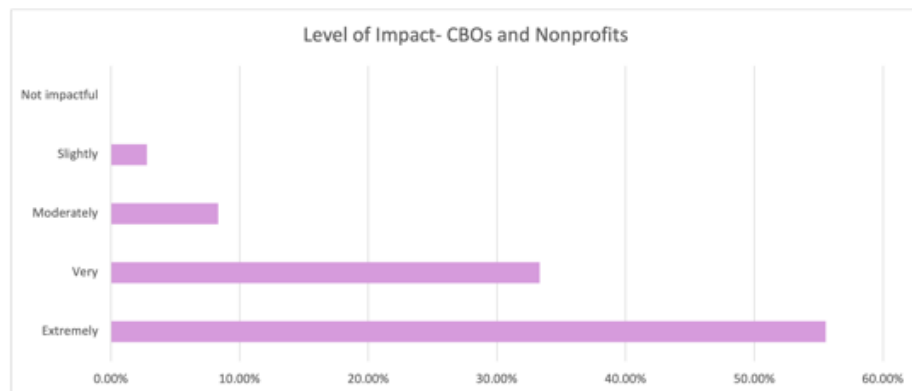


Of the CMOs that responded to the survey, 86% reported that they have the right level of support throughout the process and 14% reported that they could have benefited from more support.

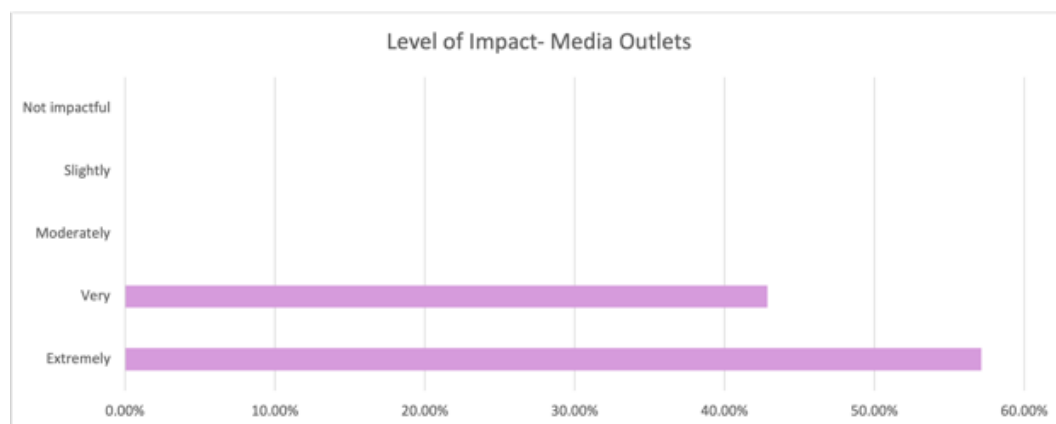


Partners were finally asked to reflect on the level of impact this funding had on supporting COVID-19 prevention, education and vaccination efforts. Based on the responses, it was very clear that this funding made a notable impact for communities served by both CBOs and media outlets. “Impactful” was defined as having made a noticeable and measurable difference.

The majority of the CBOs and nonprofits surveyed, 56%, reported that the funding was extremely impactful for the communities they serve. 33% noted that the funding was “very” impactful, 8% noted the funding was “moderately” impactful and 3% noted the funding was “slightly” impactful.

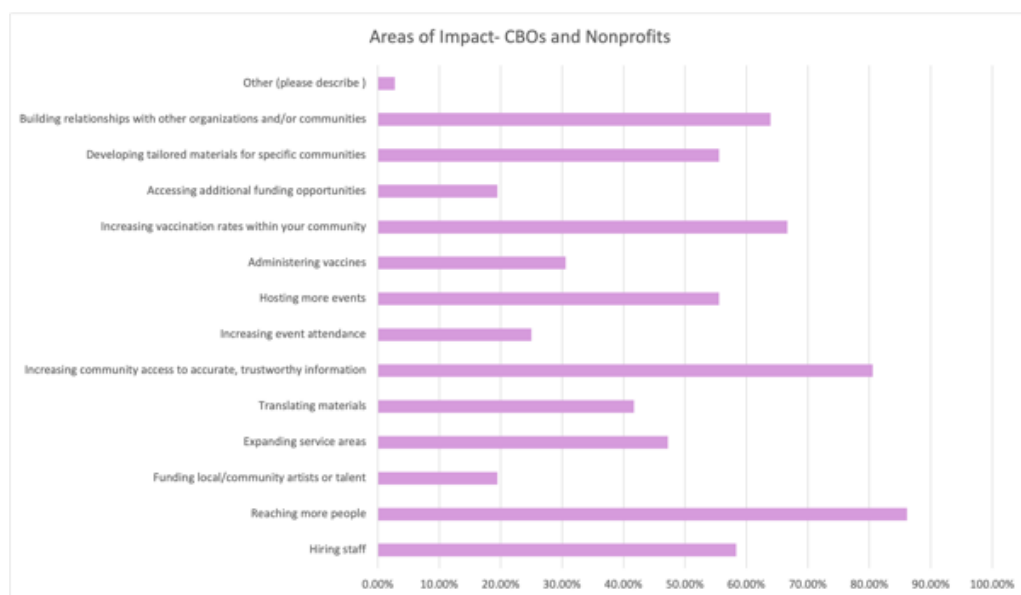


Of the media outlets surveyed, 57% reported that the funding was “extremely” impactful for the communities they serve and the remaining 43% reported that the funding was “very” impactful. None of the media outlets reported a level of impact below “very” impactful.

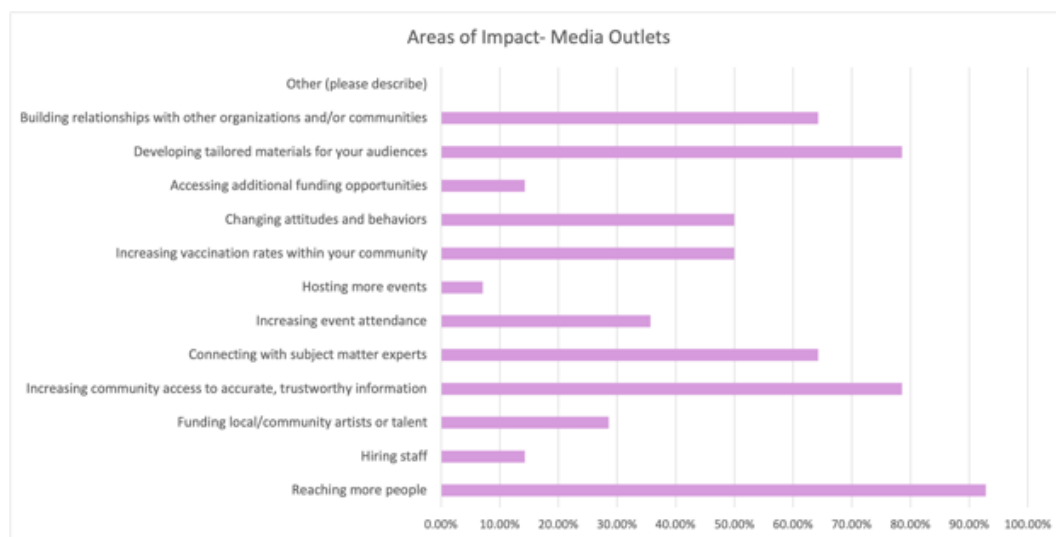


AREAS OF IMPACT

In the next section of the survey, DH asked partners to consider the areas where this funding had the greatest impact, specifically in relation to COVID-19 prevention and vaccination in their respective communities. 86% of CBOs and nonprofit partners surveyed noted that this funding was most effective at helping them reach more people within the communities they serve and 81% of respondents reported that the funding helped them to increase their community’s access to accurate, trustworthy information. Other high-level areas of impact included increasing vaccination rates within communities, building relationships with other organizations and/or communities, developing tailored materials for specific communities and hosting more events.



As with the CBO and nonprofit respondents, the highest proportion, 93%, of media outlet partners reported that this funding was most effective at helping them to reach more people within the communities they serve. 79% of partners reported that the funding was also effective at helping them increase community access to accurate, trustworthy information and developing materials specifically tailored for their communities. Other areas of impact included connecting with subject matter experts, building relationships with other organizations and/or communities, increasing vaccination rates within the community and changing attitudes and behaviors.



AREAS FOR IMPROVEMENT AND FEEDBACK

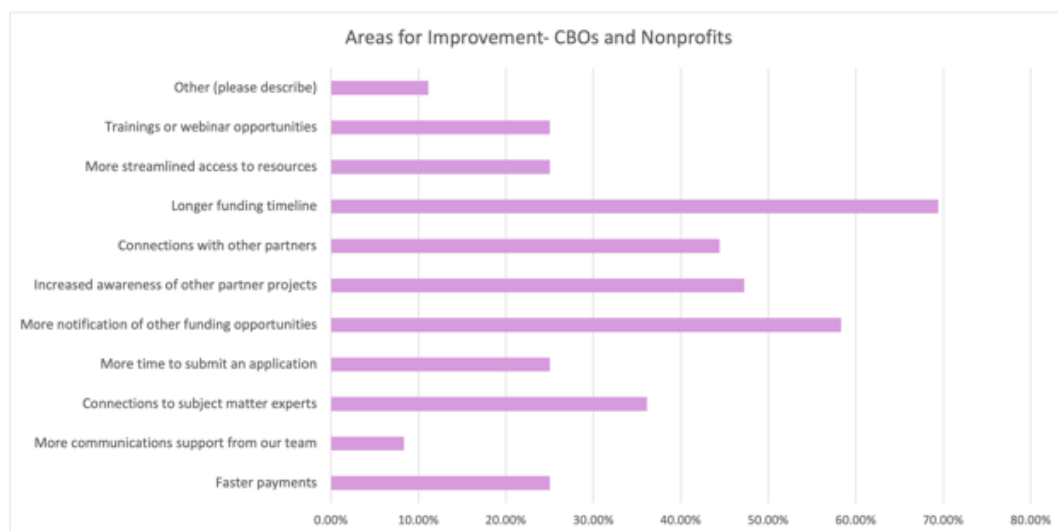
Though the majority of partner experiences were overwhelmingly positive, the survey was able to shed some light on areas where they could be better supported to ensure even greater success for future partnerships. The following is a list for top suggested areas for improvement as captured by CBO, nonprofit and media outlet survey responses:

Provide a longer funding timeline: Nearly 70% of CBO and nonprofit partner organizations suggested that a longer timeline would have been beneficial to most effectively accomplish their work. Respondents noted that while they had every intention of completing every element they included in their grant application, and were passionate about doing so, many of them have limited capacity and staff and can only accomplish so much in a short period of time. A longer timeline, even with the same amount of funds, would have allowed them to accomplish each of their proposed activities to the best of their ability without the added pressure of a time crunch. Furthermore, organizations noted that an extended timeline would allow them to reach and serve even more people in their communities. Some respondents did not that the contract extension was much appreciated and did help alleviate some of the pressures of the brief timeline.

Notify partners of other funding opportunities: 58% of CBO respondents and 57% of media outlets suggested that they would appreciate more notifications of other funding opportunities that may be suited to their organizations. Many partners noted that this funding was so valuable in making an impact for the communities they serve.

Grow connection to and awareness of other partners: 47% of CBO and 43% of media outlet partner organizations additionally noted that increased awareness of other partner projects and additional opportunities to connect with partner organizations would help to further support their work. Some partners noted that it can be helpful to meet and hear from other community organizations doing this work as this can inspire new ways of thinking and creative solutions for tackling issues that impact many different communities. Partners recognized that collaboration would be beneficial as other organizations were either serving similar communities or working toward similarly important goals for their community.

Grow awareness of other COVID-19 or DOH projects: 50% of media outlets that responded to the survey noted that it would be useful to have additional insight into other COVID-19 and related DOH projects. Media outlets felt that they have a major role in support COVID-19 awareness and education efforts, especially for the specific communities they serve, and noted that their relationship with the DOH is crucial both for the guidance of DOH to help elevate their communication efforts and for helping to keep communities well informed. Media outlets are often the bridge between DOH and communities in Washington state and should continuously be involved in efforts of this nature.



Organizations then had the opportunity to provide free responses about priorities that should be considered for future partnerships, specifically in terms of resource needs and community outreach projects. These additional recommendations included the following:

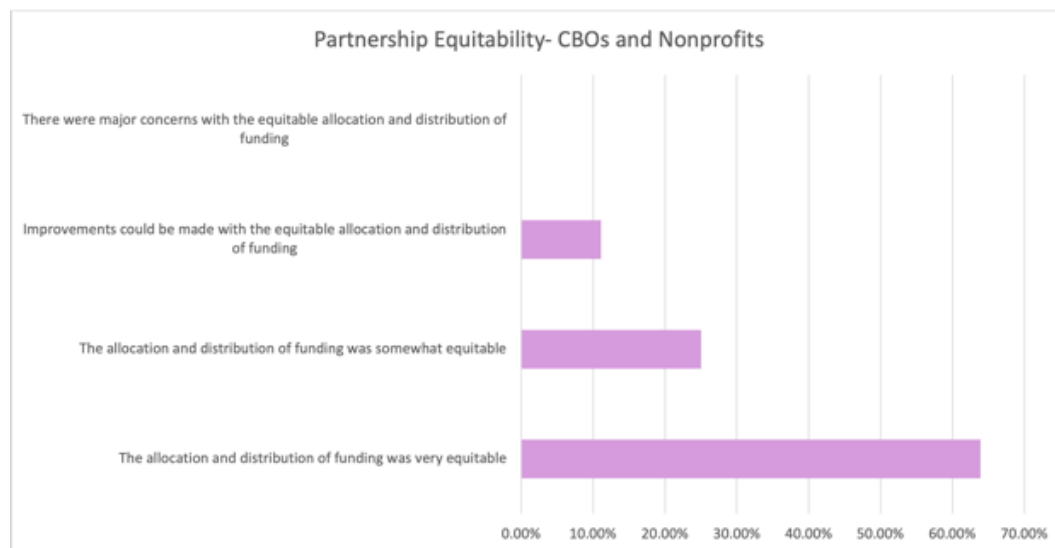
- Compensation and/or incentivization for event participants, vaccinations and those who are champions of messaging
- Tools for addressing the accessibility of healthcare especially for historically underrepresented communities
- Provision of PPE for communities served by partner organization

EQUITABILITY OF PROGRAM DESIGN

In the next section of the survey, DH asked CBOs and nonprofits to consider whether the allocation and distribution of funding for the partnership was equitable. 64% of respondents surveyed noted that the allocation and funding was “very equitable”, 25% of respondents noted that it was “somewhat equitable” and 11% noted that “improvements could be made” to the allocation and distribution of funding associated with this partnership.

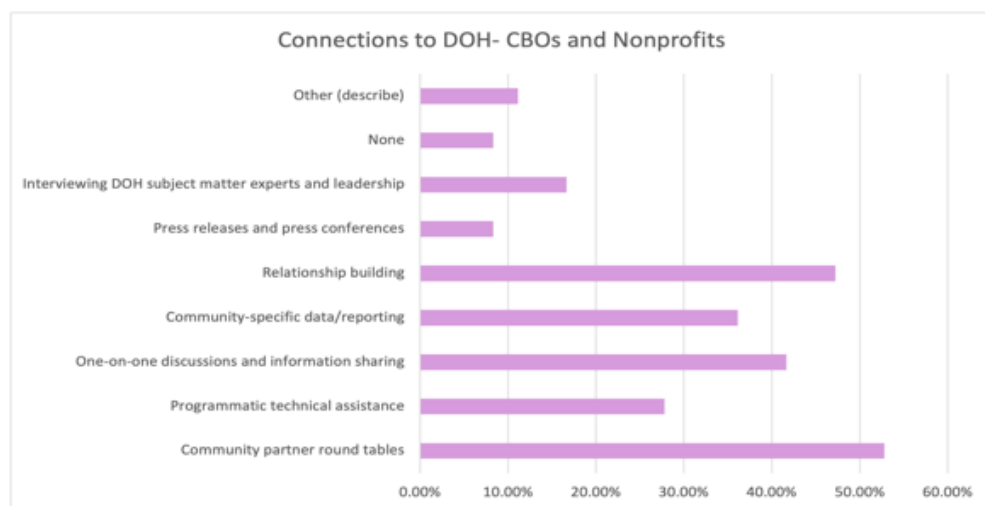
Partners were then given the opportunity to provide free response feedback for the ways the program could be even more equitable and shared the following thoughts:

- “Prioritizing more funds to organizations serving communities that are very hard to reach”
- “Providing the funding applications/process in various languages to expand the reach and increase equity”
- “Increasing the funds to small organizations, especially when they cover a large amount of community members”
- “Having relationships between organizations, community leaders, and Subject Matter Experts (SMEs) created and maintained prior to outreach”
- “Would love meetings with other organizations you work with”
- “Maybe the ability to apply [or complete required processes] in Spanish and other languages”

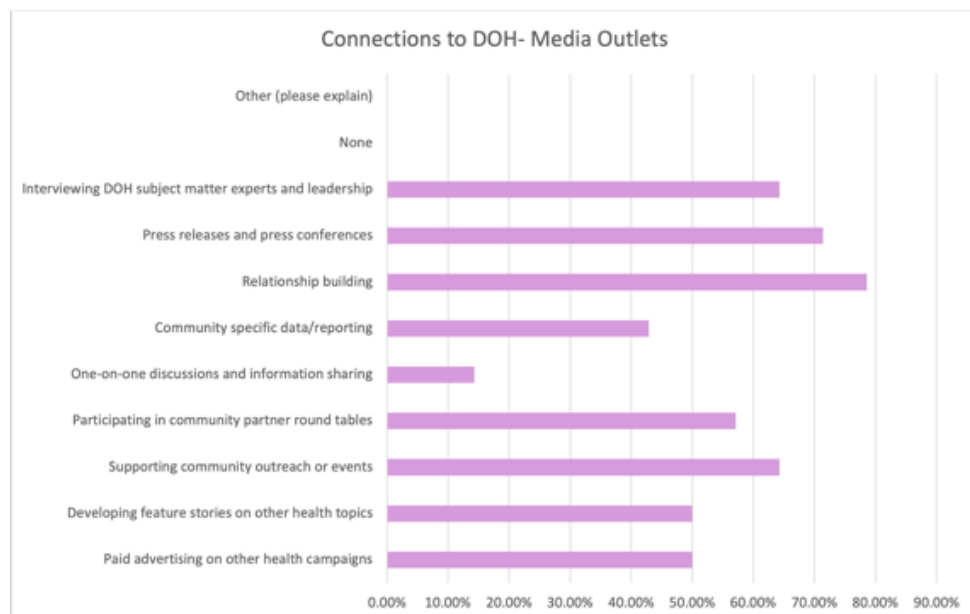


CONNECTIONS TO THE DEPARTMENT OF HEALTH

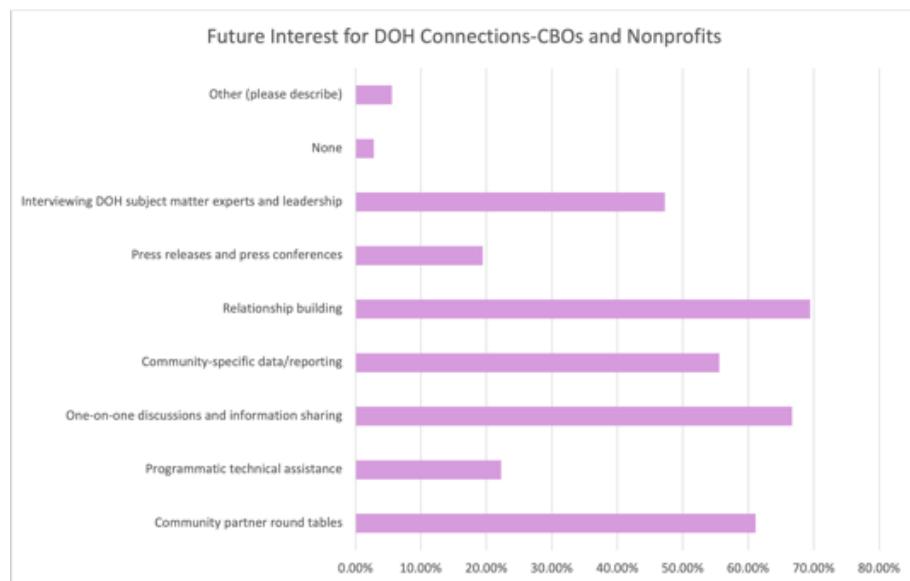
Finally, partners were asked to reflect on both the ways they have been able to connect with the Department of Health so far, as well as the ways in which they would like to interact with the DOH in the future. Of the CBOs and nonprofits surveyed, 53% noted that they have connected with DOH through community partner round tables, 47% connected through relationship building and 42% connected through one-on-one discussions and information sharing. Other notable responses include connections with DOH through community-specific data reporting and programmatic technical assistance.



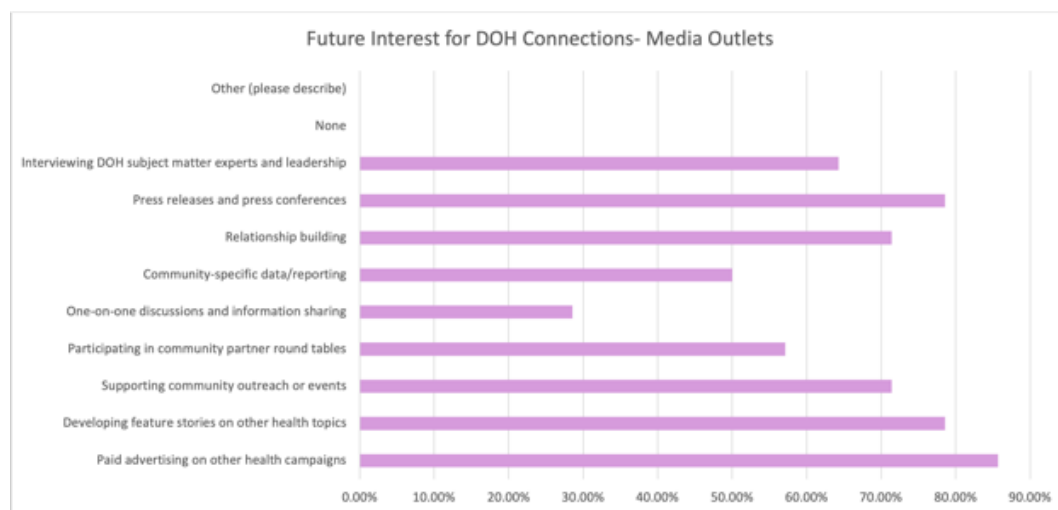
Of the media outlets surveyed, 71% shared that they have connected with DOH through press releases and press conferences, 65% have connected through interviewing DOH subject matter experts and leadership as well as supporting community outreach or events and 57% have connected through participating in community partner round tables. Other notable responses included connections through paid advertising on other health campaigns and developing featured stories on other health topics.



When asked how they would like to interact with the Department of Health more in the future, 69% of CBOs and nonprofits surveyed shared that they would like more relationship building, 67% shared they would like to participate in more one-on-one discussions and information sharing and 61% shared that they would like more community partner round tables. Other notable responses included requests for more community specific data/reporting as well as interviewing DOH subject matter experts and leadership.



Of the media outlets surveyed, 86% reported wanting to do more paid advertising on other health campaigns with the DOH, 79% reported wanting to develop more feature stories on other health topics and hold more press releases and press conferences and 71% reported wanting to do more relationship building and supporting more community outreach or events for the DOH. Other notable responses included hope for more interview with DOH subject matter experts and leadership and participating in more community partner round tables.



Summer/Fall 2021 Insight Interview Key Findings

DH conducted a series of insight interviews for the Department of Health Community Media Outreach (CMO) program in order to gain a deeper understanding of community partner experiences. These interviews were intended to give community partners an opportunity beyond the survey to reflect more deeply on their individual experience throughout this round of partnership and share any thoughts or feedback they have directly with the DH team.

The purpose of these interviews was to:

- Provide a space for community partners to further elaborate on their experience with the partnership (beyond their final reporting and the evaluation survey)
- Gather information on what went well and what was challenging for partners throughout the process
- Review assistance offerings and support made available to partners to help inform recommendations for future efforts
- Explore impact of the funding and resulting work on the wellbeing of communities across Washington state
- Collect recommendations for specific ways we might improve outreach, coordination and relationship building for future CBO and paid media vendor collaboration efforts

Note: To review the methodology used for the insight interviews, please reference [Appendix C](#).

PARTICIPANT INFORMATION

Individuals included in the insight interviews and the organizations they represent and serve are listed below. These organizations were intentionally recommended by DH outreach coordinators to ensure that a diverse group of partners representing unique communities across Washington state were included in this reflection and evaluation process. Organizations have been coded as either community-based organizations/nonprofits or media outlets. The list of organizations includes:

Community Based Organizations

- Khmer Community of Seattle King County
- JLT Enterprises
- TRACTION
- Hispanic Business/Professional Association of Spokane (HBPA)
- Refugee & Immigrant Services Northwest
- The Arc of Washington
- WOW (Women of Wisdom) Tri-Cities
- North Counties' Family Services
- Native Project
- Spokane Tribal Network
- South Puget Sound Intertribal Planning Agency (SPIPA)
- American Indian Health Commission

Media Outlets

- VT Radio Universal (KQWZ Voice Tacoma Radio)
- Runta News
- Z-Twins Radio
- Afisha Russian Advertising Agency/Slavic Family Media
- Radio Continent/Continent Media
- La Voz Hispanic Newspaper
- Latino NW Communications

INTERVIEW DISCUSSION TOPICS

- Overall partnership experience
- Feedback on technical assistance offerings
- Impact of funding on organizations and communities served
- Challenges of the partnership
- Positives of the partnership
- Partnership Equitability
- Interactions with DOH
- Recommendations for future improvements

Note: To review the complete discussion guide(s) used by interviewers, please reference [Appendix D](#).

OVERALL PARTNERSHIP EXPERIENCE

The evaluative insight interview process revealed that partners were overall very happy with their partnership experiences with DH and DOH. When reflecting on their projects, partners had very little to share in the way of constructive or negative comments. In fact, **many partners stated that they wouldn't change a thing about their partnership**. The majority of organizations interviewed noted that this process allowed them to follow through with work they have been wanting to accomplish for quite some time but had not yet had the support to do so. **Partners noted how essential transcreation and culturally-appropriate messaging is, and appreciated that this partnership allowed them to do just that for the communities they serve**. Partners felt trusted, valued and heard.

MAIN THEMES AND PARTNER QUOTES

General reflections

DOH is the best partner we have ever had! I would love to always work with this kind of team.

Even though the process was quick, I felt that **DOH and DH were very prepared to help us support the BIPOC community** through these challenging times.

This project opened doors for us that were never opened before. We have never had this kind of widespread opportunity before and really appreciated it.

Partners appreciated the straightforward program application process.

The application was the **easiest funding application ever**. The implementation period was a bit short, but the application was fantastic.

Communities and organizations felt “heard”.

Thanks to this work, **our community now knows where they can go for useful health information** and entertainment tailored to their needs. They received our visits with such joy and felt heard.

We truly felt heard, and that is a big change for a small nonprofit. Being a partner with DOH has been a great pleasure because **we got to run the project and were never micromanaged**.

I am so happy **that diverse communities that have previously been ignored were involved** in these efforts.

Partners recognized positive impacts this program had on their communities.

This was a pretty big experience for a small community and the **education made a major impact because it came in a culturally sensitive manner**.

It was so nice that DOH came to us. This **opened many doors and helped provide trust** with our community.

Partners appreciated flexibility to work in ways that are best for communities.

This was a huge relief and gave us the **flexibility to be creative**.

The partnership was so **flexible** and allowed us to do what we do best.

I appreciate the level of trust given to the partners to use the funding in a way that will best serve our community. This lowers other barriers and allows us to spend the money in ways we know will be impactful.

REFLECTIONS ON ASSISTANCE OFFERED

Partners that participated in the insight interviews noted that, for the most part, support provided throughout the partnership was exceptional. Partners were especially appreciative of the consistent level of support and attention they were shown from their DH outreach coordinators as well as the guidance they were given during the application process. Respondents noted that the level of support provided during the application process is extremely rare in the case of grant opportunities and were grateful for this aspect of the partnership. Though there was minimal negative feedback on the level assistance available, it should be noted that some partners felt that there could be more clarity in the beginning about the specific types of assistance that are available to partners and others felt that additional it would be ideal if additional languages could be made available as part of the translation support offering.

MAIN THEMES AND PARTNER QUOTES

Partners felt empowered to do their work and knew the support would be given when needed.

I felt very supported as a partner. All of my questions, even those I didn't know I had, were answered and **we always had help when we needed it.**

The application was wonderful and **we had all the guidance we needed.** It was wonderful that they were willing to provide guidance because that is so rare for most funding opportunities.

Our ideas were always supported and encouraged by both DH and DOH.

I always had everything I needed throughout the project. **I felt very supported.**

We had the tools that we needed internally, so **I didn't use technical support but really appreciated that it was available.**

I knew that I could ask for support any time I needed it and it would always be given in a timely manner.

I appreciated that **we were supported and trusted as the experts and decision makers**, and the knowledge and trusted relationships we already have were honored.

We always had what we needed when we needed it.

Partners would benefit from additional clarity around assistance available.

There could have been more clarity from the beginning in terms of the specific types of support available, but this wasn't a huge issue for us because of our previous experience. Overall there was a lot of support given to us.

Partners would appreciate additional in language/translation support.

Translation in our specific language was not available and we could have used that, but we were able to do that on our own.

IMPACT OF FUNDING

One theme that ran through nearly every interview was an appreciation of the trust this Community Media Outreach program established in communities. This funding allowed essential public health messaging to reach communities that have previously been skeptical about such messaging or didn't know how to receive the messaging because it was not coming from those they trust. Through this partnership, organizations with preexisting relationships could serve as message carriers and deliver the messaging in a way that they felt was best for their communities. Partners tailored the manner in which messaging was received, hosted events that catered to their community's needs and ultimately delivered essential public health messaging directly to their communities in a way they would not otherwise have been able to accomplish. Interviewees made it clear that work completed was incredibly important work that they were passionate about, but may not have been able to accomplish without the funding provided through the partnership.

MAIN THEMES AND PARTNER QUOTES

Partners established and built upon trust in the community.

The relationship we have established with BIPOC, refugee and immigrant communities has been built over time. Through this partnership, we were able to use **trusted people** that are respected by the community so we were able **to get the information to people in an appropriate manner**.

The partnership allowed us **to deepen trusting relationships with the community and establish trust in the messaging as well**.

It was so important to have trusted message carriers saying it [the vaccine] is ok and to talk about the pros and cons. **We could use our strengths and familiarity to get the message out**. This is ultimately what help make a difference.

We had work that we wanted to do and just needed the funding in order to do it. **This funding was what made the difference and allowed us to finally connect more deeply with our community**.

The program allowed organizations to share essential information in a culturally appropriate, accessible manner that they knew would be best for their communities

This funding allowed us to be very intentional and more cohesive with existing partnership to bring education to the community. It **allowed us the time and space to educate our community in a culturally appropriate manner**.

The program enabled partners to reach greater audiences.

This opportunity **allowed us to get out to the greater community we serve** and let them know that there is a station airing essential information and entertainment specifically for them.

Partners helped break down the barriers of scientific information to keep communities healthy.

Because of this partnership and the resources it offered, **we were able to share far more detailed and scientifically accurate information with our community to keep them healthy.**

It is easy to share information from a high level in a way that isn't relatable, but this really **helped us make information more approachable** and share updates in a more tangible way. The partnership allowed us to bring **real, credible information to my community** and helped to clear up the misinformation being presented to them.

It is so important to get information to people who may not otherwise be listening or have access to public health messages or just don't know what source to trust. **Scientific messaging can be overwhelming or not trusted.** We are a trusted organization that our community goes to, and **this partnership allowed us to speak directly to and support our community to keep them healthy.**

PARTNERSHIP STRENGTHS

Feedback for these partnerships was extremely positive and there was no shortage of glowing remarks about the support partners received. Partners appreciated the ease of the process, from application to reporting, as compared to other grant processes and felt that the simplicity allowed them to focus on the work. They deeply appreciated the level of trust given to them as subject matter experts for their communities and felt that this is what allowed the messaging to truly resonate. Interviewees shared that they felt supported throughout the duration of the partnership and knew that any request for assistance would immediately be met with a helpful response and solution from the DH outreach coordinators.

MAIN THEMES AND PARTNER QUOTES

Flexibility of the partnership allowed for lasting impact.

The ease of administration work on the grant application was appreciated. **This flexibility allowed us to focus on the grant work itself** instead of wasting too much time on an application.

We appreciated the free will to do what was needed in our community. We were given the basics and the tools needed to do what we do best and this was so important.

Partners felt that the trust instilled in them made it possible to effectively reach communities.

There was a **great level of trust between us and the partners at DOH.** They trusted us to spend the money in a way that will best serve our community. This **lowers other barriers** and allowed us to spend the money in ways that were most impactful. This [trust] relieved a lot of pressure.

This was a super easy process and again **we really appreciated that we were trusted to do what we know how to do best** and our ideas were always supported by DH and DOH.

Simplification of application and reporting allowed partners to focus on the community work.

Balancing a sharing of information to our community and tracking success metrics and expenses while holding a lot of emotional issues and being personally worn out or short staffed is difficult. Thankfully, **the reporting for this project was SO simple and this helped to lift the burden.**

The contracting process was very simple, streamlined and approachable for a small organization with limited grant experience. It was not a cumbersome writing process.

Partners appreciated the exceptional support from DH outreach coordinators.

The best part was the **open communication**. I felt that our coordinator was so easy to approach and get answers, and we were **never afraid to ask “dumb” questions.**

Coordinators were always very responsive, always checking in, and offered many opportunities for collaboration or support from their team. **They always gave us what we needed.**

Partners valued the ease of access to reliable information.

We felt so comfortable sharing accurate health information with our community, in language, because of the details we were given from DOH.

Many are short-staffed or stretched very thin so the **information provided and developed as a part of this process made it very easy for them to get the information out** and help address any pressing issues and pivot quickly with new information and vaccine eligibility updates.

The information shared was so important. We were able to take that information, knowing it was accurate, and share it in a way that was best for our community in order to keep them healthy.

PARTNERSHIP EQUITABILITY

For the most part, insight interviewees felt that this process was equitable and stated that there were no issues with equity over the course of the partnership. In fact, some even noted that they were very impressed by how equitable this process was, especially in comparison to other grant funding opportunities. Partners felt heard and recognized, and appreciated that equity was clearly a priority for the partnership. That being said, there were a few recommendations for how the process could be even more equitable. Partners challenged program leads to examine who is being funded to ensure that representation of all groups is considered. Some noted that perhaps the partnership could help to break down the generalization of minoritized groups in Department of Health data in Washington state, suggesting that aggregated data is not always applicable, representative of, or useful for all those included. Finally, others still noted that while they did not personally experience any issues with equity through the partnership, it was difficult for them to reflect on the overall equity of the project without being able to see the full picture.

MAIN THEMES AND PARTNER QUOTES

Partnership was largely recognized as equitable.

I was really impressed by the whole team and process and the level of equity. Everything was about justice and fairness. I was surprised by how much awareness there was of the trans community and our unique issues. Sometimes we have to do a training as a part of our partnerships and that wasn't the case here.

I didn't see the full process and all those who were awarded funding so while I didn't personally see an issue with equity, that's **difficult for me to answer without knowing the full picture.**

I never saw any issues with equity throughout the entire process.

Partnership could be made even more equitable with further consideration of how communities are "grouped".

There is a difference between "African American" and people who call themselves "black". Black does not mean you are a descendent of slaves. **I don't see a lot of African American organizations being represented, but this may be because there aren't many out there.** Grant funders don't necessarily consider this and may not be reaching everyone because of this. I would like to see support for the Africans who live here because what they need and what those who identify as black need is different.

Consider the way that data is shared in Washington state. I'd like to advocate for a collection of demographic data that is disaggregated. Any data that is just "Asian American" is less helpful for our communities because it doesn't show disparities among Asian communities and minimizes lived experiences.

INTERACTIONS WITH THE DEPARTMENT OF HEALTH

As a part of the evaluative process, DH also asked partners to reflect on the ways that they have interacted with the Department of Health (DOH) in the past and consider the ways they would like to interact with them more in the future. The most frequently cited interest for future DOH interactions was the expansion of partnerships such as this to other health related areas. Partners noted that many of the communities they serve are disproportionately impacted by health inequities and would greatly benefit from community-based messaging from trusted sources in order to more effectively connect them to health systems and essential information. Furthermore, some partners noted that they would love to be a resource for DOH in order to help them further develop materials and resources for minoritized communities as well as data that more accurately reflects specific populations. Partner organizations greatly appreciated the consistent and accessible flow of accurate health information as well as the direct link to health experts at the DOH, and hope that these connections can continue even as the pandemic subsides.

MAIN THEMES AND PARTNER QUOTES

Partners hope for continued partnerships with DOH that expand to issues beyond COVID-19.

COVID is the first step, but we know there are many health inequities with the BIPOC community. We would like to help achieve health care for all and **partnerships like this are what can lead to equality in health care**. We would like to continue making good health accessible for the BIPOC community.

I would just hope that DOH continue to make itself accessible and available to partners. **I'd like to see partnerships like this continue, even for other issues beyond COVID**, to allow trusted messengers to share information through their channels in a more accessible way.

Honestly, I would love to interact with DOH in any way in the future. I'd even do it on a volunteer basis. **Anything they do, we are here to support them.**

I'd love to see the Department of Health **facilitate conversations about other health disparities** in the future.

I'd like to continue to work with the Department of Health by **continuing to receive information beyond the pandemic that promotes community wellness**.

Partners have interest in helping the DOH develop additional materials and accurate data for communities across the state.

We have a good partnership with DOH, but it would be nice to have **more exchange of cultural messaging** around the state or **a sharing of resources that have worked for various communities and a variety of languages**.

Our community experiences many severe health disparities outside of COVID and this is an indication for a need of **more support and advocating for more data that is disaggregated... in the future, we'd love to work with DOH to improve the data collection process**.

PARTNERSHIP RECOMMENDATIONS

While partner feedback was largely positive, there was plenty of constructive feedback for the ways in which partnerships may be improved in the future. A large proportion of the feedback was focused on the timeline allotted for projects. While partners felt that the funding was more than adequate, they noted that the period of time they had to accomplish their projects felt too rushed. Partners noted that additional time would help to relieve some stress for small organizations that are already at or over capacity and would help to make a more lasting impact on the communities they serve. In addition, partners suggested that they would value the facilitation of more collaboration among funded partners, more clarity on the resources that are at their disposal, instruction on handling negative community pushback, acceptance of in language applications and more expeditious receipt of funds.

MAIN THEMES AND PARTNER QUOTES

Extended timelines would deepen impact and relieve stress on partners with limited capacity.

It would be helpful if we could have **fewer partnerships over the course of the year that have an extended timeline**. Rather than 3-4 per year, what about having two partnerships that each last half of the year? That way we really have time to make a lasting impact.

These partnerships are great but they are over such a short period of time. **I'd recommended extending the timeline. We have now opened a door for our community and we never want to turn people away**, but three months is such a short period of time. It takes time to establish trusted relationships, and once they were established the partnership was just about over.

The timeline of the partnership was a bit difficult. If we had more time, even with the same funding, we would have been able to accomplish more. This was especially difficult this round because it included the holidays. The extension did help though.

Additional connection to other funded community partners would increase collaboration.

I would have liked **more contact with and connections to other partners to brainstorm and collaborate together**. A spreadsheet of all partners with contact information and the work they are doing would be helpful.

More meetings with other partners. It would be helpful to hear what has worked, what hasn't and what other partners are doing.

Partners would have appreciated more clarity on the abundance of resources available.

I'd love to see a **list of resources and care providers specifically for the black community** (and others) that could easily be called upon for interviews and community conversations. I'd love to find out who is out there and willing to support the health of our community.

Some **clarity on the resources available** would have been extremely helpful from the beginning. There were just some resources available that we didn't know existed but this was more clear towards the end.

Faster receipt of funds would improve equity.

We were able to make this work, but faster funding would be very helpful for a small organization with an otherwise limited budget.

Receiving funding a bit more quickly would have been helpful since we are such a small organization, but there was an improvement in the timeline compared to the last round.

Additional guidance for responding to difficult feedback or community pushback would empower partners.

In the future it would be **helpful to have support or specific recommendations on how to handle pushback** from community members or negative commentary online since we aren't trained to do this.

In hindsight, it **could have been nice to have support handling negative comments on Facebook** but I didn't think to ask for that support in the moment.

There was so much uncertainty about information and pushback from skeptical members of the community. This isn't a critique of the partnership, just something to keep in mind as you continue supporting organizations.

Allowing in-language applications for more in-depth expression of goals for projects would improve equity.

Consider **allowing grant applications in language** so that partners may more accurately express their hopes and goals for the project.

Increase availability of resources to patiently support all members of the community in WA state.

It would be wonderful if the DOH could arm themselves with details that are specific to all of the communities they serve and I would be happy to help inform continued understanding of the trans community.

This was a difficult time for so many people in our community and I would just recommend **making sure that all those involved are ready to patiently and sensitively support members of our community** who may already be hesitant about the process.

Actionable Recommendations

Upon the conclusion of the evaluative survey and insight interview for the Summer/Fall 2021 round of partnerships, the following recommendations rose to the top as key considerations for future partnerships:

CONTINUE EXPRESSING FLEXIBILITY AND TRUST IN PARTNERS

Partners most frequently cited the trust instilled in their organizations to develop materials and programs that will best support their communities as a strength that separates this partnership from others. They appreciated that rather than being told how to do their jobs, they were given the flexibility to both ask for and create what was most needed and were supported accordingly. This partnership recognized funded organizations as key subject matter experts when it comes to serving their communities and should continue to prioritize this sentiment. Partnerships should both acknowledge and encourage partners to use their uniquely tailored strengths in order to best promote the health of communities in Washington state. Continuing to foster trusting relationships with community organizations and media outlets and providing them with the support they need will enable them to successfully share essential information and resources with the communities they serve.

ESTABLISH PARTNERSHIPS WITH EXTENDED TIMELINES

While partner feedback was largely positive in both survey and interview responses, the most frequent recommendation received was to consider extending the timeline of partnerships. Partners noted that the funding was more than adequate to accomplish their proposed projects, but that the timeline was far too short to make a lasting impact. Establishing trust in a community takes time, and some partners shared that by the time they were finally starting to make an impact in their community, their funding period was just about over. Though partners do extraordinary work for large communities of people, they are primarily small organizations with few staff and limited capacity. These partners have a passion for supporting the communities they serve, but can only do so much in a small period of time. Extending the timeline of partnerships would help not only to decrease the stress felt by partners to accomplish their projects on time, but would additionally allow their work to make a more lasting impact for even more people in the community.

FOSTER COLLABORATIVE COMMUNITY CONNECTIONS

Community partners care deeply about making the connections with the people they serve and others who are similarly supporting their communities. Organizations noted that the connections they made with other funded partners were invaluable. Meeting with other partners helped to inspire creative solutions to issues they were personally experiencing and establish collaborative support systems across communities. Though respondents appreciated the opportunities presented for partner collaboration, many recommended increasing the number of opportunities for collaboration. Increasing the number of facilitated opportunities for connections between partners will further foster these collaborative relationships. In addition, developing a partner database that all partners may access which lists each of the organizations funded, the primary communities they serve and their focus for each round of funding will not only increase opportunities for collaborative connections between partners, but will also improve the accessibility of partner organizations and visibility into those funded.

REMEMBER THAT REPRESENTATION MATTERS

During this evaluation of Summer-Fall 2021 Community Media Outreach program partners, multiple questions were added to both the survey and insight interviews that focused on the equitability of the project. Specifically, DH asked partners whether they noticed any inequities, issues or concerns with the current funding allocation and distribution process. If so, DH asked them to reflect on the ways this could be addressed in future rounds of funding. While the majority of partners applauded the partnership's prioritization of equity, a handful noted issues of generalization with underrepresented communities. Partners noted that there are differences between those who identify as "Black" and those who identify as "African American" and that the needs of these communities are likely varied. There are differences in the functionality of data for Asian communities and data for Cambodian communities, especially when it comes to health disparities.

While partners noted that this is an issue that extends far beyond the bounds of these partnerships, the partnerships present an opportunity for growth. While these grants cannot solve this issue on their own, DOH can strive to recognize unique qualities between communities and ensure that representation of as many communities as possible is clearer in future funding opportunities. Where possible, data that specifically relates to the community it is intended for should be shared, rather than a more general categorization of that group. Partnerships should recognize and celebrate the beautifully unique qualities between communities and support them accordingly.

Winter/Spring 2021 Partner Experience Evaluation Summary

PURPOSE

Following the completion of spring community media outreach contracts in July 2021, DH conducted an evaluation focused on partner experience. The goal of this evaluation was to have more insight into the general successes or shortcomings of the campaign and ways to improve the partnerships moving forward.

METHODOLOGY

DH deployed a high-level evaluation survey to all community partners in the Winter and/or Spring 2021 contract period, and received 63 responses. DH also conducted 15 individual organizations via insight interviews with a representative sample of community partners. The survey sample size has a confidence level of 95% and a margin of error of 10%.

Winter/Spring 2021 Survey Key Findings

In Summer 2021, DH administered a high-level survey to all partners, past and present. This survey was intended to give us a better understanding of partner organizations and the communities they represent and provide partners with the opportunity to share their general experience throughout the partnership. Ultimately, the goal of the survey was to have more insight into the general successes or shortcomings of the campaign and ways to improve the partnerships moving forward.

Note: To review the methodology used for the evaluation survey, please reference [Appendix A](#).

PRIMARY SURVEY TOPICS

- Communities served by partner organizations
- Additional sources of funding
- Size of partner organizations
- Partnership experience and impact ratings
- Areas of impact
- Areas for improvement and feedback

Note: To review the complete survey deployed to partners, please reference [Appendix B](#).

OVERVIEW OF SURVEY KEY FINDINGS

Survey participants were representative of partners funded geographically, by organization size, and by communities served.

Community partners highly rated both their experience and the impact of the project on their communities.

Partners shared that this work supported their ability to:

- Increase community access to COVID-19 and other related health information
- Increase vaccination rates in their communities
- Reach far more people within the communities they serve

Partners noted in insight interviews specific features that made this project effective:

- Clear guidelines and expectations
- Supported organizations who are new to this work but have powerful potential
- Flexibility for partners to shape work in a way that is appropriate for their communities
- Communities felt “heard”

Partners also suggested areas of improvement:

- More time to execute activities supported by project funding
- More opportunities to connect to other partners
- Faster delivery of payments in order to complete partner activities in a timely manner

Based on evaluation findings, DH recommends DOH:

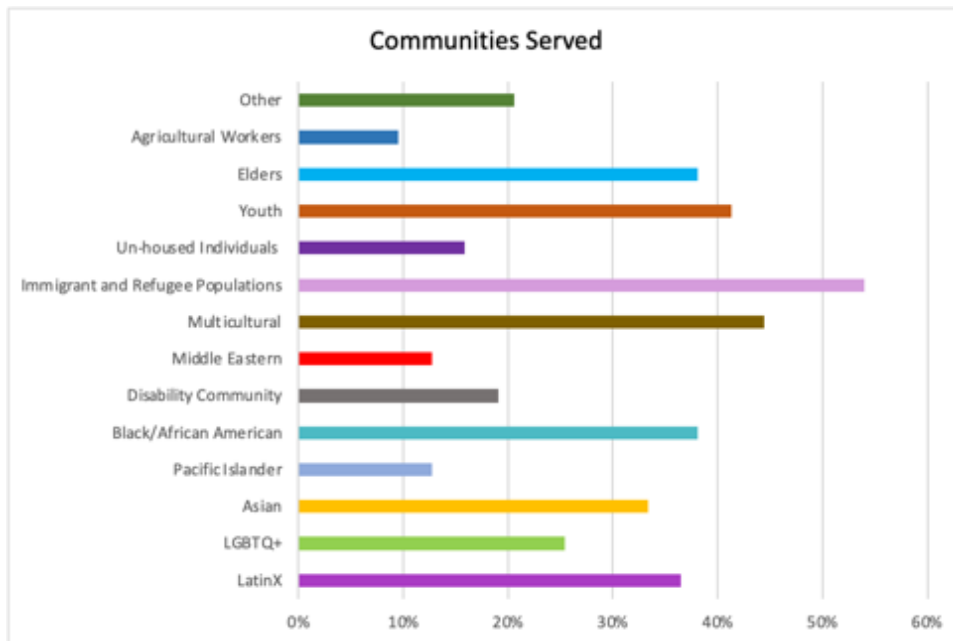
- Continue fostering flexible partnerships
- Support extended timelines for partner projects
- Prioritize timely delivery of funds
- Establish additional support systems for key areas like application and proposal writing and more strategic guidance around hostile community responses to vaccination

IN-DEPTH SURVEY FINDINGS

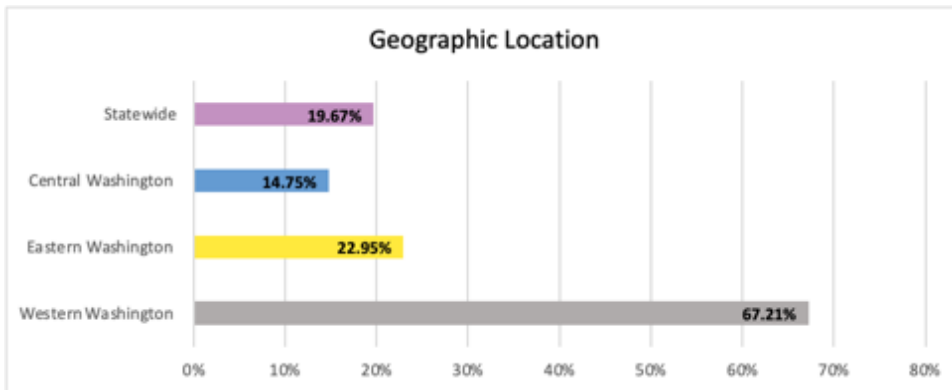
COMMUNITIES SERVED

Partners reported working with a wide variety of communities across Washington state. The community with the highest partner representation is the immigrant and refugee population followed closely by multicultural groups, Black and African American communities and Hispanic/Latino(a) communities. Partner organizations also reported working with a nearly even mix of youth and elders. In addition to the communities represented in the chart below, survey respondents additionally reported working with the following communities:

- BIPOC community
- Iranian, Persian and other Farsi speaking communities (such as Afghani and Tajik)
- Indigenous people of the Americas
- Families
- Rural and urban communities of faith and faith-based nonprofits
- Eritrean communities
- Transgendered communities
- Formerly justice-involved individuals
- Muslim communities
- South Asian communities

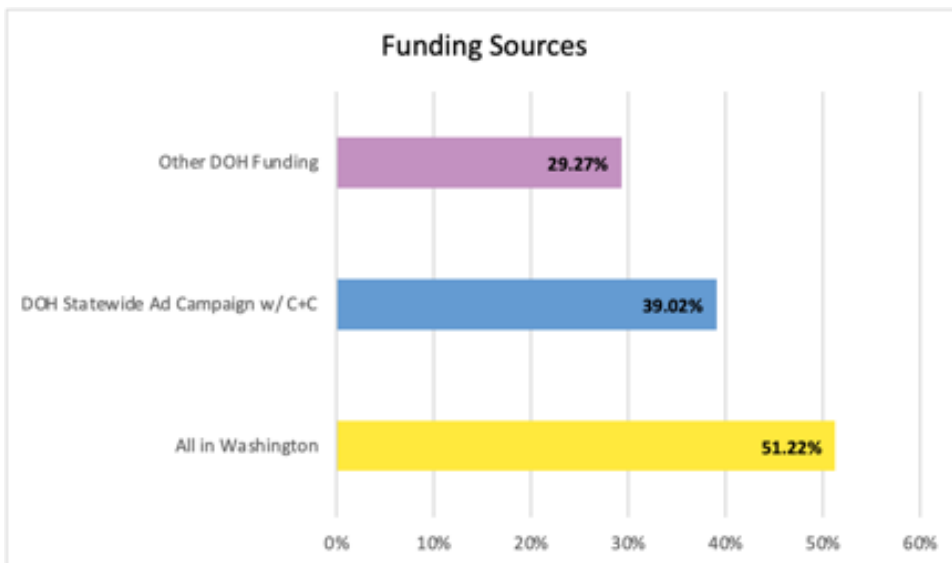


Though partners reported working across the state of Washington, the highest proportion of partner organizations serve communities in Western Washington.



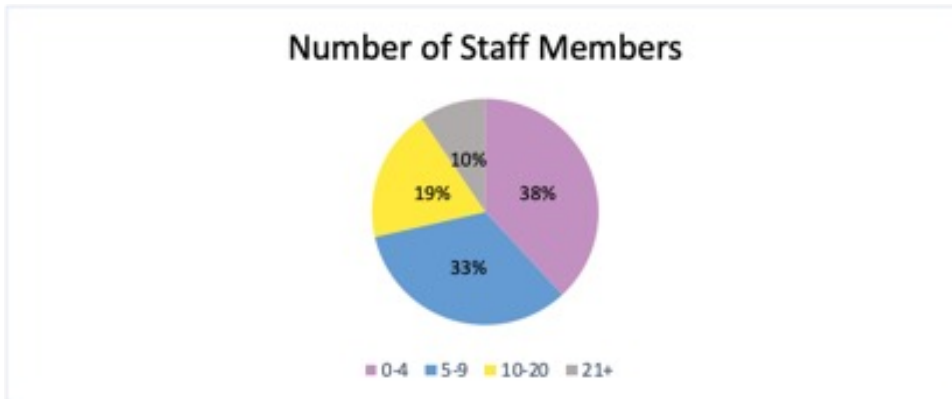
ADDITIONAL FUNDING SOURCES

More than 50% of partner organizations that responded to the survey noted having additional sources of funding within the state of Washington beyond the funding granted as a part of this project.



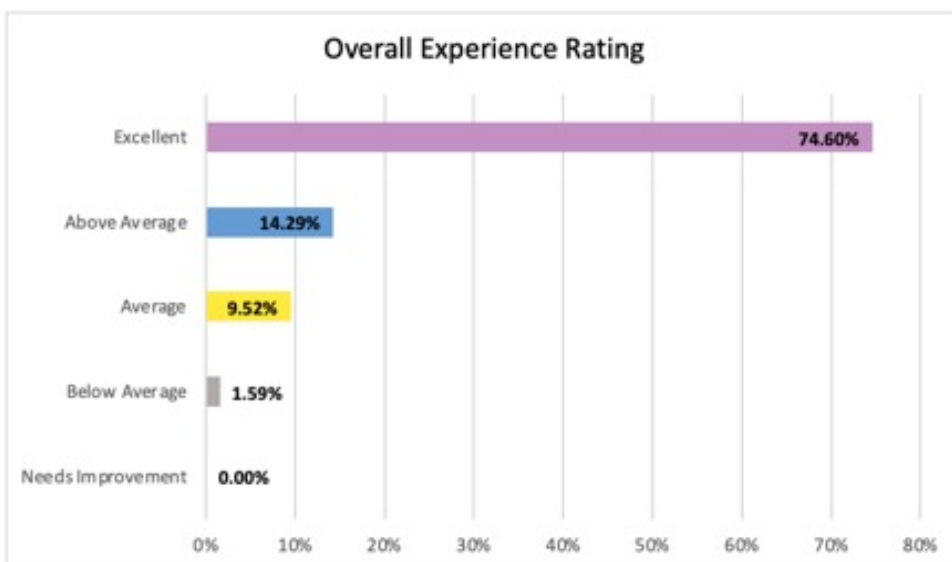
SIZE OF PARTNER ORGANIZATIONS

The majority of partner organizations surveyed were quite small, reporting that they have 9 or fewer employees supporting their work. This is especially notable as we consider partner capacity and the impact that this funding may have on their admirable work.



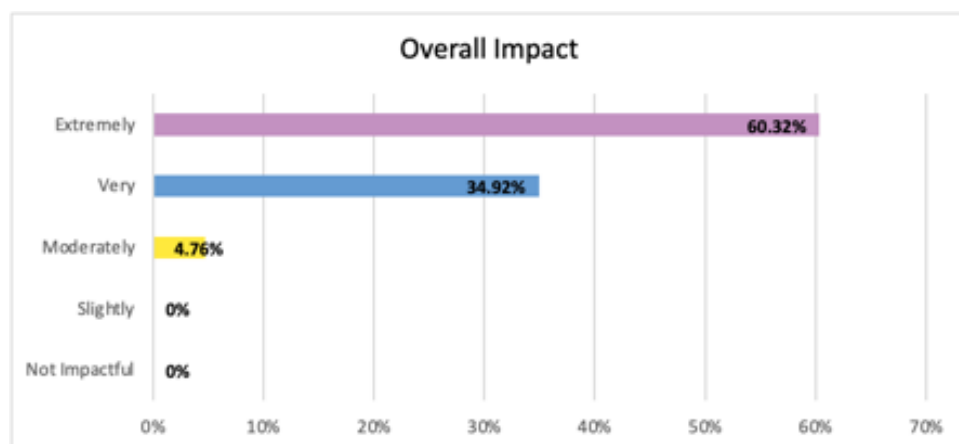
PARTNERSHIP EXPERIENCE AND IMPACT RATINGS

In order to assess the overall success of the partnerships across Washington state, we also asked partners to rate their overall experience and the ease and clarity of the process. Feedback on the overall experience was overwhelmingly positive. 75% of respondents said that their overall experience as a partner was “excellent”. An additional 14% said that their overall experience was “above average”. Very few respondents had an “average” and one had a “below average” experience.

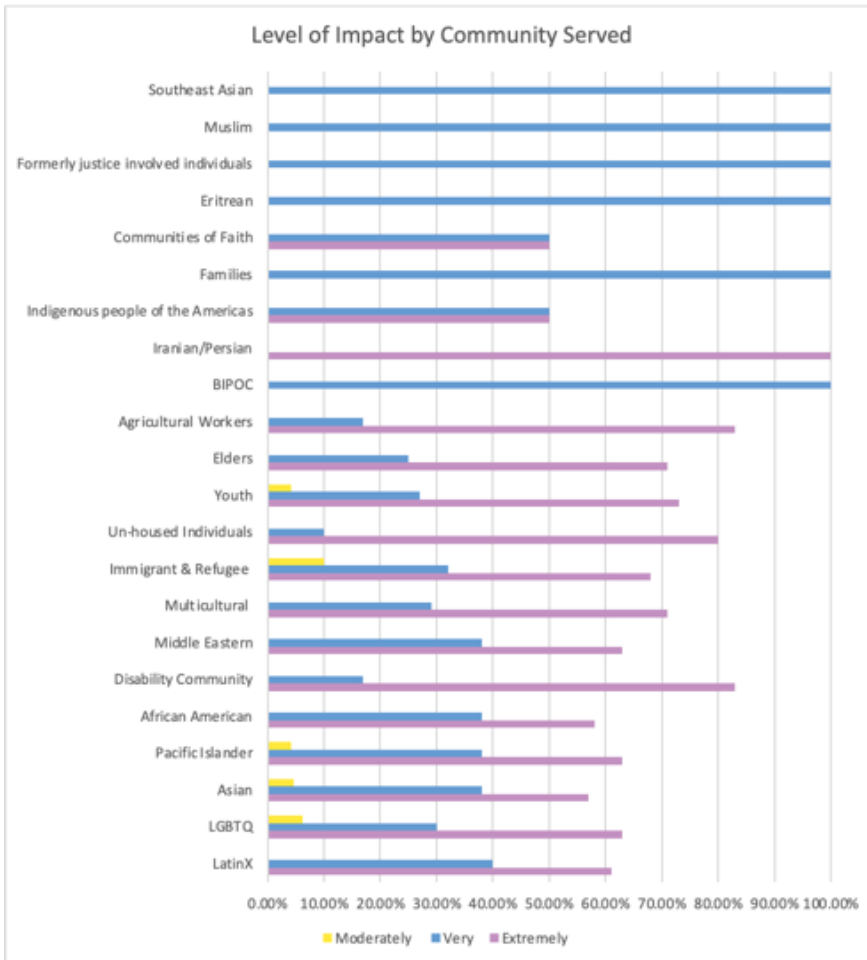


Feedback on the ease and clarity of the process was extremely positive. Once again, 75% of respondents said that the ease and clarity of the process was “excellent”. An additional 19% said that the ease and clarity of the process was “above average”. Very few respondents had an “average” experience and one had a “below average” experience.

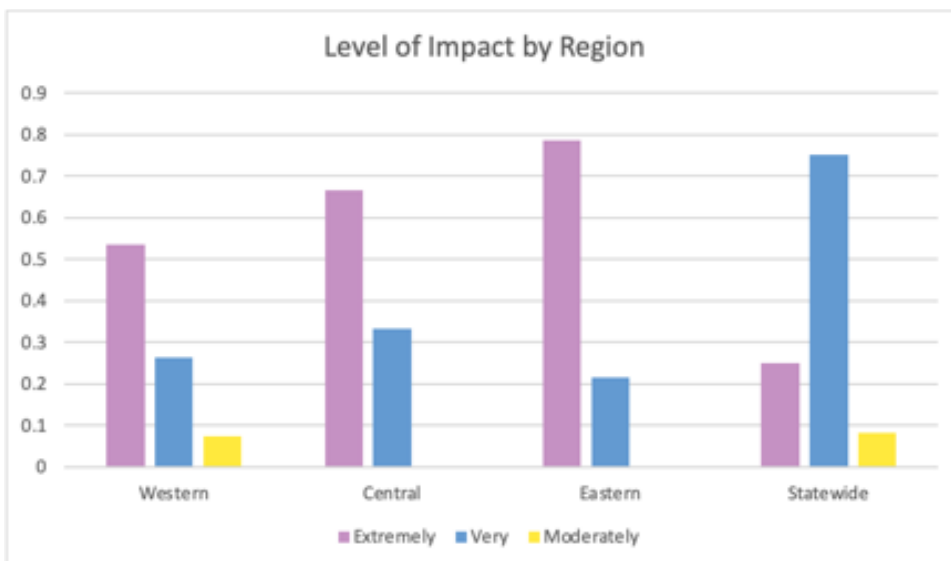
We also asked partners to consider the impact that this funding had on the COVID-19 prevention and education for the communities that they serve, and respondents clearly felt that the funding they received as a part of this grant made a notable impact. 60% of partner organization respondents said that this funding was “extremely” impactful, an additional 35% said that the funding was “very” impactful and the remaining 5% noted that it was “moderately” impactful.



We additionally cross tabulated overall level of impact by communities served in order to gain further insight into the level of impact on a specific community level. Again, across the board partners felt that this work was incredibly impactful on the specific communities they serve. However, slightly lower levels of impact were noted amongst partners that serve youth, immigrant and refugee, Pacific Islander/Pasifica/Native Hawaiian, Asian and LGBTQ communities.



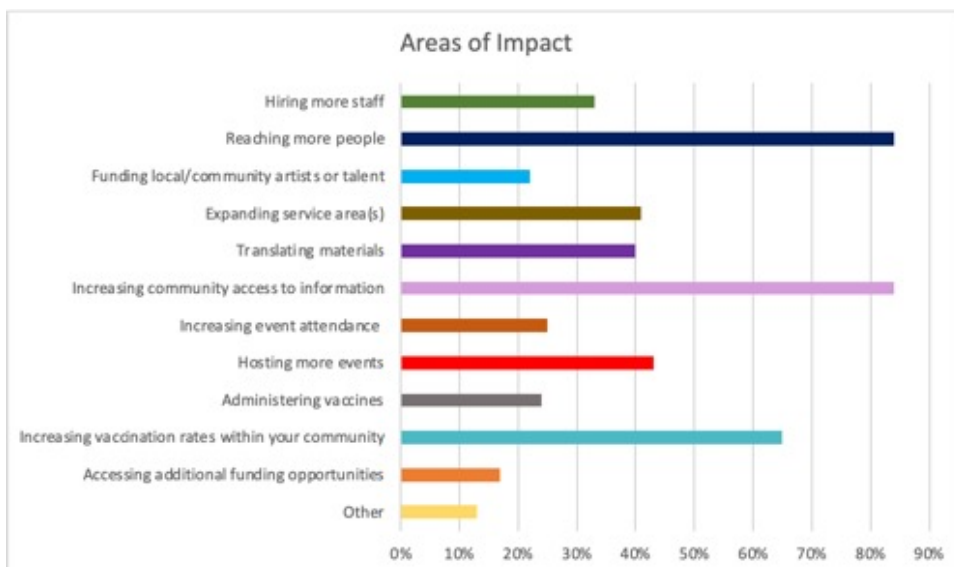
We finally cross tabulated level of impact by geographic region (ie Western WA, Central WA, Eastern WA and statewide). This examination indicated that organizations serving Western, Central and Eastern Washington expressed that this work had an extremely high level of impact while organizations that serve communities statewide expressed slightly less impact, though still notably high.



AREAS OF IMPACT

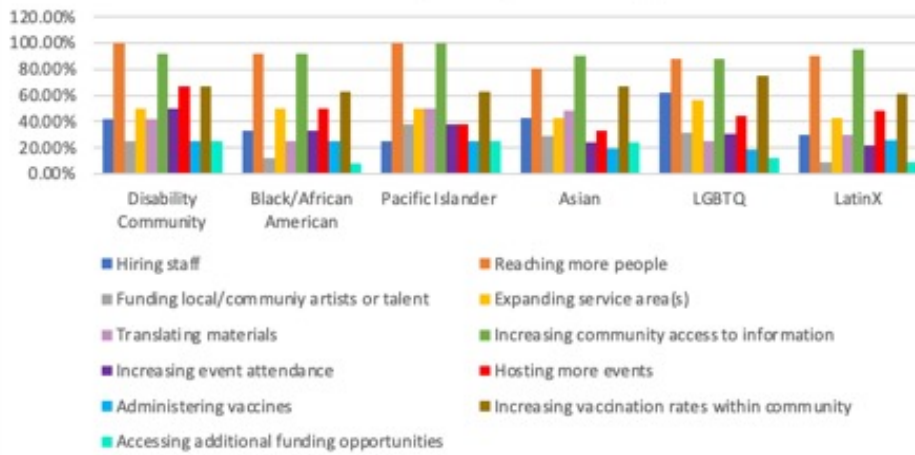
We also asked partners to consider the areas that this funding might have had the most impact in relation to COVID-19 prevention efforts in their respective communities. 84% of partners noted that this work was most powerful for reaching more people and increasing community access to information and a notable 65% said that their work helped to increase vaccination rates within their communities. Other high areas of impact included expanding organization service area(s), translating education and prevention materials and hosting more events for the communities partner organizations serve. In addition to the areas of impact highlighted below, survey respondents also noted the following areas of impact within the communities they serve:

- Development and sharing of marketing materials.
- Engaging faith leaders to connect with their communities.
- Providing trustworthy information about how COVID-19 specifically impacts communities served by partners.
- Relationship building with local media partners.
- Development of targeted, tailored materials that appeal more specifically to communities served by partners.

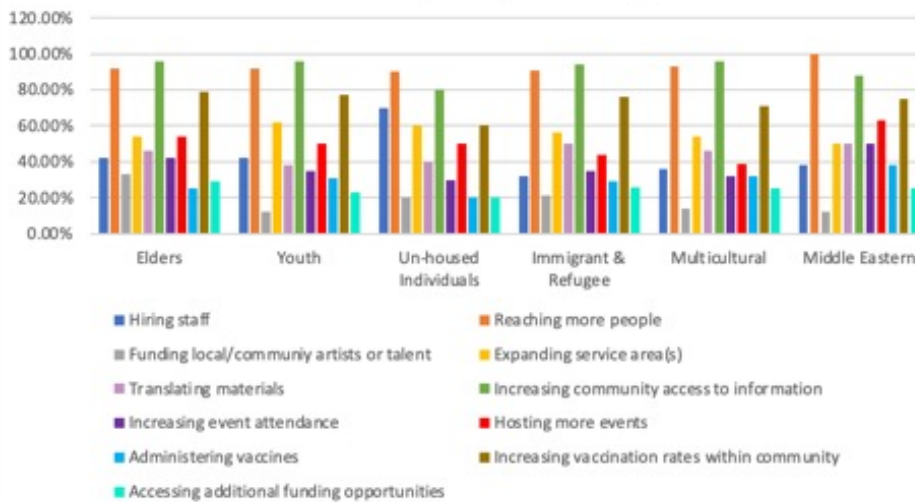


In order to provide additional insight into the areas of impact, we additionally cross tabulated areas of impact by community served. Our hope here was to gain a deeper understanding of the scope of different activities in the community. Please note that communities served were self-reported by respondents and may not reflect all organizations who serve that community (e.g. Black/African American, Eritrean, and BIPOC).

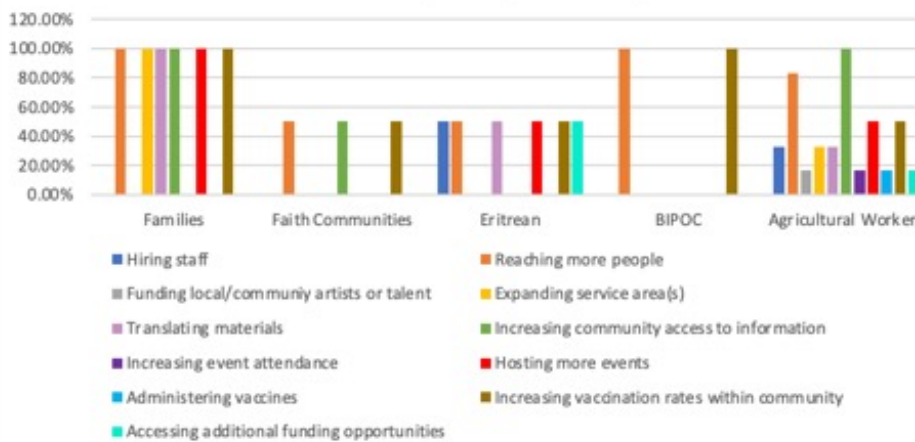
Areas of Impact by Community

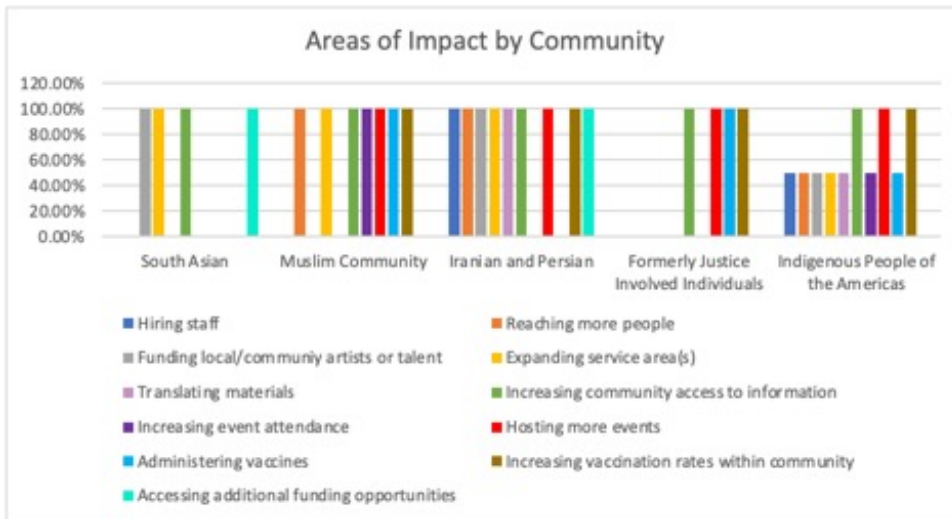


Areas of Impact by Community



Areas of Impact by Community





**Note: areas with gaps indicate no impact reported for that community in a specific area*

AREAS FOR IMPROVEMENT AND FEEDBACK

Though partner organization feedback was overwhelmingly positive, it also provided us with plenty of insight into areas that may be improved and recommendations for ways to ensure even greater success for future partnerships. The following is a list of key areas for improvement captured by the survey:

- Providing a longer funding timeline.** Nearly 50% of partner organizations suggested that a longer timeline would have been beneficial for their work. Many partners noted that they are very small and therefore have limited capacity for additional programming despite their passion for the work. Organizations noted that additional time would allow partners to complete all of their proposed activities to the fullest extent and to the best of their abilities without feeling overwhelmed or rushed.
- More connections with other partners.** 42% of partner respondents said that they would value additional opportunities to connect with other partners who received funding as a part of this grant. Partners said that connecting with others provided inspiration for their own work and allowed for increased visibility into the work that is being done statewide for many different communities.
- Faster payments.** 31% of respondents noted that faster payments would have been beneficial for this partnership. As many of these partnerships are with small organizations that have low operating budgets, this funding is essential for allowing them to complete additional programming as a part of the partnership. In some instances, partners noted that they needed to dip into their own operating expenses in order to support this work and were in some cases delayed in their activities until the funding had been received.
- More notification of other funding opportunities.** Finally, 58% of partner organizations that responded to the survey said that they would greatly value additional awareness of funding opportunities that they may be eligible for. Partners noted that this funding was invaluable for their ability to make an impact on their community and additional funding opportunities would allow them to expand upon this work and do even more to benefit their communities.

Winter/Spring 2021 Insight Interview Key Findings

In Summer 2021, DH conducted a series of interviews for the Department of Health Community Media Outreach Spring Partnerships in order to gain a deeper understanding of community partner experiences. These interviews were intended to give community partners an additional opportunity to reflect on their individual experiences throughout this process and share any thoughts or feedback they have directly with our team.

The purpose of these interviews was to:

- provide a space for community partners to further elaborate on their experience with this partnership (beyond their final reporting and the evaluation survey).
- gather information on what went well and what was challenging for partners throughout the process.
- review partner assistance offerings and support to inform recommendations for future efforts.
- explore impact of the funding and resulting work on the wellbeing of communities across Washington state.
- gather recommendations for specific ways we might improve outreach, coordination and relationship building for future community media and organization collaboration efforts.

INTERVIEW DISCUSSION TOPICS

- Overall partnership experience
- Feedback on technical assistance offerings
- Impact of funding on organizations and communities
- Challenges of the partnership
- Positives of the partnership
- Recommendations for future improvements

Note: To review the methodology used for the insight interviews, please reference [Appendix C](#).

Note: To review the complete discussion guide(s) used by interviewers, please reference [Appendix D](#).

PARTICIPANT INFORMATION

Individuals included in the insight interviews and the organizations they represent are listed below. These organizations were intentionally recommended by outreach coordinators to ensure that a diverse group of partners representing unique communities across Washington state were included in this reflection and evaluation process:

- AHANA
- Community Health Worker Coalition for Migrants & Refugees
- Gambian Talents Washington
- Inspiration Media/KNTS
- Washington Autism Alliance
- Clallam Mosaic
- Out Spokane/Spokane Pride
- U.T.O.P.I.A. Washington
- Voice Tacoma Radio Universal
- Crossings TV
- Alefba Group
- KD Hall Foundation
- Downtown Pasco Development Authority
- Faith Action Network
- Afisha/Slavic Family Media

OVERALL PARTNERSHIP EXPERIENCE

Our evaluative work revealed that partner experiences were generally extremely positive. Partners were thrilled to be considered for funding of this nature and felt that the experience allowed them to connect with their communities on a deeper level. Many organizations had wanted to do work of this sort prior to being contacted about this funding, but were actually able to carry out these initiatives due to the support that they received. Furthermore, partners felt heard and valued through this experience and deeply appreciated the trust instilled in them to utilize their expertise to reach their communities in the way they felt was most appropriate.

MAIN THEMES

- Easy going and flexible
- Clear guidelines and expectations
- Allowed for additional community engagement
- Communities felt “heard”
- Provided consistency across communities
- Supported organizations who are new to this work but have powerful potential
- Flexibility for partners to shape work in a way that was appropriate for their communities was very appreciated

QUOTES

Our community needed this now more than ever. The project was very timely as we were doing some of this work already, but this funding allowed us to do a lot more work that we wished we could do but didn't have the capacity for.

This partnership has been great. I am grateful for the support that has been given. **Expectations have been so clear** and all of our conversations with the team have allowed us to get on track and get things done with such a good process.

Having this opportunity has allowed us to help start an important dialogue within our community. At the beginning of the pandemic, we heard so much panic and unanswered questions within our community. **This funding has significantly improved knowledge our community now has, raised awareness and reassured people about the vaccine.**

DOH must have sensed the urgency of this work because **the initial process was so smooth.** I have experience with many grants, but this particular one was so smooth and easy which was essential.

My experience has been amazing. I love to work with this team because they understand our work and are so flexible. You have been willing to listen to us and let us proceed in a way that allows us to best connect with our communities.

I felt very heard. We had made the decision to be a resource for the community and it was so nice that there was a recognition that this needed to be funded.

We are a traditional media company and sometimes need help with this type of campaign work as it is new to us. We learned through the energy, passion and intellect of the team and **appreciated the autonomy and flexibility to develop something that is right for the community.**

PARTNER ASSISTANCE FEEDBACK

Those who participated in the survey and/or insight interviews were largely satisfied with the support they were given throughout the duration of this partnership. Many partners expressed that the most valuable support they received was from outreach coordinators. Across the board, partners felt that outreach coordinators were always there to support them by reviewing materials, addressing any questions or concerns or connecting them to subject matter experts to be featured as a part of their activities. Additionally, partners greatly valued the provision of materials with accurate, up-to-date information about COVID-19 and vaccinations that they could then tailor to their respective communities. Partners felt that any support they needed would be made available to them upon asking and had very few concerns about the assistance they received or were offered.

MAIN THEMES

- Outreach coordinator support was invaluable
- Graphic design and shared videos were very useful for many partners
- Connection to other partners was very useful and inspiring
- Any time support was needed, in any form, it was always available

QUOTES

We had a great relationship with them [outreach coordinators], they were very helpful. They were really on point in answering any of our questions and responding right away.

I couldn't have asked for a better coordinator. I loved her commitment and dedication to partnering with us. The communication was always good and I really couldn't rate it any better. I wish everyone could be like her.

Things were changing so quickly and she [outreach coordinator] **helped us to make sure that everything was accurate and consistent messaging** and that nothing was outdated.

I used graphic design support and this was very neat to see. This support was extremely helpful.

DH organized a Zoom call with many partners and this was very helpful. We could share resources and inspiration. It was short, but **so helpful to hear about other partner work.**

Whenever we needed support, it was there for us. The most useful support was the conversations we were able to have with the coordinator team that allowed more ideas to emerge

We asked for technical support at the beginning, for help with video production, but this never happened. This isn't necessarily a negative comment, there simply wasn't enough time to get that done.

Support and flow of information was a bit slow at the beginning. Initially it took a good deal of time to hear back as materials were going through the review process, but **this improved greatly over time.**

I was appreciative that there wasn't too much micromanaging. **We had the support we needed when we needed it and also had the flexibility to do work in the ways we know are best for our community.**

The documentation and materials from DH and the Department of Health were so helpful. We took the accurate information on the samples and were inspired to create our own materials.

We used graphics and videos for our calls and presentations and also used shared resources for our messaging. We used many of the key assets and info from DOH to educate our influencers prior to their interviews. Having resources available in other languages was also really helpful.

We used a lot of translation support, this was incredibly helpful.

I will say, initially I thought the email offering support was a phishing email. It wasn't super obvious who the support was coming from and why we were eligible to receive funding. Of course I am so glad I didn't ignore it, but more context or an official looking email would ensure better support.

IMPACT ON ORGANIZATIONS AND COMMUNITIES

Our evaluation through both the survey and interviews revealed that the impact this funding had on partner organizations was exceptional. In many cases, community partners shared that the work they accomplished as a part of their grant would not have otherwise been possible. Organizations were able to tailor messaging about COVID-19 in ways that were most appropriate and accessible for their communities, host events that felt right for the people they served and helped to address vaccine hesitancy and were able to establish a deeper sense of community through the work that was made possible by their partnership with the Department of Health.

MAIN THEMES

- Without this support, communities wouldn't be able to do this level of public health communications outreach, even if they wanted to
- Ability to compensate participants helped leverage communications and inspire participation
- Funding allowed organizations to fulfill their commitment to their communities on a deeper level
- Funding has helped share culturally appropriate, accessible information with communities across the state

QUOTES

I was very thankful that I could compensate someone to do a good job on our videos. We worked with people that believed in the project and felt that vaccines are essential and this was very important to me. I wanted them to believe in the project and put their heart into it and was happy to be able to compensate those that did.

We would not have been able to do all of this work if it weren't for this support.

This [funding] allowed us to amplify our messaging and reach more members of our community.

We felt the responsibility of taking on tasks related to COVID and this support actually allowed us to actually do this work. This helped motivate the organization and the community and we felt recognized and seen by receiving this funding.

We have been able to address misinformation and fake news and encourage people to get vaccinated in many ways that are appropriate for our community.

Without this money. We wouldn't have been able to do most of our work and the "Me Levanto la Manga" [I roll up my sleeve] campaign would never have happened. **I could have had the dream but wouldn't have been able to pay people to do it.**

We were planning on doing a lot of this work for our community, but the funding allowed us to do more and to do it better. The content was so much better in terms of content and accessibility **and really helped to influence our community more appropriately.** Because of this partnership we were able to arrange collaborations, meetings and outreach without community.

We were able to share so much accurate information about vaccines, the virus itself and how to get easy access to the vaccines when they became available. We helped people feel connected and gave them information to keep them active and healthy during these difficult times.

I am so proud to say that **through these partnerships there is now so much more information available for people from diverse communities.**

Through this funding, we were able to hire talent, incentivize vaccination, pay for posters and ads that would have normally come out of our own budget. **We could do so much more to give the work the extra "umph" that it needed to make a difference in the community.**

We were able to provide people of all ages with the opportunity to **get the vaccine in an environment free from judgement** and could support them in an incredibly difficult time. For many people, our event was the first medical moment where they felt their dignity was still in place.

We were really able to expand our messaging on the vaccine and COVID. With the help of this team we were able to **communicate continuously about COVID and the vaccines.** If we didn't have this funding, messages would have been limited.

Having accurate information available in language was essential. Our mission is to have a trusted source of impactful, accurate messaging for the community and through this funding we have been able to create wonderful resources of this nature.

PARTNERSHIP CHALLENGES

Though partner experiences were overwhelmingly positive, organizations identified areas where their experience could be improved. Some partners experienced delays in their work due to lengthy proposal review processes between DH and DOH and others felt that the flow of COVID-19 and vaccine information was slow to start. Additionally, partners voiced an interest in additional time to complete their projects as well as additional support in key areas in order to complete their work to the best of their abilities.

MAIN THEMES

- Additional time needed to complete work
- Delay of work due to lengthy proposal review process
- Timing work alongside evolving information and latest health care guidance
- In areas where content needed to be reviewed by DOH for accuracy, this could create delays for some partners
- Translation support for writing the proposal itself would be an asset
- Difficulty responding to misinformation campaigns

QUOTES

*There were very few challenges, but maybe a little bit more time to complete the tasks, for example, would have been helpful. **If there were any way to extend the project timeline**, or if they could have a period of grace to finish our project and prepare the report, that would be great since there were hurdles with COVID and the heat wave that delayed us. More time in general would be nice because we all want to shine in the work we have promised and more time would help with this.*

*The only thing I would have changed was the timeline for the proposal and the project. Being a new organization that is volunteer based, **we need more time to be able to accomplish a lot**. If this would have caused us to be unable to provide the direct support we provide for the people we serve, we wouldn't have been able to do it because we are dedicated to serving the community first and foremost. **We just needed a little more time**.*

***The most challenging part was the content approval process**. On one hand it is important to have accurate information approved, but we could have accomplished more if the review process had been shorter and quicker and didn't involve quite as much review time or back and forth.*

***It took some time to establish the flow of information sharing initially**, but this was improved over time.*

***One thing that took some time was writing the proposal in English**. It would have been helpful to have some support from a translator who could support those writing proposals and use English as a second language.*

*The biggest hurdle for our team was fighting antivaccine “trolls” on our social media platforms. In the future, **it would be helpful if we could have some help or training on combating misinformation** and how to respond appropriately to those who oppose our messaging.*

PARTNERSHIP STRENGTHS

As mentioned previously, feedback for these partnerships was extremely positive. Partners were enthusiastic about receiving funding from DOH and felt supported in their efforts to connect with and build trust in their communities. Most organizations felt that the process was simple and straight forward and appreciated that expectations and deadlines were clearly established from the beginning. Furthermore, they greatly appreciated the supportive, trustworthy relationship established with outreach coordinators and felt that they had exceptional support throughout the duration of their projects.

MAIN THEMES

- Easy going and straight forward
- Clear expectations and deadlines
- Trust instilled in partners and gave them flexibility
- Exceptional support from outreach coordinators
- Extremely accessible funding opportunity

QUOTES

***I was surprised and appreciative to see how easy it was to qualify for funding.** We said ok, this is what we can offer, this is what we can do to reach our community, and we were approved on our first try.*

He [outreach coordinator, Mark Fox] stated that “ this is a contract, but it is flexible. We know that situations change so if we need to change something to make it more appropriate for what is happening or to overcome any barriers, let’s do it”.

***The review and feedback I got from our outreach coordinator was really incredible.** He was always there to support us anytime we needed help. I can say with full confidence that I had all the support I needed offered to me, whether I used it or not.*

*It was really helpful to break the stereotype of the government which usually has to be so black and white. Having real **people who understand that no project is perfect and that things are still developing was really helpful.** It made me feel very good about the partnership and our work. Things like this can be so intimidating, but this wasn’t at all.*

*It [the application process] was so smooth. I have experience with contracts and grants, but **this particular one was very smooth and easy** which was essential with the timeline of the project and urgency of COVID. DOH sensed the urgency of this project which was really helpful.*

***We also greatly appreciated the flexibility.** It was very nice to be able to define the project in a way that was most appropriate for our specific community.*

RECOMMENDATIONS FOR FUTURE IMPROVEMENTS

Partner organizations shared very useful, constructive feedback for the ways in which these partnerships may be improved in the future. Much of the feedback centered around time, requesting additional time to complete their projects and earlier delivery of funding to ensure that projects are completed on time and without unnecessary hurdles or undue stress. Partners also recommended additional resources that we might provide them with including more consistent, facilitated meetings with other partners and the provision of a platform where all available resources might be kept and accessed at any time by partners. All of these recommendations were centered around changes that would make partnerships as easy and successful as possible.

MAIN THEMES

- Template for recommended proposal format would be useful
- Timing and delivery of funding impacts partner programming
- Extension of project timeline would improve partner activities
- Facilitation of check-ins with groups of partners to encourage collaboration would prove beneficial
- Remain flexible as COVID messaging is ever changing
- Provide platform with easy access to all available resources

QUOTES

*If I were a new partner that doesn't have much or any experience with proposals, **I would have benefited from a proposal template** at the beginning of the process.*

*In the future, **it would be nice if partners could receive funding earlier** so that they don't have to pull from their own pockets and for partners to **have more time to complete their project**.*

*It would have helped to **have a way to know what other grantees are doing and who they are** so that we could support each other and avoid reinventing the wheel. If we knew about their projects as they are happening, we could deepen the connection between partners.*

*I would recommend **collaborative check-ins with a handful of partners multiple times over the course of the partnership**. Then partners can share their work and help inspire others.*

*Continue to **ensure that the partnership is flexible**. Messaging and information with COVID changes so much over time so it would be helpful to continue to be flexible with messaging or plans that were established ahead of time and allow for pivots when needed.*

*One piece of feedback is that there should be more of a database or webpage with all of the resources and message that are available by category. **Having a place where partners can browse all of the available materials** and suggested talking points would be helpful. That way we can look for the sort of thing we have in mind that might already exist and don't have to spend time pestering the outreach coordinators.*

*DOH might **consider taking materials back that partners have translated** so that they can make these available to the public on their end.*

Actionable Recommendations

Upon the conclusion of our evaluative survey and insight interviews, the following recommendations rose to the top as key considerations for future partnerships.

CONTINUE FOSTERING FLEXIBLE PARTNERSHIPS

Many partners voiced how pleased they were with the flexibility this partnership allowed their organization. Partners were thrilled with the opportunity to receive funding that would allow them to support their community, but were even more pleased to be able to conduct this work in the ways that they felt were most appropriate. These partners are subject matter experts when it comes to understanding the most appropriate strategies for reaching the communities they are dedicated to serving. Our collaborations should acknowledge and encourage partners to utilize their individual strengths. We should continue to give them the space to creatively determine how best to support their community while also providing any additional support they may need to effectively deliver accurate, culturally appropriate messaging.

ESTABLISH EXTENDED TIMELINE FOR PARTNER PROJECTS

Partner organizations are dedicated to performing the work they set out to complete in their initial proposals for this grant funding and want to do so to the best of their abilities. In many cases, partners expressed an interest in having an extended timeline in order to complete this work and most successfully reach the communities they serve. Therefore, we recommended an extended timeline or a grace period for partners to complete their work where possible. Our intention is to support partners in their initiatives and providing an extended project timeline would ensure partners have the time and space to complete their activities without an added time crunch.

PRIORITIZE TIMELY DELIVERY OF FUNDS

Through our survey, we determined that many of the partner organizations that this funding supports are quite small. The majority have fewer than 10 employees, are often largely supported by volunteer work and typically have limited funds to utilize for projects such as this outside of their standard operating budgets. Therefore, the timing of the delivery of grant funding for projects such as this is essential to prioritize. Partner organizations seldom have the ability to dig into their own pockets to support programming beyond their usual activities and commitments and would benefit greatly from delivery of funding at the beginning of the partnership. We recommend making the timely delivery of funding a priority for these partnerships so that we may best support the work of partner organizations and minimize any delay to the onset of their crucial activities.

ESTABLISH ADDITIONAL SUPPORT SYSTEMS FOR KEY AREAS

Feedback for the support provided through this partnership was generally glowing. Partners were overly enthusiastic about the support DOH and outreach coordinators provided to bolster their programming during the course of their project. However, partners did voice an interest in additional support when it came to the application and proposal process. Many of the smaller community based and media organizations are new to the proposal writing process and would benefit from a variety of supportive measures. First, we recommend making a template for the proposal available so that partners new to the proposal process understand what details should be incorporated into the proposal and to minimize unnecessary time spent on the proposal format. In addition, we recommend that translation services be made available during the application and proposal writing process. Many partners applying for this funding use English as a second language and some have expressed an interest in translation services for their proposal. Some partners explained that while they are well versed in English or in proposal writing, translating information for their proposal into English was the most time consuming part of the process. Providing additional support on the front end of the partnership would help to endure that there are barriers to applying for and receiving funding are limited.

Another area where additional support would be beneficial is in the ways in which we support partner organizations with pushback to their activities. Some partners shared that they experienced pushback and negative commentary from members of their community who disagreed with their messaging, specifically the messaging related to encouraging vaccinations, and did not know how best to respond to this messaging. We recommend the addition of training materials or support to help partners respond appropriately to those who publicly oppose messaging about COVID-19 prevention and vaccinations.

Appendix A

PARTNER EVALUATION SURVEY METHODOLOGY

In collaboration with the Department of Health, DH developed a survey with a combination of multiple choice, checkbox and free response options tailored specifically for community based organizations/nonprofits and media outlets.

For all rounds of the survey:

- The survey was built out using the SurveyMonkey platform and delivered in English, with the option to receive a translated version in a preferred language.
- All partners were given the option of sharing their organization's name at the end of the survey, but were able to choose to remain anonymous if they so preferred.
- Survey response analysis was conducted by a member of the DH team who had not previously been exposed to campaign details and has not had contact with the community partners outside of this round of evaluation.

WINTER/SPRING 2022 SURVEY METHODOLOGY

- Community-based organizations and community media outlets received the same 14 questions.
- In June 2022, DH deployed the Winter/Spring 22 evaluation survey to 125 community partners who had participated in the Winter/Spring 2022 phase of the program and/or were actively a part of the CMO program at the time.
- Partners were given two reminders to complete the survey during June.
- The survey was closed on June 20, 2022, at which point 36 responses had been collected (a 29% response rate).
- The survey sample size had a confidence level of 95% and a margin of error of 10%.

SUMMER/FALL 2021 SURVEY METHODOLOGY

- In the Summer/Fall 2021 survey, organizations that self-identified as community based organizations or nonprofits had a total of 21 questions. Organizations that self-identified as media outlets had a total of 18 questions.
- In January 2022, DH deployed the Summer/Fall 2021 evaluation survey to 134 partners who had participated in the Summer/Fall 2021 phase of the program and/or were actively a part of the CMO program at the time.
- Partners were given two reminders to complete the survey into early February 2022.
- The survey was closed on February 14, 2022, at which point a total of 57 responses had been collected.
- The survey sample size had a confidence level of 95% and a margin of error of 10%.

WINTER/SPRING 2021 SURVEY METHODOLOGY

- Community-based organizations and community media outlets received a 14 question survey.
- In June 2021, DH deployed the survey to 175 community partners who had participated in the Winter or Spring 2021 phases of the program or were actively a part of the CMO program at the time.
- Partners were given two reminders to complete the survey over the course of 2 weeks.
- The survey was closed on July 12, 2021 at which point 63 responses had been collected.
- The survey sample size had a confidence level of 95% and a margin of error of 10%.

Appendix B

WINTER/SPRING 2022 PARTNER EVALUATION SURVEY QUESTIONS

Introduction

Thank you for your partnership with DOH in COVID-19 communication and outreach in recent paid advertising and/or communication grant programs. DOH would like to learn more about your experience in these efforts. The purpose of this survey is to identify ways to better support community partners in public health communications.

Results from this survey will be shared with the DOH and contractors Desautel Hege (DH), C+C and Kauffman & Associates. All responses are anonymous.

The survey should take no more than **ten minutes** of your time.

Desautel Hege (DH) will be conducting insight interviews with community partners who would like to share more about their experience. If you would like to participate in an interview, email Megan Hatheway at meganh@wearedh.com

Questions: All Partners

1. What communities does your organization work with the most through the program? (check all that apply)
 - a. Hispanic/Latino(a)
 - b. LGBTQ+
 - c. Asian
 - d. Pacific Islander/Pasifica/Native Hawaiian
 - e. Black / African American
 - f. American Indian / Alaska Native
 - g. Indigenous People of Central and South America
 - h. Disability Community
 - i. Middle Eastern
 - j. Immigrant & Refugee Communities
 - k. Un-housed individuals
 - l. Youth
 - m. Elders
 - n. Agricultural workers
 - o. Families
 - p. Other (please describe)

2. What part(s) of the state did you reach through your COVID-19 outreach efforts? (check all that apply)
- a. Western Washington
 - b. Eastern Washington
 - c. Central Washington
 - d. Statewide
3. In the past year, has your organization received COVID response funding from any of the following sources outside of this campaign? (answers to this question will not impact future funding decisions) (check all that apply)
- a. Department of Health's community media outreach program with Desautel Hege (DH) or Kauffman and Associates (KAI)
 - b. Department of Health's statewide advertising campaign with C+C
 - c. Other Department of Health funding
 - d. All in Washington
 - e. Federal grant funding
4. How many staff members does your organization have?
- a. 0-4
 - b. 5-9
 - c. 10-20
 - d. 21+
5. Would you say your organization serves rural, suburban or urban communities?
- *See below for definitions for each (check all that apply)
- *Rural: Counties with population of less than 10,000 to 50,000
- *Suburban: Counties linked to urban core with populations of less than 250,000
- *Urban: Counties located in urban core with a population of at least 250,000 to 1 million or more
- a. Rural
 - b. Suburban
 - c. Urban
6. Would you describe your organization as primarily:
- a. A community based organization or nonprofit
 - b. A media outlet (DIRECT TO QUESTIONS FOR MEDIA OUTLETS)

Questions: Community-based organizations (CBOs) and nonprofits only

7. How would you rate your overall experience as a partner in this project?
- a. Excellent
 - b. Above average
 - c. Average
 - d. Below Average
 - e. Needs improvement

8. How would you rate ease and clarity of the funding process?
- Excellent
 - Above average
 - Average
 - Below average
 - Needs improvement
9. How would you rate overall support available to you (planning, production, coaching) compared to other funding and grant programs?
- Our organization had the right amount of support
 - Our organization needed more support
 - Our organization needed less support
 - Other (please explain)
10. How impactful was the funding you received to supporting overall COVID-19 prevention, education and vaccination efforts? (“impactful” meaning made a noticeable and measurable difference)
- Extremely
 - Very
 - Moderately
 - Slightly
 - Not impactful
11. In what areas did this funding have the most impact in your organization’s work? (check all that apply)
- Hiring staff
 - Reaching more people
 - Funding local/community artists or talent
 - Expanding service area(s)
 - Translating materials
 - Increasing community access to accurate, trustworthy information
 - Increasing event attendance
 - Hosting more events
 - Administering vaccines
 - Increasing vaccination rates within your community
 - Accessing additional funding opportunities
 - Developing tailored materials for specific communities
 - Building relationships with other organizations and/or communities
 - Other (please describe)
12. Do you feel that the allocation and distribution of funding was equitable?
- The allocation and distribution of funding was very equitable
 - The allocation and distribution of funding was somewhat equitable
 - Improvements could be made with to equitable allocation and distribution of funding
 - There were major concerns with the equitable allocation and distribution of funding

13. Do you have any recommendations for making the allocation and distribution of funding more equitable? (optional)
14. What resource needs or community outreach projects do you feel should be prioritized? (optional)
15. How can we improve the experience for partners in the future? (check all that apply)
- a. Faster payments
 - b. More communications support from our team
 - c. Connections to subject matter experts
 - d. More time to submit an application
 - e. More notification of other funding opportunities
 - f. Increased awareness of other partner projects
 - g. Connections with other partners
 - h. Longer funding timeline
 - i. More streamlined access to resources
 - j. Trainings or webinar opportunities
 - k. Other (please specify)
16. Please explain any of the improvements you recommended in the previous question. (optional)
17. In what ways have you been able to connect with The Department of Health (DOH) through this partnership?
- a. Community partner round tables
 - b. Programmatic technical assistance
 - c. One-on-one discussions and information sharing
 - d. Community-specific data/reporting
 - e. Relationship building
 - f. Press releases and press conferences
 - g. Interviewing DOH subject matter experts and leadership
 - h. None
 - i. Other (please specify)
18. In what ways, if any, are you hoping to interact with The Department of Health (DOH) more? (check all that apply)
- a. Community partner round tables
 - b. Programmatic technical assistance
 - c. One-on-one discussions and information sharing
 - d. Community-specific data/reporting
 - e. Relationship building
 - f. Press releases and press conferences
 - g. Interviewing DOH subject matter experts and leadership
 - h. None
 - i. Other (please specify)
19. What has your organization or community learned about its role in public health through this project? (optional)

20. What other feedback do you have for the Department of Health (DOH), Desautel Hege (DH) or Kauffman and Associates (KAI) to consider? (optional)

21. What is your organization's name? (optional)

Questions: Community media outlets (CMOs) only

22. Who did you work with in communications for 2021?

- a. Desautel Hege (DH) and/or Kauffman and Associates (KAI)
- b. C+C and/or KW Media
- c. Both a and b

23. How would you rate your overall experience as a partner in this project?

- a. Excellent
- b. Above average
- c. Average
- d. Below Average
- e. Needs improvement

24. How would you rate overall support available to you (planning, production, coaching) compared to other grant funding or advertising campaigns?

- a. Our organization had the right amount of support
- b. Our organization needed more support
- c. Our organization needed less support
- d. Other (please explain)

25. How impactful was the funding you received to supporting overall COVID-19 prevention, education and vaccination efforts? ("impactful" meaning made a noticeable and measurable difference)

- a. Extremely
- b. Very
- c. Moderately
- d. Slightly
- e. Not impactful

26. In what areas did this funding have the most impact in your organization's work? (check all that apply)

- a. Reaching more people
- b. Hiring staff
- c. Funding local/community artists or talent
- d. Increasing community access to accurate, trustworthy information
- e. Connecting with subject matter experts
- f. Increasing event attendance
- g. Hosting more events
- h. Increasing vaccination rates within your community
- i. Changing attitudes and behaviors
- j. Accessing additional funding opportunities
- k. Developing tailored materials for your audiences
- l. Building relationships with other organizations and/or communities
- m. Other (please describe)

27. How can we improve the experience for media outlets in the future? (check all that apply)

- a. Faster payments
- b. More communications support from our team
- c. Connections to subject matter experts
- d. Access to press releases and press conferences
- e. More time to submit a proposal or bid
- f. More notification of other funding opportunities
- g. Increased awareness of other COVID-19 or other DOH projects
- h. Connections with community-based organizations
- i. Connections with or other media outlets participating
- j. Longer timeline
- k. More streamlined access to resources
- l. More collaboration in content/message development
- m. More collaboration or support with content production
- n. Trainings or webinar opportunities
- o. Other (please specify)

28. Please explain any of the improvements you recommended in the previous question. (optional)

29. In what ways have you been able to connect with the Department of Health (DOH) through this partnership? (check all that apply)

- a. Paid advertising on other health campaigns
- b. Developing feature stories on other health topics
- c. Supporting community outreach or events
- d. Participating in community partner round tables
- e. One-on-one discussions and information sharing
- f. Community-specific data/reporting
- g. Relationship building
- h. Press releases and press conferences
- i. Interviewing DOH subject matter experts and leadership
- j. None
- k. Other (please specify)

30. In what ways, if any, are you hoping to work with DOH more? (check all that apply)

- a. Paid advertising on other health campaigns
- b. Developing feature stories on other health topics
- c. Supporting community outreach or events
- d. Participating in community partner round tables
- e. One-on-one discussions and information sharing
- f. Community-specific data/reporting
- g. Relationship building
- h. Press releases and press conferences
- i. Interviewing DOH subject matter experts and leadership
- j. None
- k. Other (please specify)

31. What has your organization learned about its role in public health through this project? (optional)

32. What other feedback do you have for the Department of Health (DOH), Desautel Hege (DH), Kauffman and Associates (KAI) or the C+C teams to consider? (optional)

33. What is your organization's name? (response optional)

SUMMER/FALL 2021 PARTNER EVALUATION SURVEY QUESTIONS: COMMUNITY BASED ORGANIZATIONS

Introduction

Thank you for your partnership with DOH in COVID-19 communication and outreach in recent paid advertising and/or communication grant programs. DOH would like to learn more about your experience in these efforts. The purpose of this survey is to identify ways to better support community partners in public health communications.

Results from this survey will be shared with the DOH and contractors Desautel Hege (DH), C+C and Kauffman & Associates. All responses are anonymous.

The survey should take no more than **ten minutes** of your time.

Desautel Hege (DH) will be conducting insight interviews with community partners who would like to share more about their experience.

Questions: All Partners

1. What communities does your organization work with the most through the program? (check all that apply)
 - a. Hispanic/Latino(a)
 - b. LGBTQ+
 - c. Asian
 - d. Pacific Islander/Pasifica/Native Hawaiian
 - e. Black / African American
 - f. American Indian / Alaska Native
 - g. Indigenous People of Central and South America
 - h. Disability Community
 - i. Middle Eastern
 - j. Immigrant & Refugee Communities
 - k. Un-housed individuals
 - l. Youth
 - m. Elders
 - n. Agricultural workers
 - o. Families
 - p. Other (please describe)

2. What part(s) of the state did you reach through your COVID-19 outreach efforts? (check all that apply)
 - a. Western Washington
 - b. Eastern Washington
 - c. Central Washington
 - d. Statewide

3. In the past year, has your organization received COVID response funding from any of the following sources outside of this campaign? (answers to this question will not impact future funding decisions) (check all that apply)
- a. Department of Health's community media outreach program with Desautel Hege (DH) or Kauffman and Associates (KAI)
 - b. Department of Health's statewide advertising campaign with C+C
 - c. Other Department of Health funding
 - d. All in Washington
 - e. Federal grant funding
4. How many staff members does your organization have?
- a. 0-4
 - b. 5-9
 - c. 10-20
 - d. 21+
5. Would you say your organization serves rural, suburban or urban communities?
- *See below for definitions for each (check all that apply)
- *Rural: Counties with population of less than 10,000 to 50,000
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- a. Rural
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 - c. Urban
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 - b. A media outlet (DIRECT TO QUESTIONS FOR MEDIA OUTLETS)

Questions: Community-based organizations (CBOs) and nonprofits only

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- a. Excellent
 - b. Above average
 - c. Average
 - d. Below Average
 - e. Needs improvement
8. How would you rate ease and clarity of the funding process?
- a. Excellent
 - b. Above average
 - c. Average
 - d. Below average
 - e. Needs improvement

9. How would you rate overall support available to you (planning, production, coaching) compared to other funding and grant programs?
- Our organization had the right amount of support
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 - Our organization needed less support
 - Other (please explain)
10. How impactful was the funding you received to supporting overall COVID-19 prevention, education and vaccination efforts? (“impactful” meaning made a noticeable and measurable difference)
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11. In what areas did this funding have the most impact in your organization’s work? (check all that apply)
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 - Expanding service area(s)
 - Translating materials
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13. Do you have any recommendations for making the allocation and distribution of funding more equitable? (optional)
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- a. Faster payments
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 - c. Connections to subject matter experts
 - d. More time to submit an application
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 - g. Connections with other partners
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 - i. Other (please specify)
18. In what ways, if any, are you hoping to interact with The Department of Health (DOH) more? (check all that apply)
- a. Community partner round tables
 - b. Programmatic technical assistance
 - c. One-on-one discussions and information sharing
 - d. Community-specific data/reporting
 - e. Relationship building
 - f. Press releases and press conferences
 - g. Interviewing DOH subject matter experts and leadership
 - h. None
 - i. Other (please specify)
19. What has your organization or community learned about its role in public health through this project? (optional)
20. What other feedback do you have for the Department of Health (DOH), Desautel Hege (DH) or Kauffman and Associates (KAI) to consider? (optional)
21. What is your organization's name? (optional)

Questions: Community media outlets (CMOs) only

22. Who did you work with in communications for 2021?

- a. Desautel Hege (DH) and/or Kauffman and Associates (KAI)
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- b. Hiring staff
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- e. Connecting with subject matter experts
- f. Increasing event attendance
- g. Hosting more events
- h. Increasing vaccination rates within your community
- i. Changing attitudes and behaviors
- j. Accessing additional funding opportunities
- k. Developing tailored materials for your audiences
- l. Building relationships with other organizations and/or communities
- m. Other (please describe)

27. How can we improve the experience for media outlets in the future? (check all that apply)

- a. Faster payments
- b. More communications support from our team
- c. Connections to subject matter experts
- d. Access to press releases and press conferences
- e. More time to submit a proposal or bid
- f. More notification of other funding opportunities
- g. Increased awareness of other COVID-19 or other DOH projects
- h. Connections with community-based organizations
- i. Connections with or other media outlets participating
- j. Longer timeline
- k. More streamlined access to resources
- l. More collaboration in content/message development
- m. More collaboration or support with content production
- n. Trainings or webinar opportunities
- o. Other (please specify)

28. Please explain any of the improvements you recommended in the previous question. (optional)

29. In what ways have you been able to connect with the Department of Health (DOH) through this partnership?
(check all that apply)

- a. Paid advertising on other health campaigns
- b. Developing feature stories on other health topics
- c. Supporting community outreach or events
- d. Participating in community partner round tables
- e. One-on-one discussions and information sharing
- f. Community-specific data/reporting
- g. Relationship building
- h. Press releases and press conferences
- i. Interviewing DOH subject matter experts and leadership
- j. None
- k. Other (please specify)

30. In what ways, if any, are you hoping to work with DOH more? (check all that apply)

- a. Paid advertising on other health campaigns
- b. Developing feature stories on other health topics
- c. Supporting community outreach or events
- d. Participating in community partner round tables
- e. One-on-one discussions and information sharing
- f. Community-specific data/reporting
- g. Relationship building
- h. Press releases and press conferences
- i. Interviewing DOH subject matter experts and leadership
- j. None
- k. Other (please specify)

31. What has your organization learned about its role in public health through this project? (optional)

32. What other feedback do you have for the Department of Health (DOH), Desautel Hege (DH), Kauffman and Associates (KAI) or the C+C teams to consider? (optional)

33. What is your organization's name? (response optional)

WINTER/SPRING 2021 PARTNER EVALUATION SURVEY QUESTIONS

Introduction

As your community engagement activations come to a close, we would love to check-in and hear how DH and DOH supported you in your efforts. This is an opportunity for you to reflect on what went well or what could have been done differently to more successfully support your initiatives. The survey should take no more than five minutes of your time. Thank you!

Survey Questions

1. What communities does your organization work with the most? (check all that apply)
 - a. Hispanic/Latino(a)
 - b. LGBTQ+
 - c. Asian
 - d. Pacific Islander/Pasifica/Native Hawaiian
 - e. Black/African American
 - f. Disability Community
 - g. Middle Eastern
 - h. Immigrant & refugee Communities
 - i. Un-housed individuals
 - j. Youth
 - k. Elders
 - l. Agricultural workers
 - m. Other (please describe)
2. What part of the state did you reach through your COVID-19 outreach efforts? (check all that apply)
 - a. Western Washington
 - b. Eastern Washington
 - c. Central Washington
 - d. Statewide
3. In the past year, has your organization received COVID response funding from any of the following sources outside of this campaign? (answers to this question will not impact future funding decisions) (check all that apply)
 - a. All in Washington
 - b. Department of Health's statewide advertising campaign with C + C
 - c. Other Department of Health funding
4. How many staff members does your organization have?
 - a. 0-4
 - b. 5-9
 - c. 0-20
 - d. 21+

5. How would you rate your overall experience as a partner in this project?
- a. Excellent
 - b. Above average
 - c. Average
 - d. Below average
 - e. Needs improvement
6. How would you rate ease and clarity of the funding process?
- a. Excellent
 - b. Above average
 - c. Average
 - d. Below average
 - e. Needs improvement
7. How would you rate overall support available to you (planning, production, coaching) compared to other funding and grant programs?
- a. Excellent
 - b. Above average
 - c. Average
 - d. Below average
 - e. Needs improvement
8. How impactful was the funding you received to supporting overall COVID-19 prevention, education and vaccination efforts?
- a. Extremely
 - b. Very
 - c. Moderately
 - d. Slightly
 - e. Not impactful
9. In what areas did this funding have the most impact on your organization's work? (check all that apply)
- a. Hiring staff
 - b. Reaching more people
 - c. Funding local/community artists or talents
 - d. Expanding service area(s)
 - e. Translating materials
 - f. Increasing community access to information
 - g. Increasing event attendance
 - h. Hosting more events
 - i. Administering vaccines
 - j. Increasing vaccine rates within your community
 - k. Accessing additional funding opportunities
 - l. Other (please describe)

10. How can we improve the experience for partners in the future? (check all that apply)
- a. Faster payments
 - b. More communications support from our team
 - c. Connections to subject matter experts
 - d. More time to submit an application
 - e. More notification of other funding opportunities
 - f. Increased awareness of other partner projects
 - g. Connections with other partners
 - h. Longer funding timeline
 - i. Other (please specify)
11. In what ways, if any, are you hoping to interact with DOH more? (check all that apply)
- a. Community partner round tables
 - b. Programmatic technical assistance
 - c. One-one-one discussions and information sharing
 - d. Community-specific data/reporting
 - e. Relationship building
 - f. None
 - g. Other (please specify)
12. What has your organization or community learned about its role in public health through this project?
13. What other feedback do you have for the Department of Health (DOH) or Desautel Hege (DH) team to consider?
14. Organization Name? (response optional)

Appendix C

PARTNER EVALUATION INSIGHT INTERVIEW METHODOLOGY

In collaboration with the Department of Health, DH developed an insight interview guide for for each round of the of the partner evaluation insight interviews.

For all rounds of the Insight Interviews:

- Interviews lasted between 30-60 minutes and were conducted over the phone or through the Zoom platform.
- All interviewees participated on a volunteer basis. Additional compensation was not offered to participants beyond their existing contract.
- Participants were given the option for the interview to be held in language.
- The interviewer recorded the session with the consent of the interviewee and took detailed notes on the discussion guide throughout the interviews.
- Interview participants were selected to be intentionally representative of all priority communities served, geographic regions across the state and different levels of staff and other resourcing available.
- All interviewees consented to having their responses shared with the greater DH and the Department of Health teams without anonymity for the purpose of evaluation and making continued improvements to partnerships.
- Interviews and analysis were conducted by a member of the DH team who had not previously been exposed to details from this round of partnerships and has had no contact with partners outside of the evaluation.

WINTER/SPRING 2022 INTERVIEW METHODOLOGY

- In June 2022, DH conducted insight interviews with representatives from 18 partner organizations, including 15 CBOs/nonprofits and 3 community media outlets.

SUMMER/FALL 2021 INSIGHT INTERVIEW METHODOLOGY

- In January and February 2022, DH conducted insight interviews with representatives from 19 partner organizations, including 12 CBOs/nonprofits and 7 community media outlets.
- One partner opted to have the interview conducted in Spanish.

WINTER/SPRING 2021 INSIGHT INTERVIEW METHODOLOGY

- In June and July 2021, DH conducted insight interviews with representatives from 15 partner organizations, including 11 CBOs/nonprofits and 4 media outlets.

Appendix D

WINTER/SPRING 2022 INSIGHT INTERVIEW DISCUSSION GUIDE

1. How would you describe your experience as a partner in the DOH CMO program?
 - a. What was the initial outreach, proposal and contracting process like?
 - b. What was it like working with your DH outreach coordinator?
 - c. Do you feel your organization needed more support, had the right amount of support, or maybe even needed less support?
2. Did your organization work with DH for technical assistance support such as translation, graphic design, production services?
 - a. What kind of support did your organization use?
 - b. If not, why not?
 - c. How could the technical support process be more helpful?
3. In what ways have you been able to help keep your community healthy?
 - a. What information were you able to share with your community, or what activities did you do to support your community that you wouldn't have otherwise done without the CMO program?
 - b. Were you able to support any local vaccination events? Can you share some examples?
4. Are there any efforts from this program that your organization plans to sustain after this phase of the program ends?
 - a. If so, which efforts and why?
5. What was the most challenging part of this experience?
6. What are some of barriers your organization faced during the program application, contracting or implementation process?
 - a. Did you have enough time for applying/contracting/implementation?
 - b. Were you missing any resources you needed to get going?
7. What do you feel worked well?
 - a. What would you want to stay the same?
 - b. What would you like to see more of?
8. If you were involved in a previous round of partnerships with DH and DOH, how would you say your experience was different this time around, if at all?
 - a. Did you notice any improvements?
 - b. Did you notice any continuing challenges?

9. How can DOH improve the experience for partners in the future?
 - a. What would make a big difference?
 - b. What would be nice to have?
10. Are there any inequities, issues or concerns with the current funding allocation and distribution process?
 - a. What is working?
 - b. What could be improved?
 - c. What recommendations, if any, do you have?
11. What part(s) of your partnership with DOH do you feel has/have been most impactful?
12. Is there anything else you would like me to share with the team at the Department of Health?

SUMMER/FALL 2021 INSIGHT INTERVIEW DISCUSSION GUIDE: COMMUNITY BASED ORGANIZATIONS (CBOS)/NONPROFITS

Introduction

Thank you for taking the time to talk with me today. It has been a pleasure for our team to work with you throughout this process. The purpose of this conversation is to hear your thoughts on your experience with the most recent partnership. We wanted to provide a space for partners to elaborate further on what went well and what may have been challenging, as well as any recommendations you might have for ways we could improve our support for future partnerships.

Before we start- Are you comfortable with me recording this session? The recording will only be used so that I can more actively participate in our discussion and reference the recording later to document your experience and feedback. Your responses may remain anonymous if you'd like.

Do you have any questions for me before we begin and I start recording?

Interview questions

1. How would you describe your experience as a partner in this project?
 - a. What was the initial outreach and contracting process like?
 - b. What was it like working with your outreach coordinator?
 - c. Do you feel you needed more support, had the right support, or maybe even needed less support?
2. Did you use technical support (translation, graphic design, production support)?
 - a. What kind of support did your organization use?
 - b. If not, why not?
 - c. How could the technical support process be more helpful?
3. In what ways have you been able to help keep your community healthy?
 - a. What information were you able to share that you wouldn't have otherwise?
 - b. Were you able to support any local vaccination events? Can you share some examples?
4. Are there any efforts from this project that your organization plans to sustain?
 - a. If so, which efforts and why?
5. What was the most challenging part of this experience?
 - a. Can you describe some of your organization's hurdles?
 - b. Did you have enough time for applying/contracting/implementation?
 - c. Were you missing any resources you needed to get going?
6. What do you feel worked well?
 - a. What would you want to stay the same?
 - b. What would you like to see more of?

7. If you were involved in a previous round of partnerships with DH and DOH, how would you say your experience was different this time around, if at all?
 - a. Did you notice any improvements?
 - b. Did you notice any continuing challenges?
8. How can we improve the experience for partners in the future?
 - a. What would make a big difference?
 - b. What would be nice to have?
9. Are there any inequities, issues or concerns with the current funding allocation and distribution process?
 - a. What is working?
 - b. What could be improved?
 - c. What recommendations, if any, do you have?
10. What part of your partnership with DOH do you feel has been most impactful?
11. Are there ways you prefer to work with DOH, or would like to work with DOH in the future?
 - a. Do you see opportunities to partner in different ways?
12. Is there anything else you would like me to share with the team at the Department of Health?

SUMMER/FALL 2021 INSIGHT INTERVIEW DISCUSSION GUIDE: COMMUNITY MEDIA OUTLETS (CMOS)

Introduction

Thank you for taking the time to talk with me today. It has been a pleasure for our team to work with you throughout this process. The purpose of this conversation is to hear your thoughts on your experience with the most recent partnership. We wanted to provide a space for partners to elaborate further on what went well and what may have been challenging, as well as any recommendations you might have for ways we could improve our support for future partnerships.

Before we start- Are you comfortable with me recording this session? The recording will only be used so that I can more actively participate in our discussion and reference the recording later to document your experience and feedback. Your responses may remain anonymous if you'd like.

Do you have any questions for me before we begin and I start recording?

Interview Questions

13. How would you describe your experience as a partner in this project?
 - a. What was the initial outreach and contracting process like?
 - b. What was it like working with your outreach coordinator?
 - c. Do you feel you needed more support, had the right support, or maybe even needed less support?
 - d. Before COVID-19 outreach, had you worked with DOH before?
 - e. If you have partnered with DOH in the past, how would you say this experience has changed over time?
14. Did you use technical support (translation, graphic design, production support)?
 - a. What kind of support did your organization use?
 - b. If not, why not?
 - c. How could the technical support process be more helpful?
15. In what ways have you been able to help keep your community healthy?
 - a. What information were you able to share that you wouldn't have otherwise?
 - b. Were you able to support any local vaccination events? Can you share some examples?
16. Are there any efforts from this project that your organization plans to sustain?
 - a. If so, which efforts and why?
17. What was the most challenging part of this experience?
 - a. Can you describe some of your organization's hurdles?
 - b. Did you have enough time for applying/contracting/implementation?
 - c. Were you missing any resources you needed to get going?

18. What do you feel worked well?
 - a. What would you want to stay the same?
 - b. What would you like to see more of?
19. If you were involved in a previous round of partnerships with DH and DOH, how would you say your experience was different this time around, if at all?
 - a. Did you notice any improvements?
 - b. Did you notice any continuing challenges?
20. How can we improve the experience for partners in the future?
 - a. What would make a big difference?
 - b. What would be nice to have?
21. Are there any inequities, issues or concerns with the current funding allocation and distribution process?
 - a. What is working?
 - b. What could be improved?
 - c. What recommendations, if any, do you have?
22. What part of your partnership with DOH do you feel has been most impactful?
 - a. E.g. connecting with community subject matter experts, advertising dollars, co-creating content, running advertising in different languages, funding deeper health care coverage, supporting vaccination etc.
23. Are there ways you prefer to work with DOH, or would like to work with DOH in the future?
 - a. Do you see opportunities to partner in different ways?
24. Is there anything else you would like me to share with the team at the Department of Health?

WINTER/SPRING 2021 INSIGHT INTERVIEW DISCUSSION GUIDE

Introduction

Thank you again for taking the time to talk with me today. It has been a pleasure for our team to work with you throughout this process. The purpose of this conversation is to hear your thoughts on your experience with the spring partnership. We would also love to hear your feedback on what went well and what may have been challenging, as well as any recommendations you might have for ways we could improve our support for future partnerships.

Do you have any questions for me before we begin?

Interview Questions

1. How would you describe your experience as a partner in this project?
 - a. What was the initial outreach and contracting process like?
 - b. What was it like working with your outreach coordinator?
 - c. Do you feel you needed more support, had the right support, or maybe even needed less support?
2. When thinking about public health, what challenges do you see in your community?
 - a. Where does public health often fail?
 - b. Are there opportunities that public health often overlooks?
3. Did you use technical support (translation, graphic design, production support)?
 - a. What kind of support did your organization use?
 - b. If not, why not?
 - c. How could the technical support process be more helpful?
4. Through this funding, what was your organization able to do that you wouldn't have been able to do before?
 - a. Can you share a specific example?
 - b. What would you like to do more of?
5. In what ways have you been able to help keep your community healthy?
 - a. What information were you able to share that you wouldn't have otherwise?
 - b. Were you able to support any local vaccination events? Can you share some examples?
6. Are there any efforts from this project that your organization plans to sustain?
7. What was the most challenging part of this experience?
 - a. Can you describe some of your organization's hurdles?
 - b. Did you have enough time for applying/contracting/implementation?
 - c. Were you missing any resources you needed to get going?

8. What do you feel worked really well?
 - a. What would you want to stay the same?
 - b. What would you like to see more of?
9. How can we improve the experience for partners in the future?
 - a. What would make a big difference?
 - b. What would be nice to have?
10. Is there anything else you would like me to share with the team at the Department of Health?