



Date: March 24, 2022

To: Thomas B. Modica, City Manager 

From: Kelly Colopy, Director Health and Human Services 

For: Mayor and Members of the City Council

Subject: **Equity Investment Framework**

The Department of Health and Human Services (Health Department) has developed an Equity Investment Framework (Framework) for the Long Beach Recovery Act (LBRA) funds related to health equity as well as future community investment opportunities. Current funding opportunities are made possible by the American Rescue Plan Act and by funds received from the Centers for Disease Control (CDC). This framework strengthens and aligns with Goal 4 of the [Racial Equity and Reconciliation Initiative](#) which uplifts strategies to "improve health and wellness in the City by eliminating social and economic disparities in the communities most impacted by racism." The framework will also be applied to bring an equity lens to other funds within the Health Department and can be utilized to make equitable investments across other City of Long Beach (City) Departments. This memo serves as a report out on the Framework.

Approach

In late 2021, the Health Department hired a third party to lead and manage a series of discussions intended to assist City staff in determining how the Health Department would:

- Structure funds (community grants) to increase health and racial equity in Long Beach.
- Determine models that consider context, including Long Beach's history, when considering the allocation of funding.
- Create messaging about the release of these funds and the allocation of these funds to community groups.

Key City staff were interviewed to gather background information on the history of equity funding in Long Beach, issues raised by community members regarding difficulty accessing resources, as well as what could be improved in City processes. This information was critical in understanding the history and context for the LBRA Equity fund dispersion to community-based organizations. City staff were then guided through a series of meetings over a period of five weeks with the goal of establishing a common language and to explore models that exist to address racial and other equity concerns. A small group was also established to refine the overall equity funding model.

Principles

The following principles were established for the dissemination of community funds:

- Community driven
- Data informed
- Equity focused
- Durable: can be used for a variety of community conditions
- Intentional
- Research informed
- Aligned with existing plans informing the Health Department, including the DHHS Strategic Plan, Community Health Assessment and Racial Equity and Reconciliation Report

Overall Model: Grantmaking with an Equity Lens

City staff focused on feedback received from the CARES Act funding distribution and were determined to create a framework for future community funding distribution that would address the community's concerns while maintaining the principles that had been established. This model is based on:

1. Addressing a specific goal/condition, in this case, COVID-19. It focuses on those conditions that increased the likelihood of COVID hospitalization as well as the impacts of COVID in communities.
2. Streamlining and simplifying RFP language and processes to improve the ability of organizations to apply for funding.
3. Investing in organizations who already have the capacity to write and manage grants and offer the services, as well as investing in the technical assistance to build capacity of smaller and newer organizations that may be new to working with the City. This will build a stronger network of providers across the City to support health equity.
4. Working collectively in neighborhoods to address conditions that impact multiple communities.

The Data

The Health Department utilized its COVID data on cases, hospitalizations, and vaccinations as well as the [California Healthy Places Index](#) (HPI) to better understand the conditions and factors that put some groups at higher risk of developing COVID-19. The HPI is a powerful tool, developed by the Public Health Alliance of Southern California, to assist in exploring local factors that predict life expectancy and comparing community conditions across the State in areas that shape health such as housing, transportation, education, and more. Together, these data clearly show that there is an over representation of COVID-19 hospitalizations and deaths among those living in poverty and overcrowded conditions, among Black, Latino, and Native Pacific Islanders, and those who were unvaccinated. Data also show that nearly two-thirds of those hospitalized have diabetes or hypertension as an underlying health condition.

COVID-19 has also had many negative impacts in our communities, particularly among communities of color who are also low income and have less access to resources. These

negative impacts include food insecurity, mental health and trauma, violence (including domestic violence), income loss, exacerbation of chronic illness, grief, and isolation.

Services to be Funded

The framework focuses on investment in the factors that contribute to a condition as well as the outcomes of the condition. The LBRA and CDC funding will focus on factors contributing to COVID-19 as well as the negative outcomes. Services to be funded include:

- Basic Needs
- Mental Health Supports
- Nutrition Security
- Health Education and Outreach
- Parent and Child Health Programs
- Chronic Disease Management and Prevention
- Economic Inclusion and Resilience
- Physical Activity Engagement
- Safe Neighborhoods and Violence Prevention

These services were identified based on both quantitative and qualitative data stemming from conversations with community members, community-based organizations, as well as the Black Health Equity Collaborative and Mi Vida Cuenta Latino Health Initiative.

The Health Department has been working with the LBRA procurement team to simplify the RFP process as well as allowing an organization to apply for multiple areas of focus in one proposal. Applicants will be able to access technical assistance in both their application as well as in their ability to manage the grant and report data.

Awards will be focused on proposals that engage with communities and neighborhoods most impacted by COVID-19. Through this process, the Health Department will look for variation in approaches to this work, understanding that one size does not fit all. Through this process, there will be a focus on collaboratively working together across the City and developing the power of people to address an issue, building collective impact.

The Health Department will be offering learning collaboratives and encouraging all grantees to participate to share practices and to leverage each other's strengths and relationships across the City.

Advisory Group Convening

Following the development of the Framework, City staff convened a group of key community leaders of color to review the framework. Participants included:

- Darick Simpson, President, Earl B. and Loraine H. Miller Foundation
- Dr. Gisele Fong, Senior Program Officer, The California Endowment
- Dr. Felton Williams, Past President, Long Beach Unified School District Board of Education
- Dr. Juan Benitez, President, Long Beach Unified School District Board of Education
- Cheryl McKnight, Board Chair, American Indian Changing Spirits

Others were also invited but unable to participate.

The Advisory Committee was supportive of the Framework and focused specifically on capacity building for small organizations. Capacity building allows these organizations, which are often the most integrated within our communities of focus, to more easily apply for and manage grant funding. This is achieved in part through connecting organizations to available training and technical assistance opportunities, simplifying the application process where possible, and allowing funding to be used for overhead costs. The committee also highlighted the potential for collaboration across agencies to enhance the funding to community-based organizations and the importance of focusing on collective processes at a neighborhood level.

Next Steps

Next steps include:

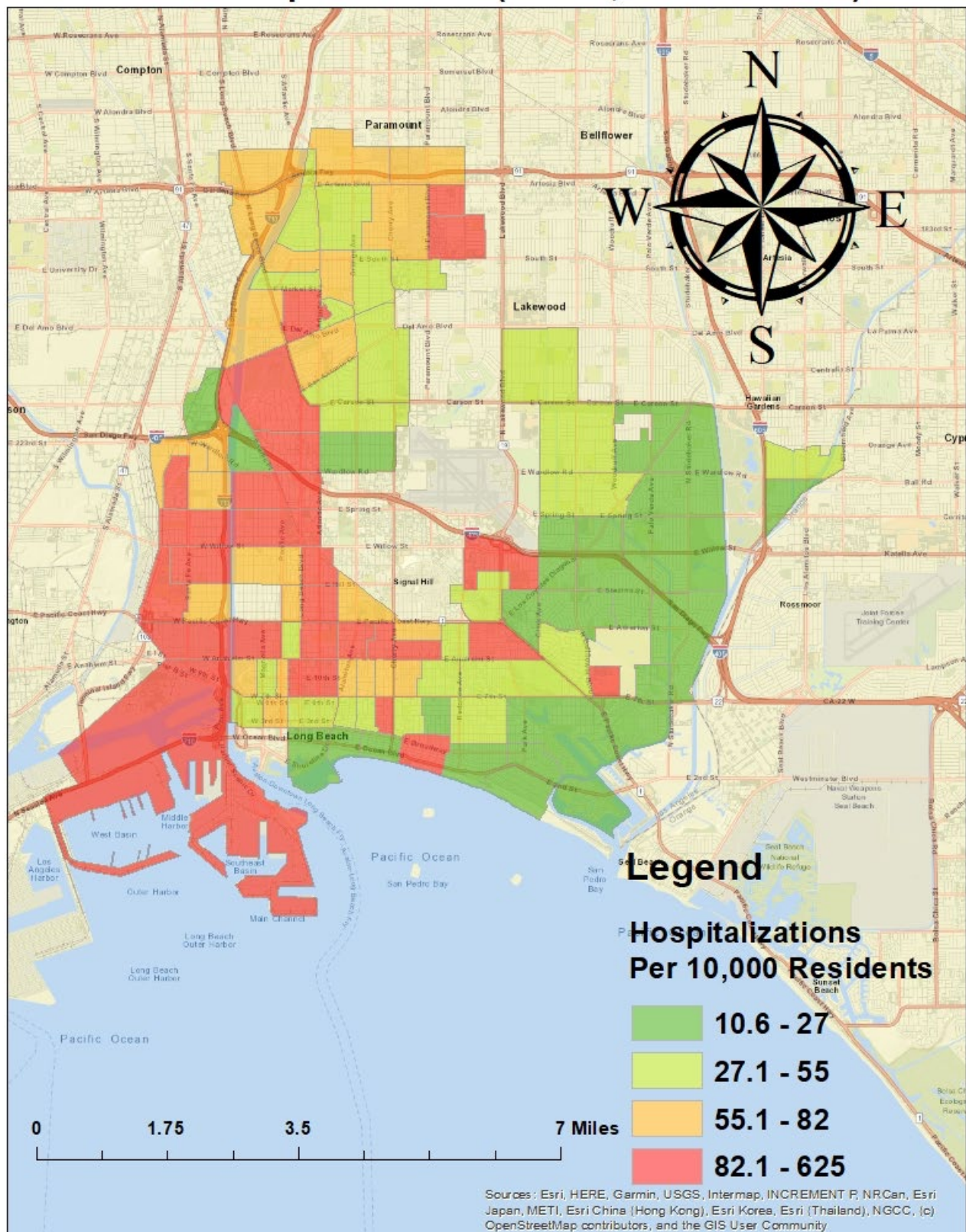
- Hosting a meeting to share the framework and investment strategies with community-based organizations on Thursday, March 24 from 4-5pm. Register here: <https://bit.ly/3JoDScY>
- Finalizing the RFP and evaluation criteria for equity funding.
- Identifying technical assistance and capacity building opportunities for interested organizations and messaging these opportunities early and often.
- Releasing funding opportunities.

If you have any questions, please contact me at (562) 570-4016

ATTACHMENTS: ATTACHMENT A (COVID HOSPITALIZATIONS)
ATTACHMENT B (EQUITY INVESTMENT FRAMEWORK)

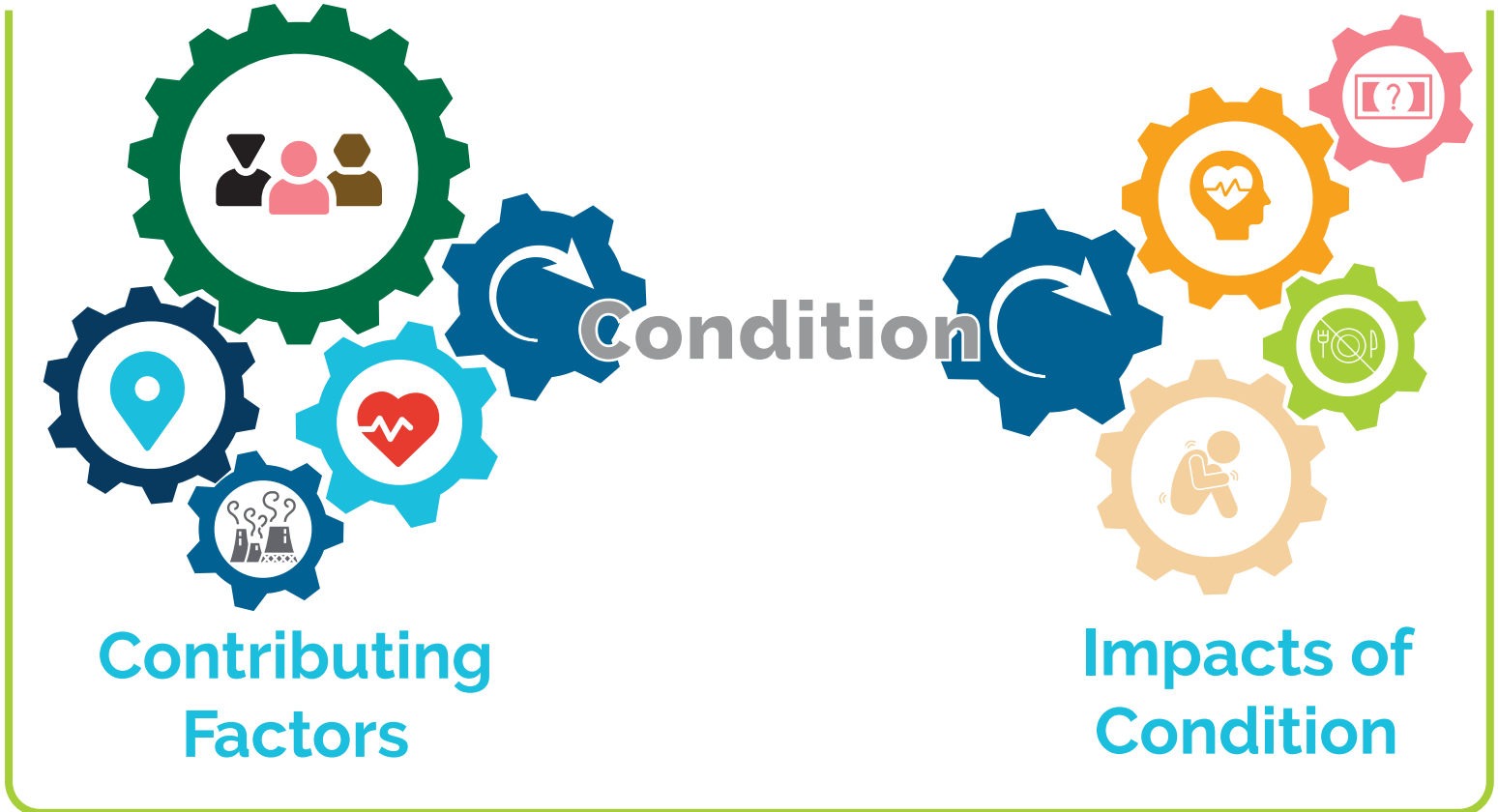
cc: CHARLES PARKIN, CITY ATTORNEY
DOUGLAS P. HAUBERT, CITY PROSECUTOR
LAURA L. DOUD, CITY AUDITOR
LINDA F. TATUM, ASSISTANT CITY MANAGER
TERESA CHANDLER, DEPUTY CITY MANAGER
APRIL WALKER, ADMINISTRATIVE DEPUTY CITY MANAGER
MONIQUE DE LA GARZA, CITY CLERK
DEPARTMENT HEADS

COVID Hospitalizations (Per 10,000 Residents)



COVID-19 HOSPITALIZATION DATA DATE RANGE: 3/7/2020 – 12/2/2021

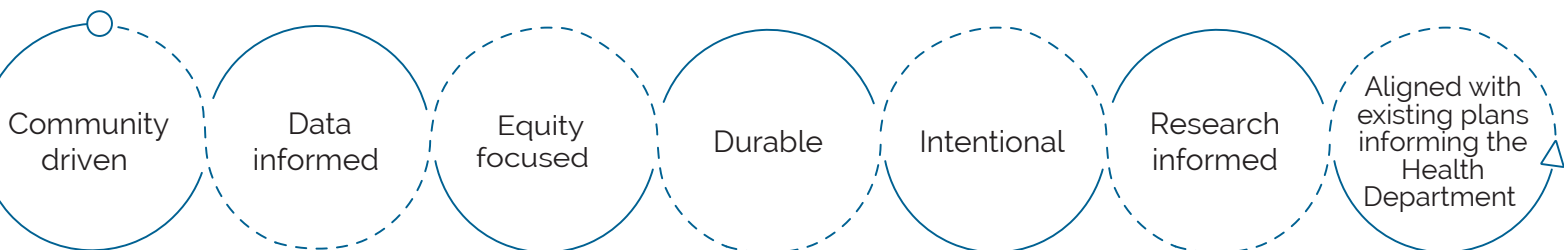
Equity Investment Framework



Invest in prevention & addressing outcomes

The City will streamline grant making processes, and invest in the capacity of community organizations and the power of people to support neighborhoods.

Equity Framework Principles



**We acknowledge that race, place
and history contribute to health inequities.**

Equity Investment Framework



Contributing Factors

- Underlying health conditions (diabetes, hypertension)
- Race/ethnicity
- Neighborhood/social condition
- Vaccination status

Impacts of Condition

- Negative health impacts
- Mental health effects
- Food insecurity
- Increased violence
- Income loss
- Trauma
- Isolation

Invest in prevention & addressing outcomes

- Basic needs • Mental health supports • Nutrition security
- Health education and outreach • COVID-19 education and vaccine outreach
- Trauma-informed services • Parent & child health programs • Chronic disease management and prevention • Economic inclusion & resilience • Physical activity engagement • Safe Neighborhoods & violence prevention