VSHSL Senior Health Promotion Investment Technical Support Team Final Report

May 2024

Prepared by the VSHSL SHPP Support Team

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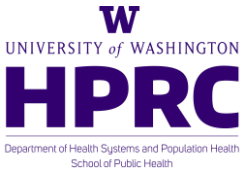

Acknowledgements

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Background

About the Levy

The King County (KC) Veterans, Seniors and Human Services Levy (VSHSL) discussed in this publication was a 6-year property tax levy approved in 2017 and funded through 2023. One-third of the investment funded services for people over 55 years of age. The evidence-based senior health promotion portion of the investment focused on delivery of both evidence-based and community-designed, evidence-informed health promotion programs prioritizing those experiencing health disparities.

Goals for this investment included increasing evidence-based and evidence-informed programs operating in King County serving a broader diversity of older adults; delivering culturally-relevant programs reflective of community needs and interests, even if not federally designated as evidence-based programs; and providing support for implementation maintenance and evaluation to help sustain program reach, effectiveness, and continuity. We will refer to evidence-based and evidence-informed programs throughout this report and define them as follows: Evidence-based programs are programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models. Evidence-informed programs are programs conceived and designed within community to best align with culture, context, and health needs; evidence-informed programs may draw from principles and science behind evidence-based programs but have not themselves been tested as described above.

Listening sessions and application

Awarding Levy funding was rooted in equity in real and meaningful ways from the very start. KC Department of Community and Human Services (DCHS) partnered with the community to help inform the development of funding opportunities, holding listening sessions countywide and incorporating the learnings into the grant application. They embraced community knowledge and approaches, and funded providers that represented and were best able to connect their underserved communities to services and programs such as falls prevention and health promotion, where these programs had not previously been available. In addition, KC DCHS included a parallel funding opportunity for program support, ensuring that program awardees had support throughout their program life cycles that was separate from contract performance oversite by the funder.

Approach to Equity-Driven Funding

There are two key components supporting the equity-focused intention of this investment. The first is that the County was intentional in including the option of evidence-informed programs as eligible for funding. This reflects the commitment to equity in two ways: First, it acknowledges that existing evidence-based programs have largely not been designed or tested with diverse communities, and the evidence is predominantly based in White, middle-income populations. These programs may not be an appropriate fit within the specific norms and contexts of diverse communities. Second, it demonstrates a commitment by the County to support community-developed programs rooted within those specific cultural contexts.

The second component supporting equity is that the organizations funded are embedded within their communities. They already operate within the language and cultural contexts of those communities or are established in serving multi-cultural communities with specific language and cultural supports in place for their programs and services. Their staff are often members of their community, offering necessary cultural knowledge to develop programming most responsive to the needs of the community. Together, these components expanded both reach and relevance of programming to historically underserved communities.

Impact of COVID-19 on planned programming

Applications for older-adult health promotion program funding under the Levy were prepared in the winter of 2020, and due to the funder in early March 2020. Community-based organizations had prepared applications with targeted and well-thought-out approaches to health promotion for their communities, all of which assumed programs would be delivered in-person, as had been the approach for this type of programming to that point. Planned July 2020 award start dates were delayed to August 2020.

The COVID-19 pandemic had a disproportionate impact on older adults, who had a higher risk of hospitalization and death from the virus. That risk was compounded by intersecting identities and life experience that also predisposed people to severe COVID-19 infection, morbidity and mortality, including historically underserved communities experiencing structural and institutional racism, and people living with chronic conditions. At the start of the funding in August 2020, King County was still under a lockdown order, and planned in-person programming was not possible. Program awardees were working in direct response to COVID-19 in support of their communities, and many found their organizations addressing and supporting basic needs such as rental assistance, utility assistance and food security as the most pressing priorities. In early 2021, as the first vaccines became available, program awardees were also supporting vaccine confidence work in their communities and hosting vaccine clinics in community locations.

Program awardees were overwhelmed with the unprecedented realities of the early pandemic, but health promotion still took place in creative ways. In the five months between when applications were submitted and funding began, many program awardees had begun to address pandemic-related challenges and find innovative solutions to reaching their communities when they could not be in-person. This included addressing all aspects of the digital divide, including access to devices, access to broadband infrastructure, and digital technology literacy. Organizations were able to secure devices to

loan or give to their communities, access discounts for internet access, and provide training and support to new device users. They utilized video meeting and social media platforms that were most used within their communities, including WhatsApp and Facebook Live. By March 2021, most of the program awardees had begun offering their health promotion programming remotely (for instance, convening a workshop over Zoom), and some also included telephone outreach and no-contact, socially distanced home visits.

Beyond the need to pivot to remote programming during lockdown, program awardees also had to reimagine what they could offer in that social context, which was often very different from what they had proposed in their original application. For those who proposed and proceeded with existing evidence-based programs, transition to remote programming was guided by the program administrators; most existing evidence-based programs selected by program awardees had provided official guidance for remote delivery Fall 2020 or Winter 2021. A couple of program awardees had intended to offer evidence-based programs, but those programs' administrators did not provide remote delivery guidance. These program awardees either adopted alternate programming, or delayed parts of their program implementation until in-person delivery was allowed. More than half of the program awardees had proposed an evidence-informed program—something informed by existing evidence but developed specifically for their community to align with health needs, language, and culture. Many of these programs were able to begin in part or in full by the first quarter of 2021 through remote delivery; some program components were delayed until in-person delivery was available or unable to be implemented as planned due to realities of post-emergency context (e.g., staffing limitations, access to physical space, etc.).

Program Support

Support Roles

The evidence-based senior health promotion portion of the investment uniquely included a separate RFQ providing program support to RFP Awardees. The RFQ was awarded to Sound Generations, a Seattle-based multiservice CBO focused on providing accessible services for older adults and people aging with disability, and the University of Washington's Health Promotion Research Center (HPRC), a CDC-funded prevention research center focused on dissemination and implementation science. The two organizations have partnered for three decades in developing, implementing and scaling multiple interventions proven to better older adult health and well-being. Each organization brings a unique lens and skillset to supporting awardees to strengthen the impact of their program and its connections to evidence. Sound Generations focused on providing support for data collection and assistance with challenges such as outreach, participant recruitment and leader retention in the evidence-based programs. HPRC collaborates with community partners to promote the health and well-being of middle-aged and older adults, particularly those with lower incomes or underserved populations who are more likely to experience health disparities. Their expertise includes a broad range of health promotion topics, including healthy aging, cancer prevention and control, workplace health, physical activity, depression management, and brain health. HPRC focused on providing support for program planning, outcome measurement selection, and implementation.

Data system options and support

Understanding client demographics, participation, adherence, and outcomes is key to understanding fidelity, reach and effective adaptation. All awardees came to this project with experience in and processes in place for collecting client-level data, but in many cases, these processes needed to be adapted for the specific requirements of the evidence-based and evidence-informed programs, as well as for the specific reach and outcome reporting requirements of the VSHSL investment. In many cases, this meant that awardees needed to create new tools (such as data collection forms, data entry systems, and databases) and processes for collecting and managing these program data.

Sound Generations consulted with all program awardees and offered support where requested, for instance, creating data collection form templates and fillable PDFs. Sound Generations was also able to offer build-out of a customized data entry portal within Sound Generations' Salesforce.com platform, which already hosted portals for three of the evidence-based programs in use and was able to adapt these portals to include two additional evidence-based programs.

Other awardees built their own tracking systems in spreadsheet-based applications or worked with their CRM vendors to expand a system they already used to support their business models to accommodate the tracking of these health promotion programs.

All told, the data systems used by the 14 awardees included: Microsoft Access database (1); Social Solutions Apricot case management software (2); Sound Generations' Salesforce.com-based Online Data Entry System and WellWare applications (4); awardees' own implementation of Salesforce.com (3); and both local and cloud-based files (e.g., Excel, Google Workspace) (4). No matter the system used, all data were uploaded into the DCHS CORE System, which allowed analysis across all awardees' data. See page 6 of this report for further details on the aggregated data analysis.

COVID-19 Context

The role of program support was also impacted by COVID-19. One of the key elements planned for program support was the ability to meet in-person and on-site with program awardees. As with program delivery, program support pivoted to remote options and accommodated in-person meetings as needed when that was an available option. The first six months of program support focused largely on two areas—adapting or reimagining planned programming within the limitations of the pandemic and balancing emergent community needs and priorities with planned health promotion implementation. After vaccines started becoming available in Spring 2021, program support evolved towards program implementation and maintenance as more awardees began program delivery. Support included helping awardees complete training for evidence-based programs, implement adaptations for remote delivery within their organizations, and address challenges with staff turnover and subsequent additional training needs. Additional program support included helping awardees develop outreach materials to recruit and retain participants. In program year 2 and beyond, as the programs became more settled and established, the program support team regularly checked in with program awardees; additional support was provided for specific needs as requested by the awardees.

From Application to Reality

Awardee Organizations and Programs

DCHS funded 15 organizations serving highly diverse and multi-ethnic populations throughout King County. Table 1 summarizes the RFP awardees and their planned program offerings. Programs reached Black and Brown communities, communities whose primary language is not English, and refugee and immigrant communities. There was a mix of evidence-based and evidence-informed programs, with nine organizations offering one or more evidence-based programs; four awardees offered both evidence-based and evidence-informed programs.

Table 1: Awardees and Planned Program Offerings

Organization and Program Name	Program Type (EB = Evidence-based; EI = Evidence Informed)	Description of Services	Evidence-Based Program(s
African Americans Reach and Teach Health Ministry (Elders Living and Aging Well Program)	EB, EI	Chronic disease self-management program, HIV training and education program, preventative health support services, and healthy life skills education for African American and African-born elders.	Chronic Disease Self-Management Program
African Community Housing and Development (Positive Senior Connection Program)	EI	Holistic health program for African-descent seniors offering nutritious, culturally relevant meals; group exercise; and connections to community resources.	N/A
Asian Counseling and Referral Service (Senior Health Promotion Program)	EB, EI	Physical activity, falls prevention, and acupuncture program for Asian American Pacific Islander seniors in south Seattle and south King County.	Enhance Fitness, Matter of Balance, SAIL, Tai Ji Quan
Central Area Senior Center (Seniors Dancing and Grooving 2 Health)	EI	African diaspora rooted dance program addressing strength, balance, and social connection.	N/A
El Centro de la Raza (Senior Health Promotion Program)	EB	Spanish-language chronic disease self-management program for Latine seniors.	Tomando Control De Su Salud
Ethiopian Community in Seattle (Promotion of Seniors Health Program)	EI	Chronic disease education, physical activity, healthy food staples, health fairs, mental health supports, and social service supports program for Ethiopian seniors.	N/A
Indian American Community Services (Senior Lifestyle Health and Wellness Program)	EI	Culturally specific lifestyle modification program addressing diabetes/prediabetes management for South Asian seniors.	N/A

Organization and Program Name	Program Type (EB = Evidence-based; EI = Evidence Informed)	Description of Services	Evidence-Based Program(s
International Community Health Services (Tai Ji Quan Program)	EB	Fall prevention program for Asian American Pacific Islander participants in assisted living, adult day, and congregate meal programs, as well as other low-income senior housing residences.	Tai Ji Quan
Kin On Community Care Network (Living a Well and Vibrant Life Program)	EB, EI	Chronic disease and hypertension self-management, physical activity, and fall prevention programs for Chinese-speaking seniors.	Chronic Disease Self-Management Program, EnhanceFitness, Health Coaches for Hypertension Control, Matter of Balance, Tai Ji Quan
Neighborhood House (Senior Health Promotion Program)	EB, EI	Exercise and health education, depression care, balance and fall prevention, and aging education and support for seniors residing in Seattle Housing Authority, Renton Housing Authority, and King County Housing Authority.	Matter of Balance, PEARLS, Bingocize
CIRC Living - in partnership with Global to Local (SAIL Program)	EB	Fall prevention program in partnership with Global to Local, with focus on affordable senior housing residents and Spanish, Somali, and Korean speaking seniors.	SAIL
Somali Health Board (Somali Senior Health Promotion Program)	EI	Holistic health program for Somali seniors, focused on health education, group support, and individual home visits.	N/A
Sound Generations - Lake City Senior Center (Evidence-Based Health Program)	EB	Fall prevention and chronic disease self-management programs for Spanish-speaking seniors in Northeast Seattle.	EnhanceWellness, Matter of Balance, Tomando Control De Su Salud
South Park Senior Center (Healthy Active Seniors Program)	EB	Exercise classes and depression care program for Cambodian, Vietnamese, Latinx, and English-speaking seniors.	EnhanceFitness, PEARLS

Results-Based Accountability

A good performance measure is clear, tied to the program's purpose and model, and can be measured as reliably as possible. Within DCHS the outcome measures are developed using the Results-Based

Accountability framework that evaluates outcomes in three domains: how much are we doing, how well are we doing it, and is anyone better off? The program support team partnered with program awardees and the DCHS evaluation team to develop evaluation plans that reflected the program's intended impact, were feasible to collect over time, used or adapted existing validated measures to support limited comparison across programs, and aligned with funder reporting requirements. This meant that each evaluation plan was unique, using unique measures to report on each program's unique outcomes. This approach allows for more precise measurement within programs compared to requiring all program awardees to report the same outcome information (which may or may not be applicable), but limits comparison across programs under the investment. To help advance equity, this community-centered approach to data collection acknowledged and valued the unique contributions and impacts of individual programs. As a result, the investment can report on "how much" awardees did (who was reached), and "how well" (participant satisfaction across the programs collectively). This approach balances the big picture of health promotion program experience under the investment with less precision across program outcomes to center the unique outcomes of each program.

Community Learnings

Adaptation

Program awardees noted many learnings that emerged from this levy cycle related to adjusting program delivery in response to community needs and environmental changes. First, due to the pandemic they learned to pivot quickly and deliver programs remotely even to participants facing complex barriers; some introduced additional services in response to community needs such as food support, social check-in calls, and educational content about COVID-19 safety and vaccination. Beyond the pandemic, awardees recognized the importance of ongoing conversations with participants to continually improve their programs and ensure it was responsive to their communities' needs. Awardees emphasized that it was crucial to get to know their participants as individuals, their needs, hopes, and barriers to participation. Adjustments could be as small as offering culturally specific lunch options, but these responsive changes were seen as key to ensuring organizations were offering programming that met participants' needs and created a welcoming environment that made people feel heard, safe, and respected.

> "We send out regular community response surveys where we're asking folks 'What are you looking for? What do you need? What would make it easier?'"
> -African American Reach and Teach Health Ministries (AARTH)

> "When the day center closed [because of the pandemic] we had to […] start exploring alternative and new ways of delivering [this program]. So, we've branched out from just facility-based to telehealth and to reaching out and going into elderly communities as guests and visitors and bringing the service to people instead of having them come to us."
> – International Community Health Services (ICHS)

Program awardees reported improvements in participant health, both in the specific areas being targeted by the intervention and in decreased isolation/improved socialization and mental health. Participants reported high satisfaction across the programs and interest in continuing to engage in programming offered through the awardee. Most organizations were able to deliver these programs in

participants' own languages, which bridged a substantial gap in health promotion programming for underserved communities. Awardees also successfully navigated the pivot to remote delivery and the return to in-person delivery.

Challenges and Opportunities

Awardees found it difficult to address the digital divide. The scope of the challenge was vast and addressing issues of device access, broadband access and technology literacy were complicated and compounded by the multifaceted nature of these issues with each needing to be addressed separately. This required a huge amount of time on behalf of awardee staff. It was also compounded in communities where English was not the primary language, and where literacy in the native language was limited or based in oral rather than written traditions.

> "Many of the seniors [weren't] familiar with internet and Zoom and all those things, so we had to do some education around that. We had to actually give some of our members access so they could utilize Zoom, we got some tablets through another program with the City of Seattle."
> – The Central

Many awardees serve communities where English is not the primary spoken language. Programs in these communities were primarily delivered by organization staff, and volunteers and professionals from the community in their language. This was a critical factor in program engagement and success. For organizations offering evidence-based programs, there was need and interest in translating some of the existing curriculum or materials into other languages. Language translation can be difficult and time-consuming but made improved reach in participant's own languages possible where it had not been before. The Levy also had separate funding specific to supporting translation so that awardees could prioritize their budgets for program delivery.

> "Being able to go into those classes and see our [instructors] being able to speak in their native languages, being able to interact with the clients, seeing just the level of comfort and safety that they feel and just being able to express themselves freely,…being able to feel understood and feel acknowledged,.[…] I saw one of the clients needed a break, and she didn't feel pressured to keep going even though everyone else around her was going, she said, 'I need a break' and just sat down, took her break, drank her water, and got right back into it. I don't think she would've felt that comfortable if it wasn't a class that was being offered in her language."
> -Global 2 Local

> "Tailoring programs developed from a western perspective by integrating additional cultural resources improved the relevance for our community members."
> -Kin On

Across evidence-based and evidence-informed programs, some specific factors were highly supportive. Organizations were established and embedded within their communities. While the health promotion programming may have been new, organizations were already a trusted presence in their communities. The new programming was able to grow from a foundation of expertise, shared experience, and shared language and culture; this foundation helped new programming be accessible, built trust within community, and ensured the programs were relatable and relevant for participants.

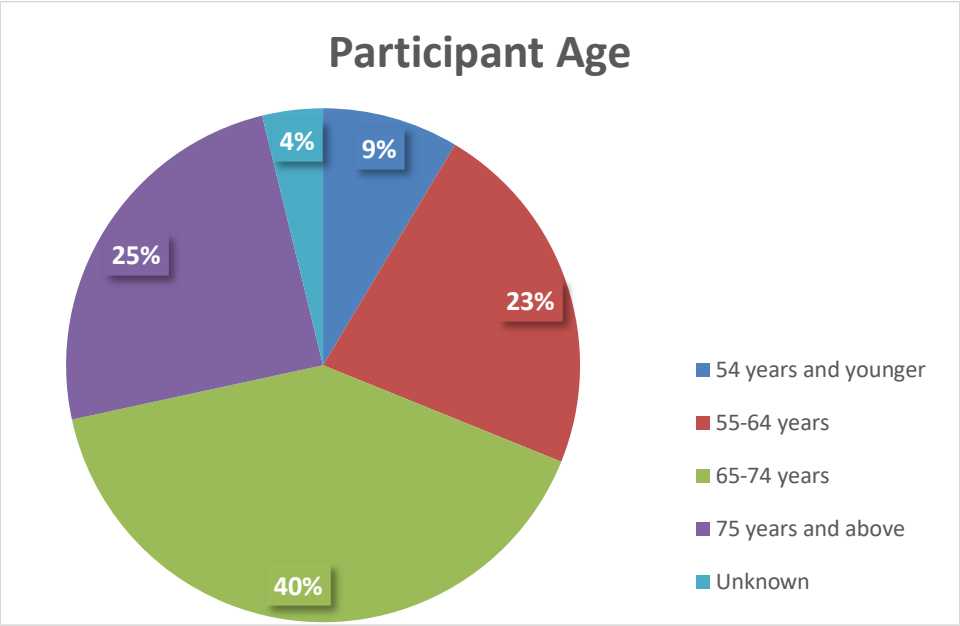
All organizations said that the grant allowed them to reach new populations that they would not have been able to otherwise. The geographic reach of the programs offered extended to parts of King County that have historically had limited or no access to health promotion programming. Additionally remote delivery also expanded their reach to participants who couldn't have come in-person regardless of COVID-19, such as homebound participants. Some awardees served older adults for the first time, expanding their capacity and the diversity of their programming. Several reached underserved racial or linguistic groups and low-income older adults for the first time or more fully than they had before the Levy funding. Each organization had different populations that they hoped to reach in the future, such as a wider geographic reach, older adults who are 75 and older, languages not currently served by existing staff or resources, cis-gender men, and LGBTQ older adults. They also hope to reach those who struggle with remote delivery but also can't come to in-person due to other personal barriers.

> "We weren't exposed to the senior population here, and now with this program, it's been like a doorway for folks. A door for folks to come in."
> -African Community Housing and Development

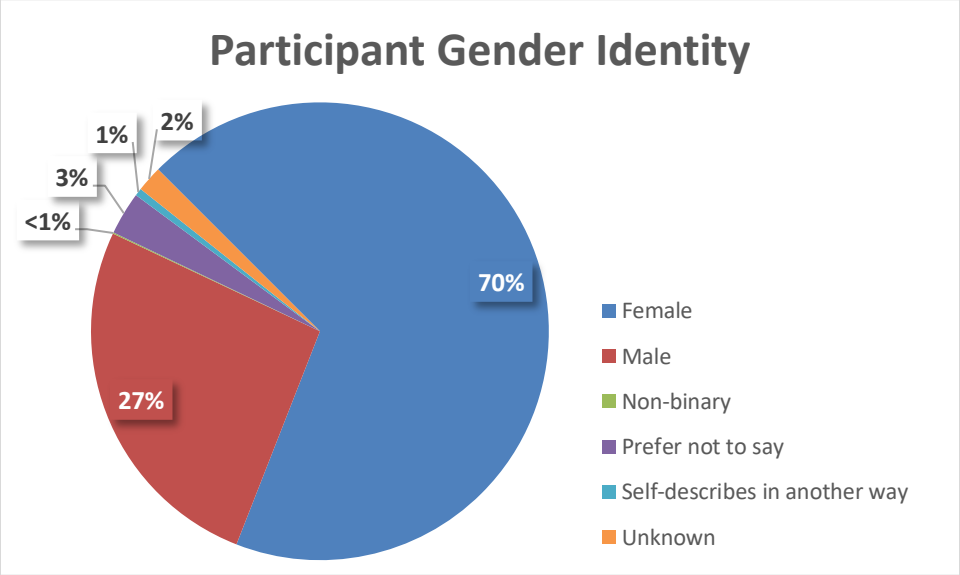
Overall, most programs experienced strong interest from their communities, with demand exceeding capacity. Some capacity constraints were structural—finite funding, limited physical space, and staff capacity to oversee and deliver the programs. In addition, program awardees experienced significant staff turnover throughout the pandemic. Staff changes resulted in the need to train new staff to deliver programs or interrupt continuity in program delivery if they could not hire quickly to replace departed staff. Many organizations expressed interest in serving more participants and maintaining connections with participants who had completed their program. Awardees with time-limited programs (i.e., those that ended after the completion of curriculum as opposed to offering ongoing programming) expressed concern over "leaving behind" participants after completion.

Quantitative Findings – Reach/Effectiveness

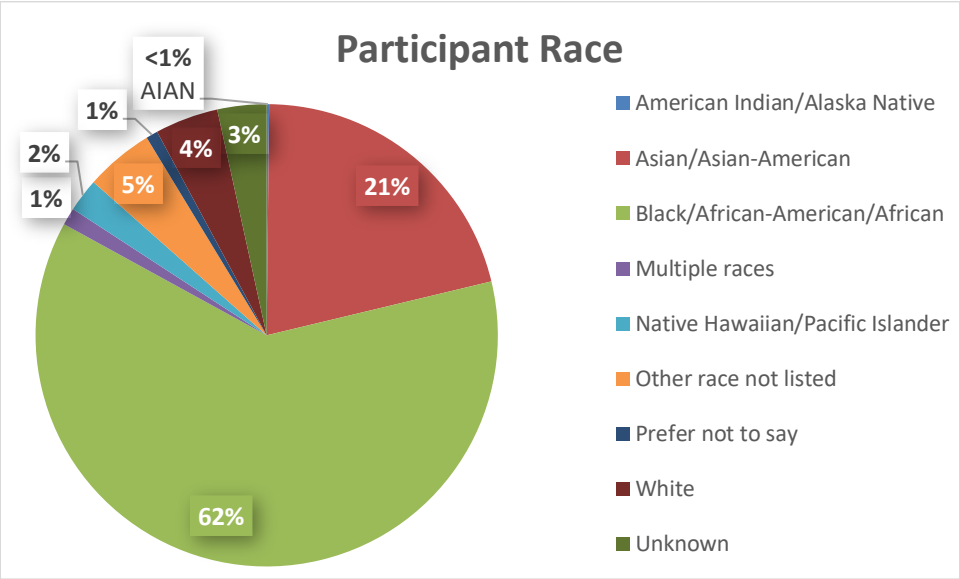
Evidence-based and evidence-informed health promotion programming reached 4,639 participants, including a broad diversity of older adult participants throughout King County. Participant characteristics are summarized below. All data presented is pulled from DCHS' CORE data system and aggregate data reporting is from the DCHS evaluation team.



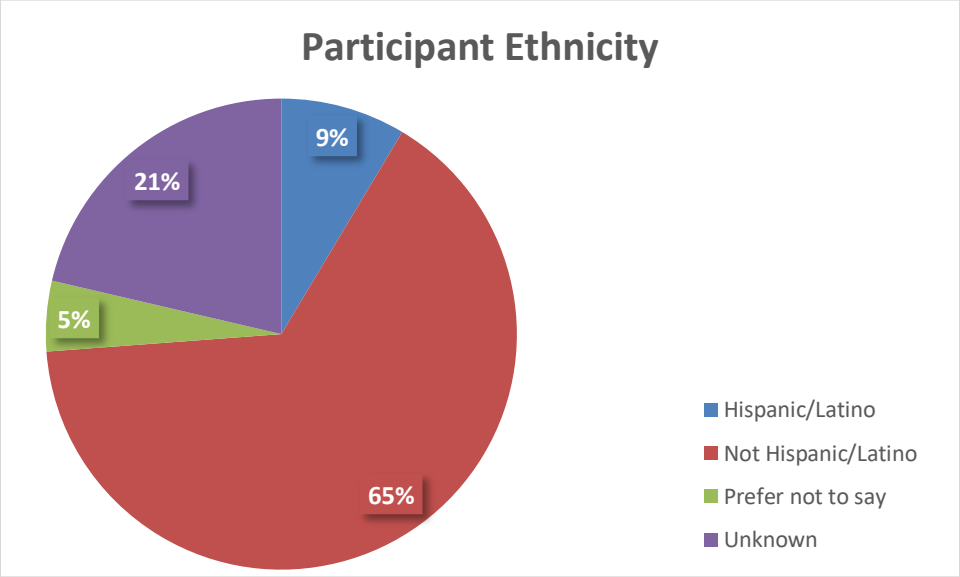
Programs reached participants mostly aged 55 years and older. 9% of participants were under age 55, and nearly two-thirds (63%) were age 65 or older. One-quarter of participants were over age 75, showing good engagement of the oldest older-adults.



Most participants identify as female, which is common in group programming and older adult programming. Few older adults self-reported gender identity other than the male/female binary. There may be opportunities to improve reach as well as data collection for gender identity with this population.

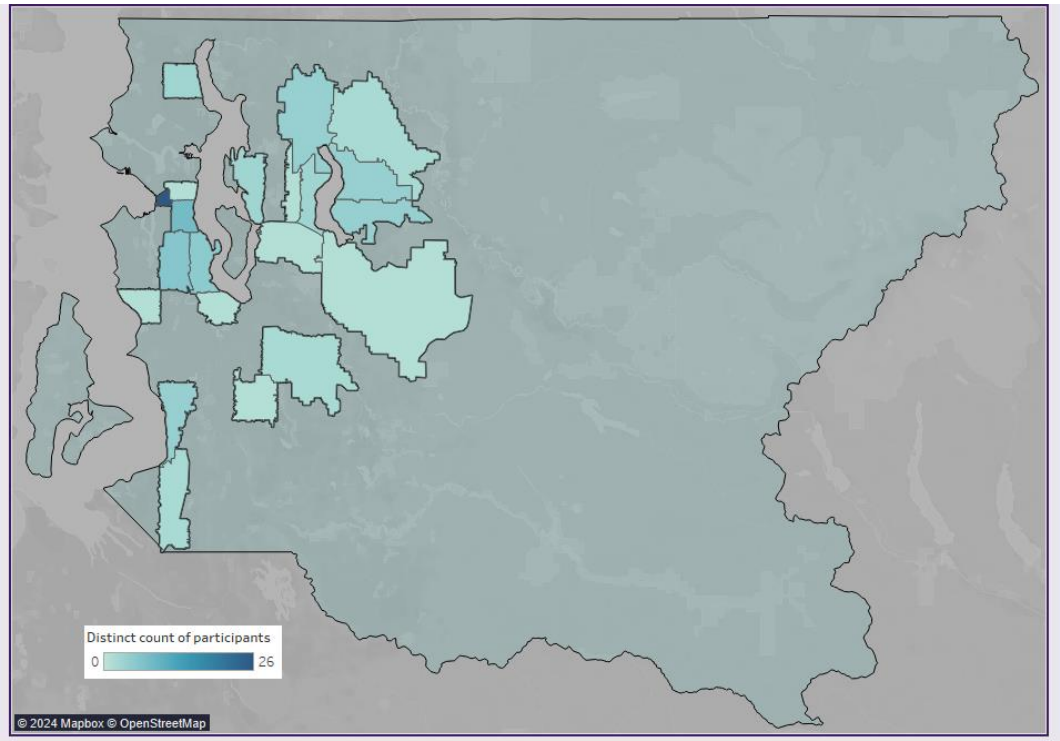


Programs reached a broad racial diversity of participants, reaching predominantly non-white populations. Nearly two-thirds of participants identified as Black/African American/African. Asian/Asian-Americans accounted for 21% of participants, which is somewhat lower than what we would have expected based on participating awardee organizations. Representation of Native Hawaiian/Pacific Islanders was just 1%, and very few participants reported identifying as American Indian/Alaska Native. There is a significant opportunity to reach and engage Native communities in this work.

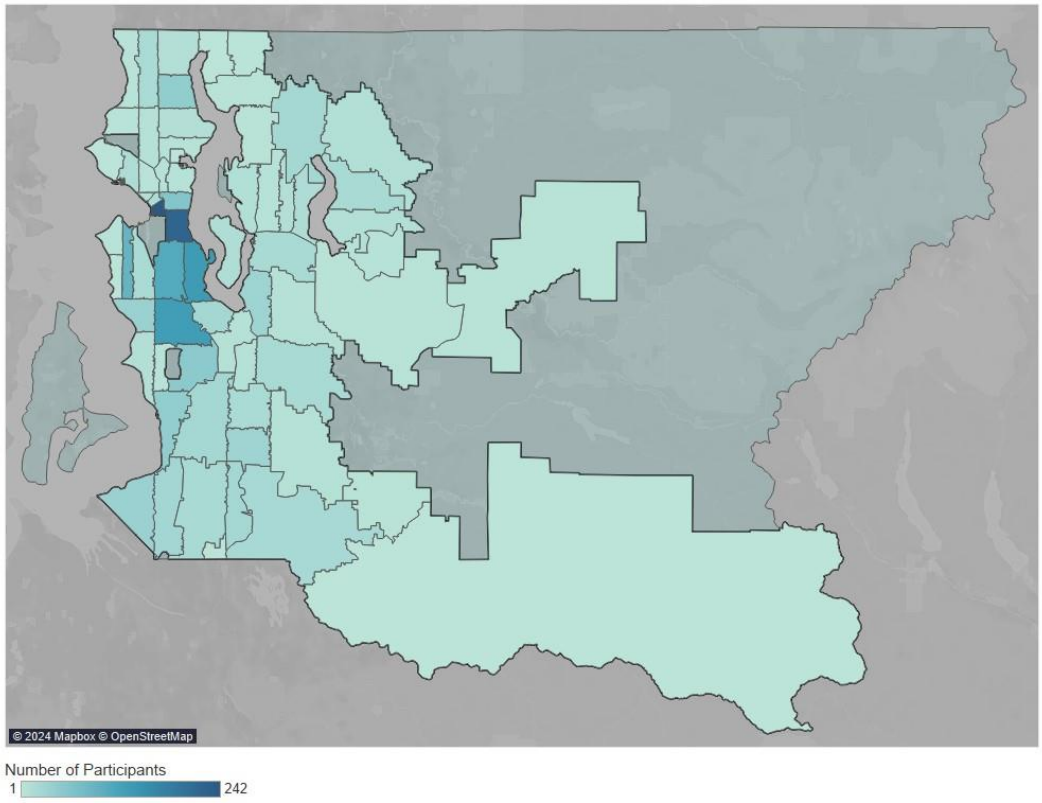


Nearly one-quarter of ethnicity data was reported Unknown, limiting visibility into program reach with older Hispanic/Latino populations in King County. Improved communication and support about ethnicity data collection may help support improved data quality going forward. In addition, while 9% of participants reported Hispanic/Latino identity, there may be opportunities to increase engagement and reach with this community and organizations reaching them.

Geographic Distribution and Density of Participants – 2020



Geographic Distribution and Density of Participants – 2023



The density maps above show the geographic reach and density of participants in awardee programs throughout King County in 2020 (first map) and 2023 (second map). Programs expanded geographic reach throughout King County, particularly north and south of Seattle. In addition, many more participants have been reached across this broader geographic area over time. Opportunities may exist to explore the demographics of more rural eastern King County and barriers to reaching older adults in these areas.

Qualitative Learnings – Impact Stories

Awardees shared how the Levy funding supported their programming, the importance of flexibility, taking time to build trust with participants, and how those things positively impacted program delivery, participant experience, and participant outcomes.

> "I felt very partnered with King County through this process. We partnered our way through the pandemic, and I really appreciated that because there was so much that we had no control over. And then coming out of the pandemic I felt that there was a lot of consideration taken into play by the county as far as the realities of doing this work. Looking at the programming on paper it feels [like] an amazing program, but when we start applying it to the seniors we're serving, and the language barriers, the cultural barriers, just all of those things that they have lived through, it's not a direct path forward. There's a lot of side steps to get to that end result. […] We were afforded the time to build the trusting relationship needed to do this work."
>
> – South Park Senior Center

> "Continuous engagement, continuous conversations are critical. Maybe at the beginning of the year we start with a plan that we're going to teach this or we're going to do this, but throughout [the year] it's been customized, we've been flexible after listening to [the participants] and listening to the council. So, flexibility, never just assume things are going to go by plan, and then feedback from the seniors also optimizes and shapes the program."
>
> – Ethiopian Community Services

> "We find that it's really important to get to know our seniors individually, especially understanding their barriers and what they're hoping for as they come to attend our classes in being in this social space. And that also they can feel safe in this space and that they're welcome and they're respected so that they can really thrive when they come and enjoy the time they spend at our senior center."
>
> – Asian Counseling and Referral Services' Club Bamboo

What we'd do differently

Balancing flexibility and innovation with scope creep and ambiguity

While COVID-19 presented substantial challenges, it also created opportunities. Within the role of program support, these challenges and opportunities centered on balancing community-centered flexibility offered by the funder in unprecedented times, meeting program awardees where they were in terms of program support needs rather than where we might have wanted them to be, and being responsive to evolving needs that did not always align with the documented scope of work for program support. The flexibility and ambiguity resulted in innovations by program awardees, and in turn, in the kind of program support provided to awardees. That flexibility and innovation demonstrated a deep commitment by DCHS to advance equity and center community throughout the investment. As we enter a post-public health emergency phase in the next funding cycle, there are a few specific opportunities to maximize the impact of program support based on what we have learned over the last three years.

First is building more structure around quality assurance and process improvement. While programs will mature on varying timelines, all programs can benefit from thoughtful reflection and intentional approaches to improve. Those improvements can span a range of areas—recruitment and retention, data collection, operational or administrative process improvements, etc. Program support can help provide both structure and technical expertise to support awardees through continuous improvement cycles. We have worked with awardees to co-create a program support resource that better serves their needs and are planning an online portal that will house the most up-to-date resources for awardees organizations.

There is also an opportunity to work with awardees in planning their evaluation and outcome measures that both suit their unique programs and are also applicable across the programs collectively. Utilizing the same or similar measures across programs, where possible, will improve precision and help clarify impacts of the investment across programs.

Clarifying support roles and availability

We received feedback from awardees as part of our program support quality assurance that they were not always sure what they could reach out to us for, or how to best utilize our support. Part of this reflects the inherent limitations in resource-constrained CBOs; however, there are opportunities to improve clarity and availability of support roles. In addition to the summary information shared with awardees about program support roles, we want to include more elements. One is to provide more specificity about exactly whom to contact based on the type of question or issue; this may help differentiate when awardees contact DCHS and when they contact program support. We co-created a working version of this resource with awardees and will continue to refine based on feedback. Online technical assistance office hours were not well-utilized among program awardees; we are working to develop alternative approaches to provide opportunities for program support and peer learning across complimentary programs or organizations, including an online portal where awardees can access the most current information and share with each other.

Aligning milestones and deliverables across support team and program awardees

One of the biggest challenges that the program support team faced was variability between program support deliverables and program awardee deliverables. For example, supporting and documenting process improvement cycles with program awardees was a program support deliverable, and our team developed process improvement templates and tried to meet with each awardee to review, plan and implement improvements. However, process improvement engagement and participation were not defined or enforced by the support team; the County leads on oversight for contractual obligations. There is a balance between competing systems – the County may have contractual priorities with the organizations that can take precedent over program support work. We hope to work with DCHS to develop milestones and deliverables in future funding that leverage the expertise of program support toward impacting and supporting awardee work. Not only will this support the work of awardees and program support, it will also maximize engagement towards highest program impact.

Continued improvement around culturally responsive funding mechanisms and oversight

Program support worked diligently with awardees and the DCHS evaluation team to develop measures and evaluation plans that both met the requirements of the funder and also best supported the awardees to tell the story of their programs' impact. We also helped ensure that awardees had access to data collection tools and resources that best fit the data they were collecting. Despite this support, data collection and data entry remained difficult for many organizations. This challenge stemmed in part from limited awardee staff capacity to manage and administer data collection and reporting. Moreover, this kind of structured data collection and reporting was sometimes incongruous with the cultural norms and oral traditions in some of populations served by awardees. There is an opportunity to shape funding and reporting requirements in ways that are flexible to the norms of communities served by awardees.

Embedding collective learning opportunities

As noted above, we are interested in developing alternatives to online meetings or office hours to support collective learning that are more responsive to awardee communities and aligned with their cultural norms.

- Within investments, opportunities to address relevant issues could include bringing together awardees serving similar populations, offering the same or similar programs, or focusing on similar health promotion topics.
- Across investments, there may also be opportunities to support awardees serving similar communities in groups to leverage collective impact and complementary programming serving those communities.

Considerations for sustainability

We would like to acknowledge that it is difficult to discuss sustainability in the context of community-based and social service organizations without acknowledging the resource constraints and chronic underfunding that these organizations experience. While funding will always be an important part of the conversation, we also see opportunities to help applicants and awardees think about sustainability approaches *other* than funding, starting at proposal development. Including sustainability objectives in the RFP will help set the expectation that sustainability must be considered from the earliest phases of

planning. Objectives may include planning for evolution of the program over time, including adaptations and why they occur; maintaining organization capacity and infrastructure for program delivery, including partnerships, networks and coalitions; planning for institutionalization, or how the program becomes a routine part of operations; and planning for known or anticipated barriers to sustainability. It is an opportunity for applicants and awardees to learn and expand their understanding of sustainability beyond funding. This also dovetails nicely with aligning program awardee and program support deliverables mentioned above; when process and outcomes are measured and understood by the awardees, program support can help with improvements to better align programs and staffing, in turn supporting efficiency and return on investment. Sustainability planning and support for that planning built into deliverables helps ensure sustainability is integrated throughout the program life cycle.

Risk and reward – Including evidence-based and evidence-informed programming

As discussed above, the County was intentional in offering funding eligibility to both evidence-based and evidence-informed programs. This is a novel approach and an important step in equitable funding by valuing practice-based experience and community knowledge and expertise. Rewards of this approach already mentioned include reaching historically underserved communities through trusted organizations that share lived experience, language and culture. However, there are some risks. Without an evidence-base, evidence-informed programs can struggle to create clear objectives for their programs, resulting in programs that lack focus and cohesion. Part of understanding the impact of the program and whether it met stated objectives is reliably measuring outcomes. Similar to how evidence-based programs are not always a good fit for diverse communities, validated measures may be difficult to use in diverse communities; examples can include measures validated in English that have not been tested or translated in other languages, or trying to gather survey information from participants where the social norm is an oral rather than written tradition.

While there may be additional examples of risks associated with evidence-informed programs, the program support team believes they can be addressed and minimized. Program support can help awardees document their program protocol, define their objectives, and maximize the connection from objectives through implementation to outcomes. Awardees would also benefit from working closely with program support to identify evidence-based elements to inform program design, and select measures aligned with objectives and outcomes; this can include drawing from the physical activity guidelines for types of exercises, duration of programming to achieve desired outcomes, and opportunities to adapt and translate measures for community while retaining a connection to validity and reliability. Ensuring that evidence-informed programs can clearly document and explain all phases of their program will help set them up for success and support a clearer understanding of the impact of these programs in community.

Community-Academic Partnership in Program Support

A unique characteristic of the structure of the program support team is that it was composed of a community-academic partnership between Sound Generations and UW Health Promotion Research Center. Both partners brought expertise to the work, but working collaboratively enhanced the expertise and capacity of the program support team—the outcome of the partnership was greater than the sum of its parts. Sound Generations served in the lead role, owing to their longstanding presence serving older

adults in King County, providing training and support for evidence-based programs, and strong relationships with community partners in the social service and aging networks. HPRC brought expertise in implementation science and was able to support Sound Generations and awardees delivering evidence-informed programs with adjustments and adaptations to program design, delivery and measurement to balance existing evidence with community needs. Within the overall structure of program support for this investment, this community-academic partnership approach demonstrated awareness of power dynamics that can derail trust by prioritizing respect, active listening and dialogue and participatory decision-making while providing awardees with both breadth and depth of knowledge that would not have been as robust from either partner individually.

Recommendations Going Forward

A great deal was learned throughout this funding cycle, and the support team learned alongside the program awardees as we navigated the ups and downs of the pandemic. We would distill key recommendations as follows:

Flexibility and accountability are mutually supportive

DCHS, program support and program awardees all had to be flexible and adapt to frequently changing needs and realities of implementing health promotion programs. While we hope there is not another disruptive experience like the pandemic, we can always count on change. Flexibility for program awardees and program support fostered innovation and novel approaches to elevating health promotion while continuing to meet other basic needs in community and contribute to the pandemic response. Continued flexibility for program awardees paired with accountability to implementation and sustainability milestones will help continue to foster innovation in community and help build sustainability for health promotion programming in awardee organizations.

Technical support early in program selection and planning bolsters sustainability

While all programs had to adapt to the pandemic, it was apparent that not all awardees had a complete understanding of adoption and implementation of the evidence-based programs they had selected. Program support during program selection and planning in preparation for the application cycle will help prepare applicant organizations in considering the needs of their community, program fit with those needs and organizational capacity, and lay foundation for successful adoption and implementation, including administrative and operational considerations. Support from the earliest stages will best position organizations to deliver their programs effectively and efficiently and institutionalize capacity to maintain the program over time. This is also applicable to organizations adapting evidence-based programs or developing their own evidence-informed programs.

Expand reporting options that elevate diverse ways of knowing

Program awardees in this investment represent highly diverse racial, ethnic, language and cultural communities, and those communities bring rich traditions in gathering and sharing information and experiences. This is an opportunity to elevate those traditional ways of knowing. In addition to some of the standardized written reporting that is critical to describing the demographics, reach and impact of senior health promotion programs, additional options for sharing participant experience and program impact in their own traditions helps contextualize and generalize learnings for the broader community.

This could include audio or video options to support oral traditions and native languages, or photography to capture images that tell the story of their program experience.