OHA CBO Public Health Equity Funding Outcomes Evaluation Workshop 5 Notes: Theory of Change: Long-term outcomes & Strategies + activities Sept. 21, 2023

	Group 1	Group 2
Facilitator	Vashti	Jill + Elena
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Notes	 Strategy 6/in general: Goes for all of the strategies: I wonder if the strategies can be put in an active voice. They read more as a goal. "Mobilize communities to Struggling to understand which item is a strategy, vs. activity, vs. outcome A lot of flexibility is built into these strategies and activities, but it is reading as ambiguity - would help to have a set of definitions/boundaries. What is a policy, and what is a coalition - do these mean the same for OHA and CBOs or various CBOs? Collective work informs state policy development is not an action - "Informing state policy" Strategy 4: ambiguous. How does OHA support this? A lot seems like guidance CBOs should be getting from OHA and not left up to interpretation by CBOs. If there is an overarching strategy or goal - it needs to be explicitly laid out. Long-term Outcomes: Redraft One and two feels a little redundant Number one could end at community-identified needs. Equitable distribution and access to in number 2 and 	 Strategy #4: CBOs disseminate information in accessible and responsive ways. Is that information from OHA through the CBO to the populations we serve? Is it information from the population for serving OHA? Is it information from the OHA to community partners to our funders? Talked a lot about the timing about this What does trust building look like? Is this just a now? The responsibilities of CBOs Isiting partners, listing OHA, listing local public health authorities. List CBOs and mention that CBOs are empowered to lead efforts or be local champions and liaise information as subject matter experts that are on the ground. Strategy 5 Hard to make relationships- need to address how much capacity it takes where Long-term outcomes: Redraft We're talking about setting agendas and narratives and influencing policy. I imagine that also includes taking into

	 remove the second half of number one. Reads as passive, write into the active voice Communities experience equitable access to information and resources Communities have increased power These changes would read more in plain language Several people mentioned more active voice Root causes do not make sense or do not need to be there to some people; could just end at the social determinants of health Number 3 sounds a little lofty - "set agenda's shift narrative and influence policy" - "set agenda's and shift narratives" - fluff Communities have power to set 	 account the community health improvement plans at our county and in our community, and I just when we're using a term like social determinants of health, I just want to make sure that there's like a pretty clear definition of where those are coming from. Seeing about setting definitions for Social determinants of health In #3 don't think we need to address what the root cause is The word "influence" in 'influence policy and systems change' might be beneficial to clear with funders to make sure local governments (for example) can accept funding if they agree to "influence" policy change versus "educate and advocate" The next step is to find and put some definitions.
Decisions made	Do a redraft for long-term goals	Consensus on long-term goals