The Vaccinate ALL 58 Campaign Interim Evaluation Report:

Partnership in Motion to Address the COVID-19 Vaccine Equity Gap

An independent evaluation conducted by
Beryl Levinger, Ph.D.
Managing Director, BLTeam

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Acronyms

CBO	Community-based organization
CCHP	California COVID-19 Community Health Project
CDC	Center for Disease Control
CSO	Civil society organization
CIT	Collective Impact Table
CORD	California COVID-19 Outreach Rapid Deployment
FBO	Faith-based organizations
LGBTQ+	Lesbian, Gay, Bisexual, Transsexual, Queer Plus
LWDA	California Labor and Workforce Development Agency
LHJ	Local Health Jurisdiction
NGO	Non-governmental organization
NPP	Neighborhood Partnership Program
Q1	Quartile 1
RPMs	Regional Program Managers
UCLA	University of California at Los Angeles
VA58	Vaccinate ALL 58 [counties]
YEPP	Youth Engagement Partnership Program

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1 Executive Summary

California's Vaccinate All 58 Campaign was launched in December 2020 to meet the twin challenges of a pandemic and a widening "health equity divide." The Campaign reflects the belief that a healthy California for everyone requires the state government to build new relationships with actors from the private sector, local government, faith communities, civil society, and the world of grassroots activism. The Campaign that has emerged is a tangible expression of California's commitment to equitable vaccine deployment and equitable health outcomes.

This interim evaluation report assesses the Campaign from multiple perspectives to identify its strengths and areas for improvement. The report begins with a detailed description of the Campaign. The findings and conclusions in this report are those of the author and do not necessarily represent the views or opinions of the California Department of Public Health or the California Health and Human Services Agency.

> **The Campaign reflects the belief that a healthy California for everyone requires the state government to build new relationships with actors from the private sector, local government, faith communities, civil society, and the world of grassroots activism.**

Key details of the Campaign include the following:

- It was created to inform and encourage Californians living in places with the lowest vaccination rates and the highest social and health inequities to get vaccinated against COVID-19.

- It analyzes granular data (using ZIP codes and census tracts) to identify communities of concern—those with the lowest vaccination rates and the highest social and health disparities.

- Within these communities, three groups are prioritized: unvaccinated individuals; unboosted individuals eligible to be boosted; and families with eligible children.

- It uses diverse outreach strategies, in partnership with community-based organizations (CBOs), to help people overcome their resistance.

- It works in partnership with CBOs to connect vaccine-hesitant people and trusted messengers who can respectfully provide culturally appropriate information to target groups.

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The Campaign also generates community-specific research on mis/disinformation, provides phone- and text-banking services, and creates media assets that mirror target audiences' linguistic and cultural preferences. The California COVID-19 Outreach Rapid Deployment Tool (CORD) is an especially valuable Campaign resource. CORD offers users access to data and education materials that support outreach efforts and facilitate the coordination of activities.

The Campaign supports a standardized set of tactics and activities. However, within each of the ten regions, partners customize the activities with support from Regional Program Managers (who are part of the Campaign's outreach workstream). Customizations reflect each partner's deep knowledge of the community's cultural and linguistic preferences, local influencers (trusted messengers), and locally available resources. The mobile clinic blitz is a significant component of the Campaign's outreach work. CBOs and Campaign staff promote the clinics and create fun and culturally rooted events around them to generate community interest and participation.

In January 2021, the Campaign introduced several innovative and experimental initiatives. These included the Neighborhood Partnership Program (NPP), for neighborhood, grassroots level activities; the Youth Engagement Partnership Program, which uses arts, popular culture, and other youth-oriented activities to promote vaccination; and Communities of Practice, enhanced focus groups that provide insights on marginalized communities not easily identified through ZIP codes or census tracts.

Campaign accountability is achieved by adopting a results-based management system specifying quarterly outputs. Well-defined metrics support progress tracking.

This report details the three-pronged evaluation approach that was developed for the present interim review. The methodology was designed to introduce rigor to a context where impact evaluation is not possible (as there are no control groups; there is great variation in context and implementation; and there are multiple channels outside the Campaign that also communicate information about vaccination). In the absence of quantitative data, the evaluation used participant observation, extensive interviewing (with 32 people representing a cross-section of CBO Partners, Local Health Jurisdiction representatives, regional program managers, workstream leads, and others) and an extensive document review. Campaign components were assessed in relation to their contributions to adaptive management; capacity strengthening; cultural customization; equity; and innovation. The main finding arising from this analysis is that the Campaign design promotes equity, strengthens capacity, fosters innovation, supports adaptive management, and facilitates cultural customization. The overall design is values-driven and well-suited to a once-in-a-century challenge.

To provide additional rigor, the evaluation drew upon four theoretical perspectives that could provide robust assessment criteria. The perspectives introduced drew from the literature on adaptive management (which was applied to an analysis of the Campaign's systems); organizational culture success factors (which was applied to an analysis of the Campaign's culture); "wicked problem" response (which was applied to an analysis of the Campaign's strategy); and value-adding partnerships (which was applied to an analysis of the Campaign's ecosystem).

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Key insights generated from the application of these theoretical perspectives include the following:

- The Campaign's workstreams function in a manner that is consistent with adaptive management practice and principles.

- The Campaign's formally promoted ("official") and informally promoted values are fully aligned and mutually supportive. This is a rare occurrence in organizations and reflects strong leadership, good hiring, and the urgency of saving lives.

- The Campaign's culture closely mirrors the enterprise success factors identified in the literature.

- The Campaign's partnering practices involve three different partnership types: funded, unfunded, and experimental. The bulk of the Campaign's partners are funded CBOs (240 to date) that are the "motor force" of Campaign outreach.

- The Campaign's CBO partnerships meet almost all the "must have" and "must do" criteria of the Value-adding Partnership Model. Early evidence suggests that long-term benefits will emerge from these arrangements. It is already apparent that the partnerships are mitigating the Campaign's greatest risk for failure: an inability to reach some segments of the most vulnerable population (Quartiles 1 and 2) because of mistrust, marginalization, and well-developed strategies for "flying under the radar." There is also early evidence that partnering has led to improved coordination among actors. Many examples were cited of how partnerships have led to more comprehensive interventions (which, in turn, deliver more benefits to target populations).

Key findings were grouped thematically into four categories: (1) leadership and management; (2) networking practices; (3) trust; and (4) innovation and learning.

These findings generated ten recommendations that cover partnering practices, public administration issues, and learning.

The Vaccinate ALL 58 Campaign demonstrates many notable strengths. Campaign strategies are a thoughtful blend of tactics that reach and persuade vaccine-hesitant Californians. CBO partnerships and the engagement of trusted messengers contribute to a narrowing of the health equity gap while building relationships and social capital— important assets for addressing both present and future crises. The Campaign's systems are well-suited to its needs and well-attuned to adaptive management requirements. The Campaign's culture and partnering practices have created a network of highly dedicated, agile collaborators who have joined forces because they recognize the urgency of saving lives in under-served communities.

Nevertheless, there are areas where the Campaign can improve its performance. For example, the Campaign can cede more decision-making responsibilities to "trusted partners," CBOs that have established a performance track record with the State. Better feedback loops can be created to help Campaign personnel charged with producing resources in support of outreach activities. Currently, there is little understanding of how these resources are used and whether they meet user needs and expectations. The Findings and Recommendations chapters of this study offer many additional insights about Campaign opportunities to strengthen performance and impact. The report also notes that the Campaign can and should become a living laboratory as it exemplifies how government can harness and amplify the power of civic engagement to enhance the quality of life for all Californians. If the State avails itself of the opportunity to systematically harvest lessons from the Campaign's work, the Campaign will deliver even greater value to California's taxpayers.

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2 Introduction

COVID-19 is not an "equal opportunity" scourge. Instead, it disproportionately infects California's most vulnerable communities including places where poverty is high and where large concentrations of Latinos, Black / African Americans, and Pacific Islanders (among others) reside. The contagion has also exacted a heavy toll on the State's essential workers including people engaged in agriculture, food processing, food service, janitorial work, warehouse logistics, and manufacturing.

COVID-19 disparities across communities are pronounced. For example, the case rate for Pacific Islanders is 80 percent higher than what is seen statewide. Among communities with a median income below $40,000, the case rate is 22 percent higher than statewide infection rates. In a recent reporting period (March 21 – May 15, 2022), nearly 91,000 new deaths were recorded in California— this even though we are now more than two and a half years into the pandemic and 18 months beyond the introduction of vaccines. (*California's Commitment to Health Equity, 2022*)

 Numbers such as these underscore an essential truth about the current pandemic: it is not just a public health crisis. It is also a crisis of equity that has exacerbated the already significant gaps between relatively advantaged Californians and the State's most vulnerable residents.

The twin challenges of meeting the most daunting public health challenge of the last 100 years while simultaneously addressing a widening "equity

> **The twin challenges of meeting the most daunting public health challenge of the last 100 years while simultaneously addressing a widening "equity divide" call for new approaches that transcend even a whole-of-government response.**

divide" call for new approaches that transcend even a whole-of-government response. Public health leaders cannot address COVID-19 health inequities alone. A healthy California for everyone requires forging new relationships with the private sector, local government, faith communities, civil society, and community activists.

This is the context in which the Vaccinate ALL 58 Campaign was birthed. The Campaign is a tangible expression of California's commitment to equitable vaccine deployment and equitable health outcomes.

This interim evaluation assesses the Vaccinate ALL 58 Campaign from multiple perspectives to identify its strengths and areas for improvement. The report begins with a detailed description of the Campaign. It then presents an outline of the evaluation approach adopted for this study. Succeeding report sections describe and assess the Campaign's structures from multiple perspectives. The final chapters synthesize key findings and offer a set of recommendations for building on strengths as well as addressing challenges.

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3 Campaign Overview

The Vaccinate ALL 58 Campaign was created to inform and encourage Californians living in places with the lowest vaccination rates and the highest social and health inequities to get vaccinated against COVID-19. Since its inception, the Campaign has used data to identify communities of concern to accomplish this purpose. The Campaign then deploys diverse outreach strategies to help the vaccine-hesitant overcome their resistance and join the ranks of vaccinated Californians.

Equity, the Campaign's centerpiece

"…we must focus on communities that have sometimes been neglected, whether the reasons involve race, language, ethnicity, or something else…."

Anthony Rendon, Speaker of the California State Assembly as the Campaign's launch was announced

Quick Facts about the Campaign's Beginnings

- Governor Gavin Newsom announced launch of the "Vaccinate ALL 58" Campaign in December 2020
- The launch coincided with arrival of the first vaccines
- The Campaign initially focused on information and vaccine access
- Vaccine **equity** was a key driver of the Campaign from its very outset

  - The Campaign's design drew on personnel and lessons learned from the California Complete Count Census 2020 Campaign; the census campaign was heavily grounded in equity and outreach to marginalized communities

  - The census campaign successfully used the "California Hard to Count index" to reach communities experiencing marginalization. Index indicators included: presence of multi-family residences, households with limited-English proficiency, access to broadband, and Medi-Cal eligibility.

  - The VA 58 Campaign refined this approach to equitable vaccination through use of the Vaccine Equity Metric. ZIP codes were sorted by vaccination levels with Quartile 1 corresponding to the least vaccinated population. Priority was given to Californians living in ZIP codes that placed in the lowest 2 quartiles.

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4   The Campaign Today in Brief

Target Audience

The Campaign's target audience is people who live in communities with the lowest vaccination rates and the highest social and health disparities. Within these communities, three groups are prioritized:

→ Unvaccinated individuals

→ Unboosted individuals eligible to be boosted

→ Families with eligible children

Campaign resources used to reach audiences are varied and include:

- Partnerships with community-based organizations (CBOs) that perform community outreach as trusted messengers

- Up-to-the-minute community-specific research on mis/disinformation and effective responses

- Phone- and text-banking

- Media assets (earned, social and unpaid) that generate messages mirroring the linguistic and cultural preferences of target audiences

- The California COVID-19 Outreach Rapid Deployment (CORD) Tool, which Campaign staff and partners can use to obtain a very granular view (by ZIP codes and census tract) of vaccination patterns. CORD also offers users access to many and varied resources that support outreach efforts and coordination of activities.

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5 Campaign Tactics, Activities and Outputs

The Campaign supports a standardized set of tactics and activities. However, within each region, partners customize the activities with support from Regional Program Managers. Customizations reflect each partner's deep knowledge of the community's cultural and linguistic preferences, local influencers (trusted messengers), as well as locally available resources. The Campaign's operational model can be described as "customized standardization." Partners receive clear guidance on the "what" while having ample scope to localize the "how." This practice facilitates adaptive management.

> **The Campaign's operational model can be described as "customized standardization."**

Snapshot: how does the Campaign achieve its goals?

- It partners with CBOs and faith-based organizations
- With partners in the lead, it conducts outreach through a broad range of communication channels
- This outreach generates confidence in vaccine uptake through trusted messengers who communicate timely, accurate, and culturally relevant information to the vaccine hesitant

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Table 1. **Tactics, Activities and Outputs of the Vaccinate ALL 58 Campaign**

Campaign Tactics	Campaign Activities	Campaign Outputs
Tactics are a mix of interactive peer-to-peer engagements and one-way outreach. They include the following: - Mobile clinic blitz - Micro-targeted communications - Mis/disinformation awareness campaign - Communities of practice (enhanced focus groups) - Neighborhood Partnership Program - Youth Engagement Partnership Program - Pediatric Provider Education and Technical Assistance - Outreach, education, and appointment assistance	- Support and coordinate stakeholders to serve as trusted messengers to target populations - Mobilize and equip stakeholders to deliver harm reduction messages to target populations - Mobilize and equip stakeholders to help target populations secure vaccination appointments - Research and tailor messaging that is appealing and accessible to targeted populations	- Coordinated ecosystem of messengers who are trusted by targeted populations - Harm reduction messages tailored to target populations that address misinformation and build vaccine confidence - A system to collect and disseminate feedback on target population's experience - Rapid response media campaigns that reach target populations - Enhanced civic-state philanthropic partnerships to increase vaccination rates among targeted populations

Each Campaign output is linked to one or more indicators that are regularly tracked. This practice is designed to support the Campaign's commitment to transparency and accountability. Table 2 provides four examples of the generally strong relationship between outputs and indicators. The indicators provided are objectively verifiable, closely connected to the output, and are highly relevant to the Campaign's goals.

Table 2. **Four Illustrative Examples of How the Campaign Generates Indicators to Track Outputs**

Output Description	Indicator
Equipped network of trusted messengers that can mount activities in targeted geographic areas	150 funded community partners activated to reach family and youth through culturally relevant and in-language tactics
Partners equipped to build vaccine confidence and generate vaccination appointments in targeted geographic areas	Appointment assistance delivered to 20,000 families
Mobile clinics located in areas where people have little or no convenient access to vaccines	210 mobile blitz clinics with a goal of an average vaccination rate of 40 shots per site
Statewide network of organizations that serve families and are focused on adapting materials and building outreach strategies that resonate with youth	Minimum of 15 organizations develop outreach strategy that reflects identified preferences and interests of youth

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6 Evaluation Methodology

Evaluating the Vaccinate ALL 58 Campaign's impact poses several methodological challenges. Impact measurement entails comparing a "treated" group (in this case, individuals reached by the Campaign) to a matched set of individuals who serve as a control group and, as such, do not receive the intervention. Clearly, deliberately withholding information about vaccination opportunities from any Californian would be highly unethical.

A second impediment to measuring impact is that changes in vaccination rates can't be directly attributed to the Campaign. While the Campaign undoubtedly contributed to vaccine uptake, other factors have also played a role. Employer mandates, peer pressure, regular interactions with health care personnel not reached by the Campaign's activities, family member experiences (either with COVID-19 or with the vaccine), and exposure to vaccine-promoting media from non-Campaign sources also influenced vaccination acceptance.

The third notable obstacle to conducting an impact evaluation relates to one of the Campaign's major strengths. Campaign activities are conducted in ten different regions. Within each region, the Campaign's community-based organization (CBO) partners have substantial latitude in customizing outreach activities to mirror the cultural and linguistic preferences of target audiences. The variety of activities that emerges from these adaptations confounds attempts to link the Campaign's impact to its activities.

The final barrier to an impact evaluation of the Campaign is also related to one of its critical strengths—adaptive management. As the Center for Disease Control (CDC) recommendations and scientific knowledge evolved, the Campaign's goals shifted (appropriately so). Initially, the Campaign focused on harm reduction as masking and social distancing were the best tools available to halt the contagion's spread given that most Californians did not yet have access to the vaccine. Then, as vaccines became more widely available to new population tiers, vaccination was prioritized along with harm reduction. As vaccine eligibility continued to expand, new populations were targeted. When boosters were recommended by the CDC for designated age groups, messaging evolved yet again. Some months later, with the advent of new CDC recommendations concerning second boosters, further tactical adjustments to outreach were made. Most recently, outreach has expanded to the parents of age-eligible children. These shifting goals and approaches helped to optimize the protection of Californians from COVID-19 and reflect the rapidly changing context in which the Campaign operates. However, a campaign with transitory goals and messaging does not lend itself to impact evaluation.

Considering these impact evaluation obstacles, an alternative, three-pronged evaluation approach was developed to prepare this interim report.

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Prong #1: Identify the Campaign's components.
This entailed an analysis of the Campaign's four key structural elements: strategy, systems, culture, and ecosystem (with a focus on partnering arrangements).

Prong #2: Analyze the extent to which the four main components of the Campaign incorporate five key attributes. These attributes are as follows:

- *Adaptive management:* The extent to which the Campaign uses robust environmental sensing, feedback loops, research, and data to adjust strategy and tactics

- *Capacity strengthening:* The extent to which CBO partners and Campaign workers acquire news skills to successfully meet ongoing and evolving challenges

- *Cultural customization:* The extent to which the Campaign caters to the unique linguistic, historical, religious, and social characteristics of un- and under-vaccinated Californians living in communities that experience marginalization

- *Equity:* The extent to which the Campaign seeks to close the gap in vaccination rates between communities that do and do not experience marginalization

- *Innovation:* The extent to which the Campaign fosters new, promising strategies, alliances, resources, and opportunities in the service of its goals

Prong #3: Assess the Campaign using four theoretical perspectives that could provide additional, robust evaluative criteria. The four perspectives selected for this purpose were adaptive managements success factors; "wicked problem" response; enterprise success factors; and value-adding partnerships.

Implementation of this evaluation model unfolded in eight distinct steps.

Step 1: A stakeholder group worked with the evaluator to identify the meta-questions that it wanted to explore through the evaluation:

- *What factors are the most important for the Campaign's success?*
- *What strategies and tactics are particularly useful for identifying trusted messengers, generating trust, and maintaining trust?*
- *How effectively did the Campaign respond to changes within the organization, communities, funding, and external environment?*

Step 2: Campaign documents (including meeting minutes, strategic plans, and workstream reports) were carefully reviewed.

Step 3: Participant observation was conducted at a variety of events including Collective Impact Tables; weekly briefings; leadership team sessions; and special presentations.

Step 4: Interviews were held with 32 individuals representing a cross-section of CBO Partners, Local Health Jurisdiction (LHJ) representatives, Campaign Regional Program Managers, workstream leads, and others.

Step 5: The Campaign structure was mapped to reflect through document reviews, participant observations, and the first 20 interviews. Of the final interviews, 11 of the 12 included a presentation of the maps that were created for feedback, correction, and validation. The maps were also shared with selected members of Campaign leadership team for feedback and correction.

Step 6: The interview notes were coded by Campaign structural features and attributes.

Step 7: The four selected theoretical frameworks were used to generate additional insights about the Campaign's structure, systems, culture and partnering.

Step 8: Findings, recommendations, and conclusions were prepared.

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7 Unpacking and Assessing the Campaign Structure

The Vaccinate ALL 58 Campaign is a thick and complex web comprising many different relationships and actors. It is unsurprising that the totality of these relationships is not fully visible to most Campaign staff and partners. During the Campaign's brief history, change has been rapid and "the urgency of the now" eclipses any desire to construct a retrospective review of how Campaign structure and key relationships have changed over time.

To fill this void, the evaluator constructed a map of the Campaign's structure that was shared, eventually, with 11 interview subjects, several of whom were among the longest-serving staff members. The final map incorporates all received feedback and serves as the "organizer" for this evaluation. The map depicts four buckets that, collectively, hold the Campaign's features. In the sections that follow, each of these buckets is described and analyzed.

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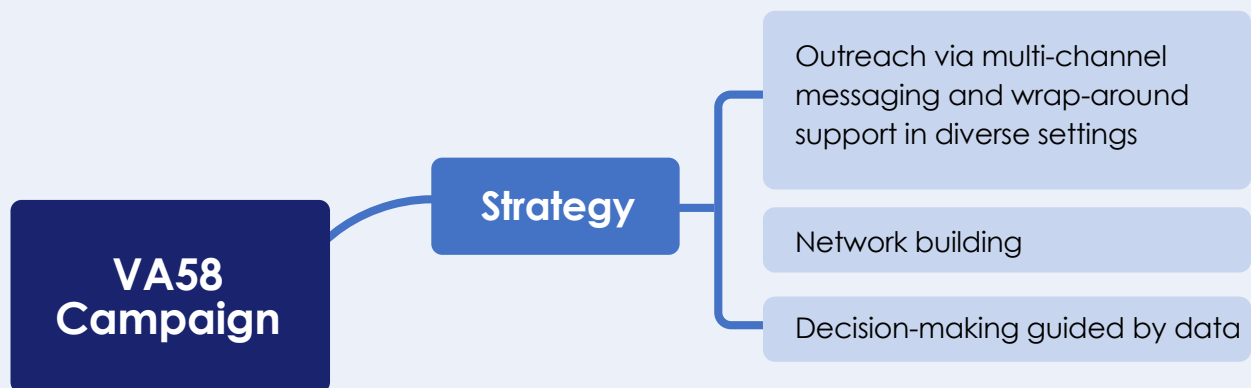
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8 Campaign Strategy

The Campaign's overall strategy rests on three pillars: outreach through multi-channel messaging and wrap-around support for vaccination; network building; and data-informed decision-making.

The **outreach** work is focused on three target groups: unvaccinated individuals; families and youth; and unboosted individuals. These groups are reached through emotionally appealing, often interactive communications. Message-delivery channels include in-language media and trusted messengers who may be "promotoras," religious leaders, culturally appropriate canvassers, or vaccination service providers. Message content reflects Campaign-generated research as well as the cultural insights of the trusted messenger. Wrap-around support amplifies the impact of messaging

and may include appointment assistance, referrals to providers, or transportation to a vaccination site.

Much of the outreach activity is linked to the promotion of "fun events" that feature a mobile vaccination clinic along with such attractions as food trucks, cultural celebrations, gifts and prizes, or music, dance, and poetry performances. Many events are family- and community-centered, reflecting the Campaign's target audiences.

Outreach occurs in many different venues including in-home canvassing, at religious settings, in agricultural workplaces, during flea markets, and at such known service providers as schools, libraries, and community clinics. In all instances, the outreach is geared toward saving lives by facilitating vaccination.

VA58 Campaign → Strategy

- Outreach via multi-channel messaging and wrap-around support in diverse settings
- Network building
- Decision-making guided by data

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The Campaign's second strategic pillar is **network building**. The Campaign operates in ten regions, each with one (or, in the case of a large region, two) Regional Program Managers (RPMs). In effect, the RPMs are network weavers. They connect partner CBOs to Campaign resources and help remove obstacles CBOs face as they conduct their outreach activities. They also convene "collective impact tables" (CITs) that meet biweekly to bring together funded partners (CBOs that are required to attend) and other stakeholders including representatives of local health jurisdictions and non-funded partners that seek to promote vaccination. An important feature of the CITs is that they operate with very low barriers to entry. Whoever wants to participate can choose to attend and embrace the ethos of information-sharing and problem-solving that characterizes the CITs.

The Campaign follows a "wholesale" approach to network development. RPMs and other outreach staff primarily recruit and enlist associations, organizations, and institutions rather than individuals (a "retail" approach). This wholesale orientation (1-to-many rather than 1-to-1) promotes exponential growth and lays a foundation for building a civil society movement to address the public health crisis and social disparities that the State faces.

Regional Program Managers as network weavers

They work to build a strong network and serve partners with their heads. That's the cerebral part of their job. But they also bring their hearts. They're passionate about making connections. They're hands-on, but they also use their legs to get to where they're needed. In short, RPMs bring their heads, hearts, hands, and legs to build a network. An RPM could be a "manager" who produces deliverables. But that's not what's needed to save lives.

In their own words: an outreach worker's perspective on the Collective Impact Tables

The key players are in the virtual room. Together we share communication resources and data. All the CBO partners have access to CORD. Typically, we look at one to three census tracts with low vaccination rates. We talk about what people are willing to do to increase vaccination rates in these communities. We try to develop a real sense of what's going on in each of the selected census tracts. Sometmes, we get intel on why vaccination rates are low that lead us to focus our energies elsewhere.

The third pillar of the Campaign's strategy is the use of **data to guide decision-making**. Key data include vaccination rates; formative research on mis/disinformation and effective messaging; and the feedback obtained by outreach staff trusted messengers.

Many political and marketing campaigns rely heavily on data for decision making. Therefore, the Campaign's use of data may not initially appear to be an especially noteworthy or interesting feature. However, what sets the Campaign's use of data apart from other efforts to market a product or a candidate is how the data are used to build bridges rather than walls between those "in the know" and those "out in the cold." Very granular data are readily accessed by CBO partners, Campaign outreach workers, and Campaign executive leadership. The direct access to data is closely aligned with the Campaign's commitment to addressing inequity. Partners feel respected and entrusted. This empowers them, in turn, to become trusted messengers who labor tirelessly to close health and social equity gaps.

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Data usage: the through-line that connects each Campaign layer

"RPMs are the conductors of their regions. They look at all the assets and data and try to organize folks to focus on areas and neighborhoods where the need is greatest." [Outreach Workstream]

"Once the team understands the data and what that data represent, we anchor ourselves in our planned activities." [Enterprise Management Workstream]

"Our focus is on health equity. I take a master list with every ZIP code in the state and 20 columns of data that describe characteristics of the ZIP code. Right now, we're focusing on the 11+ age group. I look for ZIP codes with the lowest vaccination rates; ZIP codes with the highest density of unvaccinated; and, ZIP codes with smallest levels of change. We then weight these indicators and rank them from 0-100. A further prioritzation is done around equity. We manage large numbers of data points. The Campaign leadership then directs resources based on this prioritization." [Data Workstream]

"Campaign staff helped us to focus on places where there were low vaccination rates. We hadn't drilled down to the level they had to see these gaps." [Local Health Jurisdiction Partner]

COVID-19 is a wicked problem. This evaluation will now focus on the extent to which the overall Campaign strategy is consistent with research on wicked problem response.

There are ten established criteria a problem must meet for it to be declared wicked (Rittel & Webber, 1973).

1. **There is no definite formulation of the problem.** In 2022, is the core problem that too few people are vaccinated, and there are vast health inequities placing some communities in positions of extreme vulnerability? Or is it that we still don't fully understand how the virus behaves and therefore can't protect people from it?

2. **There is no stopping rule.** At some point, COVID-19 will be viewed as endemic rather than as a pandemic. When, if ever, will we be able to exercise less vigilance and remain safe?

3. **Solutions are not true-or-false but good-or-bad.** For example, the impact of business closures on the overall well-being of Californians is mixed. Lives were undoubtedly saved, but some Californians lost jobs and experienced economic hardship.

4. **There is no immediate and no ultimate test of a solution.** You cannot, for example, run an experiment to measure the impact of business closures on public health (although this can be assessed after the fact).

5. **Every solution is a "one-shot operation"; there is no opportunity to learn by trial-and-error; every attempt counts significantly.**

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6. **There is not an enumerable set of potential solutions to the problem, nor is there a well-described set of permissible options.** Solutions to the COVID-19 crisis primarily focused on stopping the spread of the virus and have fluctuated wildly in a relatively short timeframe. Masking, testing, social distancing, massive school and business closures, vaccination, and boosting have at one time or another been the preferred strategy for holding the virus at bay.

7. **The problems are unique.** We have never faced a pandemic in a climate of rampant mis/disinformation and extreme social and political polarization.

8. **The problem can be seen as a symptom of another problem.** In the case of COVID-19, patterns of racial and ethnic discrimination along with poverty may explain why populations of color have been disproportionately affected by the virus.

9. **The choice of explanation determines the nature of the problem's resolution.**

10. **There is no tolerance for government policymakers who make the wrong choice.**

Recently, policy researchers have applied and extended the wicked problem paradigm to shed light on the pandemic. Several useful insights emerge from these analyses (Klasche, 2021). Important insights include the following:

- Simple solution strategies (e.g., social isolation; business closures) have comparable ripple effects (e.g., a mental health crisis; inflation; loss of income).

- Every intervention turns the problem into something new. For example, social distancing led to severe economic consequences. Changing mandates eroded confidence in government.

- Only approaches outside of the regular government policy playbook can mitigate the problem.

- Bottom-up strategies and engagement by non-state actors are particularly promising in responding to COVID-19.

- Mismanagement of a vaccination campaign often erodes trust in governmental leadership. The engagement of non-state actors in vaccination campaigns can modulate this trust deficit.

- Wicked problems call for new networks that are "non-hierarchical, horizonal and polycentric" (Klasche, 2021). Such networks typically live outside traditional power structures and must include non-governmental organizations (NGOs) and CBO actors.

- Responding to COVID-19 requires a diversity of approaches, experiences, and toolboxes. Responders need to be adept at learning, listening, failing, and pivoting. They must also have a flexible repertoire of responses. The required diversity can be best supplied by enlisting NGO and CBO actors.

- Engagement by non-policy experts and the use of non-traditional communication channels to reach the affected population are essential components of a sound COVID-19 response.

In summary, diverse actors, diverse approaches, and diverse modes of engagement (including diverse messaging strategies) represent the preferred pathway for responding to the pandemic. The Campaign's strategy—with its emphasis on CBO partnerships, multi-channel messaging, and network building—is closely aligned with the research on how to respond to this wicked problem.

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9 Campaign Systems

The Campaign is structured around eight coordinated, complementary workstreams that support strategy implementation. All workstreams contribute to or directly engage in the Campaign's core function, outreach and public education. The Data, Communication, and Trust and Safety workstreams, for example, collectively guide the messaging component of outreach and public awareness. External Affairs is charged with extending Campaign's strategies and bringing even more trusted messengers to the table. Partner Communications does outreach to local health jurisdictions and health care providers. Operations works to ensure that the partner network and Campaign functions cohesively. Such cohesion—speaking with one voice—is a prerequisite for any effective campaign. Enterprise Management focuses on workstream coordination and on ensuring that output targets are achieved.

> **Cohesion—speaking with one voice—is a prerequisite for any effective campaign.**
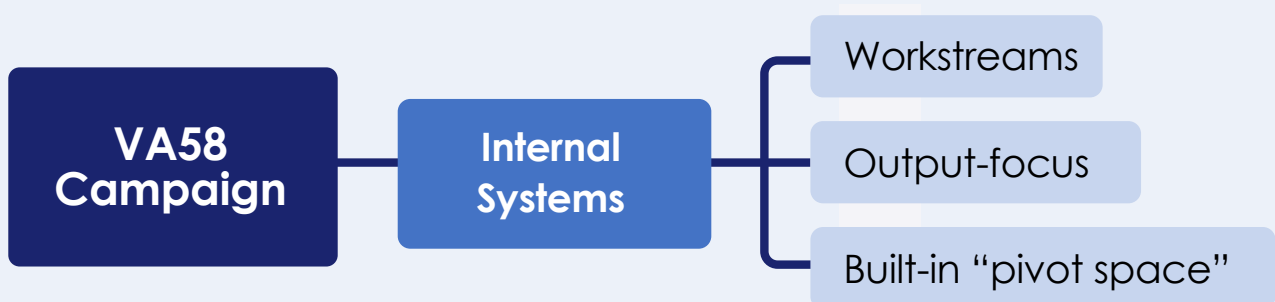

VA58 Campaign — Internal Systems — Workstreams / Output-focus / Built-in "pivot space"

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Table 3. **Core Activities of the Vaccinate ALL 58 Campaign's Workstreams**

Workstream	Core Activities
Outreach	- Coordinates trusted messenger ecosystem - Does harm-reduction education - Provides vaccine appointment assistance - Organizes mobile clinics with wrap-around outreach and education to ensure equitable and convenient access to vaccinations - Supports neighborhood and grassroots groups to educate community members on safe practices for prevention of COVID-19 and the importance of vaccinations
Communication	- Supports a micro-targeted public education communications campaign to address vaccine-related concerns; communications closely reflect research and community feedback on persuasive messaging, creative and advertising tactics - Conducts a mis/disinformation awareness campaign that disseminates accurate information from reliable and authoritative sources - Debunks current and popular mis/disinformation and builds awareness of mis/disinformation as a risk factor for good public health outcomes
External Affairs	- Crafts innovative strategies for culturally responsive and equitable outreach - Engages with strategic partners to share insights and encourage participation in Campaign activities
Partner Communications	- Uses up-to-date information to create resources for Local Health Jurisdictions (LHJs), vaccine providers and other trade-based stakeholders regarding the CA COVID-19 Vaccination Program - Supports the work of LHJs, vaccine providers, and allied health professionals through clinical guidance
Trust and Safety	- Monitors mis/dis/malinformation - Provides training on responses to misformation for LHJ and CBO communities - Provides risk responses for COVID-19 mis/dis narratives. Responses are shared throughout the Campaign's ecosystem as well as with the CDC and CDPH - Builds partnerships with social media platforms to expedite the review of high-risk narratives under their terms of service for possible take-down actions
Operations	- Manage and sustain a collaborative team and ecosystem - Maintains campaign tools (CORD)
Data	- Monitor key data trends to inform daily and strategic decision making
Enterprise Management	- Oversees all workstreams to ensure that appropriate levels of coordination occur; that results-based management output targets are reached; and that the Campaign operates transparently and in a manner consistent with Campaign commitments (data, equity, access, convenience). - Ensures that data are properly assessed; priority areas are properly determined in light of the data; State and non-state funded resources are mobilized and optimized; best or promising practices are identified; needed pivots are identified and made.

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This evaluation will now focus on the extent to which these workstreams function in a manner that is consistent with adaptive management practice and principles. Adaptive management can be understood as an intentional approach to making decisions and adjustments in response to new information and contextual changes (USAID, 2018). New information might include the rapidly evolving guidance from the CDC about how the virus is spread; the duration of the protection that vaccines offer; and the precise nature of the disease itself (e.g., new understandings about "long COVID"). Contextual changes that characterize the pandemic include the emergence of new COVID-19 variants; changes in vaccine availability; the spread of misinformation across many communications channels; changing mandates regarding masking, school attendance and essential business operation.

Adaptive management is particularly important when a program addresses challenges that are complex. Under these circumstances, the starting point must be an assumption of uncertainty about what will work. Therefore, a flexible approach is required—one that incorporates testing, monitoring, and feedback collection to support the introduction of needed course-corrections (O'Donnell, 2016). It is important to note that adaptive management is not about changing Campaign goals. Rather, its focus is on changing the path used to achieve those goals as new information emerges, or contextual changes warrant tactical shifts.

Factors that create an "enabling environment" for adaptive management include strong communications and collaboration across workstreams; monitoring and evaluation; clarity of processes about how changes in plans and interventions can be made; and localization through delegated decision making. Efforts to understand local systems and contexts along with periods of learning and reflection are also part of the adaptive management recipe as are project reviews and the use well-chosen metrics for monitoring (O'Donnell, 2016).

Seven of the eight workstreams—all but Partner Communications—directly, by virtue of their mandates and internal architecture, facilitate adaptive management.

- **Outreach:** A major focus of this workstream is coordination of the trusted messenger ecosystem through two-way, direct communication and biweekly Collective Impact Table meetings. The CITs incorporate several of the practices that facilitate adaptive management including situational monitoring through appropriate metrics. As exemplified in the CIT agenda presented on page 23, timeframes to adjust activities are specified and are rapid (in this case, seven days).

- **Communication:** This workstream provides information that contributes to an ever-deepening understanding of contextual factors influencing vaccine uptake. By heightening awareness of prevailing and current mis/disinformation, others can tailor messages to counter myths of the moment. Formative research (focus groups, surveys, message testing) is conducted to understand the nuanced and changing attitudes and beliefs of target audiences.

- **External Affairs:** This workstream is concerned with environmental sensing, a prerequisite for adaptive management. It engages with strategic partners to gather insights that, in turn, inform major strategic decisions. They also actively seek out partnership with individuals, organizations and associations that can contribute to the trusted messenger ecosystem.

- **Trust and Safety:** Two of this workstream's main tasks promote adaptive management: the tracking of misinformation and the development of responses to misleading narratives that are shared throughout the Campaign's ecosystem. Indeed, the preparation of responses to the steady but ever-changing stream of mis/disinformation is an example of adaptive management.

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- **Operations:** Manages and sustains a collaborative team and ecosystem. Oversees project management functions and provides consistent support of key cross functional initiatives.

- **Data:** Monitors key data trends to inform daily and strategic decision making

- **VA 58 Enterprise Management:** Oversees all workstreams to ensure that appropriate levels of coordination occur; that results-based management output targets are reached; and that Campaign operates transparently and in a manner consistent with Campaign commitments (data, equity, access, convenience). Ensures that data are properly assessed; priority areas are properly determined in light of the data; State and non-state funded resources are mobilized and optimized; best or promising practices are identified; needed pivots are identified and made.

How the CITs contribute to adaptive management:
excerpts from a biweekly meeting agenda

Dear Partners,

At the CIT meetings we use the **Rapid Response Model t**o plan outreach strategies and:

- Review metrics with the COVID-19 Outreach Rapid Deployment (CORD)
- Identify already planned activities
- Determine ideal supplemental activities
- Assess stakeholder capacity
- Create a regional action plan
- Agree to resource prioritization

The meeting will follow these guiding principles:

Dashboard and Data: We will use the dashboard and metrics to inform strategic vaccination outreach efforts. Are there gaps in weekly events or emerging trends?

Timely Response: We will mobilize our resources and our CBO network within a 7-day timeframe.

Solutions-Oriented: We will identify action items through our collective effort discussions and always look for creative ways to increase vaccination rates in Vaccine Equity Metric Quartiles 1 and 2.

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10 Campaign Culture

Over the course of the 32 interviews conducted for this evaluation, the topic that emerged most often was Campaign culture. Each major attribute of this culture will be described. For purposes of analysis, these attributes have been grouped into two buckets: values that are espoused (official) and lived and (2) values that are not explicitly espoused but are nonetheless lived.

Formally espoused and lived values

The Campaign's espoused (official) values are described in strategic plans as the four "commitments." These form the foundation of Campaign culture and animate all decisions. Two additional values, transparency and accountability, have been added to the list of espoused and lived values as they are widely promoted by the Governor's office and by most units of State government.

- **Data:** Use real-time data analytics to allocate resources and achieve targets. The Campaign's determinations concerning population targeting, message content, message channel selection, resource allocations, and tactical adjustments are guided by granular data (by ZIP code and census tract).

- **Equity:** Direct resources to communities most impacted by COVID-19 to address COVID-19 health inequities. While COVID-19 is a public health issue, the contagion also shines a light—and is linked to—many other
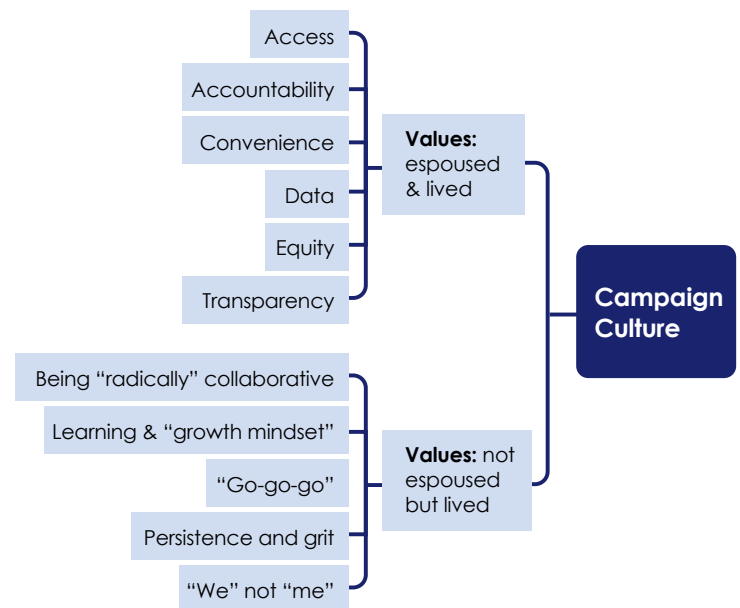
social and educational disparities that face people of color, immigrants, farmworkers, and communities with high levels of poverty. In its most essential formulation, the Campaign's understanding of equity is that a Californian's ZIP code, employment status, linguistic preferences, or citizenship status should not be a highly predictive indicator of vaccination status.

- **Access:** Provide culturally relevant, timely, in-language information and education to most impacted communities about why, how, and where to go to become vaccinated. This information should be readily—and meaningfully—available to all Californians including Limited English Proficient individuals, people with disabilities, and undocumented residents.

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- **Convenience:** Make it easy to receive information and vaccination. Time is money. Convenience is not just a consumer preference. For the working poor or those with limited access to transport, convenience is also an important determinant of vaccine equity.

- **Transparency:** Make it easy for people to access relevant information. Regular meetings of stakeholders (through the Collective Impact Tables) serve as a forum to foster communication, collaboration, and coordination among CBO partners, Campaign staff, and other interested parties. Information about Campaign goals, tactics, partners, and outreach activities is widely available. The data-driven nature of the Campaign also contributes to its transparency.

- **Accountability:** Teams must answer for the results they achieve. There is oversight of performance. Promises—whether to external and internal customers—are kept. Teams produce outputs as stipulated in workplans.

In their own words: formally espoused and lived values

The team has been built from the ground up. There is lots of good will and a willingness to problem-solve. Our team is ready to address whatever comes our way. [accountability]

We will do whatever it takes to get the job done. [accountability; persistence & grit]

We're all high-functioning, busy people--everyone is "let's go" [accountability; go-go-go]

Our culture owns problems; we try to problem-solve collaboratively. [collaboration and accountability]

In politics, we used to say, "give it three no's." Here it's never-ending. I can't forget about a group that blew me off. [accountability; persistence & grit]

When the team understands the data and what that data represent, it allows us to anchor ourselves in our planned activities. [data]

The deep data dive allowed us to figure out what was do-able. Success comes when we focus on the data. [data]

The pandemic turned our lives upside down. Our community feels totally disenfranchised. People are scared to ask for services, even with a green card. Inequities have existed for a long time, but the pandemic shed a bright light on them. We now have the opportunity to create systemic change. [equity]

Informally espoused but lived values

These values are discussed because they were so widely cited during interviews. Typically, in organizational culture assessments, values that fall into this category often undermine or moderate the espoused values. For example, an organization may officially espouse collaboration as a core value even though the prevailing informal culture promotes a "divide and conquer" work style. Good teamwork is time intensive. It's often much easier to just distribute tasks among group members and come together late in the production cycle to assemble individual outputs. What is saved is time; what is lost is creativity and diversity of thought.

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Interestingly, the Campaign's informally espoused and formally espoused values are fully aligned and mutually supportive. This is a rare occurrence in organizations and probably reflects strong leadership, good hiring, and the urgency of saving lives. Whatever the explanation, this alignment of formal and informal values is an unsung but significant Campaign achievement. The following values are not officially espoused in documents, but are, nevertheless, widely cited by interviewees.

- **Solution-orientation:** People see their main job as removing impediments to Campaign goal achievement. This involves doing "whatever it takes" to achieve Campaign goals, support partners in their efforts, and create products that benefit other workstreams or partners.

- **Persistence and grit:** This is manifested in the practice of never taking "no" as a definitive answer without making additional efforts to persuade.

- **"We" not "me":** An important aspect of the Campaign's ethos entails empowering others including CBO partners, community members, and Campaign staff across workstreams. Living this value calls upon such skills as listening with empathy, working with cultural humility, and empowering others.

- **Radical collaboration:** This involves not only doing "whatever it takes" but also working to achieve Campaign goals with "whomever it takes."

- **"Go-go-go":** The Campaign's fast-paced work style is linked to the urgency of saving lives. Campaign staff and partners also recognize that trust-building is intimately tied to meeting expectations in a timely fashion.

- **Learning and "growth mindset":** In a rapidly changing environment, yesterday's procedures may become obsolete tomorrow. Campaign staff need to pivot often. Changes often require new skills and understandings.

In their own words: formally espoused and lived values

Our entire team comes to this work with a sense of purpose – to save lives – and we've built a culture of learning. For me, learning translates into listening to our communities. When we listen, we can hear their concerns and craft strategies, services and products that truly meet their needs. [learning and growth mindset]

We're all working together with the same end goal: to save lives. [collaboration]

You have to go through things multiple times. You don't take the first or even the second "no." [persistence and grit]

Enthusiasm and morale are impressive. I come away from meetings enthusiastic due to the leadership vision. We are surrounded by smart people who work well together. [collaboration]

Why is the Campaign so successful? The people leading this charge are super-passionate from top to bottom. It's such a positive environment. Leadership acknowledges and supports people and expresses gratitude. That resonates with everyone. [alignment of formal and informal organizational culture; cohesion]

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Culture is often the major determinant of an organization's effectiveness and impact. Therefore, this evaluation will briefly focus on how consistent the Campaign's culture is with validated research on the relationship between organizational culture and high performance. This perspective facilitates the creation of evaluative criteria against which the Campaign's culture can be assessed.

The ensuing discussion is drawn from two well-known studies of highly successful enterprises, From *Good to Great* (Collins, 2001)and *Built to Last* (Collins & Porras, 2009). Six culture-related success factors relevant to the Campaign emerge from these studies. Each factor will be briefly described and then applied to the Campaign.

Success factor #1: goals that are audacious, clear, and compelling. Such goals fall well outside the comfort zone of team members and generate a high level of commitment.

Comment: Achieving vaccine equity is certainly audacious and abundantly clear. Team members see themselves as saving lives, which is extraordinarily compelling. The extreme polarization of viewpoints around the COVID-19 put many interviewees outside their comfort zone, but they willingly persist.

Success factor #2: an ideology that is a zealously held. On-boarding practices, teamwork, and hiring processes ensure a tight cultural fit.

Comment: The Campaign's prevailing ideology is "saving lives by closing the health equity gap and doing whatever it takes to accomplish this goal." Campaign ideology also privileges "leading by listening and learning." Interviewees (a representative group of CBO partners, RPMs, and staff from most Campaign workstreams) expressed a deep-seated commitment to this ideology.

Success factor #3: willingness to try new ways of doing things. When the old ways don't produce the desired results, people pivot.

Comment: RPMs gave many examples of "finding a way" when an initial plan wouldn't work. It is unclear whether funded partners have the latitude to pivot. Contractual provisions may limit their ability to adapt.

Success factor #4: leaders risen from the ranks. Promotion from within preserves the core and provides continuity.

Comment: Initially, this may seem irrelevant to an emergency-response campaign. However, many Campaign staff expressed the belief that their experience with the 2020 census campaign honed their skills and gave them a workable playbook. In effect, the Campaign is now guided by individuals who developed their acumen in the crucible of the census campaign.

Success factor #5: commitment to continuous improvement. Good enough is never good enough. Learning fuels improvement. So does careful observation, listening to customers, and analyzing failure.

Comment: While Campaign culture is learning-friendly and fosters a growth mindset, more could be done to understand how Campaign-produced materials and services meet the expectations and needs of internal and external clients. More robust feedback loops would facilitate continuous improvement.

Success factor #6: discipline. The presence of disciplined people (getting the right leader), disciplined thought (confronting the brutal facts through strong metrics and deep data dives), and disciplined action ("getting the right people on the bus and the wrong people off the bus") are foundational for a culture of excellence.

Culture-related Success Factors: The Campaign's commitment to data-driven decision-making supports disciplined thought. Many interviewees were expressed admiration, appreciation, and support for the Campaign's leadership. The results-based output metrics build accountability for outputs and can be used to ensure that the right people—and only the right people—are on the bus.

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11 Campaign Partnering

The Campaign's partnering ecosystem is vast and multi-layered. Most people who engage with the Campaign are unlikely to be aware of the portions of the ecosystem removed from their day-to-activities. The Campaign works with three different types of partnerships: funded, unfunded and experimental. Each of these categories will now be discussed.

| Funded partners |
| Unfunded partners |
| Experimental partners |

Campaign Ecosystem: partnering arrangements

Funded partners

The Campaign has worked with 240 CBOs as funded partners. There are three main channels that have been used to support and sustain these partnerships. The first is The Center at the Sierra Health Foundation. Under an agreement with the Campaign, The Center has administered the COVID-19 Community Health Project (CCHP), which is about to begin its 3.0 phase and will engage approximately 100 CBOs in community outreach. The Center also manages the COVID-19 Workplace Outreach Project (CWOP) which is implemented in association with the California Labor & Workforce Development Agency (LWDA) and focuses on worker health and safety. Additionally, The Center administers the Vaccine Equity Campaign, a product of pooled philanthropy that also engages CBO partners. In total, 162 of the 240 funded CBOs touched by the Campaign are administered by the Center. All CBOs are engaged in outreach and serve as trusted messengers.
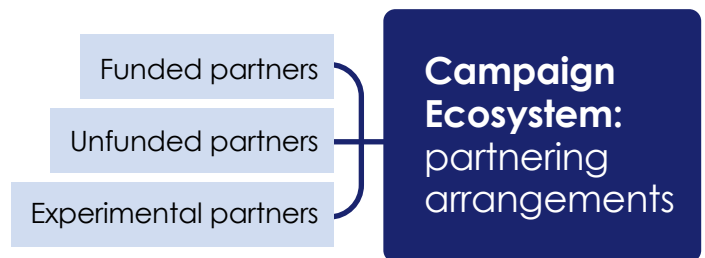
The Get Out the Vaccine campaign, which focuses on vaccine equity, represents a different type of funded partner arrangement for the Campaign. This initiative focuses on appointment assistance and involves UCLA along with 17 CBOs. It was administratively launched from within the California Government Operations Agency.

The Together Toward Health program exemplifies yet another funded partner arrangement. In this case, funds come from philanthropy and are managed by the Public Health Institute.

Unfunded and experimental partners

Thus far, we have focused on funded partners. There are also unfunded partners that receive no financial support from the Campaign but nonetheless participate and coordinate with it. These include local health jurisdictions, private sectors entities (e.g., healthcare providers, insurers, chambers of commerce, employers) that are interested in helping Californians become vaccinated and have resources they wish to offer

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(e.g., a venue that can host a mobile clinic or a willingness to distribute education materials to employees). Unfunded partners are an important Campaign asset.

The third category of partners is "experimental" and involves over 61 CBOs. Two programs fall under this "experimental" heading. The first is the Neighborhood Partnership Program (NPP), which aims to educate community members on safe practices for the prevention of COVID-19 and the importance of vaccinations. The program provides awards of up to $5,000 to neighborhood and grassroots groups serving as trusted messengers in their own communities. The Youth Engagement Partnership Program (YEPP) seeks to educate and reach youth. These programs are administered by Richard Heath and Associates on behalf of the Campaign.

The Campaign's success is, in large measure, dependent upon the quality of its partnering arrangements with CBOs. Therefore, this evaluation will now focus on analyzing Campaign partnerships using a theoretical perspective that was initially developed through research on 12 government-civil society partnerships in Latin America. The model, Value-adding Partnerships, was subsequently refined through research on international maternal and child health programs (Levinger, 2002a); (Levinger & Mulroy, 2004); (Levinger, 2002b).

The ensuing discussion will present the Value-adding Partnership framework and then apply it to the Campaign's work with its CBO partners. The framework has three parts as summarized below.

Table 4. **Value-adding Partnership Framework**

MUST HAVE (prerequisite conditions)	MUST DO (critical functions to optimize the partnership's value)	WILL RECEIVE (expected benefits)
- Shared goals - High levels of trust - Complementary inputs	- Research, reflection and learning to support innovation, pivots and targeting - Advocacy - Capacity strengthening - Resource mobilization - Service delivery	- Risk mitigation through diversification of knowledge, networks, and approaches - Sustainable results - More comprehensive interventions (e.g., the wrap-around services that accompany the vaccination effort) - Coordination (e.g., less duplication of services; better targeting of investments; and information-sharing for more effective service delivery)

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The Value-added Partnership Model will now be applied to the Campaign's work with its CBO partners to identify strengths and opportunities for growth.

> **MUST HAVE:** The prerequisite conditions needed to realize the benefits of partnership

- **Shared goals:** While there is congruence between the Campaign and partner organizations in terms of a commitment to closing the vaccine equity gap, partner organizations all have a broader mandate. They exist to address community needs that include other health issues as well as other markers of disparity (e.g., income and educational inequality). To what extent is it feasible for the Campaign to flex more so that the common ground on which partners operate could expand?

- **High levels of trust:** The RPMs have done an excellent job in generating trust with CBOs by responding rapidly to requests and publicly recognizing CBO contributions.

- **Complementary inputs:** CBO funds have been used to provide wrap-around services that the Campaign could not provide. In turn, the Campaign has been able to deploy mobile clinics, provide access to data, share research, and create excellent materials for use by CBOs. The Campaign partnerships excel in mobilizing complementary outputs.

> **MUST DO:** The five functions partnerships must perform to deliver value. Note that it is the *partnership* (as opposed to each individual partner) that must cover these five functions. In public health, most partnerships exist to deliver services, so that function is unlikely to be overlooked. However, the other four functions are easily bypassed—at the expense of achieving a partnership's goal. As the analysis that follows shows, the Campaign currently is a provider of several of these indispensable functions.

- **Service delivery:** The Campaign's partnership network excels in this area. CBOs offer wrap-around assistance in securing transportation, making appointments, and creating fun events. The Campaign provides mobile clinics, posters, flyers, videos, and other products to bolster vaccine demand.

- **Research, reflection and learning:** The Campaign conducts ongoing research on why people are vaccine-hesitant and what can be done to persuade them to change their minds. It also maintains CORD. CBOs share insights at CITs. There is, however, room for CBOs to provide more feedback to the Campaign on what they are learning about reaching the vaccine hesitant. More robust mechanisms for capturing the knowledge that CBOs are gaining from their on-the-ground experience would certainly benefit the Campaign.

- **Advocacy:** CBOs have ample opportunity to educate State and Campaign policy through regular meetings, reports, and on-the-ground, ongoing contact with RPMs. Furthermore, the Campaign has surveyed CBOs to develop a fuller understanding of how the next round of CCHP funding should be structured. In short, within the framework of the partnership, CBOs

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can readily make their program-related views known to the State, and the State is similarly well-positioned to engage in program-related dialogue with its CBO partners. The through-line that connects State programs with on-the-ground implementing partners is very strong.

- **Capacity strengthening:** More attention could be given to structuring opportunities for CBO peer-to-peer work in this area. The Sierra Health Foundation has provided some capacity strengthening opportunities which have been well-received. Likewise, the Trust and Safety workstream has provided several workshops that offered tips and tricks for recognizing and responding to mis/disinformation. However, more attention should be given to identifying CBO capacity strengthening needs and to examining how capacity-strengthening efforts have led to changes in performance. In general, one-off workshops do very little to strengthen capacity. What follow-up opportunities should be provided? What capacity strengthening activities can be undertaken that don't involve training (e.g., mentoring; story-sharing; online resources)?

- **Resource mobilization:** The Campaign has provided considerable resources to CBO partners including Federal dollars and dollars generated through philanthropy. CBOs, in turn, have mobilized their constituencies and volunteers to "do the work."

Overall, nearly all the "must have" and "must do" criteria have been met. With the passage of time, it will become clearer whether the "will receive" portion of this model—the anticipated benefits—will materialize. However, there is already ample evidence that the partnerships are mitigating the Campaign's most significant risk: missing segments of the most vulnerable population (Quartiles 1 and 2) because of mistrust, marginalization, and well-developed skill in "flying under the radar." Several RPMs, for example, described

partnering arrangements that gave them access to demographic groups that they would otherwise not have been able to reach. There is also early evidence that partnering has led to improved coordination among actors. Finally, many examples were cited of more comprehensive interventions (which, in turn, deliver more benefits to target populations) through partnering arrangements. For example, some partners were able to introduce their communities to other health-related services. Other partners were able to complement outreach activities with appointment assistance. In summary, it appears highly likely that the "will receive" component of the Value-adding Partnership model will be harvested since most of the projected benefits are already realized to some extent.

We conclude this section of the evaluation by sharing reflections on partnering by diverse actors directly engaged in the Campaign. Their comments touched on three critical topics: resources, impact, and trust-building.

In their own words: reflections on partnerships with CBOs

Resources provided by Campaign to create value-added partnerships:

We use data sets to make certain that funds are well-leveraged and that the people we need to reach are reached. The Hard to Count Index helped inform CBOs as they canvassed.

Our collaboration with diverse CBOs throughout the community is a rainbow coalition. Many organizations are working together for a common goal. The services and resources provided by Campaign was an important additive to the local CBO mix.

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In their own words: reflections on partnerships with CBOs

Value-added impact of partnerships:

We were able to go beyond outreach and education with appointment assistance because of our CBOs partners

Our big success comes from the work that CBOs have done.

Community- and faith-based partners get a lot of the credit for our accomplishments. They did a lot of the work and put their own health at risk.

CBOs have been essential for us. They do all the outreach. They do canvassing, make calls, reach their audience, help them learn about vaccines. They've been able to break down language barriers. They have strong ties to their communities. CBOs even disseminate home tests. We wouldn't have been able to reach these people without them.

One of the Campaign's major achievements has been to harness the capacity of CBOs, as trusted messengers. We gave them resources to save lives and they did.

We work with more than 60 partners. African-American collaboration has been very important for us. Our outreach has expanded thanks to collaboration with the NAACP; the Black Chamber of Commerce; Sigma Beta Chi and others.

Trust-building for partnership success:

Invest all the time that's needed to build trust with partners. Deliver on promises.

Bend over backwards to be sure that you're not dictating but encouraging. Consistently demonstrate respect. Maintain open lines of communication. Set some boundaries about what is to be done and by whom.

Partners needed to understand that we had our community's best interests at heart. We had to mend non-relationships. We had to learn how to work together. We had to learn how to work as one. Trust comes from relationship-building. And that involves hanging out and listening to the folks we work with.

We switched terminology and moved to "partners" from "vendors and contractors." The original terminology did not contribute to credibility. It was transactional rather than relationship oriented.

There's a formula for successful partnerships. It involves having clear outcomes that you're intending to achieve; clear roles for all stakeholders; and an intention to listen and harness wisdom from the most affected people.

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12 Key Findings

In this section, key evaluation findings are summarized. A full discussion of the recommendations stemming from these findings is presented in the following section.

As part of the analytic work for this evaluation, every major feature of the Campaign was examined to determine whether that feature contributed to one or more of five desirable secondary outcomes: capacity strengthening; significant innovation; support for closing the health equity gap; contribution to adaptive management; and contribution to cultural customization. Table 4 presents a summary of key findings from this analysis. A detailed visual representation of the analysis can be viewed here.
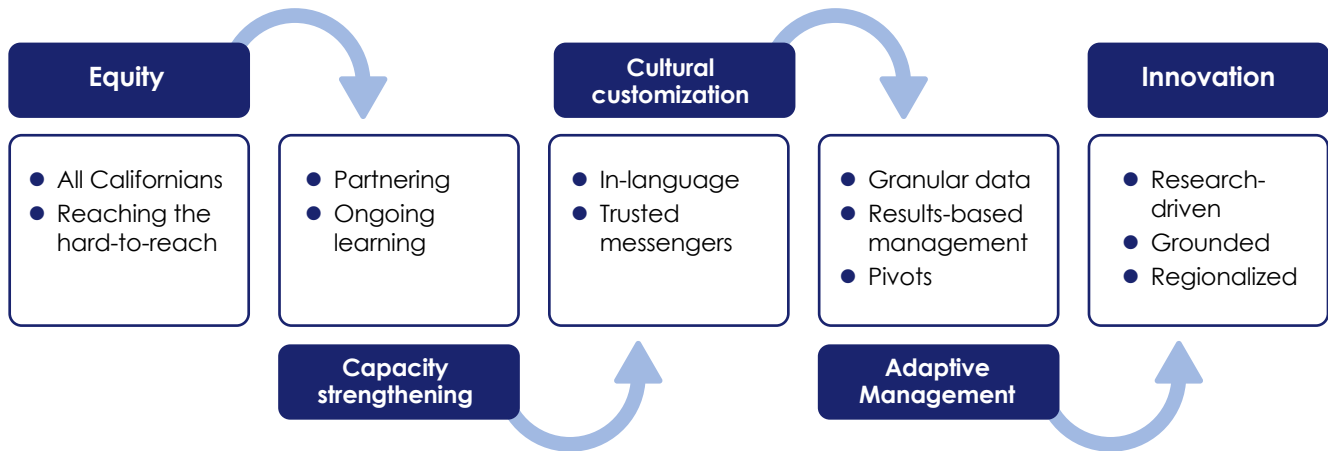
Table 5. **Campaign features that support key process outcomes**

Secondary outcome	# of Campaign features that contribute to outcome	Examples of the Campaign features that contribute to the outcome
Capacity strengthening	21	The network-building strategy; decision-making that is guided by data; outreach activities; the built-in pivot space; the management by outputs; the growth mindset that is part of the Campaign's culture; all the funded partnership programs
Supporting innovation and learning	17	The wrap-around ("surround sound") support for vaccination; outeach at fun events; built-in pivot space; programs implemented by funded partners
Support for closing the health equity gap	28	All facets of the outreach strategy; the network building; the data-driven decision-making; key workstreams; most features of Campaign culture; all partnering activities
Contributing to adaptive management	21	Almost all of the workstreams; the output-focused management style; regional customization of outreach activities; many dimensions of the Campaign's culture; the Campaign's partnering arrangements
Contributing to cultural customization	23	All facets of the outreach strategy; the Communities of Practice; network building; partnering arrangements

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Thematic analysis conclusion

The VA 58 Campaign design promotes equity, strengthens capacity, fosters innovation, supports adaptive management, and facilitates cultural customization. The overall design is values-driven and well-suited to a once-in-a-century challenge.

Equity		Cultural customization		Innovation
• All Californians • Reaching the hard-to-reach	• Partnering • Ongoing learning	• In-language • Trusted messengers	• Granular data • Results-based management • Pivots	• Research-driven • Grounded • Regionalized
	Capacity strengthening		Adaptive Management	

An additional 16 findings—derived from the 32 interviews, document reviews, and participant observation— were thematically grouped into four categories: leadership and management; networking practices; trust; and innovation and learning. These observations are presented in the sections that follow.

Leadership and Management

- **Values and culture**. Campaign staff and partners are highly motivated by equity. This theme came up repeatedly in interviews. What excites people about this work is that they are passionate about equity and social justice. Consequently, Campaign values feel significantly lived and internalized. This is attributable to good hiring. Successful enterprises are all about "getting the right people on the bus." (Collins, 2001). This is the essential task of management. Successful leaders don't hire for positions; those can be shifted around. Instead, they strive to get the people in place who can make the greatest contributions to mission achievement. Leaders must also get the wrong people off the bus. The whole Campaign ethos is built around solutions to health and social inequity challenges. A Campaign mantra might just be, "let's fix problems, not just name them." It seems that, for the most part, the right people are on the bus.

- **Data usage and sharing**. Data are used to make decisions, dig deeper into motivations, generate new insights about the work, and to set strategy. This finding is not surprising as data-driven decision-making is a standard feature of any campaign, regardless of whether the campaign exists to market a product or propel a candidate into elective office. What is remarkable is that data are widely shared with stakeholders and serve to bring people together. The Campaign brings diverse stakeholders together around data. Thus, the data are used to build bridges, solidify partnerships, and celebrate successes. This is an "unsung" unique feature of the Campaign's embrace of data-driven decision- making.

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- **Focus on outputs.** Managing around outputs rather than activities is an important campaign strength. Wicked problems don't have known solutions; they require "looseness" on activities (the "how") and "tightness" on outputs (the "what"). The "how" of goal achievement is far less important than the extent to which goals and targets are realized.

  The "flexibility of how" makes space for the emergence of varied pathways to goal achievement. Such a "multi-pathway roadmap" generates experimentation, which is what is needed when there are no known solutions to the twin problems addressed by the Campaign: a pandemic that after 30 months is not tamed and significant health equity disparities that persist.

- **Pivots by design.** An important innovation of the Campaign is that it has built pivot spaces into its operations by adopting short-term (quarterly) planning cycles. Essentially this means that "strategies can change quarterly on a dime." It is easy to adjust Campaign strategy and tactics since every three months there is, de facto, a "pause, reflect, and revise" cycle. During the "pause period," problems are identified. This is followed by reflection about problem causes and an appropriate response. If, during the next quarter, the problem appears resolved, the Campaign perseveres with its original response. But, if the problem lingers, it's time for a pivot.

  Mis/disinformation tracking supports the "built-in pivot space." Social media are scanned to identify myths and to generate talking points that address prevailing mis/disinformation. This is done on a very rapid cycle. Every two weeks, the Trust and Safety workstream identifies what's trending. Every other two weeks they issue guidance on how to respond to the trending mis/disinformation. These rapid information cycles enable the Campaign to adjust its tactics on an ongoing and timely basis.

- **Synergistic workstreams.** While several interviewees reported that there is room for improved coordination across workstreams, many mechanisms currently exist for workstream leads to share information and, as appropriate, coordinate activities. Periodic, structured reflections on the quality of workstream coordination would be a valuable practice to introduce.

Networking Practices

- **"Wholesale" network development.** The Campaign uses a wholesale approach to network-building. Partners, whether funded or unfunded, are organizations or institutions (e.g., a local service provider) rather than individuals (e.g., a provider's director). With a retail model, outreach occurs on an "individual-to-individual" basis. The wholesale model initially is "individual to many." Over time and if properly nurtured, the enlistment process can spur "many-to-many" network growth with rapidly multiplying nodes accelerating an exponential growth cycle. Ultimately, such growth can fuel a health equity movement that touches all Californians. Without such a mass movement, it is unlikely that equity gaps will ever be acceptably narrowed.

- **Network weavers.** Regional Program Managers see themselves as network weavers. They work with their head (for analysis); their hearts (for empathy); and their legs (to go wherever they are needed). Their work is also very hands-on. In short, RPMs, in their role as network weavers, bring their whole selves to the task of saving lives and addressing health inequities. An RPM could be a "manager" who produces deliverables. But such a manager would not be well-suited for the urgent task of saving lives.

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- **Collective Impact Tables.** The solution-orientation of Collective Impact Tables is especially noteworthy. The CITs facilitate information-sharing among stakeholders along with deep dives into census tract and ZIP code data. CITs are also noteworthy for their low barriers to entry, a particularly attractive feature in a pro-equity campaign. Essentially, whoever wishes to join can do so. Because of the extensive use of data, CITs also contribute to the Campaign's ability to practice adaptive management. Information-sharing is an important component of trust-building. The CITs are especially effective in this regard; they simultaneously share information and generate ever-widening ripples of trust.

There is a learning curve associated with effective information sharing and coordination. Several interviewees remarked that, over time, both Campaign staff and CBOs became increasingly proficient in knowing how to share and receive useful information. In other words, good information-sharing behaviors are not automatic; they must be learned in the crucible of on-the-ground operations.

Trust

- **Trusted messengers.** The Campaign has done groundbreaking work in identifying and supporting trusted messengers. However, one person's trusted messenger does not necessarily garner trust in another. Therefore, a highly "niched" approach is needed to identify and connect trusted messengers to trusting populations. CBOs have played an indispensable role in creating these linkages. As of this writing, the Campaign has worked with approximately 240 such groups.

The Campaign plays an important role in amplifying the voice of trusted messengers through support for complementary two- and one-way communications channels. These ancillary channels include messaging on utility bills, posters, door tags, mailers, in-person door-to-door canvassing, and educational activities. The multiple channels reinforce one another and create communication synergies. Still, much remains to be explored in terms of optimizing the outreach strategy. For example, what is the "minimum viable support system" needed by a new trusted messenger to become effective? What are the most critical skills and knowledge a trusted messenger should have to be successful? How can peer-to-peer networks support acquisition of these skills and knowledge?

- **Trusted partners.** Effective partnerships between the State and CBOs are a product of the RPM's responsiveness to the requests for assistance they receive from CBOs. Many interviewees described how quickly and effectively RPMs respond to requests for materials and information. RPMs are recognized as people who keep promises. In this way, little by little, promise by promise, trust has been built. Trust was earned; it did not come automatically; it was earned through application of the 3 C's: coordinate, communicate, collaborate.

The Campaign should consider developing an assessment tool can be used by CBOs and Campaign staff to foster constructive dialogue around the extent to which the 3 C's are present in their working relationships. Such a tool would be a useful complement to network analysis for monitoring ecosystem health.

> **Trust was earned; it did not come automatically; it was earned through application of the 3 C's: coordinate, communicate, collaborate.**

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Another theme that emerged from interviews was need for the State to avoid telling (or be perceived as telling) CBOs what to do. Effective partnering, in the eyes of several interviewees, depends on a strong sense of non-hierarchical mutuality.

Unanticipated benefits of partnerships built on trust. State-CBO collaboration generated several intangible and unexpected but highly significant benefits. Chief among them was pride in being a Californian and increased confidence in the State's commitment to closing the equity gap. These sentiments pave the way for future collaborations in areas where neither government nor the State, working alone, can meet trenchant, persistent challenges.

Innovation and Learning

- **Customization and consistency.** Because the Campaign is flexible with respect to the ways in which activities are conducted, pivots are achieved relatively easily. For example, there can be many different versions of "wrap-around services" that accompany mobile clinic deployment. In contrast, output targets are not subject to extensive revision. This means that everyone is doing an "approximation" of the same core Campaign activities (e.g., mobile clinic blitzes). However, there is significant variation across sites in terms of what other activities are presented as part of the blitz. There is no single "sure-fire recipe" for ensuring that "wrap-around" offerings generate mobile clinic traffic (although event organizers recognize that they work from a basic "playbook"). The Campaign provides Outreach staff with a good balance between consistency and variation by being neither excessively nor insufficiently prescriptive. This balance is especially appropriate for a learning organization since variation is more likely to produce breakthrough innovations than intense standardization.

- **Action-learning cycles.** The Campaign is action oriented. Its prevailing ethos is "what do we need to do now? What will we need to do next"? This stance, which entails being reactive (to data) and proactive (in terms of anticipating what is over the horizon), could be described as "reproactive." The numerous feedback mechanisms that the Campaign has created (e.g., the CITs; mis/disinformation monitoring; output metrics) facilitate this operational style. The Campaign would benefit from a more systematic harvesting of "lessons learned," a formalized learning agenda, and lean experimentation to extend its repertoire of tactics.

- **A new kind of focus group.** The Communities of Practice represent a powerful innovation that can help the Campaign refine its messaging and targeting. Essentially, Communities of Practice are enhanced focus groups (in terms of their duration, topical breadth, and peer-to-peer ties). Participants attend six sessions with the same group members. Activities are introduced to foster ties among attendees. Collectively, group members provide additional insights into the health equity challenges that the Campaign seeks to address. Conversations held within Community of Practice meetings offer the Campaign an invaluable opportunity to capture insights that go well beyond what can be learned through analyses based on ZIP code or census tract. The model, which nurtures real community, creates the social architecture needed for participants to make themselves vulnerable and share deeply personal stories. Such openness allows the Campaign to learn from demographic groupings that are not primarily geographic in nature. Participants provide important insights about what attracts or repels people like them with respect to vaccination.

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Each Community of Practice is homogeneous and represents a culturally unique group. There is currently a community of practice for each of the following population segments: LGBTQ+ people; Pacific Islanders; Asian Americans; rural Californians; people with disabilities; Blacks/African Americans; people who identify as Latino/a/x (two groups, one in English, and one in Spanish); immigrants and refugees; and older adults. Groups meet six times, and participants who attend all six sessions are stipended (a continuity incentive). Ongoing attendance creates connections among participants and contributes to trust-building. Participants are forthcoming about their experiences, beliefs, and attitudes because meaningful, trusting relationships have been mindfully cultivated. Unfortunately, there does not appear to be a well-developed feedback loop that facilitates the incorporation of Community of Practice insights into other aspects of the Campaign.

- **Variations in partnering practice.** The Regions differ markedly in terms of how many partners they have, with some Regions having many while others have just a few. Regions also differ in terms of the extent to which they engage with unfunded partners. Further work is needed to identify specific components of partnerships that should be nurtured. The Campaign would benefit from a deeper understanding of changes that occur as participating CBOs journey from CCHP 1.0 to 2.0 to 3.0. A clear understanding of how a CBO's capacity, trust, and knowledge evolve over time could be used to accelerate the creation of social capital (bonds of trust) and organizational strengthening.

- **Enduring value.** The Campaign is not just addressing health inequities by promoting uptake of COVID-19 vaccines. Its more enduring legacy may well be the many State-civil society partnerships that, in the future, can address other critical issues of concern to Californians. What would need to change if the Campaign chose to think about the relationships it has cultivated with CBOs, FBOs, and other civil society actors as having been "built to last"? For example, would funding horizons be different? Would there be graduated levels of partnership, with each successive level offering new and broader partnering opportunities? Over time, as trust is built, could CBOs be given increasing latitude to determine goals, methods, and target audiences? How should CBO and civil society engagement with the State change when the focal issue is no longer an acute crisis but a "slow-burning," chronic challenge?

Ideally, one byproduct of the current campaign is an ecosystem of "trusted civil society actors" who are ready and willing to partner with the State around other critical issues. Increasingly, civil society and the State will have to work together to solve problems that neither can solve alone. One of the Campaign's most important value propositions is demonstrating the immense power of State-civil society collaboration. The Campaign should become a learning lab for how to build strong, mutually reliant, trusting partnerships that harness the latent potential of diverse actors to contribute to a more equitable, healthier, and environmentally sustainable California.

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13 Recommendations

Ten principal recommendations grouped into three categories— partnering practices, public administration issues, and learning—emerged from this evaluation. Discussion of each issue set follows.

Partnering practices

1 Defining the "best fit" solution space.
Solution space boundaries—the rules that govern what each partner can and must do within the partnership arrangement—can either stimulate or extinguish creativity, innovation, and adaptiveness. When boundary spaces are confined, relationships are highly rules-driven, and strict adherence to work plans and outputs is required. Under these circumstances, funded partners operate more as contractors than true partners. While some adjustments to plans may be possible, change entails onerous negotiations and documentation that thwart a partner's agility. In contrast, more open boundaries empower partners while enabling them to take full advantage of the highly specialized knowledge they have of the communities they serve. Relatively open boundaries can offer a higher return on investments made in trusted partners.

Recommendation: Make solution spaces as open as possible without losing sight of Campaign needs, goals and the ongoing research sponsored by the Campaign. Consider providing organizations with ever widening solution spaces as they become more skilled and experienced in working with the State. The creation of different partner "tiers" (e.g., entering partners, associate partners, and senior partners) should be considered so that organizations with established track records could more readily draw on their specialized expertise. A tiered partnering system might also introduce incentives to encourage more senior partners to mentor less experienced organizations.

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2 **Partnering for movement-building.** Community-based organizations serve constituencies. These groups are skilled in mobilizing those constituencies and in building coalitions with like-minded groups, searching out intersectionalities to make common cause and form alliances with others. The problems that Californians face, whether they be gaping disparities in access to health care, the threat of wildfires, or persistent drought require change at multiple levels. New laws, policies, and programs must be accompanied by individual behavioral changes. Movements inspire individuals to act and enlist others to follow suit.

Recommendation: Partner with civil society groups that are well-networked and capable of bringing other groups already in their orbit to the table. Develop strategies and tactics that foster exponential growth of civil society organizations willing to work with the State to solve (or ameliorate the effects of) problems that Californians face. When selecting civil society partners, consider an organization's ties, focusing not only on its ties to the community it serves but also on its ties to other organizations. Develop strategies that encourage and support organizations to recruit other groups for work on priority issues. A partner tiering system, as described in the previous recommendation, might be conducive to the recruitment of new organizational partners by groups already working collaboratively with the State.

Public administration issues

3 **Serving all customers.** Most workstreams have both internal and external customers. Reports, data displays, research, and collateral are produced by the Campaign for use by other workstreams as well as by external audiences (e.g., a CBO or local health jurisdiction). However, there are no feedback loops to help "product manufacturers" learn about how their output is used and perceived by others. Similarly, there are no robust mechanisms that provide workstreams with feedback on their success in embracing the 3 C's—coordination, communication, collaboration.

Recommendation: The Campaign should develop two types of assessment tools to promote learning, customer satisfaction, and more cost-effective work. The first tool is a simple customer satisfaction survey that would be shared with both internal and external customers. The survey should take no more than five minutes to complete, be administered anonymously online, and include such basic questions as the following: (1) How did you use this product? (2) Did it meet your expectations? (3) What would have made it more useful? The second assessment tool would ask internal and external customers to provide feedback on the extent to which the service provider met expectations regarding coordination, communication, and collaboration. This feedback should also be provided anonymously via an online platform. A customer service tracking system—perhaps with a dashboard visible to Campaign stakeholders—could be a valuable tool for achieving and sustaining excellence in this important area.

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4 **Planning for experimentation.** The Campaign has already successfully embraced numerous practices that promote adaptive management. There are ample sensing mechanisms, short planning cycles, and a growth mindset. Given these assets, a small but powerful "stretch" for the Campaign would be the adoption of lean experimentation practices.

A lean experiment begins with a hypothesis (if we…; then…; and, if we are successful, we should see…). This formulation includes metrics and a well-defined but short timeframe. A lean experiment is to test the feasibility of a "minimum viable product," not a fully polished, expensive, complex innovation. If the experiment succeeds, then the organization moves on to its next lean experiment. If the experiment does not go as hoped, little time and investment have been wasted. Lean experiments foster innovation, which is especially important in an environment where there are no readily available solution strategies (Ma & Murray, 2015).

Recommendation: Introduce monthly opportunities for workstreams and partners to launch lean experiments. Set aside modest financial support for promising ideas. Ensure that results of lean experiments can be systematically fed into quarterly plans so that the Campaign can adjust its tactics to incorporate the fruits of this experimentation.

5 **Using the Campaign's experience to reinvent government.** The State has provided the Campaign with significant resources and considerable discretion in how those resources can be deployed. If, for example, the need arises (as it did) to focus on boosters, the Campaign can rapidly hire and choose people with the requisite experience.

In many ways, the Campaign's operating environment is exceptional. The Campaign is not, for example, bound by a competitive procurement process that prioritizes low bids. It does not deal with a hiring structure that prioritizes a classification system defined by years of service rather than by specialized expertise. It does not work with a budgeting cycle that falls far behind need.

The Campaign's operating environment is free of these constraints by virtue of special waivers it has received due to the emergency nature of its work. Accordingly, the Campaign has been able to contract the people it needs; these people, in turn, have become a significant strength of the Campaign. The Campaign can deliver exceptional value, precisely because it is so agile.

Recommendation: Document how the waivers and exceptions enjoyed by the Campaign contributed to saving lives and making government more efficient and responsive. Document the potential value of the partner network in meeting other challenges. Highlight how the Campaign can serve as a test case and "proof of concept" for alternative public administration models. Explore and document how the Campaign's community engagement strategies have value that transcends improved vaccination rates.

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6 **Meeting related needs.** The Campaign is sophisticated, agile, and high-performing. It has attracted dedicated professionals who work tirelessly to save lives. What other challenges can this ecosystem help meet? Could, for example, the Campaign also link people to other services related to COVID (e.g., rental or mortgage assistance)? Such linkages would enhance the Campaign's ability to help Californians become vaccinated, since people who struggle with housing (as Maslow's well-known hierarchy of human needs suggests) are not likely to be interested in vaccines (Maslow, 1943).

Recommendation: Investigate how to forge deeper connections across State departments that received federal support for COVID-19 assistance. Support CBOs and trusted messengers through training, information-sharing, and materials development to make referrals to other sources of aid for vulnerable Californians whose well-being has been imperiled by the pandemic.

Learning

7 **Planning for learning.** The Campaign would benefit from a more systematic harvesting of "lessons learned" as well as a formalized learning agenda.

Recommendation: Develop a learning agenda that focuses on three broad areas: improving operational effectiveness and efficiency; expanding impact; and achieving equity. The learning agenda should be accompanied by a detailed implementation plan that includes seminars or meetings, outside experts, special studies, and learning summits. Ensure that partners, as well as Campaign staff, engage in learning agenda activities.

8 **Scaling up capacity strengthening.** California is already a national leader in partnering with CBOs and other civil society groups, thanks to the 2020 census campaign as well as the present Campaign, which involves 240 CBOs. Yet, there are many "untapped" organizations in California that have the potential to partner with the State on important issues.

Recommendation: Consult with CBO and CSO partners to determine the extent to which they are interested in capacity strengthening opportunities. If there is enthusiasm, convene a group of CBOs, CSOs, and faith-based organizations (FBOs) to work with Campaign staff in designing a prototype (using a human-centered design approach).

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9 **Systematizing support for trusted messengers.** The Campaign's key feature is the participation of trusted messengers who reach target populations in which they are already embedded, known, and respected. In large measure, the success of the Campaign rests on the ability of these messengers to reach the right people with the right message. Therefore, it is important to identify the support needs of trusted messengers. What do they require to excel in their outreach work?

Recommendation: While the Campaign currently provides many materials that trusted messengers can use, this approach is basically "supply-side" driven. Use a "demand-side" human-centered design approach to identify the components of a "minimum viable support system" that directly addresses what trusted messengers say they need. Explore how peer-to-peer networks can help to meet some of these needs.

10 **Empowering CBOs through data skills development.** The use of data for planning and execution is not only a core Campaign practice; it is also a crucial element of the Campaign's values and culture. However, the skills required for effective data use—the ability to draw inferences, see patterns, and translate data to action—are not intuitive. They must be learned. CBOs that lack well-developed capacities in these areas may be inadvertently marginalized by the Campaign.

Recommendation: Create a CBO-oriented skills-building training program, available both online and in-person, to ensure that CBOs can optimize their access to the extensive data streams generated by the Campaign.

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14 Conclusions

The Vaccinate ALL 58 Campaign demonstrates many notable strengths. Campaign strategies are a thoughtful blend of tactics that reach and persuade vaccine-hesitant Californians. CBO partnerships and the engagement of trusted messengers contribute to a narrowing of the health equity gap while building relationships and social capital— important assets for addressing both present and future crises. The Campaign's systems are well-suited to its needs and well-attuned to adaptive management requirements. The Campaign's culture and partnering practices have created a network of highly dedicated, agile collaborators who have joined forces because they recognize the urgency of saving lives in under-served communities.

Nevertheless, there are areas where the Campaign can improve its performance. For example, the Campaign can cede more decision-making responsibilities to "trusted partners," CBOs that have established a performance track record with the State. Better feedback loops can be created to help Campaign personnel charged with producing resources that support outreach activities. Currently, there is little understanding of how these resources are used and whether they

meet user needs and expectations. The Findings and Recommendations sections of this study offer many additional insights about Campaign opportunities to strengthen performance and impact. One learning-related recommendation proposes additional training for CBOs that are not very skilled in drawing inferences from data and translating those inferences into actions they will encourage or spearhead.

At the outset of this evaluation, a stakeholder working group was convened to identify the meta-questions that members believed should be answered through the evaluation. Here are brief responses to these questions, drawn largely from interviews and document reviews, and presented throughout this report.

> **The Vaccinate ALL 58 Campaign demonstrates many notable strengths. Campaign strategies are a thoughtful blend of tactics that reach and persuade vaccine-hesitant Californians.**

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What factors are most important for the Campaign's success?

The following factors were the cited most often:

- The many practices that facilitate adaptive management.
- The extensive use of data, not just as a resource to support decision-making, but also as a means of solidifying partnerships, generating trust, creating conditions of transparency, and fostering accountability.
- The network-weaving practices and skills of RPMs and the trust-based, service-oriented relationships they have built with critical actors in their region.
- The commitment to equity and social justice that permeates all levels of the Campaign.
- The Campaign's deep communication assets and resources that enable it to produce culturally relevant, in-language messaging.
- The multiple ways the Campaign generates insights to inform its messaging (e.g., media scanning, Communities of Practice).
- Multi-channel messaging (e.g., messaging through in-person events; door-to-door canvassing; door tags; paid, earned, and social media) that creates communications synergies.
- The prevailing persistence, grit and problem-solving ethos that characterizes the Campaign.
- The CITs that promote collaborative problem-solving.
- The consistency and reliability that build trust. Most events are not "one-offs." No region has only one mobile clinic blitz. The enhanced focus groups (i.e., Communities of Practice) meet six times.

What strategies and tactics are particularly useful for identifying trusted messengers, generating trust, and maintaining trust?

Interviewees often gave examples of the traits they felt most likely to explain trusted messenger success. Below is a list of factors most frequently mentioned. Appendix A to this report includes additional insights on this topic.

People who are successful as trusted messengers have:

- Deep ties to their community.
- A deep understanding of the community and its struggle.
- Language capacity and cultural competence.
- A willingness to meet people where they are by searching for common ground.
- The ability to bring love and compassion to their work.
- A willingness to "get into the trenches" and "get dirty".
- Access to needed information to do their work properly.
- Empathy.
- Persistence in the face of many "no's".
- Sensitivity to the lived cultural experiences of the groups and communities of they serve.
- The emphasis on relationship-building that rests on a foundation of on non-judgmental acceptance, deep listening, and respect.
- The agility with which the Campaign operates, a consequence of the waivers it has received that exempt it from many rules and regulations.

One interviewee cited Maya Angelou to explain the trusted messenger "secret sauce":

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

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How effectively did the Campaign respond to changes within the organization, communities, funding, and external environment?

Below are illustrative comments from interviewees that address this topic.

- Thanks to the Campaign's structure and workstreams, we're all clear on what our roles are. We're a well-oiled machine.
- Everyone has clear marching orders. We try to be on the same page. We also had really strong guidance which was very helpful.
- Across workstreams, we hold a common vision of what we're doing and why.
- When the team understands the data and what that data represent, it allows us to anchor ourselves in our planned activities.
- Without a manual, the state put up completely new infrastructure to address the pandemic and vaccination challenges. Along the way, the most important thing we've learned is that equity is an issue in every crisis. We can now build this realization into our plans.
- The Campaign does multi-level coordination really well. Local partners come together to see and make sense of the data.
- We do well at communicating changes to stakeholders.

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Appendix A:
Ten Responses to the "Handbook Question"

Ten of the interviewees were asked this question: *If you were invited to write a handbook for people who in the future will carry out a campaign like this one, what would you include? If possible, please propose a chapter-by-chapter breakdown of the handbook?*

Below are all ten responses. These have been slightly edited for brevity and stylistic consistency. Respondents represent a cross-section of the interviewee categories listed in Appendix B.

1	Chapter one needs to be about relationship- and trust-building. This means listening to the folks you work with. Go and meet them face-to-face. Hold informal meetings. This is what trust building looks like. Another chapter should be about follow-through. If you are making a promise, make sure you deliver. When something's not working, I ask to meet right away. It's best to address problems right away. Don't let them fester. We're asking to become part of an already-existing family. If I'm having a party, I need to make sure everyone's invited. Who did I forget? How will I make the right invitation? Chapter three is about sending the right invitation by working with people who know the community. Language is a feature of inclusiveness. If senior citizens only see skateboarding, they think the event is not for them. The right invitation is thoughtful and intentional. Chapter four is about logistics. Who's doing what? People can't get burned out and events can't be one-off. If it's a fun, successful event, people will come out. Be intentional. Design the event and spell out the details. For example, signage must be written, ordered, and posted. It's the same with food. The more people we invite to be a part of this activity, the more people will want to participate. Chapter five is about the party itself. Make sure everyone gets an invitation. If there's a mobile home community, contact the manager. Make details clear by providing times and a map. Make the party a "come-as-you-are event. Be clear about what's happening the party. Deliver on what you promise. Have a back-up plan. Make sure that your event isn't one-off. Word of your great party will get out, so there needs to be a next one. Chapter six is about recognition. Say thanks to the people who are doing the work. Get certificates of recognition from the city.

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2	Our theory of change says that trusted messenger can reduce the impact of COVID-19. We need to get these folks to design with us. In CCHP 1.0, funding didn't allow for translation and interpretation. But language access is extremely important. CBOs in CCHP 1.0 couldn't build their own campaigns. This changed in CCHP 2.0. In that program, CBOs could develop in-language materials. It's important to embrace the co-creation spirit and build CBO capacity. CCHP 2.0 was supported with federal dollars and came with many more requirements (e.g., insurance). Many CBOs couldn't do what the feds require. That's why organizational capacity strengthening is so important. In some cases, volunteer organizations had to hire professionals to meet these requirements. The critical capacities that CBOs need strengthened include evaluation, communication, and administration. We want to get as close to the community as possible, and CBOs have access to the community. But we need to learn how we can introduce flexibility regarding insurance and reporting practices. Uploading to a system can be very difficult for our rural CBOs. There definitely is a digital divide.
3	Meet regularly to build relationships. Have a go-to person available to CBOs when there's a problem. Large webinars don't afford the same opportunities for sharing and relationship building. Yet, relationship building with CBOs has been extremely important. Our RPM jumps right on to whatever suggested person or organization we propose. It's the grassroots level that gets stuff done. The State has really helped us with vaccine resources. The state really helps us. When hiring, operate with an open mind and open heart to change. Everyday there's a new guideline, so this openness is so important. Help people realize that they're saving lives. Develop good time-management skills, because days go by so fast. Be open to different faith-based groups. You need to be open to all types of conversations, ethnicities, and backgrounds. If you're not always actively listening, you lose trust. Look for people who are passionate about equity issues, community, and partnerships. Provide cultural and equity training. Help people learn how to move data to action. People need to know how to identify communities in need and how to mobilize resources. We all learned these skills as we went. Now we see the advantages that data can bring to programs.
4	The handbook should discuss partnerships. What can we do to become better informed about different culture and faith traditions? There should also be a chapter on how to overcome trust barriers. Our big success comes from the work that CBOs have done. They were the ones who went out to speak to people. Make sure that there is communication among all parties. Learn how to avoid working in silos. Have a back-up plan to run operations when staffing shortages arise.

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5	The handbook should let readers know that you need to pull all the levers. You can't just build a campaign that is only communication or only community outreach or corporate outreach. These things need to work together. I would begin the handbook by stressing that you must know your audience first. Know who they are and what they're looking for. People matter. Campaign staff must bring both passion and expertise. The three most important things in this work are relationships, relationships, relationships. Don't recreate the wheel; just make it better. Cultural humility and cultural competency are also critical. Materials and programs can't just be only in English. Use ethnic media firms to reach their specific audiences. The campaign can't just focus on the "general populace." People need to see themselves in the media. We were lucky to find vendors who were eager to share their culture and what matters to them. These vendors adapted and modified materials to fit cultural contexts. Don't speak at people. Speak with them People need to feel seen and heard.
6	I would begin the handbook with a chapter on preparedness. Ebola prepared us to look at the big picture, which included personal protective equipment and transportation. Develop strong partnerships. Think out of the box to create community partnerships. Encourage innovation. Pivot a lot! In this campaign, we needed a new strategy with new systems for a new population every three months. Learn to make useful differentiations. What we need to do for kids is not the same as what we did for the adults. It's been a long road. Cultivate resilience. This means learning how to care of ourselves and seeing the light at the end of the tunnel.
7	The handbook should begin by talking about love and compassion. The work we did came out of a place of love. We responded as a grassroots effort. We responded with compassion. Another thing that people should learn is how to reach hard-to-reach populations. They also need to immerse themselves in understanding the community and their struggle. This involves getting dirty. You can't organize virtually. You must learn to adapt to changing realities within communities.
8	The main thing I'd like to share in the handbook is the importance of setting aside a week or so and going offline to research the heck out of your area. Know the demographics, geographies, nonprofits, local officials, controversies. Know your districts. You need to know your context. Don't just parachute in. Learn Excel and interactive mapping to get the most from the data.
9	There are so many layers to this type of campaign. It's important to have training material for community outreach. We tend to look at coordination and education in terms of top-down structures. Campaigns need to begin with the end-product, the community itself. This is similar to what we did with census. There was limited understanding of the community. Who's there? What do they want? What do they have? Currently, nothing is tailored to Central Americans, for example. We can get media attention organically with local media that know the community. There is an urgent need to localize.
10	Make sure that the campaign's leadership has political acumen.

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Appendix B:
Interviewee Classification Schema

Category	Number of Interviewees in category
CBO representative	2
Cooperating state government entity	3
LHJ	4
Nonprofit organization, not a CBO	2
Workstream senior leadership	9
Workstream (other)	12
TOTAL	32

To protect anonymity, names and titles of interviewees have been withheld.

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Appendix C:
Evaluator Biography

Beryl Levinger is Managing Director of BLTeam, a consulting group that supports governments and nongovernmental organizations in strategy development, learning through evaluation, and facilitated discussions to promote capacity strengthening. Over three decades, she taught graduate-level classes on evaluation, innovation, and project design at the Middlebury Institute of International Studies at Monterey (where she also chaired the Development Practice and Policy Program). Additionally, she has served on the faculty of Emory University's Development Practice Program. Both institutions awarded her the title of Distinguished Professor.

With a career that includes senior positions at AFS Intercultural Programs (president), CARE (senior vice president), and Save the Children (vice president), Beryl draws on experiences gained from working in more than 90 countries, including ten years spent living and working in Colombia and Honduras. A winner of numerous international awards for her contributions to the field of capacity development, including two Fulbright grants, Beryl has been a leader in rethinking how organizations can leverage learning for sustainable impact. She is a graduate of Cornell and the University of Alabama (MA and Ph.D.).

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