BUILDING HEALTHY COMMUNITIES
A Brief Synthesis of Cross-Site Measures of Progress Over the First Five Years
Building Healthy Communities is a 10-year program of The California Endowment that is working with 14 California neighborhoods and statewide to create healthier places for young people to develop and thrive. After five years of joint effort, we are currently engaged in a process of mutual reflection on what has been accomplished, what challenges we have experienced, and potential improvements for the future.

This report is only one part of that reflection process. It is a retrospective summary of cross-site data that has been collected to document and assess specific dimensions of the BHC's efforts at the community level. The goal is to look at the set of “first generation” cross-site tools developed and utilized by The Endowment and its research partners over the past five years to begin to tackle this fundamental question: How best can we assess community transformation?

The Endowment’s own understanding of BHC and its potential has evolved over time. Our initial focus on 10 Outcomes and 4 Big Results has morphed to capitalize on emergent opportunities such as the Affordable Care Act, Prop 47, the Local Control Funding Formula and other significant new policy developments that were not anticipated at the outset of the initiative. It will also likely continue to evolve in response to future challenges and opportunities as they arise.

To guide our course going forward, The Endowment has recently refined and clarified its vision of BHC’s “North Star” as follows: *Health Equity = Health & Justice for All*. BHC is **Building Voice and Power for a Healthy and Inclusive California**, where historically excluded adults and youth have power, agency and voice in public and private decision-making to create an inclusive democracy and close health equity gaps. Marking our collective progress toward that North Star are a set of four goals, with accompanying indicators, which are enumerated a bit later in this report.
At the core of the enterprise is the ambitious goal of community transformation. Our shared experience over the past several years has helped all of us to refine our appreciation of what that entails. We have come to call them the Drivers of Change, and they permeate the work of BHC at every level:

- **People Power**
- **Youth Leadership, Development and Organizing**
- **Enhanced Collaboration & Policy Innovation**
- **Leveraging Partnerships & Resources**
- **Changing the Narrative**

To assess the progress of the 14 BHC communities in implementing these Drivers of Change, The Endowment collaborated with some knowledgeable partners to develop a “first generation” set of five cross-site tools: Resident Driven Organizing Inventory; Youth Leadership Study; Collaboration Assessment Tool; Policy Advocacy Inventory; and the Annual Reporting Template.

Each of these five cross-site tools has yielded valuable data on the work of BHC at the site level. But with the advent of our new North Star Goals and Indicators, these “first generation” tools are up for reassessment of their efficacy and utility. As part of our mid-initiative review process, The Endowment has commissioned a retrospective synthesis of the major themes and findings from the past five years of cross-site data. This is an abridged version of the full report. To facilitate conversation about potential next steps in cross-site measurement, the data from these “first generation” measures has been mapped to the four North Star Goals. The report concludes with a summary of challenges reported by the sites and some thoughts about next steps in measuring community transformation at the site level.

This is not a comprehensive assessment of BHC’s progress at the site level. Rather, the summary data offer some interesting insights into the scope and challenges of the work so far. It is best viewed as a series of “snapshots” of the work of BHC at different points in time, which together provide an illuminating and inspiring (but incomplete) portrait of a work in progress.
Policy Priorities and Progress

All BHC communities engage in advocacy as part of their place-based activities. With input from a diverse range of individuals and groups, each site has identified its own advocacy priorities and goals. There has been a steady ramp up in advocacy capacity and activity over the past five years. In responding to the 2015 Policy Advocacy Inventory, the sites submitted data on **217 distinct advocacy goals**.

Around what issues are BHC communities organizing? BHC’s evolving Theory of Change has enumerated a set of “Transformative Twelve” policy areas. Figure 2 (right) shows the number of specific advocacy goals reported in the Policy Advocacy Inventory associated with each of those twelve policy areas in 2014 and 2015. With some variation from year to year, the top priorities were generally healthy land use planning and anti-displacement efforts; community and economic development; school climate; and coverage, care and community prevention. Particularly noteworthy is the increasing level of engagement on advocacy efforts related to systems that restore and heal (from 17 in 2014 to 28 in 2015). These self-reported priorities all reflect BHC’s concerted efforts to expand the traditional boundaries of health promotion to directly address more fundamental social determinants of health.

Another way of looking at the scope of BHC advocacy efforts is to see how they were distributed across BHC’s three campaigns. About half fell into the category of Health Happens in Neighborhoods (i.e. North Star Goal 4) while another third related to Health Happens in Schools (i.e. North Star Goal 3). The remaining one-fifth linked to Health Happens with Prevention (i.e. North Star Goal 2).

BHC communities have achieved numerous policy “wins.” In 2015, they reported that policies had been passed on 89 (41%) of the 217 Advocacy Goals they were working on. Of those policies, about one-fifth were being fully implemented, and 54% were being partially implemented. Consequently, the site-level coalitions have become increasingly focused on ensuring that already passed or existing policies are implemented in ways that support residents and community goals. In 2015, about half of BHC advocacy efforts were focused on getting an already existing policy implemented.

Policy implementation presents new challenges related to this work that reflect the often complicated and nuanced nature of institutional politics and power relationships, such as:

- Achieving commitments from local agencies to institute changes
- Holding public agencies accountable
- Working with private and corporate systems that have less public accountability
- Ensuring appropriate and equitable allocation of resources
Let us now look at specific accomplishments within the BHC communities as they relate to the four BHC North Star Goals:

**Goal 1**

Historically excluded adult and youth residents have voice, agency and power in public and private decision making to create an inclusive democracy and close health equity gaps.

**People Power** is the first of BHC’s five Drivers of Change. Data from across the various cross-site tools provide evidence that BHC has been successful in bringing together organizations and residents to take collective action on health issues. Residents who have been traditionally marginalized in policy discussions—both adults and young people—are building power and stepping up to advocate for needed changes in their communities.

The organizations that are directly engaged in organizing and power building in the BHC communities report via the Resident Driven Organizing Inventory that they have mobilized immigrants (72%), undocumented immigrants (66%), parents of school-aged children (57%), young men and women (50%) and informal neighborhood groups (47%). Also noteworthy is the percentage of organizing groups targeting the formerly incarcerated (34%) and LGBTQ individuals (28%).

Significant numbers of residents are being mobilized across the 14 BHC communities. Cross-site data from 2014 and 2016 indicate that nearly 50,000 individuals each year have participated in public actions, events or meetings sponsored by BHC.

Perhaps a more important figure when it comes to power building is the number of core leaders being developed among the residents organized. The grantee organizations reported 2,682 core leaders in 2016 (up 44% from 2014). Those are individuals who have committed a substantial amount of their time to organizing and movement building in their neighborhoods on a regular basis. While it may seem like a relatively small core group, the growth of this cohort over time is a strong indicator of potentially sustainable resident power across the BHC communities regardless of continued TCE support.

The largest group of core leaders among adult residents are women (67%), many of whom are participating in public advocacy activities for the first time. The overall racial and ethnic demographic profile of the core leaders generally reflects that of the BHC communities themselves: 59% Latino; 21% African American; 7% Asian/Pacific Islander; 7% white; 4.5% African; 1.1% Native American; and .4% Middle Eastern. The number of residents identified by organizing groups as core leaders is typically 20 or fewer (in 64% of cases); only a few organizations report more than 50 (7%) or more than 101 (4%).
Californians have ready access to a health system that prioritizes prevention and coverage for all.

BHC communities’ activities related to this Goal have typically been grouped under the umbrella of the “Health Happens with Prevention” campaign. When BHC was launched, the Affordable Care Act had not yet been approved. The political imperative of ensuring its swift and successful implementation quickly became a major effort for the sites, and special funding was allocated by TCE’s Board specifically for this purpose. Consequently, ACA-related work dominated the Prevention agenda for the sites over the first few years of BHC.*

More recently, that initial enrollment work has tapered off, but efforts to extend coverage to those left out of the ACA—the undocumented—have become the priority at the state and local level. The #Health4All Campaign has provided the media tent pole for those activities.

**IN BRIEF:**

- BHC Coalitions have demonstrated remarkable success in helping residents understand their options under the Affordable Care Act, and navigate their way to health insurance coverage as a fundamental act of prevention.

- The #Health4All Campaign partnered effectively with BHC communities to develop their own local campaigns to increase health care access for the undocumented, sometimes in the face of attempts to scale back or eliminate existing medically indigent programs.

- Training in advocacy, storytelling, and social media has helped to develop and galvanize local residents to persuasively share their stories with local and state policymakers.

- The next challenge for BHC-affiliated advocates will be to keep the heat on local policymakers so that one-time “pilot” funding, for coverage for undocumented residents at the county level, e.g. medically indigent programs, can be leveraged into more permanent systems changes.

- Despite some notable recent successes, residents of some BHC communities continue to lack regular access to the resources most fundamental for prevention such as safe drinking water, healthy foods/ fresh produce, and reliable/affordable public transportation.

*At the time of the writing and release of this report, the ACA was still intact, however there were discussions occurring in Congress of it being repealed and replaced.
California public schools provide positive and supportive learning environments that promote life-long health and wellness for all students.

The 2013-4 school year marked the start of the Local Control Funding Formula (LCFF) which has shifted California’s previous way of funding public and charter schools to a “needs based” formula. Each school district is now responsible for creating a Local Control Accountability Plan (LCAP) to guide its spending policies. Perhaps most important for the work of BHC, the process of developing the LCAP is intended to incorporate meaningful input from parents and students, resulting in a LCFF. The sites have used this mechanism to incorporate a genuine equity lens and a prioritization of Restorative justice in local LCAP deliberations.

Particularly noteworthy have been efforts in several communities to reform school discipline and reinforce a positive school climate, including anti-bullying programs, safe spaces for LGBT students and special supports for young men of color. Resources have even been redirected from policing and security personnel to establish and expand practices that promote Restorative justice. BHC-affiliated advocates have also taken on the role of monitoring the implementation of these new policies, and have used creative approaches such as community arts and cultural events to bring their messages to the broader community.

IN BRIEF:

- Schools have been a tough target for parent advocates, but a growing number of BHC communities have succeeded in using the LCFF process to influence school budgeting.

- Partnerships with legal services organizations and other technical assistance providers such as the Parent Institute for Quality Education have helped prepare parents and youth to meaningfully participate in those public processes.

- In several instances, parent and youth organizing efforts have joined forces to achieve progress on shared policy priorities.

- After years of effort, some significant victories have been achieved in increasing LCFF funding for restorative justice and other alternative school discipline practices, while also decreasing or eliminating funding for school police.

- BHC-affiliated parent advocates have also been successful in getting LCFF dollars allocated to activities specifically to promote and strengthen ongoing parent engagement in local schools.
California cities and counties, with state partners, build health into land use decisions, stabilize neighborhoods and shift resources from punishment to prevention.

Community transformation is at the heart of BHC. Consistently, more than half of the reported policy/advocacy efforts and stories of significant change reported by the sites recount their efforts at the neighborhood level. BHC coalitions have had success in bringing the voices and power of residents to bear on a variety of local planning processes that otherwise would often take place with only token public input. Those are the venues where many important land use and resource allocation decisions are made, and BHC is causing them to operate with greater transparency.

BHC sites have also sponsored a variety of community building events ranging from street fairs to leadership training programs to candidate forums. We have also become more aware of the important contribution BHC is making to collective healing in communities with long histories of trauma and oppression. In several BHC communities, the challenge of effectively implementing Prop. 47 has opened the door to new collaborations and to advancing an agenda of community healing. Healing Circles are helping to close longstanding gaps between youth and law enforcement and other public officials and to help build personal strength and resiliency across neighborhoods.

IN BRIEF:

• Resident participation in Land Use Planning is resulting in the incorporation of health priorities into local plans and ordinances and the allocation of new government resources for a variety of health-promoting physical improvements to BHC neighborhoods (e.g. $401,000 for a new Action Park for skateboarding, in-line skating and BMX biking in Arvin and $970,000 in capital improvements to provide safer routes to school in West Merced).

• Collective healing is turning out to be an important contribution of BHC, and is integral to bridging historic exclusionary barriers to achieve more equitable and just local policies and practices.

• BHC-affiliated efforts to help ensure effective local implementation of Prop 47 are incorporating a variety of healing and community building practices with positive results.

• Arts and Culture are emerging as important strategies for building local community spirit and engagement.

• Displacement of local residents is a growing concern across many BHC communities as advocates struggle to hold powerful development interests accountable for their impact on community health.
Challenges Reported by the BHC Sites

The Annual Report Template process gives sites the opportunity to reflect on disappointments and missteps from the past year. This is difficult work, and failures are inevitable. One of the most difficult things that BHC communities have had to deal with are historic conflicts among local organizations, even (or perhaps particularly) those who are ostensibly working on behalf of the same issues and populations own local context. It also continues to be challenging to transcend long-standing conflicts between some public agencies and “outsider” community groups.

Whereas in the past it may have been virtually impossible to engage certain CBOs and their public counterparts in meaningful collective problem solving, sites are finding that the Governing for Racial Equity (GRE) framework can help to set the stage for a breakthrough. It has taken hard work, but some sites are finally establishing a true circle of trust to promote genuine public-private partnership. The GRE framework is helping them to be more explicit and definitive about what they are seeking to accomplish together and how they might more directly link policy to actual practice.

An ongoing challenge in any community change effort is clarity about roles, responsibilities and leadership. This issue was cited in the data from the Collaboration Assessment Tool as one of the most difficult things to negotiate and sustain in the early stages of BHC by several sites. Starting with the notion of a generic “Hub” coordinating structure, sites have also been challenged to develop and refine governance structures that are appropriate and effective for their local context. Consequently, they have experimented with a variety of organizational forms, including different iterations of the Hub concept, and a variety of different structures for working groups and campaign efforts. It takes constant effort on everyone’s part to achieve and maintain a cohesive agreement on the best way to achieve BHC’s vision and mission.

Several sites shared their challenges in finding the right structures to support and sustain volunteer leadership in long-term advocacy work, particularly as it can take years to gain traction on many of the issues that sites have identified as priorities. Even in conventional service-oriented non-profits, establishing and maintaining clear guidelines and expectations for volunteer leadership can be an ongoing challenge. In more non-hierarchical structures such as those being employed by BHC, it is critical to the success of the work. In several cases, confusion about roles and responsibilities has led to lack of ownership by residents, leading to tension and inevitable attrition. It takes conscious attention to training, process and appropriate structure to lay the groundwork for success, and there is no solution that applies in every context.

Young people have brought amazing energy, passion and commitment to this work, and the emergence of youth leadership in local and statewide advocacy...
has been one of the big stories of BHC. But it has not happened without friction with adults who may have previously occupied positions of unquestioned authority. In some cases, the empowerment of youth voices has even been seen by adults as counter to traditional cultural norms that emphasize leadership solely by elders. Accordingly, ongoing leadership development and mentoring for youth has emerged as a central challenge of the work. Most sites have developed programs specifically for this purpose, and they continue to learn about the best way to structure and staff those efforts.

Finally, as noted earlier (on page 3) several sites addressed the specific difficulties of monitoring and ensuring effective implementation once a policy “win” has been achieved. It’s a qualitatively different task to organize and support resident advocates to make the case for change than it is to doggedly hold bureaucracies accountable for effective implementation once the “victory” has been won. Despite significant successes in the LCFF process, for example, some sites are learning they have underestimated the need for ongoing capacity building and support for inexperienced parent and youth advocates for tough, continuing work of monitoring and accountability.

Public bureaucracies are notoriously capable of withstanding fundamental change, but private corporate interests are proving to be even more of a challenge given their level of resources, backstage access to political leaders, and overall lack of transparency. There have also been multiple instances in which sites have underestimated the amount of time and specific skills needed to continue to maintain constant pressure “post victory,” particularly when the eye of the media and attention of other funders tends to move on to the next potential headline. Building local muscle to stay vigilant and to continue to hold both public and private sector officials’ feet to the fire on implementation is likely to be one of the most important themes over the next five years of Building Healthy Communities.

As the work of BHC has evolved, the unintended limitations of TCE-determined definitions of a “place” have also become apparent. Lots of issues are decided at the city or county level. When it comes to building power, it’s necessary to build alliances that transcend the boundaries of neighborhoods.

The original design of BHC did not fully anticipate the challenges inherent in regional organizing and forging effective working partnerships with statewide advocates. Some of BHC’s most noteworthy policy accomplishments have been the result of multi-pronged campaigns working simultaneously at several levels of government. But those kinds of campaigns can constitute a mismatch with the level of ambition, capability and resources of local organizations focused on the needs of their specific place.
Perhaps the biggest challenge that BHC communities face going forward is sustaining the organizing and power building capacity currently supported by TCE grant dollars. To assess the potential dependency of grantees on TCE funding, the Resident Driven Organizing Inventory asked organizations to report the size of their annual budget and the percentage they receive from TCE/BHC.

Given BHC’s intentional efforts to build the capacity of grassroots organizations, it’s not surprising that 44% of grantees report annual budgets of $500,000 or less. Additional data from the 2016 survey also indicate that 48% of grantees are dependent on TCE for more than 26% of their annual budget. Of most direct concern, 20% reported that they received more than 50% of their annual budget from TCE.

The survey data also illustrate that BHC is supporting a mix of grantees: strong organizing groups that are new to the BHC sites; BHC place-based organizations that are new to organizing; and new organizations. Notably, 60% of the groups surveyed reported that they had been organizing in the BHC site for less than five years. The issues and strategies for sustainability are different for each of these categories of grantees and by site. But one central question remains: how likely is it that this organizing work will continue in the sites after BHC funding ends?

After five years, Building Healthy Communities has clearly increased the capacity for resident organizing in the 14 places. It is increasing the power and influence of previously marginalized populations in policymaking, primarily at the local level but increasingly at the county and state levels as well. That is happening through the development of new leadership, engagement in policy campaigns, and collaborations with other organizations. The big questions for the next five years are how to address the challenges raised by sites and to determine how best to deepen and sustain this critical power building infrastructure beyond 2020.