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There's Something Happening Here...

A Look at The California Endowment's Building Healthy Communities Initiative

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Executive Summary

It was tough times in 2010. The economy was just slipping from the grip of the Great Recession; California's budget was seriously out of whack; and the hopes for change that were raised by the election of Barack Obama were being actively dashed by a national politics stuck in partisan gridlock. Times were toughest in communities that had been left out even in the best of times — in California, those communities stretched from Del Norte near the Oregon border to City Heights near the Mexican border, from East Salinas to Coachella Valley.

So when, in that year, the state's largest health foundation, The California Endowment (TCE), launched its new $1 billion, 10-year strategic investment in fourteen Building Healthy Communities (BHC) sites, it is fair to say that it was met with as much unease as eagerness; groups were more likely to come to the table from a place of organizational survival than strategic assessment. In short, it was less-than-ideal conditions for an initiative that was blending a place-based strategy with a statewide policy and systems change approach. Challenging old assumptions, forging new ground, and trying to set a new course for the state — it sounded pretty ambitious to groups focused on keeping their doors open and meeting increasing needs.

Fast forward to 2014: The economy is slowly regaining ground; the nation has taken stock of our changing demographics in the wake of the 2012 elections; and

national politics, well, are still stuck. But in Building Healthy Communities up and down the state, while the needs remain high, hopes are growing. Why? Because people are demanding change, and change is starting to happen: County supervisors unanimously vote to revoke a permit and fine a recycling center and chronic polluter in South Kern. In a David-and-Goliath battle, hotel workers win a living wage measure in Long Beach. And for the first time in its history, Fresno adopts a general plan that prioritizes infill and urban redevelopment over suburban sprawl.

Yet the most inspiring development and perhaps the least anticipated four years ago: how young people are leading changes in their schools, in their districts, and in the state legislature to support their own success in staying in school. That has meant everything from keeping the community pool open in Merced to providing healthy lunches in Del Norte schools to changing how truancy tickets are issued in Los Angeles. But more importantly, the young people, many of them in high school, are learning how to organize, speak up, and confront those in power — leadership experience that may benefit their communities for decades to come.

Recognizing that it was doing something big but not really sure what it added up to, The California Endowment approached the USC Program for Environmental and Regional Equity (PERE) about providing two guideposts: numbers and a narrative. The numbers were a set of data profiles

for each of the 14 BHC places to see where it is doing well and where it can improve in relation to equity and its region. And the narrative, well, this is it - a story of the formational years of BHC that we hope will impart momentum among both insiders and outsiders for the long, hard effort of building healthy communities.

To come to this story, we crunched data, conducted interviews, visited sites, observed cross-site convenings, and reviewed what seemed to be an ever-growing pile of documents and literature. Our focus was on the over-arching story of BHC rather than on the narrative of each site, which would have required many more interviews, many more site visits, and many, many more pages to convey. And while we touch on some of the interactions between BHC and the communications and policy work done under the statewide umbrella of Health Happens Here, our emphasis in this report is on BHC and the sites themselves.

Through the course of this research, we have become increasingly convinced that TCE is indeed onto something — if not big, at least important. In order to clarify exactly what it is, we use a simplifying three-part storyline linked together by an overarching concept of *Just Health*.

BHC, we suggest, is putting forth an expansive and inclusive vision for healthy communities that includes all Californians. But getting there — benefiting everyone — means putting equity at the forefront and starting in the communities with the greatest health disparities. These

communities represent our future, for they are younger than the general population of their region and of the state. Getting them on the right path is critical to securing a future in which all Californians are healthy.

The first important aspect of BHC is that *Just Health is about much more than just health care*. Getting to better health outcomes not only means improving our health delivery system, but it also means moving policies, practices, and power dynamics to improve environmental, education, social, and economic outcomes. These "upstream" social determinants of health — like income, education, and neighborhood conditions — are often at the root of poor health and health disparities.

This broader approach to health expands the issues and initiatives that fit under the BHC umbrella, which, in turn, expands (and links) the interests and organizations at the table. The initial campaigns range from getting school salad bars to skate parks to student bus passes. These issues surfaced from a planning process that involved input from residents and organizational stakeholders in the community — marking the issues that have the most traction for change. And to push these changes are people who live in the neighborhood, community organizing groups, policy advocates, business leaders, and representatives from the school districts, police departments, health departments, and other government agencies — who are learning how to work together in the process.

A second important aspect of BHC is that *Just Health is about much more than just these places*. Unlike traditional place-based initiatives, BHC approaches place not only as an outcome (i.e. improved conditions in the community) but also as a strategy (i.e. building capacity for broader and continued change). In other words, changes start in the community but do not end there. While transforming a community like South Los Angeles into one that has safe streets, public playgrounds, and grocery stores is a desired outcome, it is also a means towards building the civic capacity, lessons on the ground, and expertise to influence state and national policy and systems change. It serves to demonstrate what is possible — and to build momentum and movement to support larger changes in policy and greater shifts in power dynamics.

So the change that happens in each of the 14 BHC communities is not meant to stay there. Each is emblematic in some way. Either it can provide lessons to other communities in the region or it can help amplify impacts beyond the site itself. For example, efforts to reform school discipline policies in one school district should impact other districts within the region and then bubble up to state legislation that impacts all districts in the state. The change that happens in each of these sites is also about the future. These sites, whose population is younger and more diverse than the state's general population, represent the demographics of the next California. So figuring out how to get it right in these communities will help us figure out how to get it right for our state.

Finally, BHC is demonstrating that *Just Health is about more than just policy change — it is about long-lasting civic capacity.* Indeed, BHC's ultimate legacy may well be the creation of community capacity to tackle continuing challenges. BHC is building an informed, engaged, and active citizenry and generating grassroots leaders. It is building social capital, or the social networks and connections — bonding similar people and bridging diverse people and organizations — that create value for the community. And it is building youth leadership that is rooted in social movement building, which not only impacts their communities but research suggests that it improves their own resilience and survivability in navigating challenging environments.

Low graduation rates, diminishing economic and academic opportunities, high rates of diet-related diseases, and high incidences of violence are all too common for youth in the BHC communities. Going into the initiative, TCE knew that changing these conditions was necessary to foster the healthy development of youth. What it may not have foreseen: that youth would be leading these changes in their neighborhoods and in the state capital. They are at the forefront of some of the most innovative and successful efforts of BHC — demanding school reform, using media and communications, and connecting with others across geography.

Truth be told, we tend to come from a "glass-half-full" perspective — we like to put the "progress" back in progressive — but we know that this work is not all rosy, not even close. There are major challenges facing BHC: disagreements around the meaning of critical terms like systems change and resident engagement; insufficient trust and relationships among the partners; and complicated structures and processes of coming together and getting it together. For example, getting residents involved in the planning phase was a foundation requirement that most sites carried out; some even included residents on steering committees. But the basics of how to work together and what the value is in working together are still being figured out.

As with any foundation-led, place-based initiative, there are tensions and tightropes to be navigated. The over-arching tension is around foundation-driven versus community-driven change — and where the two shall meet. One might hope that over time BHC moves linearly along the spectrum from foundation-driven to community-driven, but navigating that dividing line (and there is a dividing line) is a constant process. It comes up in the learning and evaluation processes, for example. On the one hand, the foundation says that each strategy needs to be tailored to fit the community. On the other, it wants to identify common metrics across all sites to be able to see cross-cutting trends.

Yet — and here is the "glass-half-full" in us — challenges are openings and opportunities to pivot to something that will outlive BHC. We see three key pivots as BHC transitions from the start-up years to full implementation to the wrap-up phase: the shift from onerous to ownership, the change from process building to power building, and the evolution from initiative to infrastructure.

The first pivot — *from onerous to ownership* — is related to the top-down, bottom-up tensions that were felt immediately out the gate. During the planning phase that preceded the official BHC launch, the many start-up activities — engaging thousands of residents in prioritizing outcomes, figuring out who would be the lead agency for the hub, and collective planning to develop a logic model and narrative — felt especially onerous, and especially so because they were imposed from the outside. Meeting those "transactional" milestones was so

overwhelming that it left very little space for the important yet time-intensive work of building relationships, trust, and honest communication — which could have made the process a little smoother. While there had to be some initial direction and guidance from the foundation, striking a new balance to allow more ownership from the community will require some navigating by all sides.

Another key pivot is from a focus on *process to power*. BHC sites have spent a lot of time just getting up and going. After all that process now comes the tough part: figuring out exactly what "policy and systems change" and "resident engagement" mean and how to achieve them. The basic answer is power — that is how policy decisions get moved and systems shifted. But this raises an understandable uncertainty and nervousness. To what extent is BHC *really* about building and confronting power? What latitude do the sites and their organizers have to truly challenge authority? And what does that mean for service providers and system representatives (from the school districts, police departments, public health departments), in particular?

Although 2020, the projected sunset of the BHC initiative, may seem a long way away, it is not too early to think about the pivot *from initiative to infrastructure*. By holding the purse strings, TCE comes to the table with more power, access, and influence. And while that may be helpful to organizations in dealing with an unwelcoming political

environment, it is less helpful when TCE is taking an active role in building alliances and shaping strategy. When foundations set the table, people come. The questions are: When the initiative ends, will people (and the capacities they bring) stay? How is it being intentional about going from an initiative to building lasting infrastructure?

We offer a set of recommendations that may be helpful in supporting each pivot. These include simply sticking with it in order to provide continuity and confidence to the sites; balancing power dynamics, particularly as the sites themselves exercise more voice in the process; becoming more explicit about the geography of change and how to build up from site activities; linking into and supporting broader processes of movement building; and explicitly considering what it will mean to "build to last" beyond the period of the BHC investment.

What will all this mean for building a healthy California? BHC places are among those communities that are always the first hit in tough times and the last to benefit in good times. TCE's strategic 10-year investment is placing bets that it can reverse this situation by forging civic capacity in exactly those places. It is suggesting, quite profoundly, that health is more than just hospitals, doctors, and medicine; that change is more than immediate policy fixes, and that those who have often been left behind can actually lead in forging a future in in which all Californians reach their full civic and human potential.

Introduction

It was tough times in 2010. The economy was just slipping from the grip of the Great Recession; California's budget seemed hopelessly out of whack; and the hopes for change raised by the election of Barack Obama were being increasingly shredded by a national politics stuck in partisan gridlock. And it was toughest in communities that were left out even in the best of times — and, in California, those communities stretched from Del Norte near the Oregon border to City Heights near the Mexican border, from East Salinas to Coachella Valley.

So when in that year the state's largest health foundation, The California Endowment (TCE), launched a new $1 billion, 10-year strategic investment in 14 Building Healthy Communities (BHC) sites, it is fair to say that it was met with as much unease as eagerness. For one thing, the initiative represented a significant shift in grant-making from supporting health delivery systems to focusing on policy and systems change. This was particularly worrisome for service providers faced with increased demand brought on by the recession. And the place-based focus meant that many more places of high need were left out of a potential funding stream.

Recognizing that it was doing something big yet not really sure where it would go, TCE commissioned USC Program for Environmental and Regional Equity (PERE) to provide two guideposts: numbers and a narrative. The numbers were a set of data profiles for each of the 14 BHC places to see where they are doing well and where they can improve in relation to equity and their regions. And this is the narrative: a story of BHC's formational years to help capture some of the energy and dynamism and to help spark conversation about the years to come.

To be clear, our focus in this report is on BHC — and not on TCE's statewide work that occurs under the umbrella of Health Happens Here. (While the story of the sites cannot be divorced from the statewide efforts, we occasionally discuss the intersections in this report.) The statewide work deserves its own profile, particularly the ways in which communications framing and strategy have been deployed to shift the narrative and to facilitate systems change. But that is for another day — and for another group of researchers.

As for our review of BHC, we have been pleasantly surprised and increasingly convinced that there is, indeed, "something happening here." We walked into the idea of assessing the project with a decent dose of skepticism (more on that later) — and we walk away heartened by the innovations, risks, and impacts that TCE is sparking through this initiative. The victories that BHC has already helped ignite are not only transforming some of

California's highest-need communities, but they are transforming our very notion of health and how to achieve it.

In a David-and-Goliath battle, residents and business owners join with hotel workers to win a living wage measure in Long Beach — a sector of low-wage workers who then are named the number one "most powerful people" in that city. For the first time in its history, Fresno adopts a general plan that prioritizes infill and urban redevelopment over suburban sprawl — reflecting the emerging "political force" of organized residents over traditional developer interests. Yet, the most inspiring and perhaps least anticipated success has been how young people are leading changes in their schools, in their districts, and in the state legislature to support their own success in staying in school. And all these successes are stepping stones to healthier communities and healthier people.

We know that the hard work of building healthy communities, being part of something so big, and not always being sure where you or it will end up can, at times, feel a bit like playing hide-and-go-seek in the dark. You cannot see where you are going; you cannot find what you are looking for; and you cannot help but feel confused and disoriented at first, then just flat-out frustrated.

To help simplify what is a very complex and comprehensive initiative and to support efforts to shape BHC's future, we propose that the BHC experiment is most usefully understood through a frame we call "*Just Health*." Just Health is a vision for California that is centered on equity — and has the following three elements.

First, "*Just Health is more than just health care*" — which is often how health is traditionally viewed. One of TCE's intentions by focusing on place was to allow a broader policy agenda of inter-woven, health-related issues. The focus of local policy campaigns range from traditional health issues (getting everyone health insurance) to education issues (new approaches to truancy) to land use (transit-oriented development). And there have been many early victories that are building momentum for change.

Second, "*Just Health is more than just these places*." Unlike traditional place-based initiatives, BHC approaches place not only as an outcome but also as a strategy. That is, it is not just working towards improving conditions in the 14 BHC places. Rather it is simultaneously building local capacity to work towards state and federal policy and systems change.

Finally, "*Just Health is more than just policy change—it requires civic health*." BHC's focus on policy and systems change is building capacities for collaboration, resident engagement, and youth leadership. So while the early policy wins are important, what holds the greatest potential for BHC is the lasting civic health that it is building in each community. The capacities that can continue the march towards healthy communities after BHC ends.

Our hope is that this report helps to take up the second line of that famous song from which we borrow for our title (a song that, in fact, many do not realize was actually about a protest against the criminalization of youth): after singing "there's something happening here", Buffalo Springfield then indicates "What it is ain't exactly clear." We are, in short, looking for a bit of clarity and simplicity in a complex story in the hopes of imparting momentum for the long, hard effort of building healthy communities. When you are deep in the work, it can be hard to look out into the future. So with this report, we hope to spark thinking and conversation not about what has passed but what is to transpire — and, most of all, about the question: *What does life look like after BHC?*

Overview and Methods

In 2011, TCE commissioned PERE to help capture some of the dynamism happening in each of the sites as they were pivoting from the initial planning phase, which started in 2009, to early implementation. This, in part, built on previous work PERE had done. In 2008, when TCE was narrowing its final list of sites, PERE assembled a team of researchers (including Chris Benner, Juan de Lara, Enrico Marcelli, Martha Matsuoka, Rhonda Ortiz, Manuel Pastor, and Rachel Rosner) to conduct a regional landscape analysis of the places under consideration. The analysis was meant to explore the place-region relationship, specifically, the symbolic value of the communities to their region, the strategic

positioning of the communities to address key regional issues, and whether local issues could be scaled up to the region. Prior to that, some members of that research team (Manuel, Chris, Martha, and Rachel) had been part of an earlier team that conducted an assessment of TCE's previous place-based initiative, California Works for Better Health (CWBH). We were eager to ensure that learnings from that initiative would be transferred. One of us (Jennifer Ito) had been a CWBH grantee and a participant in the very early stages of BHC and had to step out of a preconceived notion of "forced collaborations." And one of us (Anthony Perez) had been working at TCE during the strategic planning and early implementation — and had been part of trying to define the focus of the youth development work.

In short, there was some background that we were eager to bring to this project — yet we were also careful to make sure our background did not become baggage. We wanted to bring the benefits of our respective experiences but also the necessity of seeing something new.

We also wanted to be sure that our role was not that of an evaluator but that of a storyteller. Why storyteller? As academics and authors, we like to think that the written word (and more than 140 characters) still matters — especially when it is simple yet compelling (not something academics are known for). We have seen evidence of when a compelling narrative has helped good ideas spread. One case in point: Paul Tough's account of the

Harlem Children's Zone (HCZ) in *Whatever It Takes.* One of the reasons why the HCZ model is being replicated throughout the country is because it was so effectively profiled and widely communicated.

Our charge for this project was to help tell an over-arching story of BHC, or meta-narrative, rather than telling the story of each site. The focus on the "meta" was partly an issue of resources: With an initiative of this scale, the constraints of time and money did not permit us to do the in-depth research and multiple site visits that such a task would require. But it was also an issue of consultant fatigue. Hubs have conducted their own evaluations; half way through this project, TCE contracted with FSG to do a strategic review. So we were sensitive to the fact that there were already a lot of consultants in the field.

Beyond all those concerns was another fundamental fact: people do not remember much at one time. Detailed evaluations of site activities may be useful for deciding how much money should be invested, in what activities, and in what particular geographic locations. Those are all important, but BHC is about more than a series of site-specific investments; it is about moving the needle on change in California, and this requires moving the narrative as well. For that, one needs overarching themes, memorable phrases, and enough relation to both current reality

and possible futures to seem like it all makes sense. And that is exactly what we try to do here.

This report is based on the following research: We started with a review of plans, logic models, and other related documentation generated in each site during the planning phase. We obtained all of the documents through the TCE website and through the websites of the BHC places. Other documentation we reviewed included evaluations, case studies, and other reports on the process commissioned by TCE. We also monitored news and announcement of victories and updates from the sites.
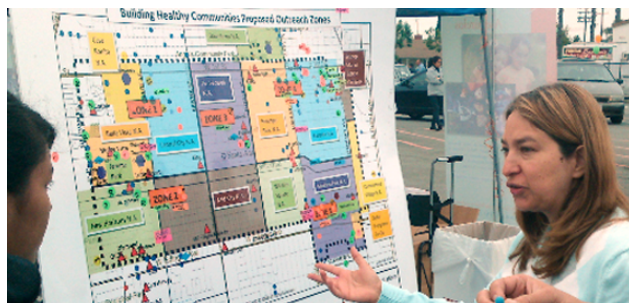
To develop our framing of BHC, we reviewed the literature from a multitude of fields including place-based and comprehensive change initiatives, regional equity, civic health, and social movements. We built on our existing library of resources as well as the most recent academic and popular literature available. This provided our understanding of the theoretical underpinnings of BHC as well as a grasp of the most up-to-date evidence and lessons from the field.

Our primary data was collected through two methods. One, we observed cross-site learning convenings where local learning staff and hub managers came together with the TCE Evaluation and Learning Department. Two, we collected data

through interviews and site visits. We interviewed TCE program managers from 11 of the 14 sites, conducted site visits to two places (Del Norte and Sacramento), and relied on our earlier research from the site-selection process as well as on ongoing contacts with site leadership. All the formal interviews were transcribed, uploaded into Dedoose (online software for analyzing mixed-methods research), and coded to explore cross-cutting themes and issues.

Lastly, a few disclaimers about this report: To reiterate, it is not an evaluation or assessment of BHC's progress. Nor is this inclusive of the wide range of TCE's statewide Health Happens Here work. There are other evaluations, case studies, and documentation efforts already underway. Nor is this report a 360-degree, in-depth view of BHC. We recognize the limitations of our data, which is drawn largely from our interviews with TCE program officers. We also claim full responsibility for any errors, omissions, or misunderstandings — and cede any astute insights and observations to those whom we interviewed or whose work we read. For a list of interviewees and key reports and articles, please see the appendices.

Finally, as we mentioned, our role has been to provide both numbers *and* narrative. While we provide some data about the sites below, such as the fact that they are generally much younger and so represent the "next California," this report is all about the words. Those interested in the quantitative profiles we prepared for all 14 BHC sites (admit it,

data geeks, you are curious — and we are with you), they are available for download via PERE's website (at http://dornsife.usc.edu/pere/tce-bhc/.)

Report Roadmap

The report is organized as follows. In the first major section titled "Building Healthy Communities: A Strategic Investment in Places and Policy Change," we begin with a basic overview of the Building Healthy Communities Initiative.

In the following section, we introduce a Just Health frame, which holds equity as central to a vision for a healthy California, and explain why having a simple frame is important and especially important for BHC right now.

The next three sections of the report discuss the elements of the Just Health frame. We change the order a bit from the introduction above because we are trying to set the stage for the rest of the analysis; thus we start with "Just Health is More Than Just These Places." In this section, we discuss BHC's investment in specific places and why this investment is important for our future.

We then turn to "Just Health is More Than Just Health," sketching the inter-woven outcomes for BHC and pointing to some of the early victories that communities have already won.

The third leg of the Just Health frame is: "Just Health is More Than Just Policy Change — It is About Civic Health." This

section discusses three of the five strategies, or drivers of change, that BHC is supporting: collaboration, resident engagement, and youth leadership.

While we are optimistic about the progress that has been made and the future that lies ahead, it is clear that all is not roses in BHC-land. And so in "From Building Healthy Communities to Building a Healthy California," we discuss over-arching tensions and challenges that have to do with determining who is really in the driver's seat of BHC, in engaging residents to meet foundation-defined requirements versus to build authentic and on-going power, and in balancing the benchmarks of a time-defined initiative with the need for a lasting infrastructure that will outlive the initiative.

To support the pivot from challenge to opportunity, we offer our recommendations for groups to consider in moving to the next phase of BHC and beyond in the section titled "Moving Forward: Recommendations."

We conclude with "Getting to Life Post-BHC" which is a discussion of life when BHC sunsets and the future of California. While immediate policy fixes are needed, lasting change will come when there is a deeply-rooted civic capacity that can shape solutions as conditions shift and build power as the targets change.

Building Healthy Communities: A Strategic Investment in Places and Policy Change

[T]he health of children reveals much about the health of the communities in which they live. We therefore believe that the sentinel indicators of a healthy community are children and youth who are healthy, safe and ready to learn.

- The California Endowment

Established in 1996, The California Endowment (TCE) seeks to expand access to affordable, quality health care for vulnerable communities and to improve the overall health of all Californians. Over the years, one thing became clear to The Endowment: health does not begin in a doctor's office but rather in the places where people live, work, learn, and play. The ability to breathe clean air, send kids to school without fear of violence, have a convenient place to buy fresh and affordable foods, or live near a park where residents can walk and play are all aspects of a healthy community that prevent people from getting sick in the first place.

Recognizing that zip codes may be better predictors of health outcomes than genetic codes, TCE shifted its grant-making strategy from one supporting health delivery systems to a two-part strategy of investing in place-based, comprehensive change and in policy and systems change. Officially launched in 2010, Building Healthy Communities (BHC) is a 10-year strategic initiative with an ambitious goal: to transform 14 communities into places where "children and youth are healthy, safe, and ready to learn."

The 14 communities selected to be part of BHC are: Boyle Heights, Central Santa Ana, Central/Southeast/Southwest Fresno, City Heights, Del Norte County and Adjacent Tribal Lands, Eastern Coachella Valley, East Oakland, East Salinas (Alisal), Long Beach, Richmond, South Sacramento, South Kern County, South Los Angeles, and Southwest

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Definitions of Types of Change

Policy change: Attempting to change public laws, regulations, rules, mandates (public policy), or budgets/funding.

Systems change: Shifting the way broader systems (e.g., health, public safety, local government) make decisions about policies, programs, and the allocation or use of resources. They may involve changes, for example, in power, authority, habits, or the use of ideas and skills.

Organizational change: Changing priorities, protocols, or practices within organizations, such as strategies, level of client involvement, allocation of resources, or perceptions of the staff and board.

Source: Center for Evaluation Innovation (2013), "BHC Communities: Profile of Advocacy Progress."

Merced/East Merced County (see map of the sites).

In addition to seeking change in these places, TCE also envisioned linking the local work in the communities to statewide (and even federal) policy and systems change (see box with definitions provided by the Center for Evaluation Innovation). The statewide work, now organized around the three Health Happens Here campaigns of Health Happens with Prevention, Health Happens in Schools, and Health Happens in Neighborhoods, has provided an over-arching frame for the campaigns in the sites, but it is internally structured separately from the BHC initiative.

Originally, TCE identified 10 broad, inter-related outcomes that it expected each community to work towards. Some outcomes had been a traditional focus of TCE, such as health insurance coverage, access to a "health home," and preventative care, while others were on the cutting edge of public health, such as links to economic development, land use, and schools. It also outlined a specific set of strategies — cross-sector collaboration, resident involvement, youth leadership,

leveraging resources, and shifting the narrative and assumptions about what is health and what are drivers to good health.

Before the official launch of the initiative, TCE funded a planning process in each community. Organizations came together to prioritize the outcomes, identify strategies to achieve them, and develop a three-year implementation plan — and in that process also establish structures for governance and coordination, which usually comprised of a steering committee, or some planning body, and multiple work groups.

TCE required that the planning process engage community residents, community-based organizations, public agencies, and other key stakeholders. Expectations were that each community would work on all 10 outcomes over the course of 10 years and that key stakeholders and community residents would participate. At the end of the process, each community had to submit a logic model and narrative that TCE used as a framework for negotiating individual grants for implementation.
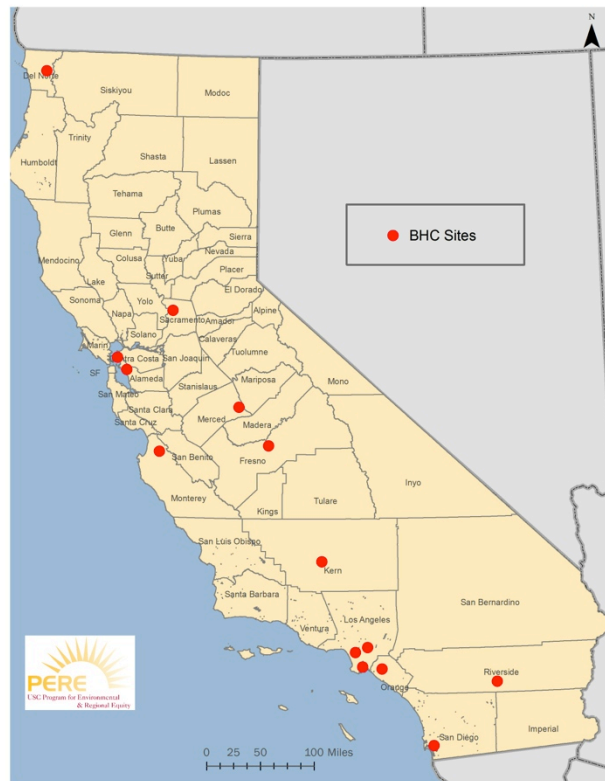
To engage directly with a broad set of stakeholders in each community, TCE supports a central coordinating table or "hub" in each place. While the function and structure of each hub has evolved over time — and each site has adapted the hub concept to meet its own needs and capacity — the initial elements of the structure remain the same.

Those at the table include residents, both youth and adults; staff from local non-profit organizations; representatives from the school districts, departments of public health, and other government agencies; and others, such as business leaders and local funders. There are TCE program managers assigned to each site who are responsible for grant-making in their site, but they are much more than traditional program managers. They are also relationship builders, strategic thinkers, and, in some sense, champions for the community as they have a foot in both worlds, in the foundation and in the community.

A note about TCE's learning and evaluation process: TCE is making a concerted attempt at real-time learning, co-creating metrics, and modeling a new relationship for authentic learning and adaptability. The whole process could, and should, be a full report in and of itself (and, no, this is not a pitch for us to get more work), but we just wanted to laud for this work for a few reasons.

The first is for purely selfish reasons: Because of the work that the department is leading, we have been able to avoid reinventing the data-collection wheel. In addition to facilitating a cross-site, collaborative, and iterative process of defining common terms, concepts, and metrics, the department has contracted with outside researchers to track advocacy progress and to explore the link between youth engagement and health — and for this narrative, we have drawn from all that rich information.

The second is for sympathetic reasons. In our various reports on the relationship between movement actors and funders, we have consistently pushed for risk-taking, evaluation and metrics, and co-creative process — all of which requires a reconfiguration of the grantee-foundation power dynamic (see Pastor & Ortiz, 2009; Pastor et al., 2010, Pastor, Ito, & Rosner, 2011). And we are seeing TCE's Learning and Evaluation Department staff actually doing what we just wrote about.

Lastly, we hope that this report helps to bolster this important work — to help emphasize why cross-site learning, metrics development, and other processes will pay off in the long run. BHC is trying to do many things in many places — and capturing it all would take a novel, and one day maybe someone will write it. Things have not gone as planned in some places and better than planned in others. It is not about one-size-fits-all but more about what we can learn about different strategies to achieve our full health potential.

Just Health: A Frame for Building Healthy Communities

A frame is a set of assumptions that structures discourse. . . Frames change the way we talk — they accommodate debate, but they set new terms.

- Manuel Pastor and Rhonda Ortiz (2009)

BHC is investing in 14 communities, pursuing five drivers of change, and engaging diverse stakeholders from the grass-tops to the grassroots. The sheer scale and scope alone are enough to make communication, translation, and shared understanding a monumental task. To make it even more complicated, many stakeholders at the table are not traditional allies and do not have a working relationship. Although they have the neighborhood in common, they might speak different languages, pursue different theories of change, or have different perceptions of what BHC is trying to achieve.

A frame can help provide ways for people to make sense of and to interpret their experience. As Pastor and Ortiz write in *Making Change: How Social Movements Work and How to Support Them,* effective frames can keep people unified around a common vision. Importantly, they focus attention, establish common ground, and help people know where to engage — with action being a key goal.

What impact can a frame have?

Consider that a growing body of research is challenging the traditional economic notion that there is a permanent trade-off between social inequality and economic growth. International analyses, including some from the International Monetary Fund, have found inequality tends to slow the economic growth of nations, while domestic analyses, including from the Cleveland Federal Reserve, are finding a similar relationship between growth and equity within metropolitan regions in the U.S.

So how do we communicate the results of very nerdy, very technical regression analyses showing that regions that invest in equity have stronger and more resilient economic growth — for everyone? (For more, see Benner & Pastor, 2012; Eberts, Erickcek, & Kleinhenz, 2006.) It helps to have a simple story that anchors the complicated point and pushes out the message.

The research above has found at least two frames: "equity is the superior growth model" being pushed by PolicyLink and "Just Growth" coined by Manuel Pastor and Chris Benner in a book by the same name (yeah, we know — shameless plug). The latter is meant to suggest that growth alone (or "just growth") is not enough; we need Just Growth that puts equity, opportunity, and, yes, justice at the center of the growth model.

Such frames are easily digestible and make it more likely that a new paradigm —

equity is good for economic growth — will be more broadly understood and picked up by others. And, lo and behold, note how rapidly the public discourse has changed (our work being only one of many contributors) such that President Obama is now talking about how inequality is corrosive for the economy and our democracy, and that vision is being echoed by a wide range of analysts and opinion leaders.

A simple narrative is also needed in the realm of health policy — one that again builds on international knowledge. In 2008, the World Health Organization (WHO) Commission on the Social Determinants of Health in its final report asserted the following:[1]

> *"[P]oor and unequal living conditions are the consequence of poor social policies and programmes, unfair economic arrangements, and bad politics. Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector."*

Similar to WHO's approach, BHC seeks to address health inequities by focusing on the upstream social determinants of health, by bringing in new sectors to the effort, and by building civic capacities to influence policy-making. It holds enormous potential to contribute to a new understanding of and new conversation about what it takes to achieve healthy communities for all.

But that new conversation will be aided by a simpler frame. BHC's ambitious scope, extensive scale, and complicated design make it difficult to wrap one's arms around. With 14 communities, five core strategies, multiple local campaigns, and thousands of adults and youth involved, BHC is, shall we say, not designed for an elevator speech. Ever-evolving, there is so much happening — both on- and under-the-radar — that it can be difficult to know where to focus and on what to focus.

In this report, we assert a simple frame of "just health" in an effort to help organize our real-time learning and understanding of what BHC has accomplished thus far and what the potential is for moving forward. "Just health" is rooted in an expansive and inclusive vision for health, a vision of healthy communities that includes all Californians. It is also rooted in the recognition that change efforts should begin in the neighborhoods where problems are most deeply felt. And before we elaborate the concept further, it is useful to understand those neighborhoods that are part of BHC and their significance for our future.

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[1] Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva: World Health Organization.

Frame #1: Just Health is More Than Just These Places

If policy and systems change and changing the state of California is really what we are about, then place has to be a strategy, not just an outcome.

- TCE planning team member as quoted in Hanh Cao Yu and Wally Abrazaldo (2010)

Investing in Place as Outcome and Strategy

Place matters. And place matters in BHC not only as an outcome but also as a strategy. That realization was a breakthrough in TCE's strategic planning process that led to the design of BHC (Yu and Abrazaldo, 2010).

Like other place-based initiatives, transforming a community like South Los Angeles into one that has safe streets, public playgrounds, and grocery stores is a desired outcome. But unlike other traditional place-based initiatives, it is also a means towards building the civic capacity, lessons on the ground, and expertise to influence state and national policy and systems change. It serves to demonstrate what is possible — and to build momentum and movement to support larger changes in policy and greater shifts.

So the change that happens in each of the 14 BHC communities is not meant to stay in each community — rather it is meant to scale up to regions, the state, and even to national policy. Each place is emblematic in some way. Either it can provide lessons to other communities in the region or help amplify impacts beyond the site itself. For example, efforts to reform school discipline policies at one school district are intended not only to improve conditions there but also to impact other districts within the region and bubble up to state legislation impacting all districts in the state.

Investing in Now and our Future

BHC communities represent our demographic future. They are younger and more diverse than the general population — and yet they are some of the highest-need communities in the state. This, coupled with BHC's focus on improving outcomes for children, underscores the point that transforming these communities is an investment in the future of our state's health.

The 14 communities represent different facets of California's changing demography. With the exception of Del Norte, Latinos make up the single largest ethnic group in all of the sites. In Coachella, Boyle Heights, and Central Santa Ana, over 90 percent of the population is Latino. In South Sacramento, City Heights, Long Beach, and Fresno, there are also significant Asian populations. African Americans make up a sizable percentage of the population in East Oakland (39.6 percent) and Richmond (36.5 percent). Thirteen of the sites have significantly large immigrant

populations making up at least 29 percent of the population in South Sacramento to about 54 percent of the population in Central Santa Ana.[2]

In some communities like Richmond, changing demographics affect the work of Just Health first hand. Historically black neighborhoods, like South LA, Oakland, and Richmond, have become home to more Latinos, who are often immigrants or children of immigrants. For a variety of reasons (for a summary, see Pastor, De Lara, & Scoggins, 2011), tension and sometimes even violence results. But so does collaboration. In Richmond, PICO-affiliate CCISCO brought together Black and Latino residents to advocate against the sheriff's proposal to invest in prison expansion and urge investment in re-entry programs instead. Black and Latinos uniting on this issue influenced the Richmond police chief to speak against the sheriff — a rare split, indeed! — who eventually backed off.

One thing that does unite all the BHC communities: their population is younger than the general population of the state and of their region. Youth under the age of 25 make up anywhere between 40 percent of the population (South Sacramento and East Oakland) to slightly over 50 percent of the population (South

Kern, East Salinas, Coachella Valley). In Del Norte, the site with the lowest share of youth, people under the age of 25 still make up one third of the population (32 percent). In short, the BHC sites reflect the "next California" -- investing in these 14 communities is imperative to ensure a bright and healthy future for California.

Investing in High-Need and High-Opportunity

The 14 sites also face common issues. A large proportion of the immigrant population across the 14 sites is non-naturalized; Central Santa Ana (44.3 percent) and East Salinas (44.2 percent) are amongst the sites with the largest share of non-citizen immigrants, many of whom are undocumented, with the remainder being lawful permanent residents who may also lack political voice because they have not yet crossed the path to citizenship. This population is vulnerable to healthier living because they often lack access to health and social services, suffer from higher rates of isolation, and often live in hostile political environments. Fostering immigrant integration efforts in these sites could ensure that their immigrant population, authorized and non-authorized alike, can be healthy and successful.

Youth in these communities also face many challenges. At least 30 percent of youth are living in poverty with about 40 percent in poverty in Boyle Heights, City Heights, and Merced and up to 50 percent in Fresno and South Los Angeles. Additionally, they are not being adequately

prepared for the jobs of the future. In Los Angeles County, of the projected new jobs in the region, 27 percent will require a Bachelor's degree or higher, 12 percent an Associate's degree or occupational program, and 62 percent less than an Associate's degree. But in Long Beach, only 8 percent of the population ages 25 and older have at least a Bachelor's degree, 22 percent have an Associate's degree, and 70 percent have less than an Associate's degree. In Boyle Heights, the percentages are 5, 14, and 81, respectively. Keeping youth in school and improving educational outcomes will be critical to reversing this trend of getting funneled into — and competing for — jobs at the lower rungs of the education requirements (thus lower-paying).

The official TCE slogan has become "Health Happens Here" — meant to suggest that health outcomes depend on what happens at school, the workplace and the neighborhood as well as the doctor's office and the hospital. However, the reality is that health has not been happening in the BHC sites. Lack of health insurance is a real problem in several places, complicating the health outcomes.

In East Salinas and South Kern about 40 percent of the adult population is uninsured — the highest amongst all sites — while in seven other sites about 30 percent of the adult population lacks health insurance. The youth population in City Heights (11 percent), Coachella Valley (15 percent) and South Los Angeles (19 percent) also lack health insurance coverage at disproportionately high rates.

A traditional place-based strategy would try to move the needle in affected places, and only those places. Instead, BHC is seeking to determine how lessons can scale, how the learnings can influence California's future, and how the communities can make change happen today. To do this, one fundamental realization is this: health only happens here when you involve more than just the health system. If you think about those who aspire to the middle class, the markers are not just access to a doctor; rather, it is a good house in a good neighborhood with good schools and good parks and good jobs. To transform a place requires a holistic view, and that is what we turn to now.

In South Sacramento, in an effort that pre-dated BHC, advocates and residents had been working on developing a Food Charter that asserts the food access principles for the Sacramento region. BHC provided a synergistic opportunity to apply the food charter to one specific neighborhood. Agencies began adopting and implementing aspects of it. The school district signed onto the food charter and is providing a salad bar in every school and enrolling all eligible students in free and reduced-fee lunch programs. In addition, the school district and the city are collaborating to develop school and community gardens.

In East Oakland, Acta Non Verba and Communities for a Better Environment are partnering to create an urban farm run by youth. The side effects: business training, agricultural skills, increased safety, greenscaping, and healthier eating. PUEBLO is also focused on developing the fresh food industry in the community.

Youth-Led Organizing: The Fight for School Discipline Reforms

As the platitude goes: Our youth are our future. As the data shows: in California, the youth are mostly youth of color so their well-being is of particular importance. Unfortunately, young people of color (particularly boys; see Edley Jr & de Velasco, 2010) face more barriers to well-being than their non-Hispanic white counterparts. One striking example is the truancy policy previously enforced in Los Angeles.

In South Los Angeles and Boyle Heights, youth supported by the Labor/Community Strategy Center led a campaign to end Los Angeles Unified School District's truancy ticketing policy. The ticketing policy stemmed from a citywide daytime curfew ordinance which allowed police to issue $250 truancy tickets to students who were late to or truant from school. Police sweeps across high school campuses in Los Angeles resulted in nearly 80,500 tickets being issued between 2004 and 2011; Latino and African American students were disproportionately ticketed during this time. These tickets presented a financial burden on the student's families, deterred students from attending school altogether to avoid being caught in ticketing sweeps, and exacerbated the criminalization of youth in these sites. Tired of the marginalization and criminalization, youth began to mobilize an opposition to the ticketing policy.

BHC has connected the youth and different groups working on this issue to strategic research, advocacy, and communications around this issue; helping them develop a structured and focused campaign to end the truancy ticketing (and subsequently other punitive policies). The funding and connections from BHC was important, as was the support of the groups on the ground, but it was the leadership of the youth that truly made the difference in this campaign.

As a response to the growing pressure from youth and community residents, the city ended their ticketing policy on February 22, 2012 after a 14-0 city council vote. Not only did this victory put the needs and demands of youth front and center of policy discussions, it also created a cohort of leaders who were ready to take on other issues impacting their ability to succeed in school.

Similar campaigns demanding reforms to school discipline policies have been emerging from many of the BHC places, all with the same end goal: to foster school systems that value students and keep them engaged and supported through graduation. Pushing students out is not sound education policy for the students or the state — and BHC is scaling the student-led effort to challenge the practice to multiple sites *and* is improving state outcomes: According to the CA Department of Education announcement in January 2014, between 2011-12 and 2012-13, statewide student defiance suspensions and expulsions dropped dramatically by 23.8 and 18.6 percent, respectively.

Frame #2: Just Health is More Than Just Health Care

BHC is about engaging the doctors and others around issues that they thought weren't in their purview. That means identifying those champions across sectors so that a doctor can take up the banner of environmental justice. A school superintendent can take up environmental justice.

- TCE Program Manager

Achieving Comprehensive Change

Health matters. And health for BHC is just as much about education, employment, and land use as it is about the doctor's office. While focusing its investments in certain places may seem narrow to some, TCE believed that such a geographic focus would actually broaden the policy agenda (Yu and Abrazaldo, 2010) — which, in fact, has happened.

Getting to better health outcomes not only means improving our health delivery system, but it also means moving policies, practices, and power dynamics to improve environmental, education, social, and economic outcomes. These "upstream" social determinants of health — like income, education, and neighborhood conditions — are often at the root of poor health and health disparities.

BHC fits within a growing field of place-based initiatives that are striving for comprehensive community change. Inspired by the Harlem Children's Zone, initiatives such as the Sustainable Communities Initiative and Promise Neighborhoods are bringing together diverse stakeholders to break beyond agency, issue, and sector silos to improve a common community. The PolicyLink report *Why Place Matters: Building a Movement for Healthy Communities* (Bell & Rubin, 2007) captures 22 promising practices from across the country that implementing place-based, comprehensive change solutions.

Yet BHC is at the very leading edge of the field by innovating in many ways that are unlike other place-based, comprehensive change initiatives. To name just a few, BHC is making a long-term commitment to the places (10 years is actually a long time in the philanthropic world), making large-scale investments in grassroots community organizing and youth-led organizing (more on that in the next section), and linking policy and systems change efforts in one place to other places and to the state level (although easier said than done as we discuss later).

Achieving Multiple Outcomes

TCE originally defined 10 outcomes that it expected all communities to work towards over the course of the 10-year initiative. By requiring progress to be made on all outcomes, TCE ensured that the hubs coordinating BHC efforts in each site would be collaborative because no single organization could tackle all outcomes on its own. This broad set of issues that fit

under the BHC umbrella, in turn, expands and links the interests and organizations at the table. In short, the BHC process is meant to both recognize community and build community.

Big visions require first steps — and in order to figure out the initial campaigns, issues were surfaced from a planning process that involved input from residents and organizational stakeholders in the community. Deciding on the issues that were both most important and have the most traction for change, initial policy campaigns ranged from getting school salad bars to skate parks to free student bus passes.

Pushing for these changes were people who live in the neighborhood, community organizing groups, policy advocates, business leaders, and representatives from the school districts, police departments, health departments, and other government agencies. The results were concrete shifts in daily issues but just as important: different sectors and different actors learned how to work together in the process.

And in TCE's own process of recognizing — and listening to — community, it back-pedaled from the initial requirement that each place work on all 10 outcomes. Instead, it is allowing each place to focus on its priority issues so as to focus more deeply. And it has since taken stock of the myriad of local policy and systems change work and organized them around the three statewide campaign issues of Health Happens in Schools, in Neighborhoods,

and with Prevention. See the following box.

BHC Local Campaign Issues

Health Happens in Schools
1. School Climate
2. School Wellness
3. Comprehensive Supports

Health Happens in Neighborhoods
4. Food Environments and Food Systems
5. Land-Use Planning and Anti-Displacement
6. Community and Economic Development
7. Environmental Health and Justice
8. Systems that Restore and Heal
9. Healthy Youth Opportunities

Health Happens with Prevention
10. Public Health
11. Coverage, Care, and Community Prevention
12. Health Care Services

Achieving Early Victories

Achieving victories early in the lifespan of any initiative is important. First, it shows that change is possible and builds momentum for further organizing. Second, it helps residents better understand the systems they are up against and how to change them. Third, it allows leaders to taste triumph and build confidence.

In any disinvested community, it is not uncommon to find a pervasive sense among residents that change is not possible. So when the youth of City Heights win funding from City Council for a skate plaza, they find their voice and

power to demand an on-going youth advisory council. Making concrete demands — and winning them — is creating a sense of victory and progress that has been important to build and sustain engagement.

The initial campaigns have also been important in deepening people's understanding of what policy and systems change is. Greater clarity around what TCE means by policy and systems change emerged from almost all sites in the evaluations of the planning phase.[3] As one interviewee shared, policy and systems change has become more of shared cheer than a shared understanding. One way to gain clarity is through learning-by-doing. As one program manager expressed:

> *It's hard to explain to people when they are asking, "Isn't there a million dollars going into this community every year? Where is it going?" They don't see the staffing for an organizer as an important, immediate need.*

BHC has supported so many victories that they are too numerous to note here — but we highlight just a sample of them throughout the report, and it really is just a very small sample. Early successes span a range of issues, from land use to school discipline to transportation, and it spans a range of advocacy targets, from city council to school boards to statewide legislators. For more information on the campaigns, the Center for Evaluation Innovation (CEI) is working with TCE's Learning and Evaluation Department and the sites to help document the advocacy efforts.[4]

There is a final point about winning early victories. It makes those on the other side of any issue wary: If a group of young people and community residents are able to force a change in truancy policy, just what else are they capable of? It is exactly that shift from process to power that we raise later in this report.

Indeed, what may be even more important than the tangible and immediate BHC victories are the less visible, more transformational, and harder-to-measure changes that are happening in each community — that, in fact, will result in more victories after BHC ends. In the next section, we look at the strategies that are being employed to achieve these victories and the capacities that are being built in the process.

There has been a long history of failed attempts to change the community which has resulted in a culture of fatalism; people don't believe that change can actually happen . . . now through BHC residents are starting to believe change is possible. They are starting to take action, hold leaders accountable, and work in partnership to actually solve them.

- TCE Program Manager

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[3] See case study reports by the Center for Collaborative Planning, Public Health Institute available at: http://www.calendow.org/HHHTemplate.aspx?id=549.

[4] For a preliminary assessment, see the Center for Evaluation Innovation's *BHC Communities: Profile of Advocacy Progress*, April 2013.

A Focus on Sacramento Building Healthy Communities (Sac BHC)

Before BHC, there was very little inter-organizational dialogue in Sacramento, even between organizations which operated within the same block area. The BHC target area is about 43% Latino, 22% Asian Pacific Islander, and 13% African American, and because of the region's rich diversity, many organizations had a targeted audience and constituency.

Sac BHC established a coordinating table that allows for the coming together of different stakeholders and community residents in the area that had never existed before. And through the new relationships and coordination, changes are happening in South Sacramento.

Walk Sacramento, one of the BHC partners, is leading the development of a bike and pedestrian master plan for the BHC site. Sac BHC is also working on a Brownfield Plan, which will identify problems and develop proposals for dealing with brownfields in the BHC site. Both the Brownfield Plan and the bike and pedestrian plan will help to inform decision makers in a way that the community can leverage into further resources and/or prioritization.

Another victory has been a system-wide Physical Education curriculum, coupled with measures to ensure that schools actually implement the curriculum. Though there is acknowledgement that it will take time to get all of the schools to do so, there is now a PE coordinator who is designated to oversee implementation. The PE Coordinator is housed within the Superintendent's office and ultimately affects everyone within the Sacramento City Unified School District. This change speaks to the fact that though BHC work may be geographically concentrated within a specific site, it has the ability to affect broader change at a county-wide or regional scale.

Sacramento BHC has also worked on community gardens as a means of not only producing healthy food, but also increasing community dialogue. Community gardens on school sites create spaces for community interaction and also decrease the burden on schools to maintain the site. The city and school district worked together to develop a template for joint use school/community gardens. Additionally, the city in partnership with BHC grantees is working to develop a manual on starting and maintaining school/community gardens. Again, like the work on physical education, the community gardens has regional and systems implications — and implications for the field in general — since it provides a model for joint use agreements that are being effective and promoting health simultaneously.

Sac BHC has also established a Community Health Navigation Program. The program is spearheaded by community residents who help others better access health resources. Several health providers use these trained health navigators — thus making it part of a health career pipeline.

Frame #3: Just Health is More Than Just Policy Change — It is About Civic Health

> Residents are starting to believe change is possible. They are starting to take action, hold leaders accountable, and work in partnership to actually solve their problems.
>
> - TCE Program Manager

Building Lasting Capacities

If BHC is successful, its legacy will be in creating the civic capacity in each community to tackle on-going and continuing challenges. Because the challenges of achieving healthy communities for all is an on-going and continuous project, building lasting civic health in these communities would be an invaluable legacy of BHC.

TCE's direct investment may not be in the brick and mortar of new health clinics or in getting dental vans in the neighborhoods (though it may fund those, too) but its investment in supporting policy and systems change is building civic health.

It is generating grassroots leaders and building an informed, engaged, and active public. It is building social capital, or the social networks and connections that create value for the community by bonding similar people and bridging diverse people and organizations. And it is developing youth leadership that is rooted in social

movement building that impacts their communities *and* improves their own resilience and survivability in navigating challenging environments (Ginwright & James, 2002; Ginwright, Cammarota, & Noguera, 2005).

And it is this investment that will allow the communities to sustain gains made during the 10-year initiative as well as to address new problems in their neighborhood as they arise after the initiative ends. Because it is one thing for Fresno City to adopt the general plan shaped by the diverse communities of West Fresno, it is another for developments and investment priorities to be guided by the plan.

Building Power for Change

How did TCE envision achieving policy and systems change? At the start of BHC, it defined five core strategies, or drivers of change, for transforming communities:
- *Building resident power*: getting large numbers of residents to bring their issues and concerns to the public debate and influence policy decisions;
- *Enhancing collaborative efficacy*: building relationships across sectors and within communities to support mutual problem-solving and action;
- *Fostering youth leadership*: deepening the engagement of youth in their communities;
- *Creating a new narrative*: shaping the views of policymakers and the public to increase support for prevention and equity;

- *Leveraging strategic partnerships*: dovetail with ongoing efforts and to bring more funding to the table.

The first of the drivers, building resident power to affect change, has been a central tenet of BHC. As quoted in *The Los Angeles Times,* TCE President and Chief Executive Officer Dr. Robert Ross says, "The bottom line of why disinvested communities struggle is not an innovation problem. It's a power problem."[5]

The other strategies flow from that basic starting point: power is enhanced when collaboration is more effective, youth step up, and other partners are brought to the table. Of course, making all this happen has played out differently in each community. Key factors have included the receptivity of local civic leaders (in some places, mayors and local elected officials have been less than happy with TCE's investment and in a few cases asking it to pull its funding — to which TCE stood its ground), existing capacity for community organizing (past relationships and different approaches to community organizing have been both facilitative and inhibitive factors), and the pre-existing culture of collaboration (how organic or authentic relationships are).

Building Civic Health

In this section, we look at three of the drivers of change: collaborations that build bridging and bonding social capital,

resident engagement that develops leadership and power, and youth leadership that is about leading campaigns and scaling up efforts.

We limit our focus for two primary reasons. First, they have been the focus of the cross-site evaluation and learning group which means that representatives from each site have been going through a collective process of clarifying the strategy, developing surveys for gathering data on progress being made, and coordinating the process of gathering and analyzing data. Second, these are the strategies where we would expect to see early progress versus creating a new narrative or leveraging strategic partnerships and bringing in more resources, both of which will take more time.

Collaborations

> *'Social capital' refers to features of social organization, such as networks, norms, and trust, that facilitate coordination and cooperation for mutual benefit. Social capital enhances the benefits of investment in physical and human capital.*
>
> – Robert Putnam (1993)

One of the first steps of getting BHC off the ground in the communities was the formation of a single table, or "hub." Each community has a convening organization that serves as a fiscal agent, facilitator, and administrator. The hubs are required

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[5] DiMassa, Cara Mia, "California Endowment broadens ambitions and narrows scope," *Los Angeles Times*, November 30, 2010.

to reflect the community and include participation by youth and adult residents (both affiliated and unaffiliated with an organization), representatives from local and regional agencies (at a minimum, public health and education), TCE grantees, and non-grantee organizations with a stake in the BHC work.

The first task of each hub was to identify the outcomes, strategies, and plan — a.k.a. the logic model — that it would focus on in the first three years. In theory, the logic model was meant to help inform and guide TCE's grant-making to individual organizations. The hubs themselves do not have grant-making authority or a decision-making role, except for a small-grants program to support local discretionary projects.

Each hub is structured differently and has different functions. At a minimum, BHC serves as a central coordinating table. As the BHC initiative matures into full implementation, we anticipate that the value of the BHC collaborations will be the connections, relationships, and trust formed, or the "social capital." Social capital, as Harvard scholar Robert Putnam asserts, "enhances the benefits of investment in physical and human capital" (Putnam, 1993).

Researchers suggest that there are two types of social capital that are important to collaborators that are certainly relevant for building healthy communities: bonding and bridging. Bonding social capital is built between like-organizations whereas bridging social capital consists of links that cross difference. Both are necessary: for community residents to exercise power, they need to feel a sense of common destiny (bonding) but to garner all the resources they may need to improve lives, they will need to connect to outside forces who may have money, decision-making power, and political influence (bridging).

As noted earlier, the leveraging of outside partnerships has not been the primary focus; in this phase, the idea is to cement community bonds. Nonetheless, bridges have been built that have generated new, and unexpected, champions for an issue that, in turn, help bring more sustained attention and forward progress. In South Kern, for example, BHC is creating collaboration between medical providers — doctors and nurses — and the school discipline reform groups. The starting point for collaboration is around a shared desire to improve the health outcomes of youth — and seeing it as everyone's role. In one program manager's words, "This

In South Los Angeles, BHC partners helped to bolster residents' concerns about the expansion of luxury student housing by the University of Southern California – and the potential displacement of local residents and businesses. Community groups educated, organized, and mobilized residents. TCE provided funding for research to understand how the plan could impact the local community as well as for communications to develop messaging that could connect with local decision-makers. Through the UNIDAD coalition, residents, community groups, and the university entered negotiations and came to agreement which ensured affordable housing, local hiring requirements.

work is about engaging unlikely bed fellows –the doctors and others that thought education reform wasn't in their purview."

In Boyle Heights, the collaboration has brought in a number of organizations that had not traditionally engaged in systems or community change work. Many of the youth serving groups, such as the Boys and Girls Club or the YMCA, were traditional service providers. However, engaging in the Boyle Heights BHC table which has advocacy groups and community organizers has forced them to collaborate in new ways. New partnerships have emerged which would have never happened without BHC and collaboration; the YMCA is now part of the Boys and Men of Color work as well as taking on school climate work — they are deeply engaged in policy work, which had not traditionally been their focus.

In Long Beach, the work of BHC has brought together groups that had never met let alone collaborate before to partner on a joint campaign to establish a school wellness center at one of the local high schools. Khmer Girls in Action, a primarily social justice organizing group, focused on engaging Southeast Asian women to lead local changes in their communities had been working on a school wellness campaign across Long Beach. The Children's Clinic — a longtime health care provider in the area — had received funding to continue their services at their school based clinic locations. Through BHC, the two groups created a joint survey and collected 500 surveys to help guide the direction of their school wellness campaign moving forward.

BHC is also bringing together government insiders and outsiders. In Santa Ana, the city changed its car impoundment policy largely because of the work of the BHC collaborative. Despite the fact that this work fell outside of the scope of work TCE initially planned, residents elevated this at the BHC table as a priority that their community wanted to take on. Residents in Santa Ana, a largely Latino and immigrant community, thought that they were disproportionately being targeted by the previous policy which was imposing financial burdens on immigrant communities in Santa Ana and often instilling a culture of fear amongst them. The acting police chief, who also sits at the BHC table and was part of meetings with community residents, saw that this was a real priority amongst Santa Ana residents and was willing to work with them and city officials to change the policy.

A Focus on Building Healthy Communities Del Norte and Adjacent Tribal Lands

Like in many communities, public schools have been a source of frustration in the Del Norte community. "You would go into any coffee shop and there was a common message about schools — they're failing. They are not working. We're not getting an educated workforce. But no one could pinpoint exactly what the failure was," relayed a community member.

In order to start a constructive dialogue on how to better align schools with the jobs available *and* better meet the needs of students, the community held community and teacher meetings at every school in the district. These dialogues eventually spurred the "Del Norte Engaged Learning Model" — an example of the important role of collaborations in Del Norte.

BHC and the California Center for Rural Policy at Humboldt State University conducted an analysis of the school system which highlighted the issues of chronic absenteeism, especially in the early grades; food issues; and learning models (see reports available at: http://www.humboldt.edu/ccrp/publicatio ns).

To address the issue of healthy food, BHC provided the funds that allowed the school district to change from using frozen foods to cooking meals from scratch and also provided funds to install running water at two schools so they could do the prep needed for a salad bar. This not only helped to provide healthier options for local youth, but also restored a sense of dignity to school chefs. Now "their best friend is a chef knife and not a box cutter. They are actually excited about cooking and doing what they were hired to do."

TCE's Healthy California's Healthy Meal Grant awarded the Children's Health Collaborative money to continue their work and bring in a local chef to work with food services on redesigning their menu. Changes to school food service led to an increase in food quality, helping to increase the long-term sustainability of the healthy meal efforts as it helps food services increase revenue through enticing more students to eat at school. The youth engagement team also worked with students to do research, presentations, fundraising, and evaluation around access to water at the high school.

Through a partnership between Del Norte County Unified School District, the Patricia D. and William B. Smullin Foundation, TCE, and the community's business sector, the district hired a new business teacher and established a business and multimedia lab at Del Norte High School. Prior, the high school did not teach any computer skills — one of many factors contributing to tension between the school district and business leaders. This system of joint responsibility helped the community to be more supportive of the school rather than adversarial — providing a good foundation for future collaboration.

Resident Engagement

There is a reason community engagement doesn't naturally happen. It is like telling a business that sells bikes to start making coffee, "We will give you a Saturday training in coffee so you can switch your business model the following week."

- Community organizer

Engaging residents in planning and implementing the local strategies for each BHC site has been perhaps the most contentious — which is common among comprehensive change initiatives (Kubisch, Auspos, Brown, & Dewar, 2010). Exactly what that means and what it looks like has been a point of struggle for most sites. Information sharing (educating people about BHC) and input gathering (identifying priority outcomes) is very different than consciousness raising (connecting problems to policy solutions) and power building (getting organized and taking action) yet both can get lumped together under the general term of "resident engagement."

A common critique of resident engagement strategies within community change initiatives is the lack of an analysis of power and the root causes of neighborhood problems and conditions (Kubisch et al., 2010). Power dynamics often ensure that environmental challenges fall mostly on communities with the least voice in the policy-making and regulatory arenas. Building the power of less-advantaged communities to have a voice in the policy-making process ensures that the problem will receive more policy attention — and more likely that further unhealthy and hazardous burdens do not enter into the community.

In most sites, we found hubs struggling with the tension between a push from The Endowment to get lots of residents involved and the actual capacity for what it really takes to train, outreach, and sustain participation and build power. Building power is, of course, the bread and butter of community organizing groups, but there are different organizing theories and practices (institution-based versus individual) — and there is a whole separate challenge involved in tapping the large clients of service providers so that

In Fresno, BHC groups worked together to increase community involvement in the general plan update process. The work started in the streets, knocking on doors, and asking residents about the changes they would want to see. The BHC Initiative has brought together organizations serving African Americans with Latinos, including Mixteco-speaking residents, and a diverse Asian community that includes Hmong, Laotian, and Cambodian populations all working together on one issue at the same time – the first time that such collaboration and coordination happened in West Fresno. The result: In the City of Fresno's general plan update, the City Council chose "Alternative A," a plan that focused on infill and urban redevelopment rather than on sprawl – a first in the city's history. For a more detailed account, see the case study prepared by the Center for Collaborative Planning and Public Health Institute.

they become active constituencies of change. It takes politicization — not in the sense of party affiliation but rather the process of leading to understand their personal conditions, and link them to neighborhood and larger societal trends and structures.

While there was substantial confusion and tension at the onset of BHC about the balance of engagement and advocacy, service delivery and systems change, we see the tide turning towards a power-building model — in fact, South Los Angeles-based Strategic Concepts in Organizing and Policy Education (SCOPE) has been contracted by TCE to provide power analysis trainings and technical assistance to several of the hubs.

Of course, resident engagement has played out differently in different communities. In sites that had a thin history of organizing (for example, Del Norte and Coachella), the BHC initiative played an integral role in building the organizing capacity in these communities and infused these sites with a new culture of resident engagement, a real innovation since it was the first time many residents had ever been engaged or connected in a meaningful way.

In sites that have a deep-rooted history of organizing, the BHC initiative has played more of a coordinating role; allowing different organizations to leverage their membership base around common issues and with a similar end goal in mind. Rather than activating residents in these sites, BHC supported the work they were

already doing; it became more about "bringing folks to the table in a way that they appreciate and respect others' approaches [and] can learn from each other and their strengths."

In 2013, a workgroup was established through the cross-site learning and evaluation process to try to reconcile the wide range of forms of resident engagement in the communities and come to common agreement about defining resident engagement and about measuring progress over time.

Youth Development

When youth work to transform their environments, the process and the result strengthen community well-being...[and] the very conditions necessary to support the healthy development of individuals.

- Shawn Ginwright and Taj James (2002)

Low graduation rates, diminishing economic and academic opportunities, high rates of diet-related diseases, and high incidences of violence are all too common for youth in the BHC communities. Going into the initiative, TCE knew that changing these conditions was necessary to foster the healthy development of youth. What it may not have foreseen: that youth would be leading these changes in their neighborhoods and in the state capitol. Indeed, youth are at the forefront of some

of the most innovative and successful efforts of BHC — demanding school reform, using media and communications, and connecting with others across geography.

Direct engagement with the public school system is a leading-edge issue for comprehensive change initiatives. According to the Aspen Institute, while civic leaders recognize that education is critical to comprehensive change, initiatives have yet to make progress with the public school system. Instead, they focus on early childhood education activities, after-school programs, or charter schools (see (Kubisch et al., 2010). But for BHC, this is where the work has (perhaps unexpectedly) excelled.

Schools can be the hub for comprehensive change in rural communities. In South Kern, for example, family resources centers are based at the schools. They are the places trusted by community members, the locations where they go when they need to access other services. Starting with the education system was critical to the overall success of the BHC initiative.

Of course, change at schools or through schools can be seen as largely in the province of adults. For BHC, "youth leadership" was named as one of the five

> In City Heights, health and schools come together. At Monroe Clark Middle School, BHC partners worked together to open a community clinic. This clinic serves both to improve the health of students, their siblings, and students at feeder schools and to increase funding for the schools. Every time a child has a day out of school – to see a doctor or because they are sick – that school loses state funding.

core drivers of change — but its implementation could have taken various forms. Borrowing from the Movement Strategy Center's spectrum, at one end are youth development programs that treat youth as clients. Youth are served by adults, have little input into decision-making, and are not seen as change agents. At the other end are efforts that are youth-driven. Youth are in all the major leadership roles with appropriate support from adults and allies. (For more see, Zimmerman, 2004).

BHC has leaned into a more participatory approach, providing youth with a way to engage in changing their neighborhood. Many of the sites have set up youth councils and other decision-making bodies in which youth participate to elevate issues and identify priorities Giving youth this dedicated space to engage and prioritize issues, rather than having those issues be determined by adults in other decision-making spaces, has allowed some youth to feel that they are meaningfully being engaged and part of the decision-making process — as co-partners in creating community change.

Youth not only need to be empowered to engage and lead but need to do so in a meaningful and purposeful way. It is not just about getting youth to attend BHC events and meetings or having youth sit on steering committees or councils, but it

is about having youth lead strategic and focused campaigns on the issues that impact them the most. These campaigns also need early victories to ensure that youth engagement builds momentum and has longevity. In the absence of real concrete issues, it is hard to engage youth and foster youth leadership in a sustainable and meaningful way.

The work in Boyle Heights and South Los Angeles provides an example of the types of campaigns that youth are leading and winning under the umbrella of school discipline reform. The work that is happening across all 14 sites has reinforced the urgency of school discipline reform. Their work was able to be taken to scale and gained traction at the state level; last year a series of five legislative bills that sought to address punitive school disciplines were signed by Governor Brown. This work shows that organizations that engage youth can be trusted — and can lead community change efforts — but also that taking this work to scale involves cross-site learning and collaboration.

This wasn't about an outside organization saying 'hey system leaders this is what you should be doing,' but it was the voices of the youth themselves saying this is what I am experiencing, this is what I need. Students were talking to one another; they were going to the school board; they were going to the principal; they were going to different power brokers and presenting their case for the change they wanted to see.

- TCE Program Manager

Youth and their allies have not only been leading the work around school discipline reform, but in other arenas as well. In Merced, youth rallied together in response to the city's decision to close down a local community pool during the summer. Through support of the South Merced BHC, youth and community residents launched an advocacy campaign with the goal of increasing the city council's budget allocation for youth programming and services. The youth staged rallies, attended city council meetings and in the process cultivated a new culture of youth engagement in South Merced which had not been seen before, "especially unusual in Merced has been having the youth voice be involved in advocacy work . . . the mayor said at one of the city council meetings that he had never seen such community involvement around any other particular issue and they had definitely never seen youth have a voice." Youth engagement spawned two victories in South Merced; a 20% increase in the proposed line item budget for youth services — which included the opening of the pool for this upcoming summer — and the formal engagement of youth during upcoming budget planning.

In Central Santa Ana, the youth involved in the Building Healthy Communities Initiative helped organize the first ever youth-led and moderated mayoral candidate forum; specifically, "[the youth] partnered with the Voice of OC which is an online newspaper to help them carry it out . . . that forum, I think, is a reflection of how successful the young people have been." Much like the campaigns around

school discipline reform, this dramatic step into the public square illustrates that thoughtful youth engagement and leadership can elevate the voice of youth, putting their needs first and institutionalizing their demands into formal systems and policy changes.

Too often youth are looked upon as "clients" to be served — which robs them of their agency, their potential to be change agents. Turning that paradigm on its head — developing youth as constituencies for change — can be beneficial not only for the individual but for their community as a whole.

Recent research suggests that the process and outcomes of youth civic engagement can improve one's academic outcomes and well-being as well as on their communities. And when people are civically engaged in their younger years, they are more likely to sustain that engagement through adulthood. (For a longer discussion on this, see Pastor et al., 2010. For an evaluation of BHC youth programs, see Terriquez & Lopez, 2013.)

From Building Healthy Communities to Building a Healthy California

The answers and problem-solving have to come from these communities up, and …. they will demonstrate the problem-solving behavior that Sacramento and Washington need to learn from, rather than the other way around.

- Dr. Robert Ross as quoted in the Los Angeles Times (November 30, 2010)

Those familiar with our work may have figured out by now that we tend to come from a "glass-half-full" perspective. If you have made your way this far into the report, it may be what you are thinking now. You might even be wondering why we are so positive; after all, academics are notorious for taking advantage of their distance from the field to simply criticize the efforts of others. On the other hand, distance from the day-to-day drudgery and often emotional toil of organizing means that we can keep our eye on the longer (and often rosier) horizon.

But it is just our usual optimistic attitude that explains the focus thus far. We felt it was important to start with the successes and victories that BHC has ignited up and down the state — because it is the concrete wins and progress forward that will build momentum for the on-going, arduous task of putting our communities and our state on a course towards Just Health.

At the same time, we realize that there are multiple challenges that people are facing in the field — and threaten the efficacy and impact of collaborations moving forward.

The major challenges facing BHC: disagreements around what critical terms mean, like systems change and resident engagement; insufficient trust and relationships among the partners; and complicated structures and processes of coming together and getting it together.

All of this is compounded by the fact that BHC is dynamic — which, at least from the perspective of the sites, may seem like it is being invented along the way. For example, getting residents involved in the planning phase was a foundation requirement that most sites carried out, and some even included residents onto the steering committees. But the basics of how to work together and what the exact value-added is in working together are still being figured out.

These are challenges endemic to any effort at social change, but there are particular tensions and tightropes with a foundation-led, comprehensive community initiative. Before we address these challenges, it is useful to stress that we are looking for common cross-site issues; that there are many lessons from the unique challenges in each site, and for site-specific learnings, we encourage readers to read the case studies and

learning briefs commissioned by TCE.[6] There are also challenges that stem from the structure of BHC itself. Our research focused less on the structure and nuts-and-bolts of the initiative because TCE has commissioned an evaluation to focus on those issues.

There is an over-arching tension in BHC (and in philanthropic place-based initiatives, in general) between foundation-driven and community-driven change — and where the two shall meet. One might hope that over time BHC moves linearly along the spectrum from foundation-driven to community-driven — but life is rarely so linear and navigating that dividing line (and there is a dividing line) is a constant process. And money matters. The foundation has been clear that it retains its grant-making authority and holds the purse strings (although each hub has some discretionary funds it oversees) — which means that it is also in control of the direction of the initiative.

One area of work in which tensions surface is within TCE's learning and evaluation process. One the one hand, the foundation says that each strategy needs to fit the community. On the other, it wants to identify common metrics across all sites to be able to see cross-cutting trends. So when the cross-site learning teams begin developing standardized tracking systems and processes, it is met with confusion and distrust — and serves as another

reminder that BHC is the foundation's initiative.

Another area of tension exists in the relationship between the place-based work and the state policy work. BHC was envisioned to be community-led change at the neighborhood level while the policy advocacy work at the state-level was to be foundation-led (Yu & Abrazaldo, 2010). But if one of the central premises of BHC is "place as strategy," then the capacities, interests, and influence of groups working at the local level must bubble up to the state. Some of this is getting figured out for the youth work, but it is a challenge to align the work so that local victories are leveraged and used to turn the tide statewide.

Challenges are really opportunities (that's our optimism again!) and present openings to pivot towards a new future — and one that we would hope outlives BHC. We see three key pivots that are essential as BHC transitions from its early start-up years to full implementation and eventually to the wrap-up phase: the shifts from onerous to ownership, from process building to power building, and finally from initiative to infrastructure.

From Onerous to Ownership

The early years of BHC involved a lot of relationship building, seeking community, youth, and organizational input, and — yes you guessed it — many meetings. The Endowment could have skipped the collaborative planning phase, kept funding individual organizations, and allowed

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[6] See case studies available at: http://www.calendow.org/HHHTemplate.aspx?id=549.

organizations to remain in silos. But such a business-as-usual approach would have run counter to the goal of the initiative and its theory of how community change happens. Therefore, TCE staff spent — and still spend — considerable time in each site (though some sites felt less supported) making sure that organizations were connecting with each other and other key stakeholders, that different perspectives and community voices were being elevated, that meetings were taking place and had varied representations, and that everyone involved in the initiative started thinking about how they could work together to push forward the initiative — rather than their individual missions.

And despite bumps in the planning process, it established the transactions necessary for groups to come together that could allow for the more transformational relationships to happen. Those transactions could feel onerous, forced, and, in the worst cases, detrimental to the implementation of the initiative. Those steps were everything from engaging thousands of residents in prioritizing outcomes, to figuring out who would be the lead agency for the hub, to the collective planning to develop a logic model and narrative. And they could feel especially onerous when imposed from the outside - and especially by a funder whose resources are desperately needed by distressed communities.

So a forced marriage it may have sometimes been but while the deliverable at the end of the planning phase was a

logic model and narrative for each site, the real change was in the relationships and education between organizations who have been working in the same neighborhood yet never sat down at a common table. That onerous work was the necessary first step to creating a common platform for each site, to building ownership over the work — eventually.

In Coachella, forcing the planning department to work with advocacy groups that had organized against them allowed for a mutual understanding of the concerns in the community and a wellness element to be included in the city plan. "It's about moving from having a shared workplan for these organizations to a point where they have shared ownership over the work and feel deeply connected to the work." The work allowed for organizations to build a commitment to and shared understanding of the initiative and now many are working together to implement the community change they deeply needed.

Moving forward, striking a new balance between direction and guidance from the foundation and allowing more ownership from the community will require some navigating by all involved.

From Process to Power

Although there is no simple formula for how community change is achieved, community transformations cannot come about without building power. Power, after all, is an ability to set the agenda, allocate resources, and be represented. Residents,

community organizations, and other BHC partners need to be empowered to demand the change they want to see in their communities (by setting the agenda) and to cultivate healthier places for their children to grow up in (by influencing the allocation of resources).

In BHC, we are starting to see shifts from a focus on process to building power — and we would hope to see more of this. In the early years, the focus of the hubs was on important start-up questions like: Are the right people involved? Who will oversee what? What capacities are needed? What is our theory of change? (And occasionally, what exactly is a "theory of change?"). All this meant that more attention was focused on planning processes than on understanding and building power — and evaluations from the planning phase highlighted this by capturing the widespread confusion around the terms "policy and systems change" and "resident engagement."

But through the organizing, the campaigns, the resident engagement, changes and victories are starting to happen — and they are happening where power is building, as we have seen in the way that the youth work is bubbling up from the sites and being rapidly scaled up for statewide impact (though work still remains to make sure representation is not tokenized or that it does not remain with just a handful of active individuals). Power, in short, is moving up the agenda, with evidence to show that it is the real prize on which eyes should be kept.

But a focus on building power may mean that sometimes the pace of change needs to slow down. When the drive to get a policy passed does not allow for the deeper organizing and education about the issue in the sites or for shared learnings across sites to figure out the best solutions, it can lead to shallow coalitional and resident involvement. In short, it is not just about turning out 100 people for a forum — but determining how you can make sure they come back the next day.

Figuring out to what extent BHC is really about building and confronting power and what that means, especially for service providers and system representatives are important conversations that should happen among all the stakeholders.

From Initiative to Infrastructure

Time-defined and time-limited initiatives can be effective in attracting attention and in bringing people together to take collective action. And because they hold the purse strings, when foundations set the table, people come. The question is: When the funding dries up, will they stay?

Being aware of mission drift is critical for BHC — and for foundation-led initiatives in general. There is a fine line for an organization between stepping out of its comfort zone (a social service agency advocating for policy change) and slipping away from its original mission (by simply following the money). It is tough to turn away from funding, particularly in tough economic times. But grantees and funders

alike need to consider their own opportunity costs — what they are not doing to forward their mission because of the lure of funding — and stick with a strategy that will allow them to persist in the long run. In short, we applaud transformation — but not if the transformation will lead a group or agency astray or be a change only made as long as the cash is flowing.

As for the BHC initiative as a whole, the projected sunset of 2020 is closer than it may seem. As a result, it is not too early to think about how to leverage BHC now to build the organizations, relationships, and structures that will be needed in the long term.

Some sites have used the funding to bring in organizers and build organizing capacity needed to drive community change. In some sites, elected officials and other stakeholders are starting to embrace the increase in resident engagement — and learning how to work in partnership with community-based organizations and advocates. And in many sites, there is a growing constituency of engaged youth who are gaining the experience of advocating for policies that foster more livable and thriving neighborhoods.

Moving Forward: Recommendations

There is one clear, and obvious, take-away from our look at BHC: one size does not fit all. And while this applies to recommendations, we could not conclude without offering our own two-cents. So, to keep it simple and short, we have five recommendations (for those who know that we usually have a top 10 list a la David Letterman, we hear your sigh of relief).

A key qualifier: none of our recommendations is about do-overs. Might it have made sense to focus a little less on process right up front? Could there have been a better balance between the individual characteristics of the sites, the over-arching theory of change, and administrative capacity? Would it have been useful to bring in an organizing perspective from day one and better link it with a statewide policy strategy?

By even posing these questions, one can probably guess our views. But what is done is done — and much of what has been done provides a strong basis for moving forward. And our recommendations are aimed at exactly that.

Stick With It

This is a message for everyone. For TCE, we hope that it sticks to its 10-year commitment — which is admirable in a philanthropic world that tends to have shorter attention spans. Too often, comprehensive initiatives are launched then abandoned at the first sign of problems or at the next appearance of a new theory of change. But the best organizing is about digging deep roots and simply demonstrating that you are in it for the long haul with communities that so often feel abandoned.

To be clear, there are no indications that TCE is wavering from that commitment; nonetheless, it is so important that it warrants being explicitly stated. Building civic capacity that will outlast the initiative takes time — and sticking with it may also involve figuring out how to support new innovations, like youth organizing, that are emerging from this experiment.

Balance Power Dynamics

Being sensitive to power dynamics within the collaborations is essential for their efficacy moving forward. Bringing diverse stakeholders -- residents and agency representatives, funders and grantees, adults and youth, English proficient and English language learners -- to the same table does not mean that they are on equal footing. You cannot erase power differentials between individuals and groups in the hub; however, you can find ways to equalize standing, voice, and influence to ensure that those who have typically lacked voice are effectively able to speak up, be heard, and gain influence.

The key challenge moving forward is actually shifting the power dynamics between the foundation and the sites. The initial phase was marked by some degree of top-down dictation with regards to

process, strategies for participation, and other matters. For the sites to really drive the work of building healthy communities, continually rebalancing and recalibrating will be crucial in order to have lasting effects.

Understand the Geography of Change

TCE is putting forth a more expansive view of place by linking change in the neighborhoods with statewide change. The missing link in this theory of change: thinking and acting regionally. TCE has structures in place for building power locally through the hubs, and, though it is ever-evolving, there is also attention to how to support and build up local power to affect statewide change. Understanding how to use the places as a platform for changes — and actually having the places themselves buy into linking together is key.

For example, to increase opportunities for youth to take on meaningful leadership roles, there is a BHC Statewide Steering Committee on Youth Leadership comprised of youth from each of the communities that coordinates cross-site learning and guides statewide advocacy efforts. There is also a BHC Youth Coordinator Network to build the relationships among and capacity of adults working with youth in the BHC

The connections that we're creating, the partnerships, the relationships between community partners that we're facilitating through the BHC at our hub process and table, are living beyond the conversations that we're initiating. That is real transformative change in a community like this.

- TCE Program Manager

communities. An explicit frame on the geography of change (including whether there are regional subgroupings that make sense) is a key next step for BHC.

Include Movement Building

We commend BHC for its more expansive view of change — and one that is focused on building civic capacity to affect policy and systems change. And we are encouraged by the embracing of strategies that build power among residents, both adult and youth. Though strategies to demonstrate power are often equated with marches and mass demonstrations, BHC groups are learning that sitting at the same table and negotiating inside-outside strategies can be effective ways to change things in their community. But to push one step further, we think that investing in movement building can be even more significant.

Social movements are essential to moving the needle on the deep racial disparities that TCE is seeking to change. From better health outcomes for all Californians to safer and healthier neighborhoods, real change will come about when there is an organized and engaged base of residents who demand action by decision-makers and hold them accountable. Social movements, moreover, can provide the geographic connectivity discussed above. Considering the broad context of

movements in California — and how to support them — remains a key challenge.

Build to Last

With BHC approaching its mid-point, now is the time to answer the question: What will the day after BHC look like? Will the ties forged, victories won, and capacities built through BHC be strong enough to pivot to new opportunities and challenges? Will the BHC sites and their allies be a crucial part of building the next California?

The initiative has been good at focusing on transformations as well as on transactions, on whether leaders are being developed and becoming effective as well as whether dozens or hundreds of people attend any particular meeting. Building to last will mean paying even more attention to community and individual capacities — as well as to the linkage between the BHC sites and movement organizations, research centers and policy shops, and key decision makers and elected officials. This will require a continuing shift in the evaluative framework.

It is, of course, often easy to make recommendations from the side lines and much harder to carry them out on the field. But we are not on the side lines of this particular effort. As we have noted, we were in the process during site selection, we have provided data and maps to all the sites along the way, and we have tried to support BHC sites whenever and wherever possible.

We have also sought to take our own advice: we have stressed that we are in it for the long haul, we have sought to shift power by having the sites develop their request for data rather than respond to whatever we provide, we have tried to help the sites see their regional contexts, and we have emphasized the role of movement building. Most of all, we are firmly convinced that the future of the state is in these distressed but younger parts of California — and we stand ready to work together in the years ahead.

Getting to Life Post-BHC

From the time TCE started its internal strategic planning process in 2006 to the official launch in 2010 to today, California has been through a roller-coaster of change. After a long period of economic distress, we are climbing out of the Great Recession, and the state budget debate is no longer about where to cut to close the deficit but rather what do to about the surplus. And after a longer period of unease with the rapid demographic transformations that have rocked the Golden State, a package of bills for immigrant integration is pointing the way as a model for other states across the nation.

As the state is just hitting its stride, so is BHC. Nearly half a decade into the process, time remains to dig deeper into the work and to contribute to what may be a "California Comeback." This comeback will start in the places where some expect it least: not Silicon Valley but Salinas, not Silicon Beach but Long Beach, not University Heights but City Heights. A California rebuilt from the ground-up will be a more equitable and sustainable California for the long run (Eberts et al., 2006; see for example, Treuhaft, Blackwell, & Pastor, 2011).

To help facilitate that future, TCE will have to dig in deeper, too. The pivots suggested — from onerous to ownership, from process to power, from initiative to infrastructure — will require a re-orientation. And this re-orientation is really a charge for the foundation, not for those being funded. After all, these organizations have already more or less adopted the Just Health frame — they know that they need more than health care, that they should link together, and that the real lasting change will be their civic capacity.

California needs to tip — and the lessons learned from BHC may help to point the way. A broader view of health for our state and our nation will require that we target those places so often left behind, that we tackle the depth of disparities that characterize our economy and society, and that we build a new civic fabric that can free up a politics that seems stuck in time and ideological positioning. BHC's potential is big; bigger than these 14 sites. The $1 billion being invested could be just a beginning — this could be a pilot project for the rest of the nation.

It will take proactive and forward-looking engagement of our changing demographics. It will require a commitment to innovation, a willingness to experiment, and a capacity to learn from the past to shape the future. Our hope is that this report informs that process of making the next California one in which we realize the vision of healthy communities for all.

Appendix A. Interviewees

Diane Aranda, Program Manager, Richmond, The California Endowment

Gary Blatnick, Director, County of Del Norte Department of Health and Human Services

Jennifer Chheang, Program Manager, Long Beach, The California Endowment

Melissa Darnell, Lead Community Organizer, Del Norte County and Adjacent Tribal Lands Building Healthy Communities

Annabell Dominguez, Resident Leader, Del Norte County and Adjacent Tribal Lands Building Healthy Communities

Gloria Giraldo, Hub Manager, Santa Ana Building Healthy Communities

Kevin Hartwick, Board Member, Wild Rivers Community Foundation

Chris Howard, Past President, Crescent City/Del Norte County Chamber of Commerce

Tamu Jones, Program Manager, South Los Angeles, The California Endowment

Deborah Kravitz, Nutrition Services Director, Del Norte County Unified School District

Skip Lowry, Community Organizer, Del Norte County and Adjacent Tribal Lands Building Healthy Communities

Margarita Luna, Program Manager, Eastern Coachella Valley, The California Endowment

Charles Mason, President and CEO, Ubuntu Green

Brian Mimura, Program Manager, Southwest Merced/East Merced County, The California Endowment

Don Olson, Superintendent, Del Norte County Unified School District

Laura Olson, Program Manager, Del Norte County and Adjacent Tribal Lands The California Endowment

Angela Reese-Goughnour, Chair, Children's Health Collaborative

Annalisa Robles, Program Manager, South Kern County, The California Endowment

Alycia Ross, former Executive Director Sacramento Area Congregations Together

Christine Tien, Program Manager, Sacramento, The California Endowment

Geneva Wiki, former Hub Manager, Del Norte County and Adjacent Tribal Lands Building Healthy Communities

Kim Williams, Hub Manager, South Sacramento Building Healthy Communities

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