



# The California Endowment Strategic Review: Building Healthy Communities

Hallie Preskill, Katelyn Mack, Matt Duffy, and Efrain Gutierrez

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## Executive Summary

The California Endowment (“The Endowment” or “TCE”) is embarking on an ambitious, complex strategy to promote fundamental improvements in the health status of all Californians. Three years into its 10-year, \$1billion commitment to Building Healthy Communities (BHC), foundation leaders have decided to “hit the pause button” and commission an external assessment of the implementation of its strategy to date. The timing of this Strategic Review—mid-course—provides information for TCE to strengthen, improve, and build on the groundwork that has already been laid by the foundation’s grantees and partners.

The findings of this Strategic Review, which largely focuses on a snapshot in time from April through October 2013, have been informed by data collected to answer five key learning questions:

1. To what extent and in what ways are Healthy Communities and Healthy California efforts aligned and working together to proactively address a specific issue, policy, or practice related to BHC goals?
2. What factors are supporting and hindering power building among residents and youth to advance BHC goals of policy and systems change?
3. To what extent and in what ways are the Hubs and other collaborative structures developing effective partnerships and increasing community capacity to influence policy and systems changes
4. What changes are being realized at a local and state level as a result of the BHC work?
5. To what extent and in what ways are TCE structures and processes...
  - a. Affecting staff and senior leaders’ abilities to effectively provide oversight, management, and support for TCE’s activities, investments, and partnerships related to BHC?
  - b. Enabling TCE to adapt and respond to BHC communities’ capacity needs?
  - c. Affecting alignment between Healthy Communities and Healthy California?

These questions reflect key assumptions that underlie the BHC strategy (e.g., the need for aligning local and state efforts), and the questions examine critical elements of the BHC theory of change, such as building resident power and using collaboration to drive policy and systems change.

## What Is Building Healthy Communities?

Building Healthy Communities combines statewide policy advocacy and communication with concentrated investment in 14 communities throughout California (referred to as “BHC sites”). As part of its multi-pronged approach to BHC, TCE has emphasized the importance of “strategic opportunism” and listening to communities. As a result, since the start of BHC, the strategy has continued to evolve; partly due to changes internally, and in part, due to demands from the field. The strategy that has developed reflects a desire to engage in ongoing experimentation and continuous learning along the way.

The goals of BHC are broad, comprehensive and ambitious. They span a wide range of issues and reflect The Endowment’s underlying belief that social, environmental, political, and economic factors all together have an impact on health and wellbeing. In terms of long-term changes, The Endowment hopes that BHC contributes to providing a health home for all children, reversing the childhood obesity epidemic, increasing school attendance, and reducing youth violence (known as the “4 Big Results”).

In addition to this long-term goals, program staff and grantees statewide and locally, are also contributing to making progress against “10 Outcomes” that were articulated by the foundation early in the planning phase of BHC. These include issues areas such as increasing health coverage, supporting healthy youth development, improving neighborhood and school environments, and shifting human services toward

prevention. Statewide, the foundation has begun organizing its work into three campaigns: Health Happens with Prevention, Health Happens in Schools, and Health Happens in Neighborhoods. The foundation's place-based work spans issues and activities across all three campaigns.

The core strategies TCE is using to achieve these goals are referred to as the "5 Drivers of Change," which includes developing youth leaders, building resident power, collaboration, leveraging partnerships, and changing the narrative. These five drivers are believed to be critical components of the BHC theory of change, and how TCE intends to build capacity to drive policy and systems change locally and statewide.

Endowment leaders acknowledge that they are "learning while they are doing," which is bold, courageous, and risky. This is evidenced by some of the unique characteristics of BHC:

- Making large investments in grassroots community organizing
- Developing and maintaining long-term relationships with state-level advocates and policymakers
- Supporting both local and statewide advocacy infrastructure
- Approaching its place-based work with an authentic desire to let communities make decisions
- Focusing on youth leadership and organizing
- Embedding program managers in each of the 14 BHC sites

These characteristics reflect underlying assumptions about how change happens. For example, one assumption is that investing in both strengthening systems and developing resident leaders is needed to drive systems change. At a local level, this is evidenced through local BHC program managers (each one assigned to a single, unique site) providing grants and other support to systems leaders and elected officials, as well as grassroots organizers and community-based advocacy groups.

Another assumption that has guided the structuring of BHC is that the skills, capacities, resources, and strategies that effectively drive statewide policy change are different than what it takes to transform policies at a local level. As a result, The Endowment has chosen to structure itself so that one department, Healthy California, is responsible for the foundation's statewide and state-level policy and systems change efforts; while Healthy Communities, a separate department with its own leadership and staff, is responsible for working with and in the 14 BHC sites.

## How Is Building Healthy Communities Being Implemented?

This Review examines areas of progress and tensions in the implementation of BHC at this particular time—three years in to a 10-year strategy. There are four critical issues around implementation that this review examines in greater detail:

- Alignment between local and statewide efforts
- Power building among adult and youth residents
- Collaboration and community capacity building
- Strategic clarity of Building Healthy Communities

The full report places these findings in context – in terms of how the findings might reflect what may have been intended or anticipated in the design of BHC, as well as the effects of the structures and processes that TCE has put in place to support BHC implementation. The key findings for each of these sections are summarized below.

## Alignment between Local and Statewide Efforts

### Overview

In order for BHC to be successful, TCE leadership believes that its local and statewide efforts must be aligned in ways that create “synergy.” The theory behind alignment suggests that issues should be bubbling up from the “grassroots to treetops” and that statewide opportunities should be trickling down from the “treetops to grassroots.” This would support BHC by fostering a statewide policy environment that supports healthy policies, practices, and systems at a local level, and developing a local base of support for state-level policies. The Endowment leadership and staff understand that alignment between Healthy California and Healthy Communities work is important. Yet, how alignment happens and under what conditions, has not been fully explored.

Through interviews with foundation staff and leadership, we define alignment as:

*An intentional effort between Healthy Communities (local) and Healthy California (statewide) staff and/or partners and to coordinate, collaborate, or partner to achieve a common goal or objective.*

### Areas of Progress

- **There are several examples of alignment taking place, particularly within the Health Happens in Schools campaign and related to The Endowment’s work to support boys and young men of color.** For example, some Healthy Communities and Healthy California program staff jointly fund grantees to support efforts within specific BHC sites and to contribute to activities at a statewide level. Statewide and local leaders involved in the boys and men of color work are seeing themselves as having a voice and making decisions as equal partners in the work. There are several issues, such as school climate, restorative justice, and school nutrition and wellness that have been prioritized by a number of BHC sites and at a state level.
- **Healthy California and Healthy Communities program managers are developing a better understanding of each other’s values, interests, and priorities.** As BHC was getting started, there were tensions between local and statewide staff, in part due to unclear communication from TCE leadership about how local staff and grantees were expected to respond to requests for engagement in statewide or state-level activities. Over time, relationships between Healthy Communities and Healthy California staff are being built, and program staff are expressing a greater openness to collaborating.

### Challenges and Tensions

There are a number of structural, cultural, and design-related factors that prevent local-state alignment from happening more proactively across BHC. Some of the challenges around alignment arise from problems that need to be addressed; others are tensions that are inherent to the work. These include:

- **A lack of infrastructure for lifting up community needs to the state level is making it difficult for local voices to be lifted up to the state level.** The organizational structure of BHC creates a natural disconnect between Healthy Communities and Healthy California, which are operating largely independently from one another. There are few structures besides Implementation Teams (organized around the 3 Health Happens Here Campaigns) and quarterly Strategic Learning Implementation Team Meetings (SLIMs) to bridge the gap. SLIMs are widely perceived to be bridging a gap between the foundation’s statewide and local work, yet are insufficient in supporting alignment towards the goals of BHC.

- Healthy California and Healthy Communities program managers play different roles and are accountable to different stakeholders, which can make it difficult to collaborate.** Healthy Communities program managers play a more varied role than Healthy California program managers, who mostly see themselves as content experts, strategists, and thought partners. Healthy Communities program managers are most responsible for responding to the priorities of their local community, whereas Healthy California program managers are primarily responsible to addressing the needs of the state as a whole.
- When the priorities of BHC community stakeholders do not align with statewide priorities articulated by TCE at the state level, alignment becomes a challenge.** The primary focus of Healthy Communities program managers is their site, which means connecting with the state level work is secondary. Yet, some TCE leaders expect BHC sites to be involved in statewide efforts (e.g., ACA implementation). In some cases, Healthy California staff and grantees have encountered resistance in trying to reach out to partners and grantees at the local level.
- Without clear expectations for how BHC sites should be involved in statewide efforts, some staff and grantees may decide to have limited involvement in statewide campaigns.** There are different understandings of how local-state alignment should happen within the foundation. These varying expectations about how alignment should be occurring create confusion within the foundation about how Healthy California and Healthy Communities staff and grantees are supposed to be working together. While TCE staff recognize that alignment is important for BHC overall, some do not see its value for their individual work.

### Alignment: Key Questions to Consider

1. Whose role is it to identify opportunities for alignment?
2. How does TCE expect Healthy Communities staff and grantees to participate in or collaborate on statewide issues? What are TCE's expectations around the type, intensity, and frequency of alignment?
3. How can TCE modify its structures and processes to increase interaction and synergy between Healthy California and Healthy Communities and increase alignment without program staff or local partners feeling overwhelmed?
4. How can TCE marry the need to support community-defined goals, while at the same time working toward statewide campaigns?

## Power Building among Adult and Youth Residents

### Overview

As BHC sites began to implement their BHC strategic plans in 2010, The Endowment identified power building as one of its “5 Drivers of Change.” TCE has defined resident (“people”) power as: *When large numbers of residents bring their issues and concerns to the public debate and influence policy decisions.*<sup>1</sup>

<sup>1</sup> The Endowment. (2013). *Progress toward the TCE Goals FY 2013* (April 2011-March 2013). Presentation.

Organizing is one of the primary ways that TCE believes resident and youth power can be built, and it has continued to make substantial investments in grassroots organizing across the 14 BHC sites. Because communities started off with different levels of capacity around adult and youth organizing and advocacy, what power building looks like in each BHC site is different.

### Areas of Progress

- **TCE grantees are increasing the capacity of adults and youth to organize and participate in statewide policy campaigns, and strengthening organizing capacity in communities with varying levels of experience in the area.** BHC grantees are providing training and support for the development of issue-specific campaigns that involve adult and youth residents. Campaigns provide opportunities for adult and youth residents to identify an object for change, research the issue, recruit others to get involved, plan an advocacy strategy, implement the strategy, meet with public officials (or people in positions of authority/power), spread the word via media, and monitor progress of the campaign strategy.
- **TCE is building a robust youth leadership structure that is allowing youth to be active participants in BHC's local and statewide work.** Youth have many opportunities to participate in BHC. They are engaging in leadership activities coordinated by TCE (e.g., President's Youth Council, annual Boys and Men of Color Camp), BHC grantees, and local BHC site partners (e.g., media internships with the local BHC Hub); sitting on local governing boards and planning committees; and participating in local and statewide policy advocacy campaigns.

### Challenges and Tensions

At the same time, as BHC moves forward, there are critical tensions that arise through the foundation's power building work that need to be addressed. Despite the variety of ways that youth are engaging in BHC-related activities, sustaining youth involvement in BHC will be an ongoing challenge.

- **Lack of clarity around the role of residents in BHC has made it difficult for local BHC staff to manage tensions between different stakeholders' priorities when they arise.** The Endowment has not clearly articulated the role of residents and youth in decision-making around the priorities for local or state-level change (e.g., how much of the site work should be resident-led). Priorities being pushed from TCE to the sites can conflict with resident priorities, making it unclear which priorities come first in an environment of limited resources. In addition, program managers have sometimes supported residents' priorities over those of other stakeholders (e.g., nonprofits, systems leaders). In some cases, systems leaders have begun to feel alienated by the BHC work, particularly when TCE-funded organizers or affiliated residents start to organize against them.
- **Given TCE's emphasis around leadership development and organizing, BHC grantees and TCE staff are finding it difficult to meet the holistic needs of youth.** Engaging youth in advocacy and organizing efforts takes time away from other activities; some youth may need more academic and social supports to stay engaged. Some grantees and TCE staff are concerned that youth are being overly engaged in organizing activities without adequate support for their personal (e.g., academic, housing, jobs) wellbeing.

### Power Building: Questions to Consider

1. What are TCE's expectations for the right role and level of engagement for residents and youth in BHC at the local and state levels? How can TCE determine whether BHC is resident-led or should be?
2. Can TCE be more explicit about whose voice matters the most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
3. How can TCE support program managers and Hub managers in addressing the tensions that exist between community organizers and systems leaders, both of whom are being engaged through BHC?

## Collaboration and Community Capacity

### Overview

Cross-sector collaboration is widely recognized as a necessary component of complex, systems change. Collaboration reflects the foundation's "Inside-Out" approach and is one of the "5 Drivers of Change." The Endowment supports various types of collaboration to advance BHC, ranging from networking—raising awareness of different organizations or services that might be available in a community—to collaborating to achieve common goals by sharing responsibility, authority, and accountability for achieving results.

One of the unique features of BHC is the creation of a "Hub" in each of the BHC sites responsible for supporting multi-sector, diverse stakeholder collaboration. The Hub is described as "a group of individuals who come together to share decision-making and guide the effort at each site throughout the BHC initiative" with a goal of "developing a vision and plan for a healthy community that is as clear as possible."<sup>2</sup>

### Areas of Progress

There are a few key aspects of the design and implementation of BHC that are fostering collaboration, particularly collaboration toward shared goals locally and statewide.

- **The use of a broad framework for health is enabling The Endowment and its partners to effectively engage diverse stakeholders across sectors locally and statewide.** The "10 Outcomes" provides a broad agenda that reflects the interests of a diverse set of local stakeholders, such as nonprofits engaged in land use and zoning to those involved in youth leadership development and increasing access to health care. Through BHC, organizations, groups, and individuals that had not worked together are sharing information and starting to see how their efforts are interrelated.
- **The embedded nature of program managers and Hub managers in the community enables them to more easily identify and connect partners.** Program managers and Hub managers are playing a sensing role in identifying and engaging effective organizations, groups, and collaborations already in place. The relationships of local BHC staff enable them to connect

<sup>2</sup> The California Endowment. *The Hub Playing a Central Role*. Available online at <http://www.calendow.org/healthycommunities/documents.html>.



residents with community-based organizations and nonprofits (e.g., advocacy and organizing groups, service providers) in order to support resident engagement in BHC.

- **Despite ongoing debate within TCE and its partners over the role of the Hub, many program managers see Hub managers as vital to creating a cohesive vision for local BHC efforts.** Hub managers are responsible for a variety of tasks and activities, which may include coordinating meetings and convening grantees and other community stakeholders; supporting BHC-related campaigns; organizing community-wide events; meeting with local residents, community-based organizations, and systems leaders; and fielding other requests from their local program manager. As a result of these varied tasks, TCE has provided leadership support to Hub managers through LeaderSpring. Hub managers perceive that this technical assistance has provided them with greater knowledge and skills to foster a collaborative environment at their site.

## Challenges and Tensions

At the same time, The Endowment's strategy around collaboration, particularly at a local level, results in tensions that are affecting the ability of local stakeholders to work together.

- **A lack of understanding about the purpose of collaboration and resources to support it locally has created stress and confusion among community partners and grantees.** Fostering collaboration under a broad set of health goals poses challenges for identifying specific goals and objectives for taking collective action. In addition, some grantees attend BHC meetings as a funding requirement and do not see much benefit from it when the purpose is unclear. It is difficult for many community stakeholders to "collaborate" without a clear understanding of the purpose and goal.
- **The design of the Hub is limiting its ability to meet The Endowment's expectations, which are vague and high.** TCE has required that each site has a "Hub," but have provided little guidance to program managers or grantees on the role, responsibilities, and implementation of the Hub. Some TCE staff expect the Hub to play a role in resolving tensions and conflicts between community stakeholders that arise, yet Hub managers have no decision-making authority, have limited influence over grantees and residents, and vary in their facilitative capacities.
- **The Hub is viewed as an extension of TCE in some places, which blurs roles and is hindering its effectiveness.** In some communities, the Hub and Hub managers are solely focused on implementing the priorities of BHC that are supported by TCE. Few Hubs have the capacity to raise additional funding outside of TCE and support activities that communities might be interested in, yet are not funded by TCE (e.g., economic development). In addition, some sites have found that the Hub's role as a grantee may conflict with its role as a neutral convener, especially when the host agency is also being funded to do other work.

### Collaboration: Questions to Consider

1. How does TCE envision collaboration across a broad and diverse set of stakeholders leading to policy and systems change?
2. How can TCE continue to provide flexibility to Hubs so that they can adapt to local circumstances and be sustained over time, while providing enough guidance for Hubs to be able to effectively support the BHC work?
3. To what extent is the Hub the right structure to support BHC? What are the critical functions of the Hub that will help achieve the BHC goals?

## Strategic Clarity for Building Healthy Communities

### Overview

Over the last three years, the BHC strategy has continued to evolve, and leadership has developed and promoted new frameworks in an effort to describe and clarify the BHC theory of change. These include:

- “4 Big Results”
- “10 Outcomes”
- “3 Campaigns”
- “5 Drivers of Change”
- “Transformative 12”

The foundation has described the “10 Outcomes” as *what* BHC hopes to achieve, and the “5 Drivers of Change” as *how* the goals will be achieved. Using these different frameworks to communicate the goals of BHC has made it challenging for foundation staff and the field to understand what BHC is aiming to achieve and how success will ultimately be defined.

### Areas of Progress

- **Most program managers, especially those in Healthy California, believe that TCE leadership has become more aligned and more clear about BHC goals over the past three years.** About half of program managers think that TCE’s programmatic leadership shares a common understanding of the goals for BHC.
- **The Endowment is being responsive to community priorities and needs as they emerge.** This has been an area of growth and learning since the planning phase of BHC. Over the last three years, TCE program managers have been developing trusted relationships with a diverse set of stakeholders in its 14 sites. Healthy Communities program managers are able to identify, make sense of, and respond to community issues, such as school climate and immigration; ultimately, sharing the importance of these issues with TCE leadership and statewide staff.
- TCE staff believe that moving towards the **3 Health Happens Here Campaigns (prevention, neighborhoods, schools) was a step forward** in aligning the Healthy California with Health Communities work.

## Challenges and Tensions

- **TCE leaders have not communicated a clear vision of what success of BHC would look like that fully captures the local and statewide efforts.** Using multiple frameworks to describe the goals of BHC and inconsistent messages from leadership about the goals of BHC continue to create confusion internally and among some external stakeholders, including grantees. Without a clear vision for what success of BHC looks like, program staff, grantees, and partners do not have a clear sense of what results they are driving toward *collectively*.
- **The disconnect between program and operations is perceived to hinder the effectiveness of program managers' work.** Misalignment between Healthy California, Healthy Communities, and operations makes it difficult for staff to understand each other and find opportunities to collaborate and support one another's work most effectively. For example, some program staff believe that resources or operations are not pursuing their work in ways that reflect the core values of BHC, such as taking a more collaborative approach. Others feel constrained by what they view as insufficient and inconsistent resources given BHC's broad and ambitious goals.
- **The lack of a clear results-oriented framework for BHC, especially at a local level, has made it difficult to measure progress toward the BHC goals.** The Endowment has not yet been explicit about what it will measure in terms of long-term progress toward its goals, in part because TCE leaders recognized that the path toward change would not be linear or predictable from the outset. Yet, without a clear sense of what success would look like, particularly at the local level, Healthy Communities program managers are expected to "lead on" such a wide range of issues and strategies that it makes it difficult for them to respond to emerging community needs, or requests related to statewide issues.
- While TCE staff believe that the "3 Campaigns" are an effective way to align and coordinate the different frameworks and frames of thought, **the "3 Campaigns" are not being referenced any more often than the "10 Outcomes" or the "5 Drivers of Change."** If this is the direction in which TCE wishes to go, especially with respect to the redefined goals for 2020, additional effort will be needed to further embed the "3 Campaigns" into the Healthy Communities BHC work.

### Strategic Clarity: Questions to Consider

1. What does success for BHC look like in 2020 and how will TCE's local and statewide work help the foundation and its partners achieve those goals? How will TCE communicate its vision for success internally and externally?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge? What needs to happen to ensure that all staff are using the "3 Campaigns" framework to guide their work?
3. What choices does TCE need to make in order to ensure that local resources are adequate for implementing a comprehensive and responsive community-based strategy?

## What Progress Is BHC Making?

During the first three years of implementation, BHC has had some early policy wins and is making progress toward building community capacity that will have a lasting impact on the health of Californians. BHC grantees and partners have contributed to the passage of important local and state policies that

provide a legal basis for improved practices around school discipline, transportation policies, and access to affordable health care coverage. These changes will directly impact youth and their families.

People perceive the following outcomes to be BHC’s relevant contributions to changes at three levels: individual, organizational, and systems (see Table 1). This list is by no means exhaustive or comprehensive, and should be considered along with other data being collected on the impact of BHC.

**Table 1. Outcomes Related to Building Healthy Communities**

| Individual Level   | Organizational Level   | Systems Level   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Greater <b>awareness</b> of the policies and practices that are affecting adult and youth residents and their communities</li> <li>• Increased <b>knowledge</b> and <b>skills</b> to effectively voice concerns to policymakers and public officials</li> <li>• Increased <b>participation</b> in civic engagement activities and advocacy</li> </ul> | <ul style="list-style-type: none"> <li>• Increased <b>coordination</b> and <b>collaboration</b> between organizations</li> <li>• Increased organizational <b>capacity</b> to expand the scale or scope of services and activities</li> <li>• Increased cross-site <b>networking</b> between organizations</li> </ul> | <ul style="list-style-type: none"> <li>• Increased <b>public will</b> on BHC-related issues</li> <li>• Policymakers are more <b>informed</b></li> <li>• <b>Policy change</b></li> <li>• Changes in the <b>narrative</b> and <b>norms</b> around health</li> </ul> |

These are just a few of the many successes and early wins that The Endowment and its grantees have achieved in the early years of BHC. Notably, many of the changes that grantees, residents, and program staff are most proud of and want to see more of over the next few years relate to power building, collaboration, and addressing critical community needs (e.g., reducing violence, increasing jobs). Ultimately, many of these changes are aimed at shifting power dynamics across the state, so that policies and practices governing public institutions and private organizations benefit even the most distressed communities throughout California.

## Conclusion

The Endowment has been pursuing a complex, multifaceted strategy in order to build healthier communities across California. Rather than pursuing a fixed, predetermined strategy, the foundation has chosen to learn its way into its work at a local and state level. TCE is continuing to provide the supports and structures so that program staff and leadership can be responsive to emergent opportunities. Yet, an emergent strategy requires both responsiveness to a dynamic, changing context and a relentless pursuit of a specific set of clearly defined goals.

The problems that TCE is trying to solve through BHC are complex, dynamic, and defy simple solutions. Inherent in any complex strategy are tensions, which should be observed, reflected on, and discussed, so that they serve to further progress, rather than hinder it. The key areas of tension with respect to implementation of the BHC strategy are reflected in the following summary statements:

- TCE’s “inside-out” and “outside-in” strategy engages organizers, advocates, and systems leaders; facilitating their interaction requires a unique set of skills and capacities among staff and grantees.

- Aligning the work that is happening in the 14 sites with state-level policy change efforts has been a challenge given the broad set of issues that sites are pursuing, as well as structural barriers within TCE.
- When TCE tries to advance statewide or state-level priorities that conflict with local interests or priorities it can call into question the foundation's intentions to support community-led change.
- Without clear guidance from TCE about how to structure or approach the place-based work, some communities have struggled to implement their local strategy and connect their work with statewide campaigns.

### Key Questions to Consider

While all of the questions posed in previous sections are worthwhile reflecting on, there are a few that rise to top and should be paid particular attention to:

1. Given what is known now about the progress of BHC to date, what is TCE's vision for success in 2020, and what will it take to achieve the BHC's goals?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge?
3. How can the different priorities and approaches of Healthy California and Healthy Communities be respected, while establishing a clear vision for how Healthy California and Healthy Communities can work together toward BHC's goals?
4. Can TCE be more explicit about whose voice matters most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
5. To what extent is the Hub the right mechanism for supporting BHC work in the 14 places? What are the critical functions of the Hub that will help achieve BHC's goals?

The potential for TCE to have a deep and sustained impact on the lives of residents throughout California through its BHC efforts is undeniable. It is up to TCE leaders to decide how it can strengthen its BHC efforts to maximize its impact.

## Chapter One: Introduction

The California Endowment (“The Endowment” or “TCE”) is the largest private, statewide health foundation in the United States. Its mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

In order to achieve these goals, The Endowment developed Building Healthy Communities (BHC), a 10-year, \$1 billion commitment that includes statewide policy advocacy and communications and concentrated investment in 14 communities (referred to as “BHC sites”) throughout California. The planning phase for BHC started in 2009 and implementation began statewide in 2010.

As BHC was being conceived, the extent to which TCE was considering investing in 14 places inspired serious debate among its leadership and board about how to ensure that the foundation would deliver on its mission to improve the lives of Californians statewide, not just in a few select communities. The Endowment had a long history of working on state-level policy advocacy and of addressing health issues, such as obesity, in many cities and towns across California; and yet, TCE leaders believed that in order to transform health statewide, it needed a new approach that addressed the fundamental causes of poverty, distress, and ill health. The Endowment decided to invest deeply in 14 communities, so that its place-based work would build the public and political will needed to take advantage of the policy wins they would pursue at the state level.

The Endowment knew that supporting place-based work would not be easy. Before launching BHC, foundation leaders sought to learn from other place-based philanthropic initiatives including Annie E. Casey’s *Making Connections*, Hewlett Foundation’s *Neighborhood Improvement Initiative*, Northwest Area Foundation’s poverty alleviation strategy, and Harlem Children’s Zone, among others. They also gathered thought leaders familiar with the foundation’s previous initiatives, including *California Works for Better Health* and *Healthy Eating Active Communities* to discuss lessons learned. These conversations highlighted the importance of investing in community capacity and infrastructure, and sticking with communities for the long haul.

TCE has approached BHC with the following core values:

- **Creating synergies between local and statewide efforts**, so that BHC benefits all Californians
- **Shifting power**, at the local and state levels, so that policies and systems changes would contribute to healthier places
- **Committing to ongoing learning**, so that the foundation could make adjustments and refine its strategy based on new knowledge and information about what’s working

The Endowment is committing a significant share of its resources to an innovative strategy, with a strong belief in its ability to create a positive and lasting impact on health across the state. This approach has been warranted given the complex problems it is seeking to address. Californians have suffered because of the disinvestment by the public and private sector in the building blocks for a healthy community, which include safe places to play, access to affordable nutritious foods, and access to high-quality health care. Just as BHC was getting started, the greatest recession since the Depression brought additional uncertainty and complexity to the work of BHC. BHC sites were hit especially hard, since poverty and unemployment were already high; and even as the economy started to recover, unemployment was continuing to increase in many BHC sites.<sup>3</sup> The policies and systems that create these inequitable conditions disproportionately affect certain populations, such as boys and young men of color, immigrants, and the LGBT community. Given the immense complexity and seeming intractability of these

<sup>3</sup> Zingale D. (February 2012). Memo to The California Endowment Board.

social problems such a big bet strategy is necessary. The foundation's focus on health requires addressing the issue's interdependence with a host of other social problems – housing, education, poverty, and power. Building Healthy Communities is complex because it seeks to change an incredibly diverse, dynamic, and interdependent set of systems.

## Purpose of the Strategic Review

Given the nature of the policies, systems, and problems TCE is trying to change, the foundation has commissioned this independent Strategic Review. This Review will provide TCE leadership with an opportunity to learn more about the implementation of BHC to date, so that its findings inform the BHC strategy as the effort moves forward. It is one of many learning and evaluation activities related to BHC that the foundation can use to better understand the successes and challenges of implementing BHC.

The Strategic Review will provide information to inform TCE's six Strategic Learning and Evaluation Questions that guide its evaluation and learning activities, with a particular emphasis on the questions marked with an asterisk (Figure 1).

**Figure 1**

### The California Endowment's Strategic Learning and Evaluation Questions

1. \*In what ways are TCE's statewide, regional, and local efforts working together to influence policy and systems changes to improve health?
2. \*What has TCE learned about how its strategy, structures, or processes may have helped or hindered its progress toward achieving its long-term goals?
3. To what extent has progress been made toward achieving the 4 Big Results?
  - a. To what extent and in what ways have TCE's investments led to changes in local and state health policies and practices?
  - b. To what extent and in what ways have TCE's investments helped build community strength to support progress toward the 4 Big Results?
4. In what ways has TCE contributed to changing attitudes and social norms about health & health inequities?
5. What have been the unexpected and unanticipated outcomes of TCE's Building Healthy Communities work?
6. In what ways has TCE helped partners and grantees understand how they are contributing to achieving the 4 Big Results?

This first Strategic Review is not meant to be a comprehensive examination of all BHC activities. Rather, the Strategic Review will answer five key questions that reflect critical elements of the BHC theory of change, including The Endowment's efforts to align local and statewide efforts, build resident power, develop young leaders, and enhance collaboration (Figure 2).

Figure 2

### Key Evaluation Questions for the Strategic Review

1. To what extent and in what ways are Healthy Communities and Healthy California efforts aligned and working together to proactively address a specific issue, policy, or practice related to BHC goals?
2. What factors are supporting and hindering power building among residents and youth to advance BHC goals of policy and systems change?
3. To what extent and in what ways are the Hubs and other collaborative structures developing effective partnerships and increasing community capacity to influence policy and systems changes?
4. What changes are being realized at a local and state level as a result of the BHC work?
5. To what extent and in what ways are TCE structures and processes...
  - a. Affecting staff and senior leaders' abilities to effectively provide oversight, management, and support for TCE's activities, investments, and partnerships related to BHC?
  - b. Enabling TCE to adapt and respond to BHC communities' capacity needs?
  - c. Affecting alignment between Healthy Communities and Healthy California?

In answering these questions, it is important to keep several considerations around the nature and state of BHC and its context in mind. First, it is still early in the implementation of BHC, and the strategy is continuing to evolve. Despite our attempts to collect data from a wide range of stakeholders (see Appendix A), the Review cannot fully capture all of the activities of TCE's grantees and partners. In order to get a more in-depth look at certain aspects of TCE's work, this Review includes data collected through three in-depth case studies that examine *why, how, and under what conditions* the BHC work is being implemented.<sup>4</sup>

In terms of how these findings can be used, this Review frames many of the challenges that surfaced related to BHC as tensions that may not be able to be resolved, but should be reflected on, considered, and managed appropriately. In fact, tensions are often inherent in pursuing complex systems change. Rather than providing recommendations, we lay out a series of questions for TCE leadership to reflect on and consider, and that may serve to inform or strengthen the BHC strategy moving forward.

<sup>4</sup> Two case studies focus on the current efforts at two BHC sites (South Sacramento and Central Santa Ana) and one examined the foundation's work to improve the lives of boys and men of color (now referred to as Sons and Brothers). These case studies can be found in a separate document.



## Chapter Two: What Is Building Healthy Communities?

### The Endowment's Organizational Structure

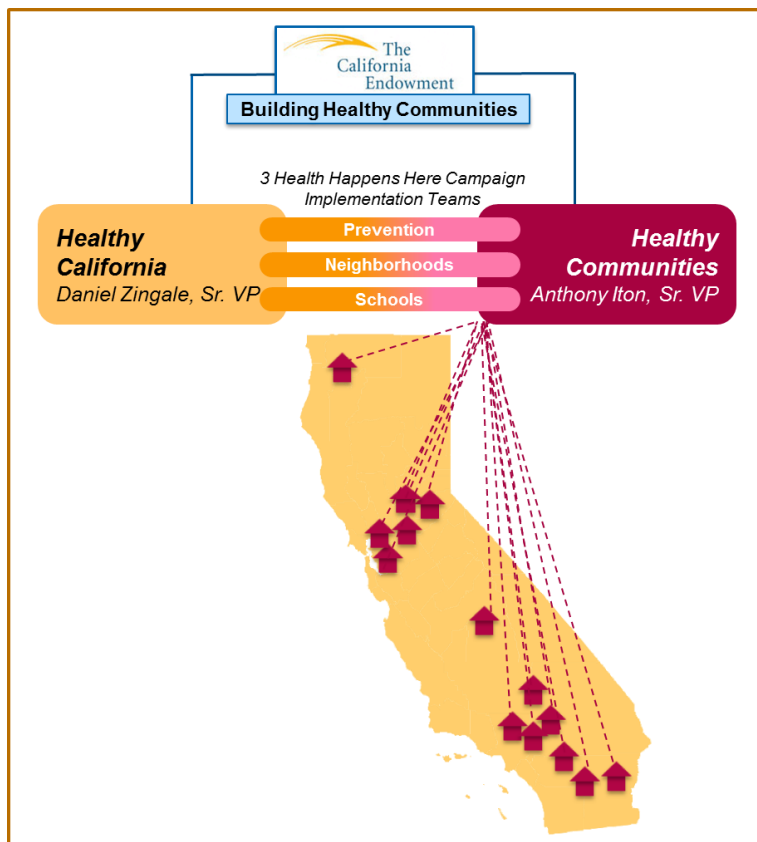
The Endowment's Building Healthy Communities (BHC) work is overseen by President and CEO, Dr. Robert K. Ross and an executive team that includes the Chief Operating Officer, Chief Learning Officer, and two Sr. Vice Presidents. The foundation is structured so that BHC work is encompassed within two program areas, Healthy California and Healthy Communities, each with its own Sr. Vice President and budget.

Healthy California focuses on statewide and state-level policy advocacy and communications. Within Healthy California, there are two program directors; one oversees the foundation's Health Happens with Prevention campaign, the other Health Happens in Schools and Health Happens in Neighborhoods. Healthy California program managers are assigned to a particular outcome in the BHC plan. This team is led by Senior Vice President of Healthy California, Daniel Zingale.

Healthy Communities reflects The Endowment's place-based strategy, and focuses on making deep investments in 14 communities throughout California. Within Healthy Communities, there is a Director of Healthy Communities North region and a Director of Healthy Communities South. In addition, there are two regional program managers that oversee BHC grantmaking (particularly around boys and men of color) in the Central Valley and Los Angeles, and there are 14 Healthy Communities program managers that are assigned to one BHC site, many of whom live in or at least near the community. This team is led by Senior Vice President of Healthy Communities, Dr. Anthony (Tony) Iton.

In addition to Healthy California and Healthy Communities, about one-third of The Endowment's

**Figure 3**



grantmaking is contained within the foundation's Enterprise portfolio. Enterprise includes learning and evaluation, impact investments, funding from the CEO and board budgets, as well as other operations and administrative grants. The Enterprise and administrative teams are led by Chief Operating Officer, Kathlyn Mead. The Endowment's learning and evaluation department is led by Chief Learning Officer, James (Jim) Keddy.

The members of the executive team, as well as most Healthy California staff are dispersed across TCE's three main offices: Los Angeles (headquarters), Oakland, and Sacramento. A smaller number of TCE staff reside in Fresno, San Diego or within a specific BHC site or region (e.g., Del Norte).

As shown in Figure 3, Healthy California and Healthy Communities

are structured as separate programmatic areas. In 2011, TCE started to organize its work around 3 Campaigns (Health Happens with Prevention, Health Happens in Neighborhoods, and Health Happens in Schools), which is led by a cross-programmatic team of staff working at a local level (Healthy Communities) and those working to advance statewide issues (Healthy California).

## The Design of Building Healthy Communities

As noted earlier, TCE has taken a new approach to improving health in California through BHC. Before diving into the details of how BHC is being implemented, it is important to review the BHC strategy. Since BHC began, the strategy has continued to evolve, in part due to changes internally, and in part due to demands from the field. New leadership, evolving strategies, and new partnerships have resulted in an emergent BHC strategy that is a mix of experimentation and learning.

What BHC is today is not necessarily what it was when it was designed back in 2008, or even what it was in 2011. The following sections examine the key components of BHC and what “it” is, at least at this point in time, three years into implementation.

### What are the Goals of BHC?

The goals of BHC are broad, comprehensive and ambitious. The foundation recognizes that social, environmental, political, and economic factors all together have an impact on health and wellbeing. Since the launch of BHC, The Endowment has used a number of different frameworks to describe what success would look like. The most well-known articulation of the long-term intended impact of BHC is known as the “4 Big Results,” which are:

1. Provide a health home for all children
2. Reverse the childhood obesity epidemic
3. Increase school attendance
4. Reduce youth violence

Along with these goals, The Endowment developed “10 Outcomes” to describe its work (Figure 4). The “10 Outcomes” have been used by grantees, partners, and program managers to guide BHC work within its 14 BHC sites and at a statewide level, and include issues areas such as increasing health coverage, improving neighborhood and school environments, and shifting human services toward prevention.

Figure 4

### 10 Outcomes for Building Healthy Communities

1. All children have health coverage
2. Access to a health home
3. Health services shift resources toward prevention
4. Health promoting land use
5. Neighborhoods safe from violence
6. Communities support healthy youth development
7. Healthy neighborhood and school environments
8. Health improvements linked to economic development
9. Narrowing health gaps for boys and men of color
10. Shared vision for community health

The “10 Outcomes” and “4 Big Results” signal the broad definition of health to which the foundation subscribes. In 2011, The Endowment noticed that many of the outcomes it developed could be categorized within three areas:<sup>5</sup>

- **Health Happens with Prevention:** *We will take full advantage of the implementation of the federal health law by enrolling thousands of uninsured children and adults in affordable coverage and by pursuing the opportunities created by the law to expand prevention.*
- **Health Happens in Neighborhoods:** *We will make changes in neighborhood conditions to promote safety, health and fitness and will pursue policy changes at the local, regional and state levels to create health-promoting environments.*
- **Health Happens in Schools:** *We will change policies and practices in school districts to improve attendance and reduce suspensions/expulsions, enhance nutrition and physical activity and support the physical, social and emotional needs of young people. We have a particular focus in this campaign on the status of boys of color who currently suffer outrageously high rates of suspensions, expulsions and drop-out.*

Through the branding of “Health Happens Here,” these became known as the “3 Big Campaigns” and were used to organize the statewide Healthy California team and organize cross-cutting efforts among the 14 sites. Over the past year, Healthy Communities and Healthy California staff have participated in an internal process to identify a set of priority outcomes for select joint efforts between local and statewide teams within each of the 3 Big Campaigns.

Following an assessment of community capacity during the planning phase of BHC, foundation leaders identified what is now referred to as the “5 Drivers of Change” to describe its core strategies for BHC (i.e., how the work gets done). The “Drivers of Change” are:

1. Building Resident Power
2. Developing Youth Leadership
3. Enhancing Collaboration
4. Changing the Narrative
5. Leveraging Partnerships

These five drivers are believed to be critical components of the BHC theory of change, and how TCE intends to build capacity to drive policy and systems change locally and statewide.

## Core Components of Building Healthy Communities

There are a number of core principles or assumptions that underlie the BHC strategy to date, including:

- **10-year commitment to invest in building the capacity of 14 BHC sites:** Each community developed a strategic plan in 2009-2010 that outlined a set of initial priority outcomes and strategies that would help to focus their efforts over the first two to three years. The Endowment has assigned 14 Healthy Communities program managers to the sites, one to each site. Each program manager has their own grantmaking budget, which varies from site to site. The foundation intends to continue supporting all sites through the lifetime of this 10-year plan (2020).
- **Synergy between the foundation’s statewide (Healthy California) and local (Healthy Communities) work:** Having a shared mission and goals is critical for any organization, regardless of how large and how small. The concept of alignment takes this sense of shared

<sup>5</sup> Learning and Evaluation Department, The California Endowment. Memo to BHC Site Partners in Learning and Evaluation (Dec 12 2011). *Context for December 15<sup>th</sup>, Learning and Evaluation Meeting*

mission to another level, in order to ensure that TCE's efforts in the 14 communities have a broader impact on all of California, not just places selected for local BHC work.

- **Emphasis on policy and systems change, rather than direct service provision:** Grantmaking at a local and statewide level largely focuses on activities that are considered contributing to policy or systems change, rather than the provision of direct services (e.g., counseling, health care, job training, tutoring). This includes funding for a wide range of policy advocacy activities including public communications campaigns, policymaker education, media advocacy, community organizing, and leadership development.
- **Active role of residents in advancing policy and systems change objectives locally, as well as statewide:** The BHC theory of change elevates resident engagement in BHC beyond passive recipients or even active participants in the BHC planning and implementation process. BHC aims to engage adult and youth residents in determining the priorities and strategies for BHC in their community.
- **Taking an “inside-out,” “outside-in” approach that includes supporting grassroots groups, as well as systems leaders in driving change:** The Endowment actively engages systems leaders, funds a diverse set of community-based nonprofit organizations (e.g., advocacy organizations, grassroots organizers, direct service organizations), and reaches out to adult and youth residents to participate in and lead BHC activities.
- **A focus on equity and transforming distressed communities:** The Endowment has been intentional about trying to reach and engage the most distressed and disenfranchised populations, particularly boys and young men of color, through BHC.

With the design of BHC and structure of The Endowment in mind, we now turn to answering the key questions that guided this Strategic Review.

## Chapter Three: How Is Building Healthy Communities Being Implemented?

This Review largely takes a look at what has been happening at a snapshot in time – from April 2013 through October 2013. While the strategies, tactics, and activities related to BHC continue to evolve, this snapshot aims to highlight the strengths and tensions in the work (some of which have existed since early in implementation) and that will most likely continue to affect the impact of the strategy going forward.

There are four critical issues around implementation that this review aims to examine in greater detail:

- Alignment between local and statewide efforts
- Power building among adult and youth residents
- Collaboration and community capacity building
- Strategic clarity of Building Healthy Communities

We have attempted to appropriately place the findings from our review in the proper context – in terms of how the findings might reflect what may have been intended or anticipated in the design of BHC, as well as the effects of the structures and processes that TCE has put in place to support BHC implementation.

### Alignment between Local and Statewide Efforts

#### Context

Alignment is one of the unique features of the BHC theory of change, and one that differentiates BHC from past “comprehensive community initiatives.” Since BHC was designed, The Endowment leadership has communicated both internally and externally that in order for BHC to be successful people working locally and statewide need to be working in ways that create “synergy.” Without a statewide policy environment that supports healthy policies, practices, and systems at a local level, community change efforts will have limited success. Similarly, without a local base of support for state-level policy change, statewide policies will not have maximized impact on people intended to benefit from them.

According to many of those surveyed and interviewed for this Strategic Review, how this alignment is supposed to happen has not been clearly explained by foundation leadership nor the role program staff play in ensuring that alignment happen either internally (across program staff and operations) or externally (between statewide and local grantees).

Based on what we have learned through our interviews and document review, we define alignment as:

***An intentional effort between Healthy Communities (local) and Healthy California (statewide) staff and/or partners and to coordinate, collaborate, or partner to achieve a common goal or objective.***

By connecting local and statewide efforts, BHC ensures that the place-based work has a broader impact on all California communities, and that the 14 BHC sites do not operate in isolation. As a foundation leader reflected early into implementation, *“Staff who do place-based work think of everything at the local level. If we’re going to create statewide change, there’s got to be some investment and energy on our part on how to spread this across the state.”*

Although there has not been a clear, consistent articulation from foundation leaders about how this synergy would happen, there is agreement that BHC was designed for alignment to occur in the following ways:

- **Bottom-Up (“grassroots to treetops”)**: Priorities across the 14 BHC sites are shared by the Healthy California staff and grantees and this informs learning and action on a local and/or state level.
- **Top-Down (“treetops to grassroots”)**: Priorities identified by The Endowment leadership are integrated within the local and state-level BHC work.

In response to the structural separation between Healthy Communities and Healthy California (different leadership, goals, priorities, approaches, and budgets), The Endowment supported the creation of Strategic Learning and Implementation Team Meetings (SLIMs). The SLIMs aim to build trust among program staff by gathering them quarterly to discuss their priorities, strategies, and ultimately to learn from one another. As an Endowment leader explained,

*“There is a bifurcation between Healthy California and Healthy Communities, and so one theory is to be together in-person to foster trust among one another, so that we can start giving each other the benefit of the doubt.”*

Each of the 3 Big Campaigns have Implementation Teams that are co-chaired by two program managers representing Healthy California and Healthy Communities, and are supported by The Endowment’s Learning and Evaluation department. These teams meet on a monthly (or more frequent) basis.

The Review focuses on the connections being made between local and state-level actors (i.e., local-state), rather than alignment between program and operations, which is examined in further detail in the section on strategic clarity (page 38).

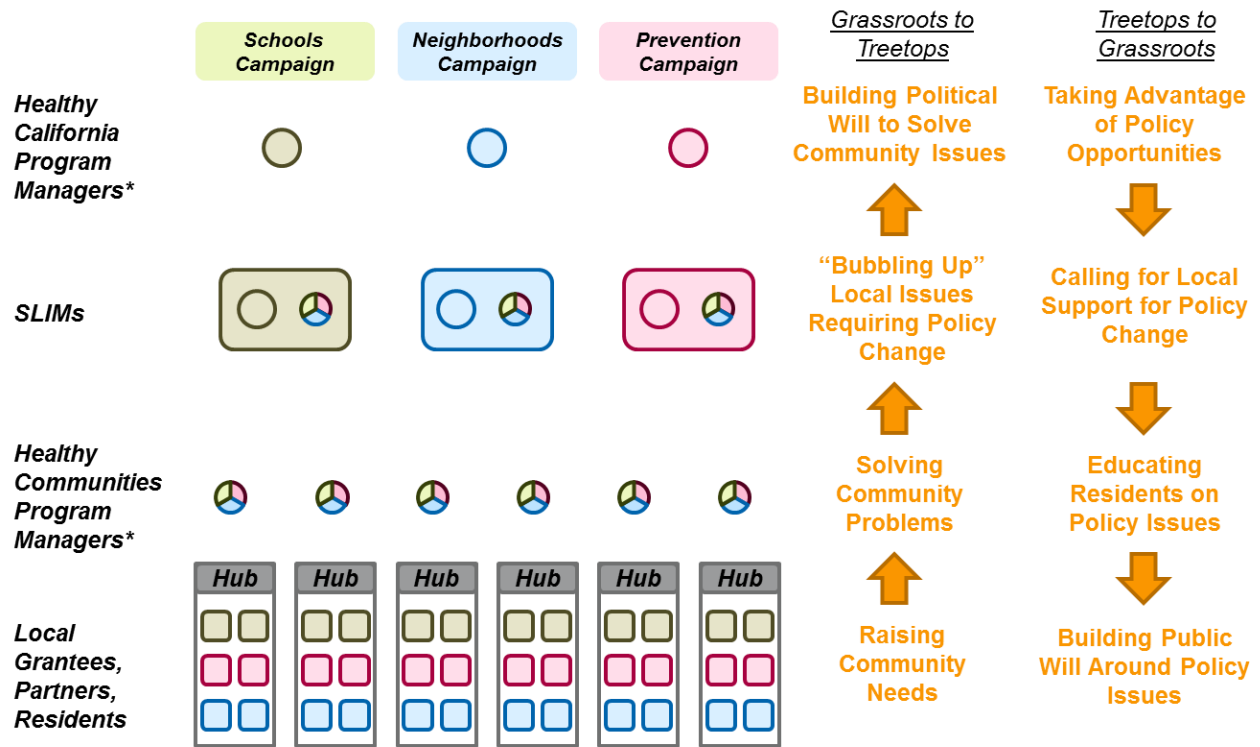
## What Alignment Looks Like

In the last three years, The Endowment’s understanding of the challenges and opportunities to align local and statewide efforts has grown. There is evidence of alignment happening to some degree in both directions (i.e., bottom-up and top-down), and in several different forms:

- **Sharing information**: Healthy California program staff share state-level policy trends and priorities with Healthy Communities staff, and Healthy Communities staff share issues and objectives that are of common interest to sites with Healthy California staff.
- **Leveraging local efforts**: The Endowment staff or state-level grantees can work with local partners and grantees to mobilize local constituencies (adults and youth) to support issues at a state level or to carry out activities locally in support of a statewide goal (e.g., health care enrollment).
- **Co-funding of grantees**: Program staff from Healthy California and Healthy Communities may fund the same grantee (e.g., Movement Strategies Center, PICO, PolicyLink) to work on policy advocacy at a state-level as well as within a particular BHC site or set of sites. At times, this co-funding is coordinated and intentional, at other times, it is more ad hoc.
- **Overlapping priorities**: Independently, Healthy California and Healthy Communities staff may decide to fund organizations that are working on similar issues statewide and within a BHC site.
- **Shared goals and objectives**: Together, Healthy California and Healthy Communities staff may identify specific goals and objectives that they can jointly pursue locally and statewide.

The Endowment leadership and staff understand that alignment between Healthy California and Healthy Communities work is important. Yet, how alignment happens and under what conditions, has not been fully explored. Figure 5 illustrates the connections (and potential synergies) that are created through aligning Healthy California and Healthy Communities efforts. It aims to depict what alignment is expected to look like in practice.

Figure 5



\*Does not represent the entirety of TCE's program staff

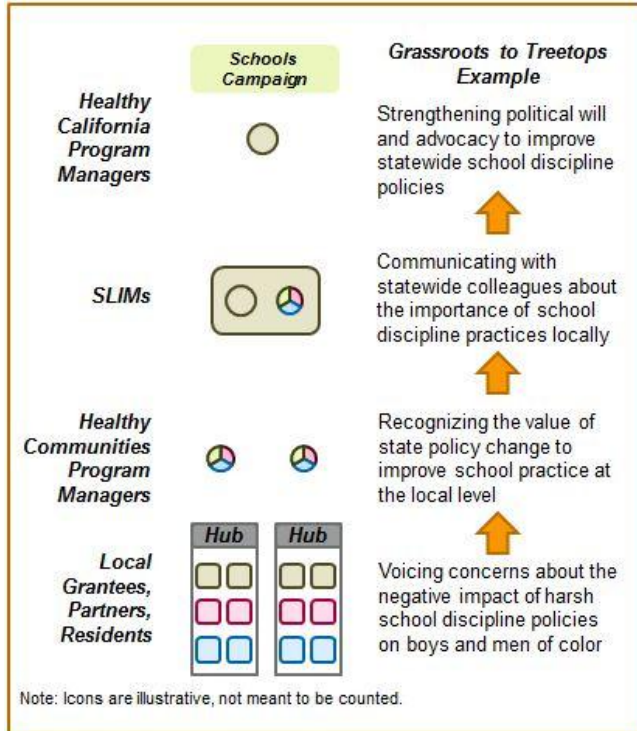
Description of Figure 5: The graphic is meant to be illustrative of the structures and processes of alignment (specific icons are not meant to be counted).

**The left side of the graphic** depicts the various structures and groups that affect alignment. Healthy California program staff (top row) are each designated to a specific Campaign (Schools – green, Neighborhoods – blue, and Prevention – red). The second row depicts the SLIMs (Strategic Learning & Implementation Teams). Each SLIM team is organized around each of the 3 Campaigns and includes participation from both Healthy California and Healthy Communities staff. The third row depicts Healthy Communities program managers, each of which are assigned to one site, who work on issues across all three Campaigns (reflected by the multicolored circle), and participate in only one of the SLIM teams. The final row depicts the 14 BHC sites, which are comprised of grantees, partners, a Hub (local convener) and residents. Community stakeholders may care about issues related to all three campaigns, which is reflected in how they are color coded.

**The side right of the graphic** shows the different actions taken by each of the groups during the process of “grassroots to treetops” and “treetops to grassroots” alignment, with an arrow pointing to the next step in the process.

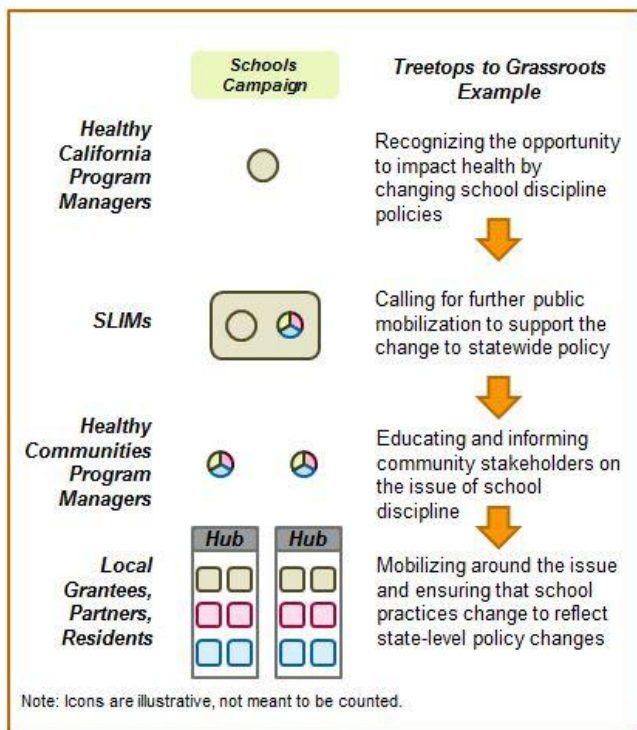
The Endowment’s efforts around school discipline currently illustrate how this bi-directional alignment can work in practice.

Figure 6



The topic of **school discipline**, which “bubbled up” from the sites, and Fresno in particular, is illustrated on the graphic of “**grassroots to treetops**” alignment (Figure 6). Community members (youth, organizers, advocates) put school discipline on the radar of Healthy Communities program managers and TCE leadership. At the time, school discipline had not been identified as a priority issue by Healthy California staff. However, upon further investigation it was clear that several BHC sites were focusing on this issue and that there were state-level policies that could shift schools away from destructive “zero tolerance” school discipline practices. Healthy California program managers then worked with Healthy Communities sites to spur a statewide campaign to eliminate harsh school discipline policies.

Figure 7



After school discipline emerged as a topic for state level policy change, BHC sites were asked to mobilize their local resources to educate and inform policymakers on the issue. The movement from “**treetops to grassroots**” alignment is illustrated in Figure 7. The issue quickly gained traction in many other BHC sites, and generated interest in changing local district policies. The activation of local youth and community leaders to educate and inform policymakers contributed to the development of state-level policies that will improve school discipline policies. Early policy wins at the state level and in places such as Fresno and Los Angeles are contributing to strengthening a base of advocates for change locally and statewide. This base can ultimately ensure that local practices reflect new statewide policies.



## Conditions that Support Alignment

A number of factors are helping to align local and state efforts, particularly when the priorities and strategies are jointly shared by communities and state-level stakeholders. As a result, most alignment within BHC to date has been opportunistic. The case of school discipline illustrates that deliberate alignment takes dedication and persistence, as well as a clear goal.

One of the best examples of local-state alignment in The Endowment's BHC work is related to its boys and men of color work (now referred to as Sons and Brothers). In the case of school discipline, several of the key actors propelling the school discipline campaign forward were also heavily engaged in TCE's boys and men of color work, through their participation in the Alliance for Boys and Men of Color. The Alliance was established by TCE to be an independent entity that connects state and local organizations to work together to improve the lives of boys and young men of color. The Endowment has been intentional and proactive about fostering connections between organizations working within its BHC sites and those with expertise at a state level. The Alliance has been able to be a critical platform for local-state alignment because:

- State and local organizations are developing a shared set of goals with clearly defined indicators of success for their work.
- The Endowment is providing the resources necessary to support the coordination and collaborative processes that are needed to foster local-state alignment internally and externally.
- The Endowment has identified a set of core, anchor partners that represent the work that is happening locally and statewide, each having a clear set of roles and responsibilities.
- Program staff and key partners are bridging local and state perspectives (e.g., they understand the vocabulary and mental models of both policy wonks and grassroots organizers).

Despite encountering the challenges that are inherent in bringing together these different and sometimes competing organizations, The Endowment has helped to strengthen the relationships between local and state program staff and grantees engaged in policy and systems change to improve the lives of boys and men of color. Conditions that are facilitating intentional local-state alignment are summarized in Figure 8.

Figure 8

### Conditions Supporting Alignment

1. Shared **understanding of the purpose of alignment** and expectations for how Healthy Communities and Healthy California staff and grantees can make it happen
2. Identifying **specific issues and priorities** that have deeply rooted local support, as well as traction on a state-level
3. **Patience** with the process of developing local support and respect for the need to move quickly at a state level
4. **Frequent communication** between state and local program managers and partners
5. Designated **individual, group, or organization responsible for making the connection** between local and state partners (e.g., an intermediary, program staff)
6. **A forum**, such as SLIMs, for Healthy Communities and Healthy California program managers to discuss areas of alignment and learn from each other

It is important to note that there are several other examples of state-local coordination and collaboration that are taking place besides what is happening through TCE's Sons and Brothers efforts. For example, some Healthy Communities and Healthy California program staff are working together to identify opportunities to improve the nutrition quality of school meals, and others are supporting the development of promising prevention practices at a county level. Many BHC sites have participated in The Endowment's WeConnect health care enrollment events, helping to exceed statewide enrollment numbers. While we believe these examples of local-state partners working together is important to achieving TCE's statewide goals, most of these examples do not seem to capture the full vision of "grassroots to treetops" synergy that TCE leadership has said is important for the success of BHC.

## Challenges Fostering State-Local Alignment

While the previous examples illustrate how alignment is intended to work *in theory* – with issues bubbling up from the "grassroots to treetops" and statewide opportunities trickling from the "treetops to grassroots," there are a number of structural, cultural, and design-related factors that prevent local-state alignment from happening more proactively across the BHC portfolio.

The barriers to alignment are largely related to the following questions:

- What does alignment look like, particularly in light of TCE's power building work?
- What are the *conditions* under which or *issues* for which alignment should occur?
- What is the role of program managers in facilitating alignment?
- What is the role of TCE's leadership team in facilitating alignment?
- What changes to TCE's infrastructure are needed to support alignment?

These unanswered questions result in tensions that are most often felt at the program manager level, as TCE staff respond to the requests, demands, and expectations of multiple stakeholders.

### Addressing the Bifurcation between Healthy Communities and Healthy California

As a result of how BHC has been structured, Healthy Communities and Healthy California are operating largely independently from one another, with few structures besides SLIMs to bridge the gap. Program staff think there's a clear bifurcation between Healthy California and Healthy Communities. As one Healthy Communities program manager described, *"We have two very separate foundations in one foundation. We're not there yet with a shared set of core values."* A similar sentiment was echoed by a colleague from Healthy California, who noted,

*"I think the way we're organized creates a disconnect between what we're doing and being held accountable for at the statewide level versus what our place-based colleagues are doing. I don't think that there are collective goals being operationalized at the Healthy Communities and Healthy California level."*

Grantees are also aware of this disconnect; one explained, *"It feels like The Endowment is much more dispersed; that a lot of people are doing their own thing."*

The one structure that TCE has put in place is the Strategic Learning and Implementation Teams (SLIMs). Program managers express that SLIMs have been an effective forum for sharing information about what is happening with BHC statewide. For example, some Healthy Communities program staff say that SLIMs are helping them better understand Healthy California priorities, as well as how their communities' priorities connect with activities statewide. However, not all Campaigns have equal representation from BHC sites. For example, only two of the BHC sites participate in the Health Happens in Prevention Implementation Team. This means that while some Healthy California program managers

understand local sites’ priorities and are able to identify areas to align their work, others struggle to access the sites. For example, a Healthy California program manager noted that alignment happens largely around specific issues (e.g., school discipline, restorative justice) and that SLIMs tend to be “broad,” and therefore not as effective in fostering alignment between program managers on different sides of the house.

SLIMs are widely perceived to be bridging an obvious gap between the foundation’s statewide and local work, which is not seen as driving toward the same goals in the same way. At the same time, some program staff suggest that SLIMs alone are insufficient in supporting alignment towards the goals of BHC.

**“Grassroots to Treetops” Alignment**

**Key Finding: A lack of infrastructure for lifting up community needs to the state level is making it difficult for local voices to be lifted up to the state level.**

A lack of infrastructure is one of the barriers program staff perceive in creating “grassroots to treetops” alignment. Often when it comes to lifting up what is important to residents in the 14 BHC sites at the state level, program managers feel the infrastructure is lacking – not just internally, but also for local grantees and partners. As a Healthy Communities program manager describes,

*“We don’t have a statewide infrastructure where we lift up what’s important to residents at the state level. We’re not listening to residents. So sometimes there is alignment, but there’s no infrastructure for there to be a significant voice at the state level.”*

Some Healthy Communities program managers have expressed that they don’t feel like their perspective on what state policies need to change is even being valued. As one Healthy Communities program manager explained, *“I feel that even if I provide feedback on statewide policies [Healthy California] is going to do what they want to do. They’ll say we’re the ones that work statewide, we’re the ones that understand statewide politics.”*

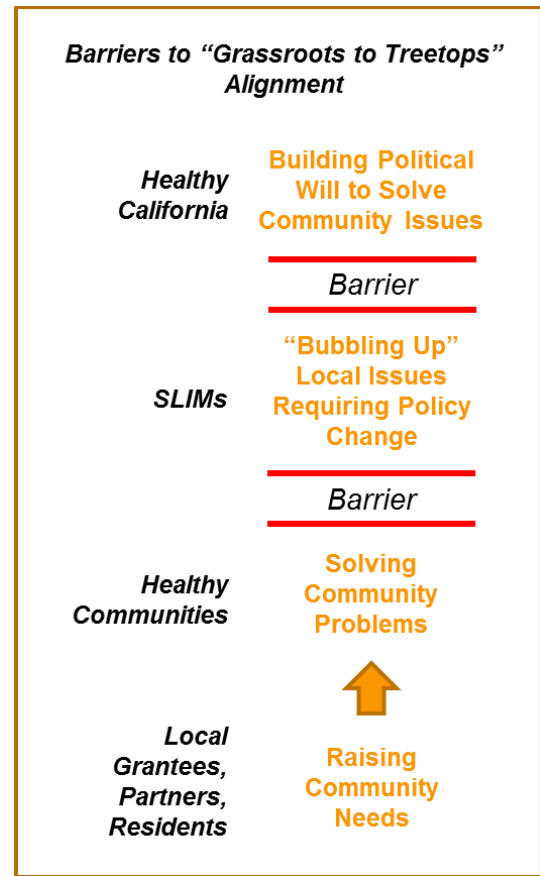
**Key Finding: Healthy California and Healthy Communities program managers play different roles and are accountable to different stakeholders, which can make it difficult to collaborate.**

In some cases, issues are “bubbling up” to the state level from the sites, and they do not translate into statewide campaigns or efforts to change state-level policies, as seen in Figure 9. While Healthy California staff express the importance of basing their work on what comes from the community, it is impossible to do that on every issue that is being tackled at a local level.

This is a result of several situations related to the design and execution of BHC at a local and state level:

1. Breadth of issues being addressed

**Figure 9**



2. Responsive vs. more focused grantmaking
3. Accountability to different stakeholders

The breadth of issues being funded by Healthy California and Healthy Communities program staff differs dramatically. For example, Healthy Communities staff are expected to fund a broad set of issues and strategies to support a comprehensive community effort. As a result, Healthy Communities program managers may have as many as 40 active grantees working across a broad set of issues (e.g., land use, transportation, school nutrition, safety) and strategies (e.g., youth development, organizing, community development, program support, technical assistance).

Healthy Communities program managers make grants largely based on their community's strategic plan, and are expected to be responsive to other local and statewide priorities as they surface. This results in a broad grantmaking approach.

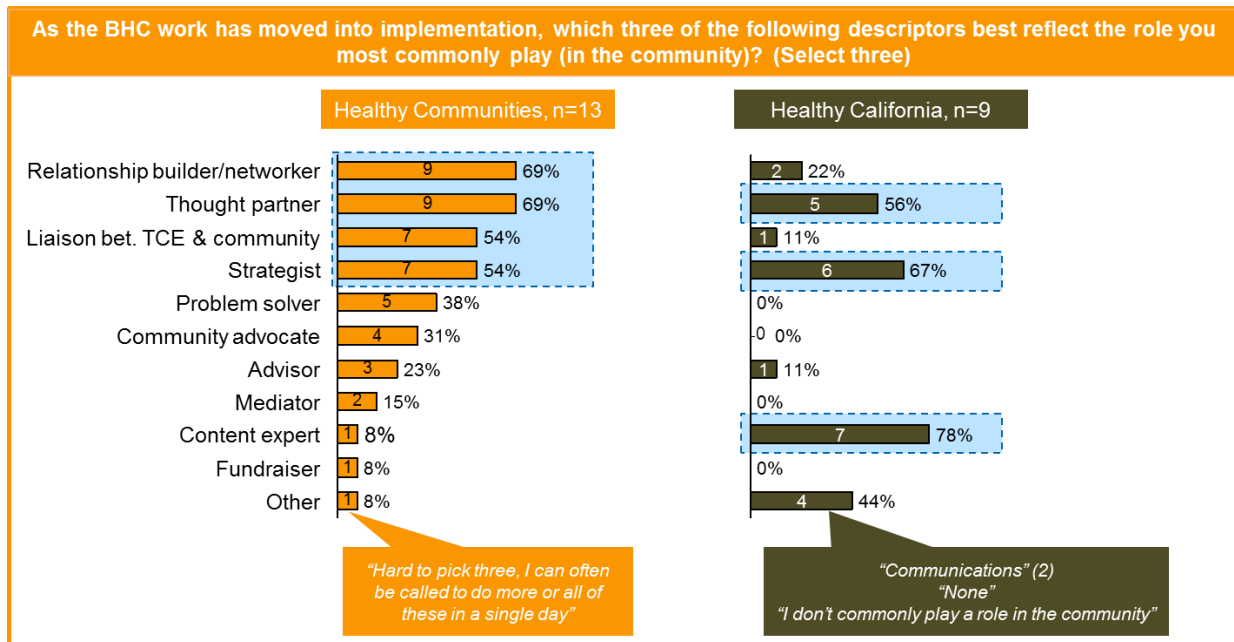
In contrast, Healthy California staff make grants within a more narrow and specific target and are often focused on a single "issue" area or set of interrelated issues (e.g., school wellness). They are not accountable to a single community or stakeholder group, and rather see their role as creating statewide systems changes that affect all Californians. As a result, Healthy California staff are in a position to more easily make strategic choices about what they will or will not fund. Making this point, one Healthy California leader said, *"We are very different from Healthy Communities. They have a 10-year mission kind of thing. We have a very short planning horizon."*

This has required a different set of skills, approaches, and capacities for program staff operating at a statewide or local level. Healthy Communities program managers describe themselves as playing a different, wider variety of roles than Healthy California program managers, who largely view themselves as content experts, strategists and thought partners (Figure 10). Because Healthy Communities program managers are embedded in the sites, they attend grantee meetings, have frequent one-on-one meetings with grantees, and communicate frequently—sometimes daily—with local Hub staff.

Because of the way that their role is designed, Healthy California program managers are able to operate largely independently, and be selective on what issues and with what grantees they work with. *"Healthy California has whittled down their work, and their focus doesn't encompass many things coming up from the place side,"* described a Healthy Communities staff. *"It's fine because they wanted to focus on areas where they thought they could have sufficient impact based on their analysis."*

The structural gaps between Healthy California and Healthy Communities reinforce the differences between how Healthy Communities and Healthy California define their role, which makes alignment between the two more difficult. Addressing these barriers to "grassroots to treetops" alignment could help to move the work forward.

Figure 10



### “Treetops to Grassroots” Alignment

When alignment is attempted from “treetops to grassroots” policy opportunities are being recognized and local support is being called for by Healthy California program managers, but these issues are not necessarily being translated into action at a local level (Figure 11).

For example, The Endowment’s board and leadership decided to make implementing the Affordable Care Act (i.e., Obamacare) a statewide priority. They determined that taking action is needed in order to achieve the foundation’s long term goals, and that it ultimately, will benefit the state as a whole. As BHC sites receive requests to mobilize resources for support the implementation of ACA locally (e.g., engage in healthcare enrollment activities), it become evident that resources are being shifted toward priorities that have not been defined by the community to ones that TCE believes is important. In some BHC sites, this form of alignment feels disempowering to community partners. Yet, in other places, local partners have welcomed the additional attention and resources to pursue issues of statewide importance.

There are several important barriers to a “treetops to grassroots” type of alignment that creates tensions for program managers, who are expected to manage without much clarity from TCE leadership about how to do this.

**Key Finding: When the priorities of BHC community stakeholders do not align with statewide priorities articulated by TCE at the state level, alignment becomes a challenge.**

Healthy Communities program managers feel primarily responsible for addressing the priorities of the community. In some cases, they have received pushback from community leaders who often don’t see the relationship or connection between a TCE statewide campaign and the community’s priorities. As a result, some Healthy Communities program managers have found it difficult to galvanize community support for a statewide issue or campaign. As a Healthy California program manager explained,

*“The people at the community level aren’t thinking about how to become part of a statewide movement and campaign. I can think of one or two instances where the community drew up*

*something and found a statewide network to work with, but for the most part, what they see us do at the statewide level and with our statewide partners isn't relevant. They don't see why to align."*

Since the primary focus of Healthy Communities program managers is the wellbeing of people in their community, connecting with the state level work becomes secondary unless there is a clear understanding of how the statewide work will benefit the residents, youth, and other stakeholders in their site.

In addition, Healthy California staff and statewide grantees have encountered resistance in trying to reach out to BHC partners and grantees at the local level. As a foundation leader observed early in the implementation of BHC, *"The sites tend to resist things that come outside of their own communities."* Some statewide grantees (many long-time partners of TCE) have been frustrated by the disinterest of some local partners in working together. A Healthy California leader recalls, *"I hear from statewide grantees that they'll go into the local sites and connect with local LGBT organizations, but when they try to connect with local BHC sites they don't get a good response."* Organizations that are being encouraged by Healthy California staff to work with local sites, and get turned away may stop trying to engage with local BHC site staff or grantees altogether.

Some of this resistance from BHC sites may be warranted. Healthy Communities staff and local partners have been frustrated by the lack of cultural competence demonstrated by some technical assistance providers and statewide grantees. Over the first three years of BHC implementation, TCE is learning to distinguish the organizations able to effectively engage with BHC sites from those that are not equipped to deal with the nuance and complexity community work. In addition, there was a sense among Healthy Communities leaders early on that program managers needed to pay attention to building capacity around resident power and collaboration before being able to fully engage in statewide campaigns. Making sure sites had a foundation in place to be able to fully and authentically engage in state level campaigns has been a top priority.

**Key Finding: Without clear expectations for how BHC sites should be involved in statewide efforts, some staff and grantees may decide to have limited involvement in statewide campaigns.**

Because of the lack of clear expectations for how and when BHC sites should be involved in statewide efforts, Healthy Communities program managers determine which statewide priorities they will support at the local level, often in concert with local Hub staff or the local BHC steering committee. *"There are a few areas where the relationship between the local work and how it impacts state policy, which in turn, fortifies systems change is more fully developed, such as with our schools work,"* explained a Healthy Communities program manager. *"There are other areas where that relationship is not clearly articulated. In those cases, my focus is primarily responsive to the local context with little attention given to how and in what ways my site is part of a larger strategy of state wide change."*

In some cases, grantees, partners, and even program managers struggle to "see themselves" in statewide issues, in part due to differences in language or strategies at a state level. As a statewide grantee explained, *"Why would people come to my table at the state-level? What's in their self-interest? Is*

Figure 11



*there a clear role for them and structures to back that up for them to come?"* Besides The Endowment's boys and men of color work, little attention has been paid to creating external structures for state and local grantees to engage beyond coordination by foundation program staff.

In addition, Healthy Communities leaders and staff have stressed that *"persons most impacted have a voice in identifying solutions."* The fast paced state policy environment can at times make it difficult for Healthy California program managers and their grantees to put equity practices at the forefront. As a Healthy California leader observed,

*"We have different pacing, it's not fixable – it's just different. [...] We are instructed to move quickly by our leadership because there are external real things happening and we have to line ourselves up and take advantage to make a difference for Californians. The community process takes a different form, and it takes time to get folks organized."*

Due to the structural gaps, different roles, and divergent expectations for Healthy Communities and Healthy California staff, top-down forms of alignment have been met with resistance from some Healthy Communities staff and local partners. Given these tensions, a Healthy Communities leader asked, *"Who is deciding? Who defines these moments [of alignment]?"*

### **Alignment: Summary**

The school discipline and boys and men of color examples illustrate The Endowment's capacity to be flexible and responsive to emergent ideas, issues, and priorities among its local partners and grantees. It suggests that the foundation isn't holding rigidly to a set of goals, strategies, and tactics. At the same time, there are few structures and resources in place to support alignment internally or among partners in the field, and as a result, most alignment is happening opportunistically. Ultimately, without someone setting expectations for both Healthy California and Healthy Communities program staff on how and when to align, these tensions will continue and opportunities for alignment tenuous.

TCE leaders should consider the following questions, as they relate to local-state alignment:

1. Whose role is it to identify opportunities for alignment?
2. How does TCE expect Healthy Communities staff and grantees to participate in or collaborate on statewide issues? What are TCE's expectations around the type, intensity, and frequency of alignment?
3. How can TCE modify its structures and processes to increase interaction and synergy between Healthy California and Healthy Communities and increase alignment without program staff or local partners feeling overwhelmed?
4. How can TCE marry the need to support community-defined goals, while at the same time working toward statewide campaigns?

## Power Building among Adult and Youth Residents

As Dr. Ross eloquently stated in a recent memo to the field,<sup>6</sup>

*“In Building Healthy Communities we’ve decided to be clear; we want to help community leaders and residents build the power they need to promote healthier places for young people. We want to support people and organizations that think power, act with power and demand change. Power concedes nothing without demand, and as Douglass added, it never has and it never will.”*

Power building work is inherently political, and includes activities to develop youth leaders and strengthen resident organizing. The Endowment’s focus on power building also highlights the significant role of residents in BHC. We have heard foundation leaders, staff, and grantees use the term “resident-led” or “resident-driven” to describe the how residents in BHC sites are to be engaged.

At the start of BHC, power building (or “people power”) was not as explicit in the design of BHC as it is today. As BHC sites began to implement their BHC strategic plans in 2010, The Endowment identified power building as one of its “5 Drivers of Change.” In a 2010 memo to The Endowment’s board, Sr. Vice President Tony Iton, wrote:<sup>7</sup>

*“In the first 24 months in most of our sites, our funding will be focused disproportionately on creating advocacy infrastructure. The goal is to build collaborative efficacy (Inside-Out Strategy) between systems players, community-based organizations, and residents. [...]”*

*An equally important goal will be to build resident power to examine, confront and hold systems accountable to better performance and outcomes (Outside-In Strategy). This power is also relational in nature and requires the creation and support of strong organizations that reflect resident interests and support the development of resident leaders.”*

TCE has defined resident (“people”) power as: *When large numbers of residents bring their issues and concerns to the public debate and influence policy decisions.*<sup>8</sup> Indicators of TCE’s power building work have primarily focused on how well sites are engaging large numbers (over 200) of adult residents in public decision-making processes and gathering youth (age 13-25) to “bring youth voice to policymakers.” This is consistent with the way that others in the movement building literature describe “people power;” such as developing a “large constituency of politically educated and empowered people with a common goal.”<sup>9</sup>

Organizing is one of the primary ways that TCE believes resident and youth power can be built. As BHC got underway, the existing adult and youth organizing infrastructure varied considerably across the 14 sites. The Endowment had previously funded community organizing and youth leadership, and has continued to make substantial investments in grassroots organizing across the 14 BHC sites. In fact, according to the best available data in the philanthropic sector, TCE has contributed more dollars toward “community organizing” than any other foundation nationwide between 2009-2012 (\$5.4M).<sup>10</sup>

<sup>6</sup> Ross, R K. (2013). *Building Healthy Communities: Report to the Field*. Unpublished.

<sup>7</sup> Iton, A. (2010). Memo to The California Endowment Board.

<sup>8</sup> The Endowment. (2013). *Progress toward the TCE Goals FY 2013* (April 2011-March 2013). Presentation.

<sup>9</sup> Pastor M and Ortiz . (2009). *Making Change: How Social Movements Work and How to Support them*. Program for Environmental and Regional Equity, University of Southern California.

<sup>10</sup> Philanthropic Initiative for Racial Equity. (2012). *Mobilizing Community Power to Address Structural Racism*. PRE Critical Issues Forum, Volume 4.



## What Power Building Looks Like

The Endowment's power building work involves grantmaking to "organizing groups to both build resident capacity through training and implementation of focused curricula, as well as to deepen resident engagement and participation in local decision making forums and campaigns."<sup>11</sup> In some BHC sites, there was already a cadre of community leaders, residents, and youth ready to take action. In other places, there were few, if any, organizations equipped to organize residents and youth. Because communities started off with different levels of capacity around adult and youth organizing and advocacy, what power building looks like in each BHC site is different.

**Key Finding: The Endowment's early emphasis on building resident power has contributed to strengthening community organizing capacity in most BHC sites.**

Despite different levels of advocacy and organizing structures in place, across the 14 BHC sites, BHC grantees are providing training and support for the development of issue-specific campaigns that involve adult and youth residents. Campaigns provide opportunities for adult and youth residents to identify an object for change, research the issue, recruit others to get involved, plan an advocacy strategy, implement the strategy, meet with public officials (or people in positions of authority/power), spread the word via media, and monitor progress of the campaign strategy.

In Santa Ana, for example, a local training program has educated residents (some estimates are more than 200) about the local political system, including the budgeting process and how city money is being spent. According to a Santa Ana resident, this training has empowered residents by helping them understand the city budget and local power structures. In turn, residents feel more capable of advocating effectively for themselves and their communities in front of city officials.

Even in sites with limited organizing or advocacy infrastructure, there is evidence of increasing community capacity to build resident power. In Del Norte and Adjacent Tribal Lands, for example, there was no existing organization that was poised to absorb TCE investments in community organizing. As a result, the local community foundation, a key BHC partner, launched organizing efforts throughout the community. According to a BHC grantee,

*"Two years ago, we would have had two residents that would say they were community leaders. The rest of the people involved in BHC were grantees and people getting paid. Now we have 300 people in the community that feel like leaders, and 60 people that would say the experience has changed their life."*

At the local level, there is a lot of excitement around The Endowment's power building work, particularly in places where adult and youth organizing has been a primary focus.

Given the foundation's emphasis on power building, it begs the question: How is building resident power helping to achieve the BHC goals? In some cases, organizing campaigns are directly related to the "10 Outcomes" (e.g., campaigns to promote the inclusion of health provisions in the city's general plan). In other cases, campaigns are aimed at improving political processes and democratization broadly. At this point, BHC is gaining traction around power building when it supports the issues that resonate with residents and youth.

<sup>11</sup> Iton, A. (2011). Memo to The California Endowment Board.

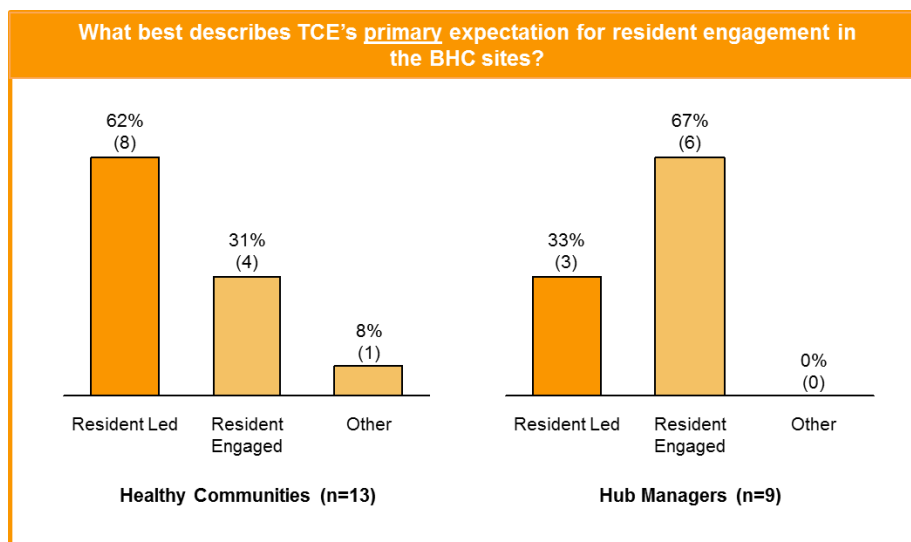
**Key Finding: Lack of clarity around the role of residents in BHC, has made it difficult for local BHC staff to manage tensions between different stakeholders' priorities when they arise.**

As power building has emerged as a central part of the BHC strategy, it also contributes to tensions that must be managed at a local level. These tensions result from how BHC has been designed and structured:

1. TCE has communicated the importance of resident and youth “engagement” in BHC structures (e.g., participation in the Hub) and leadership development, without clarifying role of residents and youth in implementing BHC.
2. Community priorities articulated in BHC strategic plans, may reflect the priorities and interests of community-based organizations and systems leaders, rather than those of residents.
3. Pursuing a dual “inside-out” and “outside-in” strategy requires addressing the needs of both systems leaders and resident leaders simultaneously, which can be difficult.
4. Local sites are expected to be responsive to TCE’s statewide interests and priorities, even if it does not align with the priorities of residents, youth, or other community stakeholders.

Resident “engagement” has always been an important component of BHC, yet The Endowment’s expectations for what resident engagement looks like has not been clear to many BHC grantees and partners. This contributes to varying expectations about what resident “engagement” means and how to manage the priorities of different local stakeholders. Most TCE program managers think that the foundation expects BHC to be “resident-led.” At this point in the implementation of BHC, residents are being engaged in BHC (largely through the work of grantees), but not driving local BHC efforts themselves (see Figure 12). On the other hand, only a few Hub managers think that TCE expects BHC to be “resident led.” It’s unclear whether TCE leaders agree that the BHC power building work aims to support resident-led or resident-driven policy and systems change as part of BHC.

Figure 12



Because the BHC site strategic plans were developed before resident leadership and organizing capacity was built, a few grantees explained that local BHC strategies do not fully reflect the interests or priorities of residents. According to a Hub manager, *“If I could start over, I would do community organizing first and*

*then build the logic model from what the community comes up with, rather than nonprofit organizations. Otherwise it's hard to get over the power imbalance.*" As a result, several BHC sites have made significant changes to their Hub structures (e.g., Hub staff, host agencies) to make sure residents have a more prominent voice. However, it is important to keep in mind that residents are not a homogenous group, and that their opinions can vary widely.

Furthermore, the pursuit of a multipronged strategy that funds grassroots organizers and systems leaders can put Healthy Communities program managers in a difficult position of having to "explain themselves" when organized residents clash with systems leaders over BHC-related issues. Clarifying the foundation's expectations around the role of residents in implementing BHC would help program managers make difficult decisions about how to best manage these tensions when they arise, so to avoid alienating certain groups. As one local systems leader explained,

*"There's this institutional discomfort and distrust of institutions in the community, and I represent government. [...] Every meeting people would say, 'Well, you're here because you're paid to be here.' I just got to the point where I didn't want to keep proving myself. If we [systems leaders] weren't interested in making things different, we wouldn't show up."*

In addition, when program managers are asked to support TCE's statewide priorities, which might not resonate on a local level, it jeopardizes its power building efforts and can strain local resources and community capacity. Some program staff fear that residents will see this as TCE imposing its power in an inauthentic way. As a community organizer explained, *"[TCE] kept pushing us to reach out to Latino folks [around health]. Latinos are somewhat interested in the other [BHC priorities], but you can't talk to them about health, unless you talk about immigration."* Local BHC staff including Healthy Communities program managers have been given little guidance from TCE on how to decide whose priorities matter – the foundation's or the community's – and in what situations.

In order to juggle multiple stakeholders' priorities, program managers are doing "both and" grantmaking. They are continuing to fund local priorities—of both residents and other stakeholder groups—and are also supporting local grantees, partners, and residents to work on the foundation's statewide priorities. This is being perceived by local program staff, grantees, and partners, as spreading staff time and community resources thin.

## Supporting Youth Leadership and Organizing

Young people are an important part of The Endowment's power building strategy, as well. The Endowment's youth power building strategy integrates youth development, youth leadership, and youth organizing activities.

While each of these activities reflects a slightly different approach and philosophy around the purpose and nature of youth engagement, at its core, TCE's grantmaking strategy appears oriented toward developing the "political efficacy" of young people. This can be defined by the following outcomes among youth:<sup>12</sup>

- A sense of responsibility to contribute to society
- Democratic participation (informed citizen, exercises voting rights, and privileges)
- Organizational skills

<sup>12</sup> Perkins & Miller. *Why Community Service and Service-Learning? Providing Rationale and Research*. Cited in Tolman, J., & Pittman, K., et al. (2001). *Youth Acts, Community Impacts: Stories of Youth Engagement with Real Results*. Community & Youth Development Series, Volume 7. Takoma Park, MD: The Forum for Youth Investment, International Youth Foundation.

- Social action skills (persuasion, policy research, petitioning)
- Empowerment (belief in ability to make a difference)

**Key Finding: The Endowment's youth leadership and organizing activities are gaining traction within the 14 sites and at a state level.**

In many BHC sites, youth leadership and organizing is gaining traction, particularly with respect to The Endowment's work with boys and men of color, now referred to as Sons and Brothers. Through BHC, young people are getting opportunities to meet with school administrators and elected officials. Youth are being trained by organizers about the legislative process, structures, and how to advocate for themselves on topics as ranging from LGBT issues and anti-bullying to community gardens and improvements in recreational space, such as skate parks or basketball courts. *"We have a bullying problem and teachers aren't doing anything about it,"* described one youth involved in a BHC campaign through a local grantee. *"We want to solve this problem by making sure that the laws that are made are being enforced and applied in our schools."*

Youth have many opportunities to participate in BHC. They are engaging in leadership activities coordinated by TCE (e.g., Boys and Men of Color Summer Camp, President's Youth Council), BHC grantees (e.g., youth development activities), and the Hub (e.g., media internships); sitting on local governing boards and planning committees; and participating in local and statewide policy advocacy campaigns.

Despite the variety of ways that youth are engaging in BHC-related activities, sustaining youth involvement in BHC has been an ongoing challenge. The Endowment's expectations for a higher level of youth participation in BHC has been easier to meet in places with a strong history of youth organizing, and in other places, BHC site staff and local organizations are still learning how to effectively engage youth in BHC.

There are numerous challenges that grantees have had to overcome in order to engage youth in leadership and organizing activities:

- Identifying the types of activities and experiences that will be most interesting to them
- Shifting the way that organizations and adults view youth, from those that "need" support or services to leaders with relevant experience, knowledge, and capacity to effect change
- Providing the resources and supports needed to sustain youth participation (e.g., parental permission, transportation, stipends)
- Balancing youth participation in advocacy and organizing activities with their academic performance and success in school

BHC grantees are helping develop a new cohort of youth leaders in these sites by training youth in organizing and advocacy, particularly within a social justice framework. Many successful efforts have framed youth leadership and organizing in the context of the history of oppression in the US, and created opportunities for action around issues that affect youth directly, such as school discipline policies, or their families.

**Key Finding: Given TCE's emphasis around leadership development and organizing, BHC grantees and TCE staff are finding it difficult to meet the holistic needs of youth.**

Mobilizing youth takes time and skill. Early in the implementation of BHC, TCE's expectations for how many youth could be recruited to participate in BHC activities and campaigns did not always match the

reality. This was especially the case in BHC sites where grantees had less experience in developing youth leaders. For example in one BHC site, a local grantee was expected to recruit 200 youth to participate in BHC. According to a staff person, this number was unrealistic. She explained, *“I didn’t have the capacity to do all of that. After a year, I realized youth were burning out.”* Eventually, the TCE program manager and grantee identified a more realistic and attainable target.

An important discovery for youth leadership organizations has been that while engaging youth in advocacy and organizing efforts can be powerful and inspiring, it takes time away from other activities, including school work. This was the number one concern among staff and grantees involved in youth leadership development. Most youth may not have the ability to participate in an organizing campaign that meets several days a week, play on a sports team, and perform well academically. This can be compounded by requests to attend state-level hearings and get involved with statewide youth activities. Some youth may need more academic and social supports to stay engaged. Some grantees and TCE staff are concerned that youth are being overly engaged in organizing activities without adequate support for their personal (e.g., academic, housing, jobs) wellbeing. One BHC partner in Santa Ana described this tension saying,

*“One student dropped out of college. He’s a natural leader, and [TCE] always calls him. But I’ve had to teach him—you have school, you have family. He’s pulled back a lot. Another student is involved with the boys and men of color work; but he withdrew from college classes. There are several others who have other issues related to their schooling.”*

These challenges are familiar to The Endowment staff and its partners on the ground. Yet, grantees are finding it difficult to meet the holistic needs of youth, while engaging them in leadership and community organizing. *“It’s good to have a cause, it’s good to advocate, but youth need to take care of themselves first and think about their future. Their future is directly tied to the future of the city,”* explained a BHC partner. Funding nonprofits that provide youth-directed academic and career counseling services, and can also support leadership development and organize youth around policy campaigns is one way that BHC grantees are addressing this tension. However, even within a single organization, the direct services and organizing activities tend to be disconnected and pursued separately. *“We have youth programs that are independent of BHC,”* explained a BHC grantee. Grantees see that there are opportunities for better connecting direct services for youth with leadership and community organizing strategies.

## What Is Supporting or Hindering Power Building?

**Table 2. Factors Supporting and Hindering Power Building**

| Supporting Power Building   | Hindering Power Building   |
|---|--|
| <ul style="list-style-type: none"> <li>• Building on existing organizing and leadership development infrastructure that supports resident and youth voice</li> <li>• Establishing systems of governance within BHC that elevates the voices of residents and youth</li> <li>• Understanding and supporting the cultural differences and logistical needs of residents</li> <li>• Tailoring technical assistance and coaching support for communities lacking organizing infrastructure</li> </ul> | <ul style="list-style-type: none"> <li>• Unclear expectations from The Endowment about the role of adult and youth residents in implementing BHC</li> <li>• Asking the BHC Hub or grantees to focus on issues not supported or prioritized by residents and/or youth</li> <li>• Limited capacity and training of grantees and Hub staff to effectively engage adult and youth residents in their BHC work</li> <li>• Limited understanding of nonprofits and systems leaders about how and/or why they should be promoting resident empowerment</li> </ul> |

### Factors Supporting Power Building

There are a number of factors that support power building, most of which relate to developing or strengthening the organizing and advocacy infrastructure across the 14 BHC sites (Table 1).

- **Building on existing organizing and leadership development infrastructure that supports resident and youth voice.** TCE has not tried to take a one-size-fits-all approach to building resident power. In BHC sites with an established infrastructure around community organizing, TCE is providing funding to train and equip more resident and youth leaders.
- **Tailored technical assistance and cross-site support for communities lacking organizing infrastructure.** In some of its sites, TCE has provided funding to strengthen the organizing and advocacy infrastructure (e.g., seeding organizations, training adult and youth leaders) with the help of key technical assistance providers, such as Movement Strategies Center, and local consultants. In addition, Hub managers and BHC sites are beginning to share strategies with one another, which helped highlight the usefulness of issue-focused campaigns, for example, to support engage adults and youth in power building.
- **Establishing systems of governance within BHC that elevates the voices of residents and youth.** BHC provides opportunities for adult and youth residents to exercise or “activate” their new leadership and advocacy skills through their participation in BHC-related campaigns, involvement in the Hub and its governance structures (e.g., steering committees), as well as through partnerships with local systems leaders and statewide advocacy groups.
- **Understanding and supporting the cultural differences and logistical needs of residents.** The Endowment has been attentive to residents’ cultural and ethnic diversity across the 14 BHC sites providing funding for sites to implement BHC in a way that fosters and sustains adult and youth participation and that elevates their leadership. This has required attention to what language(s) get spoken at meetings, access to transportation, timing of meetings, and other family supports (e.g., child care services).

### Factors Hindering Power Building

Power building is a time and resource-intensive strategy that requires strong local leadership, infrastructure and capacity building supports, and tailoring to the local context. The following factors have been perceived as limiting the effectiveness of TCE's power building efforts in some places:

- **Unclear expectations from The Endowment about the role of adult and youth residents in implementing BHC:** Healthy Communities program managers and Hub managers have not been given clear expectations from the Endowment about whose priorities matter most in implementing BHC and the role of the Hub in supporting power building locally. As a result, local BHC staff are responding to a variety of different stakeholders priorities—including the foundation's, residents, youth, systems leaders, and community-based nonprofits.
- **Asking the BHC Hub or grantees to focus on issues not supported or prioritized by residents and/or youth:** As a result of the logic modeling process in several BHC communities, the final set of priorities may reflect the priorities of local nonprofits more so than residents; particularly in places where resident leadership and organizing was nascent. Similarly, when TCE "pushes" priorities at the local level, this can create a sense of distrust and feeling of inauthenticity about the importance or centrality of resident voice.
- **Limited capacity and training of grantees and Hub staff to effectively engage adult and youth residents in their BHC work:** One of the major challenges that sites have faced in the first three years of implementing BHC has been to educate and train different types of nonprofits about power building, as well as policy and systems change. Service providers, advocacy groups, and organizers all have different expectations around what resident and youth engagement looks like, and what role, if any, they play in policy and systems change.
- **Limited understanding of nonprofits and systems leaders about how and/or why they should be promoting resident empowerment:** In some communities that lack advocacy and organizing structures, direct service providers have been the primary "voice" of the community. Direct service organizations play an important role in providing necessary services to community members, yet many do not see themselves as supporting policy or systems change. It is taking time to shift the mindset and the way that organizations "do business" from thinking about youth as passive recipients of services, to community leaders and advocates for themselves.

### **Power Building: Summary**

BHC grantees are increasing the capacity of adults and youth to organize and participate in statewide policy campaigns, and strengthening organizing capacity in BHC sites. At the same time, TCE's focus on power building is creating tensions for how local BHC staff manages different stakeholders' priorities, interests, and strategies, particularly if a goal of BHC is to support resident-led or resident-driven campaigns.

TCE leaders should consider the following questions, as they relate to its power building strategy:

1. What are TCE's expectations for the right role and level of engagement for residents and youth in BHC at the local and state levels? How can TCE determine whether BHC is resident-led or should be?
2. Can TCE be more explicit about whose voice matters the most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
3. How can TCE support program managers and Hub managers in addressing the tensions that exist between community organizers and systems leaders, both of whom are being engaged through BHC?



## Collaboration and Community Capacity

While the foundation’s power building work reflects the “Outside-In” aspect of its strategy, collaboration reflects its “Inside-Out” approach. The Endowment has made collaboration<sup>13</sup> one of its “5 Drivers of Change” along with building resident power and youth leadership (discussed in the previous section).

Cross-sector collaboration is widely recognized as a necessary component of complex, systems change. Collaboration related to BHC is happening at various levels (e.g., local, regional, statewide) and among many different types of organizations. Foundation leadership knew that BHC was aimed at policy and systems change to improve health outcomes and that for BHC to be successful, a diverse cross-section of stakeholders, including systems leaders, nonprofits, and advocacy groups would need to be engaged locally and statewide. This multi-sector approach started early in the planning of BHC across the 14 sites.

The Endowment is supporting various types of collaborations, which can be categorized along a spectrum of intensity (see Figure 13).<sup>14</sup> On one end of the spectrum, there is networking—raising awareness of different organizations or services that might be available in a community. On the other end is collaboration to achieve common goals by sharing responsibility, authority, and accountability for achieving results. Collaboration is more difficult, and requires greater time, resources, and organizational commitment as you move from left to right along the spectrum.

**Figure 13**

| Type            | Networking         | Cooperation         | Coordination     | Coalition                               | Collaboration   |
|-----------------|--------------------|---------------------|------------------|---|---|
| Shared Practice | Awareness building | Information sharing | Resource sharing | Shared decision-making and common goals | Shared authority and responsibility for achieving results |

Most definitions of collaboration refer to having individuals, groups, and/or organizations working together *toward a common goal*. Yet, developing an effective multi-stakeholder community collaborative environment is extremely challenging, as well as a time and resource-intensive process. Sustaining a collaborative environment requires an infrastructure in the form of human capital and resources to facilitate, coordinate, plan meetings, and follow-up, as necessary

In order to ensure multi-sector, diverse stakeholder collaboration within its BHC sites, The Endowment required that each site develop a “Hub” to support the local BHC work. The Hub was described in an early TCE document as “a group of individuals who come together to share decision-making and guide the effort at each site throughout the BHC initiative” with a goal of “developing a vision and plan for a healthy community that is as clear as possible.”<sup>15</sup> While the Hub is an important platform for community collaboration, it is not expected to be the only place for collaboration. The Endowment decided to leave the specifics of how the Hub would be structured and function up to the communities, and therefore provided little guidance to Healthy Communities program staff or local BHC site staff (Hub managers) about the responsibilities, function, and implementation of the Hub. As a result, the Hub is different in each of the sites (by design) and continues to evolve.

<sup>13</sup> Initially, the Driver of Change was called “collaborative efficacy.” We will use “collaboration” to refer to this concept.

<sup>14</sup> Frey, et al. (2006) *Measuring Collaboration among Grant Partners*. American Journal of Evaluation, 27(3).

<sup>15</sup> The California Endowment. *The Hub Playing a Central Role*. Available online at <http://www.calendow.org/healthycommunities/documents.html>.

## What Collaboration Looks Like in BHC

There are many examples of collaboration taking place despite a lack of clear expectations about the purpose of cross-sector collaboration for BHC. The Endowment is supporting collaboration across the spectrum in a number of key ways, both at a local and state level. The examples below have been selected to be representative of the types of collaboration taking place across BHC.

- **Networking:** At a local level, large Hub collaborative meetings and community-wide events provide opportunities for different organizations to share information about themselves and to raise awareness BHC grantees' activities and events. Statewide convenings of BHC grantees raise awareness about key activities and priorities and provide opportunities for cross-site learning.
- **Cooperation:** BHC Steering Committee meetings often are opportunities for sharing information updates about the work of BHC grantees or planning Hub activities. Structures that are developed to foster cooperation usually include participation from diverse stakeholder groups.
- **Coordination:** Local BHC work groups (or implementation teams) have been formed around the strategic priorities of the BHC site, and often provide opportunities for coordinating local efforts or activities. For example, service providers may work together to develop a more seamless referral process or BHC grantees may piggyback off others' events. Coordinating usually takes place among organizations of a similar type or focus.
- **Coalition:** Outside of the BHC Hub structures and a statewide level, grantees have started to form coalitions to address specific issues areas or priorities, such as school discipline, land use, and transportation. Coalitions may include stakeholders from different sectors (e.g., health, education, and planning), yet are usually formed among organizations of a similar type (e.g., advocacy organizations, organizers, systems leaders). Adults and youth may participate in coalitions by contributing to the design, planning, and implementation of specific campaigns.
- **Collaboration:** There are few examples of collaboration where there is shared decision making authority, shared accountability, and a focus on a specific set of goals and objectives. An example of collaboration in action is the Alliance for Boys and Men of Color, which has been funded by TCE to develop and implement campaigns around a broad set of outcomes for youth. This collaboration includes a diverse of organizations from multiple places, and is taking place at the local and state levels.

It is important to note that one organization or platform cannot be responsible for collaboration at all levels, and that all levels of collaboration should be present to some degree in a particular place or around a specific issue. So, while the BHC Hub may be an effective forum in terms of networking, cooperation, and coordination; it might not be an effective platform for coalition building or accountability toward common goals.

## Fostering Collaboration

There are a few key aspects of the design and implementation of BHC that are fostering collaboration, particularly collaboration toward shared goals locally and statewide.

**Key Finding: The use of a broad framework for health is enabling The Endowment and its partners to effectively engage diverse stakeholders across sectors locally and statewide.**

The Endowment’s “10 Outcomes” framework, which reflects a broad definition of health, enables diverse stakeholders to engage in BHC-related activities. The Endowment’s partners have been surprised by the types of partners that it has brought to the table around BHC-related issues. In places like Sacramento and Oakland, there are efforts supported by TCE that bring together law enforcement, education leaders, and other city agencies to work together to address issues such as safety and gang violence. Organizations, groups, and individuals that had not worked together are sharing information and starting to see how their efforts are interrelated. As a local Hub manager explained, *“We have a collaborative meeting and you can see their work in context with all the other BHC work happening. They can see where they fit in BHC.”*

However, the use of a broad framework for health has been a double-edged sword. On one hand, it enables TCE to bring a diverse set of stakeholders to the table to “collaborate” under the BHC umbrella. At the same time, by bringing everyone together, groups are forced to interact, cooperate, and even share resources that might have a long history of conflict and distrust. This approach has required a great deal of competence and skill in managing these tensions in a dynamic highly political context. For example, while several food access organizations had been working together in Sacramento prior to the start of BHC, TCE is credited with providing funding to create a process to determine a long-term plan and building trust among a broader group of stakeholders. According to a BHC grantee,

*“There are 15 agencies working in some way with food, and in the first two years there was an element of disharmony. There needed to be serious relationship building to make it a success. TCE required collaboration – and wouldn’t us fund without it. It allowed people to put territorial or perceived territorial differences aside and work together.”*

**Key Finding: The embedded nature of program managers and Hub managers in the community enables them to more easily identify and connect partners.**

Healthy Communities program managers and Hub managers play a role in the community that is highly relational. Grantees especially value the ability of Endowment program managers and Hub staff to connect them to other organizations that might be good partners for their work. As one BHC grantee recalls, *“I remember one of our first experiences with [our program manager.] She was like, ‘You should talk to this person’ and ‘You should talk with that person.’ How does she know all these people? She is definitely a great connector.”* In some cases, program managers have even developed collaborative work plans that fund a number of organizations through one specific grant. These activities, both formal and informal, help to create a culture of expectations around collaboration and partnership.

In addition, local BHC staff play an important role in identifying and supporting collaborations that might already be in place, and find ways to connect them to the local BHC strategy. BHC grantees appreciate that TCE staff bring a humble approach to their place-based work; which is evidenced by honoring the local efforts already underway by not trying to duplicate efforts.

It has taken program managers time to understand the local context and identify the best way to design and implement BHC so that it supports and buttresses existing efforts, rather than pulls resources away

from them. For example, in Santa Ana, there is a coalition of five organizations called SACReD that recently voted to work together on a campaign with BHC to tackle issues on a citywide level. At first, some organizations were frustrated that BHC seemed to gather the same actors to have the same conversations that were already happening elsewhere. Eventually, program managers and local partners were able to develop a way to build on, rather than duplicate, existing efforts.

## Challenges in Fostering Collaboration

**Key Finding: A lack of understanding about the purpose of collaboration and resources to support it locally has created stress and confusion among community partners and grantees.**

It is clear from talking with BHC grantees and program staff about collaboration locally and statewide that collaboratives thrive when the purpose and goal for collaboration is clear and when all participants fully understand their role in bringing about the desired change. In some cases, The Endowment has not made the purpose of collaboration clear; particularly within the BHC Hub structures (e.g., steering committees, work groups). Some smaller non-profits, residents, and community organizers want to be involved, but find it difficult to balance the meetings with other responsibilities. In some cases, this has resulted in people losing interest and dropping out. Other organizations do not see the benefit to attending meetings on a monthly or more frequent basis if they are not connected to action or results.

By design, TCE has left many of the decisions around purpose, roles, and responsibilities for collaboration up to community stakeholders (or statewide partners) to decide. While some sites and statewide actors were well equipped and prepared for this level of decision-making and responsibility, others had difficulty determine what the role and purpose of these collaborative structures should be. A BHC partner describes his experience saying, *“I went to a series of meetings for one of the BHC work groups, and was the same meeting every time. They didn’t seem to make much progress, and I couldn’t keep going to the same meeting over and over.”*

The absence of a “results framework” in the 14 sites may be the biggest impediment to purposeful collaboration. Bringing together organizers, advocacy groups, service providers, and systems leaders without a clear set of goals or objectives is creating conflict between individuals and organizations locally. As a young leader explained, *“When you have a campaign, all the committees and meetings make sense. There is a mobilizing force. There is urgency, and there is a direct connection with statewide policy advocacy work.”* This suggests that the development of local campaigns around BHC issues may help to identify a clear set of goals and foster a shared sense of purpose for collaborative efforts.

An organizer familiar with several BHC sites mentioned that one thing that has helped focus the BHC activities in Fresno has been a population-level focus on boys and men of color. He explains,

*“In Fresno there has been a big push for boys and men of color, which allows organizations from different backgrounds to pool together their strengths and their skills and their philosophies and support each other. I haven’t seen that in [our BHC site]. We are not specific enough here. We are trying to serve everyone, which is difficult because everyone has different needs.”*

Currently, BHC creates opportunities for collaboration without accountability toward specific outcomes. As a result, some grantees will attend BHC meetings as a funding requirement, rather than committing to the changes needed to achieve a clearly defined goal. High levels of collaboration require organizations to sacrifice their own time, energy, or resources, which is unlikely to occur when the benefit to organizations’ own missions are unclear and there their work is not being assessed against clear set of progress or success indicators.

## The Role of the Hub

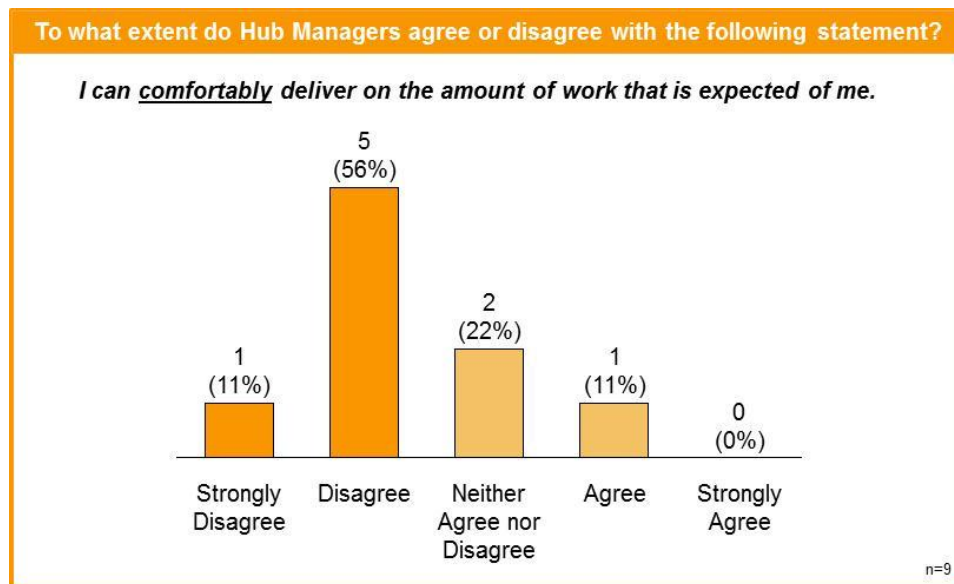
Given The Endowment's commitment to having a Hub in each of the 14 BHC sites, we examined how the Hub has evolved over time and what is contributing to the effectiveness of the Hub in supporting BHC.

**Key Finding: Despite ongoing debate within TCE and its partners over the role of the Hub, many program managers see Hub managers as vital to creating a cohesive vision for local BHC efforts.**

Program managers often allude to the important role that Hub managers play in convening stakeholders and helping to connect groups and residents. Hub managers are responsible for a variety of tasks and activities, that they are expected to engage in as part of their jobs. This may include coordinating and convening grantees that are working together as part of a BHC work group, supporting BHC-related campaigns, organizing community-wide events, meeting with local residents, community-based organizations, and systems leaders, and fielding other requests from their local program manager.

The diverse and unpredictable nature of Hub managers work contributes to one of the major concerns highlighted by Hub managers: workload. Six of nine Hub managers surveyed disagree with the statement "I can comfortably deliver on the amount of work that is expected of me" (Figure 14).

Figure 14



The lack of clear expectations for the relationship between program managers and Hub managers also makes this difficult. In some communities, Hub managers are seen as extensions of TCE staff. On the one hand, this provides much needed support for TCE program managers. For instance, Hub managers can provide TCE staff with information that improves grantmaking decisions and they can ask Hub staff to engage in relationship-building activities that they do not have time for (e.g., fielding questions about BHC from residents, grantees, and other community partners). On the other hand, it creates confusion about the role of the Hub managers, and ultimately the Hub, and whose priorities (TCE's or the communities) it is most beholden to. According to a Hub manager, *"There should be minimal expectations [communicated by TCE] for Hub managers and program managers to communicate in thoughtful and intentional ways on a regular basis."* In practice, this could mean having TCE operationalize what it means to be a "thought partner" and providing opportunities for the Hub manager to act as key informant for the program manager's performance review (and vice versa).

**Key Finding: The design of the Hub is limiting its ability to meet The Endowment's expectations, which are vague and high.**

In theory, Hubs are expected to:

- Be neutral conveners
- Ensure all stakeholders are committed
- Help stakeholders coordinate activities
- Hold local stakeholders (e.g., systems leaders, grantees) accountable
- Support adult residents and youth in exercising their own power

As the Hubs have evolved, most of these functions have been adapted, reinterpreted, latched on to, or dropped by BHC sites. For example, several Hubs no longer see themselves as “neutral,” and most Hub managers say that their Hub is advocating in support of BHC issues. In some places, the Hub has become a central platform for residents to exercise their leadership and be a part of the BHC structures in a formal way, and not simply through the work of individual grantees.

In order to fulfill all the various roles that The Endowment has outlined for the Hub, many BHC sites have evolved to include a complicated and expansive set of Hub structures including steering committees, work groups, task forces, and implementation teams. Each of these collaborative entities requires a skilled facilitator and administrative resources, which had been underestimated early in the development of BHC. Furthermore, the development of these various platforms for collaboration (e.g., work groups, action teams) has been deliberate and strategic in some places. In others, it is creating confusion about what the purpose and goals of the Hub are, and who is ultimately responsible for achieving the BHC goals (e.g., grantees, steering committee).

There are two expectations for the role of the Hub that seem particularly challenging given its level of design. First, is that the Hub will foster and support collaboration across various stakeholder groups. Second, that the Hub will be a place where tensions and conflicts across these various stakeholder groups are addressed and resolved, when possible.

### **Supporting cross-sector collaboration**

The Hub was intended to be a space for the broader community to participate in the implementation of BHC. Yet, as sites began implementing BHC, the purpose and role of the Hub was unclear to many TCE staff, grantees, and other stakeholders. As one grantee put it, *“Is the Hub anything more than the Hub manager and a quarterly steering committee meeting?”* As The Endowment began to emphasize power building and resident leadership as part of BHC, the expectations for the Hub's role in supporting collaboration among systems leaders, nonprofits, and residents have remained the same.

In addition to the broader challenges around fostering collaboration toward a common set of goals noted in the last section, it is unclear whose responsibility it is to support collaboration in BHC. Is it the responsibility of the program manager, BHC Steering Committee, Hub manager, or grantees? Because other stakeholders at the site have few incentives to fully participate in collaborative structures, particularly those related to the Hub (e.g., steering committee, work groups, community gatherings), Hub managers are often expected to play that role. As a result, much of Hub managers' time, in some places, is spent cajoling individuals and organizations to attend meetings, to engage in collaboration, and to share information with one another. This is one reason why program staff view the Hub manager role as vital to moving the local BHC work forward.

### ***Managing local conflict***

TCE staff expect the Hub to be a place where tensions and conflicts that arise between community stakeholders (particularly systems leaders and community organizers) are addressed and, if possible, resolved. Again, there is a question of whose responsibility it is locally to manage and address tensions and conflicts between the interests and priorities of different stakeholders. For example, Hub managers and their staff have been given no mechanisms by TCE to manage these tensions and move the work forward. They have no decision-making authority, may have limited positional leadership in the community, and may not be well equipped for conflict resolution, particularly as it relates to issues of power, privilege, racism, and other highly personal and very sensitive topics. As a BHC partner explained, *“The problem is that the Hub has...no power. The [Hub manager] position has no authority and power because [the Endowment program manager] has the power.”* At the same time, Hub participants—including residents, systems leaders, nonprofit BHC grantees and non-grantees—who are viewed as both comprising “the Hub” and leading it, may have little interest and lack incentives to resolve the tensions themselves.

There are few mechanisms for the Hub to resolve tensions besides bringing conflicting parties together and encouraging conversation. This is starting to be referred to by local partners as the “kum-ba-yah” model of Hub collaboration, which supposes that by bringing people together they will be able to work out their differences and come together to pursue a mutually agreeable outcome (or agree to disagree).

Furthermore, some Hub managers entered the position feeling ill-equipped to manage the tensions that inevitably emerged between various community stakeholders (e.g., between systems leaders and organizers, residents and nonprofits). Despite limited training, some Hub managers were given responsibility to manage complex, multi-stakeholder groups and meetings. Hub managers raised this as a challenge early on, and as a result, The Endowment has funded LeaderSpring to work with Hub managers across the 14 sites. Their work is equipping Hub managers with the knowledge and skills around conflict negotiation and leadership, which is helping them navigate the politics and ambiguities of their role in the BHC sites. It is important to note, however, that the Hub manager position, in particular, is experiencing high turnover.<sup>16</sup> Without changes in hiring practices or greater retention of Hub staff, these leadership development activities will continue to be necessary to support people new to this role.

This does not mean to suggest that conflict that arises through the BHC work is bad or ought to be avoided. In some cases, conflict has been a healthy part of building resident power. Some local partners would even say conflict, particularly when initiated by newly empowered residents, has been necessary to shifting local power dynamics, exposing hidden agendas, and moving the work forward. Yet, in some cases, conflict can be destructive. It can alienate critical stakeholders and hinder progress toward the goals of BHC. Understanding how to manage healthy conflict and to resolve conflict that is detrimental to the goals of BHC is an enormous challenge for the Hub as BHC continues.

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<sup>16</sup> At the time of writing this report, four of the 14 BHC sites had a vacant Hub manager position.

**Collaboration: Summary**

The fact that collaboration was important from the outset of BHC has fostered an expectation among program staff and grantees that individuals and organizations ought to be working together under the broad umbrella of BHC to make progress toward the BHC goals. Yet, there is a mismatch between how the Hub has been designed by TCE and the reality of its implementation in communities. Identifying ways to manage the tensions that arise between various local stakeholders in moving the BHC agenda forward is paramount to developing an effective Hub in all 14 BHC sites.

TCE leaders should consider the following questions, as they relate to collaboration:

1. How does TCE envision collaboration across a broad and diverse set of stakeholders leading to policy and systems change?
2. How can TCE continue to provide flexibility to Hubs so that they can adapt to local circumstances and be sustained over time, while providing enough guidance for Hubs to be able to effectively support the BHC work?
3. To what extent is the Hub the right structure to support BHC? What are the critical functions of the Hub that will help achieve the BHC goals?



## Strategic Clarity for Building Healthy Communities

### Context

The Endowment staff have a strong sense of pride and accomplishment with respect to their work and the foundation's reputation in the field. They are deeply passionate, and see BHC as ambitious, complex, and exciting. As described earlier, the organizational structure of TCE creates challenges with respect to organization-wide alignment; not just between program areas, but also with operations. Because of the way that TCE is structured, the onus is on the CEO and President to foster and support this vision for local and statewide synergies.

Over the last three years, the BHC strategy has continued to evolve, and leadership has developed and promoted new frameworks in an effort to describe and clarify the BHC theory of change. Initially, success was defined by the "10 Outcomes" (e.g., increasing health coverage, improving neighborhood and school environment, supporting youth development) and by the "4 Big Results" (e.g., provide a health home for all children, reverse the childhood obesity epidemic). These lists reflect long-term population and systems-change outcomes, and have been used to guide the early BHC work.

As BHC started to evolve, TCE added the "5 Drivers of Change" (e.g., building resident power, developing youth leadership) in order to explain how TCE intends to build capacity to drive policy and systems change toward those outcomes. Finally, in an effort to increase alignment between Healthy California and the 14 sites and further develop the Health Happens Here messaging, TCE developed the "3 Big Campaigns": Health Happens with Prevention, Health Happens in Neighborhoods, and Health Happens in Schools. During the writing of this report, The Endowment introduced a new framework for BHC, the Transformative Twelve, which describes the issues and campaigns being pursued through BHC and the policies that will support healthy communities in other places, as well.

In order to increase clarity around the relationship between a couple of these frameworks, the foundation has described the "10 Outcomes" as "*what*" BHC hopes to achieve, and the "5 Drivers of Change" as "*how*" the goals will be achieved. Yet, using these different frameworks, which span a wide range of issues, to communicate the goals of BHC has made it challenging for foundation staff and the field to understand what BHC is aiming to achieve and how success will ultimately be defined.

A more complete description of BHC can be found in Chapter One. This section aims to elucidate aspects of the BHC strategy that might be affecting the ability of TCE staff and grantees to achieve BHC goals.

### TCE's Approach to BHC

**Key Finding: The Endowment is being responsive to community priorities and needs as they emerge.**

Since the start of BHC, TCE has emphasized the vital role that the *community* (broadly defined) would play in designing and implementing the local BHC efforts. At first, community partners were confused by the mixed signals that The Endowment was sending by saying BHC seeks to be community-led, and yet requiring them to incorporate the "10 Outcomes" into their strategic plans. However, over time, TCE program managers have developed trusted relationships with a diverse set of stakeholders in its 14 sites.

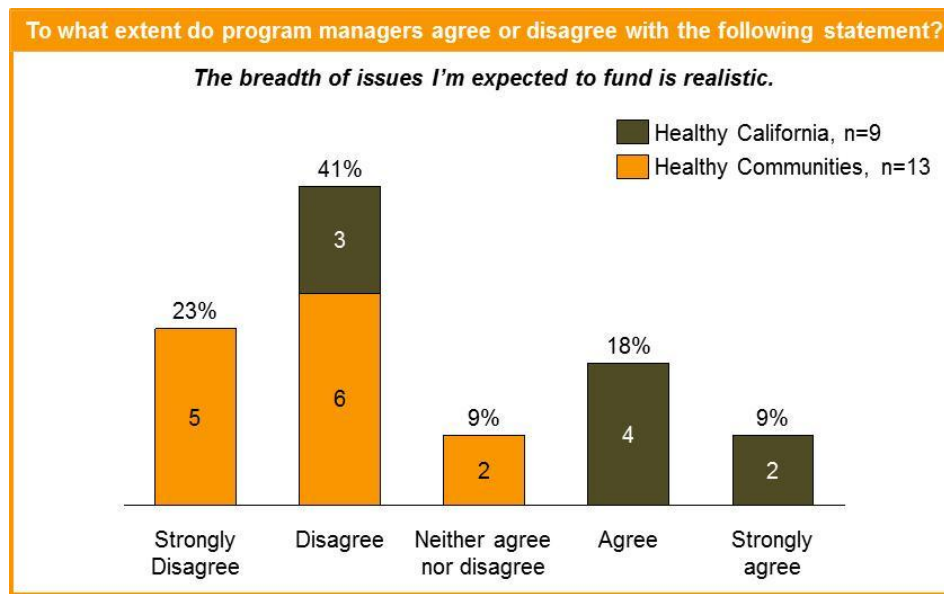
Healthy Communities program managers are in a unique position within the foundation. They are both privy to the foundation's own interests and those in the communities they support. This enables The Endowment to be responsive to community needs as they arise. In addition, because program managers are close to the ground, they may better understand the potential (negative) unintended consequences of

their grantmaking and advocacy efforts. Should any unintended consequences occur, they would find out quickly and be able to take action to address the problem. The relational capital that program managers have built over the last three to four years is a strong asset for the success of BHC.

At the same time, the breadth of activities that Healthy Communities program managers are expected to “lead on” creates a challenge for program managers to be responsive to emerging community needs, or requests related to statewide issues (top-down alignment). Eleven of 13 Healthy Communities program managers surveyed do not believe the breadth of issues they are expected to fund is realistic (Figure 15).

Most place-based program managers are supporting a dozen or more issues locally (ranging from safety, to land use, to health access, to immigration) and playing a variety of community roles. As a result, some staff feel that there is too much on their plates. At the same time, *“It’s not clear what they can take off their plate,”* explains a foundation leader. *“If everything is in, how do they make choices?”*

Figure 15



**Key Finding: The disconnect between program and operations is perceived to hinder the effectiveness of program managers’ work.**

While there are alignment issues between the two program areas focused on BHC, there are also challenges with aligning program and operations organization-wide. Some program staff believe that resources or operations are not pursuing their work in ways that reflect the core values of BHC. For example, in the Center for Effective Philanthropy (CEP) staff survey, some staff commented that the operations team employs a more top-down, unilateral decision-making approach, and that this is at odds with the inclusive, collaborative values of BHC program staff. One person commented, *“The Operations team needs to be responsive to program. Too many decisions are made without input and involvement of actual grantmakers.”* When staff have been consulted on operations changes, such as developing a new grant management tool or changing the budget allocations, some program managers express that their advice and opinions are not fully considered.

The recent changes to grant funds were attributed to a lack of attention to program staff’s concerns that were voiced early on, and believe it will make it more difficult for them to be effective in their work. For example, reducing program managers’ budgets for this fiscal year limits the amount of discretionary

funding that program managers have available to support individual projects, grantees, or organizations that show responsiveness to an emerging and unforeseen community need.

Program managers partly attribute this disconnect to the different role that program managers are playing in BHC. *“The foundation has not caught up with the fact that we are not traditional grantmakers anymore,”* explained one Healthy Communities program manager. TCE staff feel constrained by what they view as insufficient and inconsistent resources given BHC’s broad and ambitious goals. According a Healthy Communities program manager,

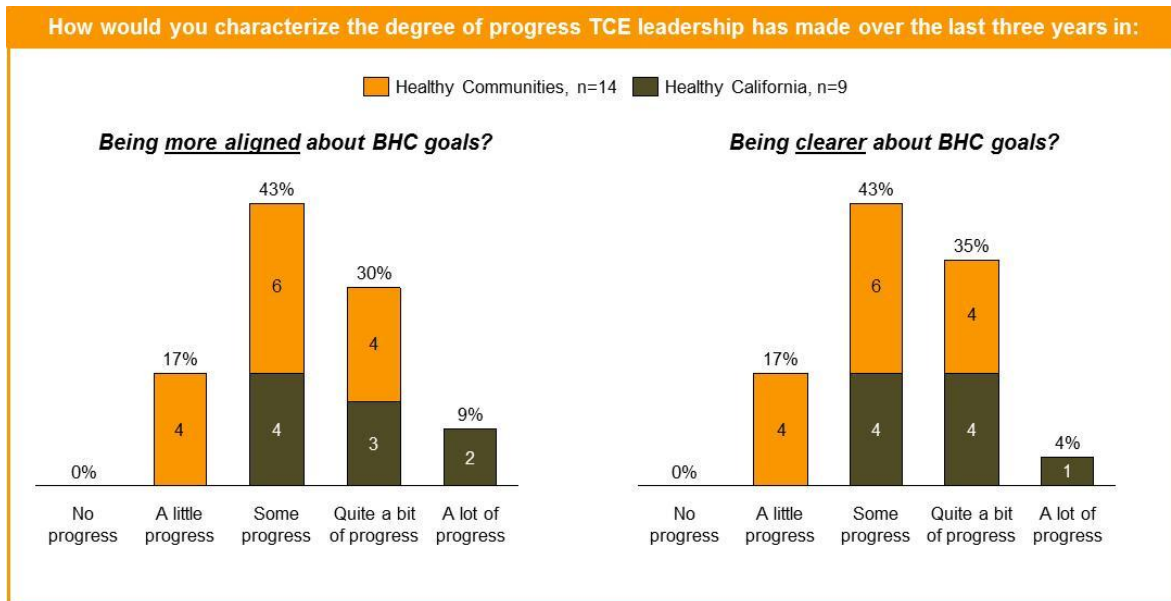
*“We are supposed to be changemakers on health care, schools. Everyone is expected to have a finger in all these political and institutional dynamics. Just saying we’re going to tackle land use alone...that’s complex enough. But we need to know the political dynamics, manage the Hub, and manage the grants. It’s a lot to hold, and [TCE leaders] acknowledge that, but they don’t know how to support it.”*

**Key Finding: TCE leaders have not communicated a clear vision of what success of BHC would look like that fully captures the local and statewide efforts.**

Mixed messages from leadership about the goals of BHC continue to create confusion internally and among some external stakeholders, including grantees. Foundation leaders use multiple frameworks to describe the goals of BHC. Without a clear vision for what success of BHC looks like, program staff, grantees, and partners are provided with resources, strategies, and activities, but no clear sense of what results they are driving toward *collectively*.

When surveyed, most program managers believe that The Endowment’s leadership team has made progress in communicating more clearly the goals of BHC over the last three years (Figure 16).

Figure 16



However, about half of program managers and Hub managers surveyed do not believe that the foundation has a shared understanding of the BHC goals. When foundation leaders communicate different goals for BHC it creates confusion among program staff and grantees. For example, as one program manager wrote in a survey response,

*“Grantees and community residents are sometimes confused by the types of projects that are funded, or by communications/messages that seem to be inconsistent or contradict some of the core values of our place-based work (e.g., empowering residents to lead community-driven policy and systems change strategies).”*

This perception of mixed messaging coming from the Endowment seems rooted in two things:

1. Healthy Communities and Healthy California have two different approaches to creating policy and systems change.
2. TCE leaders have not communicated clearly and consistently its vision of success for Building Healthy Communities (in 2020).

### **Different Approaches to BHC**

A member of TCE’s program staff recalled a basketball analogy that Dr. Ross used to compare the approach of Healthy California and Healthy Communities. In the analogy, Healthy California acts like a “fast break offense” where if you see the shot, you take it; whereas, Healthy Communities acts more like a “mid court offense” where everyone needs to touch the ball before taking a shot. Each is a very different type of game, with its own style, and it creates a challenge for aligning the work across the two program areas.

Healthy California has been able to focus its work around the 3 Health Happens Here campaigns and identify a few issues to move and a few grantees to work with. This has enabled Healthy California staff to develop concrete objectives and measurable indicators for their work, so that it is clear whether or not progress is being made toward a set of statewide goals.

On the other hand, Healthy Communities program staff are largely engaged in developing a community process and building organizing and advocacy infrastructure. There is evidence of early policy wins in many of the BHC sites, and yet most communities are still in the process of strengthening the policy advocacy capacity of communities. The activities in BHC sites have been largely relational and responsive to changing community needs. As a result, the outcomes of these efforts have been much less concrete and more difficult to measure.

### **Goals in 2020**

Foundation leaders have different vision and goals for BHC, which sends mixed signals to program staff about how and when to work together on an issue. When asked, “What does success for BHC look like in 2020?” we received the following responses from TCE leaders:

- *“In 2020, my vision is seeing a culture of prevention in this state. It’s why I took to the 3 Campaigns, because if we’re successful in those campaigns, we’ve got the kids surrounded. [...] We want a culture of prevention everywhere kids show up [in their homes, in their schools, and in the health system, as well]. That’s how we think that we can achieve the vision of health and wellbeing for these young people.”*
- *“BHC is aiming to “change the odds” for the communities we work in. [...] We need to provide the community with the skills and assets that they need to thrive in a way that communities with higher socioeconomic status get to thrive in. We need to give communities the same assets that other communities have, so that they can compete overall in education and jobs.”*
- *“In 2020, we expect to see improvements in all five Drivers of Change and policies around these sites. We are trying to identify that basket of policies that we believe will transition into power and health for people, especially young people.”*

The Endowment staff, grantees, and partners all want to know whether the foundation is driving toward population-level outcomes related to the “10 Outcomes” or outcomes related to developing infrastructure, leadership, and capacity for advocacy and systems change. The set of 2020 goals for BHC that reflects statewide and local priorities may help TCE staff and the field better understand the types of policy and systems changes that the foundation hopes to achieve.

Without a clear, collective vision of what success for BHC looks like and what is needed to achieve success, it will be difficult to maximize alignment and synergy between staff working in different program areas and create a common vision for success of BHC at a local level.

***Key Finding: The lack of a clear results-oriented framework for BHC, especially at a local level, has made it difficult to measure progress toward the BHC goals.***

The relationship between the various frameworks (i.e., “4 Big Results”, “10 Outcomes”, “5 Drivers of Change”, “3 Campaigns”) is not clear. Foundation leaders, staff, and grantees may mention any number of them when asked about the goals of BHC. In order to increase clarity, the foundation has described the “10 Outcomes” as *what* BHC hopes to achieve, and the “5 Drivers of Change” as *how* the goals will be achieved. Unfortunately, this does not seem to be solving the problem created by using four different frameworks, which span a wide range of issues, to communicate the goals of BHC. Without a clear message, foundation staff and the field will have trouble fully understanding what BHC is aiming to achieve and how to measure progress toward the BHC goals.

The Endowment has not yet been explicit about what it will measure in terms of long-term progress toward its goals, in part because TCE leaders recognized that the path toward change would not be linear or predictable from the outset. Over the past three years, TCE has opted to monitor and track short-term indicators of progress (e.g., outputs of activities and early policy wins) through data collected for its annual TCE Goals report and statewide policy and communications activities. In addition, The Endowment’s Learning and Evaluation department continues to commission independent evaluations of specific programs and initiatives, and has been developing cross-site measurement activities to understand progress in key areas including policy advocacy, collaboration, and resident organizing. While some BHC sites have already started to conduct evaluations of BHC efforts locally, other local learning and evaluation staff are expected to begin evaluating their efforts soon. The lack of clear goals has made it difficult for grantees and partners at BHC sites to understand the foundation’s expectations. At the same time, the foundation is now in a better position to develop goals that are informed by the activities of place-based and statewide grantees, and that take into account unexpected changes in the external context (e.g., new statewide and federal policies).

In terms of tracking progress over time, TCE has been developing long-term (2020) outcomes for BHC through the work of the SLIMs. Indicators have been developed for each of the Health Happens Here campaigns and the “5 Drivers of Change.” These outcomes can help the foundation move from measuring outputs of the foundation and its grantees’ activities, to defining and measuring outcomes related to specific BHC strategies. Communicating the 2020 goals, which were created through an internal process, to the foundation’s staff, external partners, and grantees is critically important and may strengthen strategic clarity around BHC in the field.

Having and communicating a clear vision for what success of BHC looks like both with the 14 BHC sites and statewide can help assess future progress toward the foundation’s goals, while allowing for an emergent, dynamic strategy that is responsive to changes in the environment in which BHC is being implemented along the way.

### **Strategic Clarity: Summary**

The Endowment is pursuing an adaptive strategy that is responsive to the needs of the 14 BHC sites. However, the lack of a shared vision of what success for BHC looks like at the end of 2020 and what grantees and partners are collectively striving toward makes it difficult for TCE staff and grantees to judge their progress. It also makes it difficult for TCE leadership to know how best to support program staff who are working in complex, dynamic local contexts.

TCE leaders should consider the following questions, as they relate to clarity of the BHC strategy:

1. What does success for BHC look like in 2020 and how will TCE's local and statewide work help the foundation and its partners achieve those goals? How will TCE communicate its vision for success internally and externally?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge? What needs to happen to ensure that staff are all using the "3 Campaigns" framework to guide their work?
3. What choices does TCE need to make in order to ensure that local resources are adequate for implementing a comprehensive and responsive community-based strategy?

## Chapter Four: What Progress Is BHC Making?

During the first three years of implementation, BHC has had some early policy wins and is making progress toward building community capacity that will have a lasting impact in the health of Californians. BHC grantees and partners have contributed to the passage of important local and state policies that provide a legal basis for improved practices around school discipline, transportation policies, and access to affordable health care coverage. These changes will directly impact youth and their families.

### BHC's Contributions to a Healthier California

Given the complexity and magnitude of BHC, its impact to date has been vast and varied. Through case studies, interviews, and the review of secondary data (including the 2013 TCE Goals report), it is clear that BHC is starting to make a significant contribution in a number of key areas related to the “Drivers of Change” and the Health Happens Here campaigns. While these findings cannot be generalized across all of TCE’s work and is not meant to be an exhaustive analysis of the impact of BHC to date, people perceive the following outcomes to be BHC’s relevant contributions to changes at three levels: individual, organizational, and systems (Table 2).

**Table 2. Outcomes Related to Building Healthy Communities**

| Individual Level   | Organizational Level   | Systems Level   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Greater <b>awareness</b> of the policies and practices that are affecting adult and youth residents and their communities</li> <li>• Increased <b>knowledge</b> and <b>skills</b> to effectively voice concerns to policymakers and public officials</li> <li>• Increased <b>participation</b> in civic engagement activities and advocacy</li> </ul> | <ul style="list-style-type: none"> <li>• Increased <b>coordination</b> and <b>collaboration</b> between organizations</li> <li>• Increased organizational <b>capacity</b> to expand the scale or scope of services and activities</li> <li>• Increased cross-site <b>networking</b> between organizations</li> </ul> | <ul style="list-style-type: none"> <li>• Increased <b>public will</b> on BHC-related issues</li> <li>• Policymakers are more <b>informed</b></li> <li>• <b>Policy change</b></li> <li>• Changes in the <b>narrative</b> and <b>norms</b> around health</li> </ul> |

#### Individual level

Most of the individual level changes are taking place among people who have directly participated in trainings, workshops, or events related to BHC. Program staff, grantees, residents, and youth note the following individual level changes related to BHC:

- **BHC is creating greater awareness of the policies and practices that are affecting and youth residents, and their communities.** By supporting organizations that are disseminating information to the communities and engaging with them, BHC is increasing residents’ awareness and understanding of the issues affecting them in their communities. One local BHC partner explained,

*“Little examples show that people are aware of what BHC is promoting. [...] Even the language they are using comes from documentation around Health Happens Here;*

*people come and say 'you know your zip code can tell you a lot about your life expectancy?' This is crosscutting in the community."*

In addition, youth engaged in cross-site activities, such as TCE's statewide youth steering committee, or who attend the annual Boys and Men of Color camp, are learning that the issues in their communities are also affecting youth in other places.

- **BHC is increasing knowledge and skills among adult and youth residents to effectively voice concerns to policymakers and public officials.** Many BHC grantees are training residents so they can be more efficient advocates for the issues they care about. As a resident recalls, *"With the investment in residents in our the community you're seeing new residents who are trained and are asking the right questions and saying 'I want to know more' and I want to be involved."* At the state level, Healthy California has been supporting more than 25 statewide organizing/advocacy networks that are engaging with local residents across the state to increase their knowledge and leadership skills so they can advocate in specific issues related to health.
- **The communities are seeing increased adult and youth resident participation in civic engagement activities and advocacy.** The local BHC work is increasing residents' ability and level of comfort participating in civic engagement activities. In some places, like Del Norte and Santa Ana, this is resulting in greater numbers of adults and youth who are attending and speaking up at city council meetings and other public events. A BHC grantee explained, *"We are seeing youth and families step up and say [to City Council], 'No, this isn't what we want for our city."* As of March 2013, program managers estimated that at least 4,655 adult residents were engaged in advocacy efforts on issues such as violence prevention, transportation and city planning, and school discipline reform. In addition, seven sites reported resident-led campaigns that have influenced policies, including halting jail expansion in Richmond and advocating for increasing the youth services budget in Merced.

### Organizational level

Many of the changes taking place at the organization level are related to grantees ability to expand their network and collaborate, or their increased ability to train and empower residents. Those interviewed note the following changes at an organizational level:

- **BHC grantees are coordinating and collaborating more with each other.** TCE's emphasis on collaboration is resulting in organizations networking and coordinating that previously worked in silos or did not have the incentive to collaborate in the past. This is happening at a statewide, regional and local level. Organizations at local and state levels engaged in activities focused on boys and men of color have also started collaborating in policy action teams; community organizers are working alongside advocacy groups and residents, particularly youth.
- **BHC is increasing the capacity of hundreds of organizations across the state to expand the scale and scope of their services and activities.** The funding TCE provides through BHC is increasing grantees' ability to reach more people through their training, activities, and services. As a grantee puts it, *"We've been able to increase our services. I think grantees' ability to provide services to a wider net is TCE's major contribution."* TCE seems to be particularly contributing to increased resources for community organizing statewide.
- **Cross-site networking between organizations involved in BHC is increasing.** In the last three years, TCE has increased the number of convenings that bring together grantees and other stakeholders to interact and plan for collective action. BHC grantees are learning from BHC partners in the other sites and statewide, and adapting their strategies based on that information.



## Systems Level

It is still early in BHC's implementation, but grantees, TCE staff and leadership, residents and youth are starting to perceive systems level changes taking place at the state and local level. Most of these changes are related to early BHC policy wins. The following systems level changes are starting to emerge:

- **There is increasing public will around BHC-related issues.** Through its communications campaigns and grassroots organizing efforts, BHC grantees are contributing to increased public awareness around issues such as school wellness, school climate, and restorative justice. Particularly at the local level, TCE is equipping local grantees to talk about and organize residents around BHC-related issues, so that residents and youth are able to advocate more effectively.
- **BHC grantees are informing policymakers and elected officials about topics that have led to policy wins at local and state levels, resulting in early policy wins.** Even though it is early in the process, BHC has already influenced some changes in policy both at the local and statewide level. As a BHC grantee described, *“One of the goals of the land use vision last year was taking liquor stores and transitioning them into corner markets providing fresh fruits and vegetables. A lot of grantees were involved in this policy change, and I don't think it would have happened without TCE grantees.”* Healthy California program managers have reported several policy wins related to each of the Health Happens Here campaigns, including support for school discipline bills at a state level, and in school districts in several BHC sites.
- **BHC is starting to change the way that organizations and systems leaders think about health and how to promote it.** In the last three years, some TCE staff and grantees believe that BHC has started shift the way that organizations and some policymakers think about health from a health care issue to a community health issue. In addition, through TCE's youth leadership and advocacy policymakers are beginning to see young men of color as community assets, rather than troublemakers. According to a policy consultant, *“You can see the testimony of these young men impacting some of the policy decisions. It's actually changing minds.”*

## Future Impact of BHC

While there are a clear set of policy and systems change outcomes related to TCE's local and statewide work that have started to emerge, over the next few years, most residents, grantees, and community partners hope to see increased progress related power building, collaboration, and addressing critical community needs (e.g., reducing violence, increasing jobs). Many of the hoped for outcomes that people would like to see relate to “5 Drivers of Change.” They hope to see residents and youth taking ownership over the changes in their communities, increasing voting turnout, and making electoral changes that enhance equity and give equal voice to disenfranchised groups. They also want to see more organizations acting collectively to make progress toward common goals related to BHC.

Over the next two to three years, foundation leaders and grantees hope to see more measurable progress toward changing the narrative around health, power, and young men of color. While organizations and policymakers are beginning to understand and accept a broader framework for health that emphasizes prevention, there is still a long way to go before this gets institutionalized, such as through new policies governing how organizations operate and how governments spend tax dollars. In addition, TCE's activation of youth leaders as advocates has started to demonstrate the strength and abilities of young men of color, and foundation leaders would like to see this result in a new narrative around boys and young men of color.

Ultimately, these changes are aimed at shifting power dynamics across the state, so that policies and practices governing public institutions and private organizations benefit even the most distressed communities throughout California.

## Chapter Five: Considerations Moving Forward

TCE is taking a bold, multi-pronged approach to improving health in California, which, if done well, may have a huge impact on the state. Endowment leaders acknowledge that they are “learning while they are doing,” which is bold, courageous, and risky. This is evidenced by some of the unique characteristics of BHC, which were highlighted in the preceding sections:

- TCE’s investment in grassroots community organizing is unprecedented.
- TCE has established long-term relationships with state-level advocates and policymakers, which positions the foundation to influence state-level policy.
- Supporting both local and statewide advocacy infrastructure is a promising approach to sustaining policy and systems change; fostering alignment between the statewide and local work ensures a broader impact on all California communities, not just the 14 places selected for local BHC work.
- TCE has approached its place-based work with humility and with an authentic desire to let communities make decisions.
- By focusing on youth leadership and organizing, TCE has infused site and state-level work with passion and energy.
- Embedding program managers in each of the 14 BHC sites enables TCE to better understand how it can support the local BHC work.

The Endowment’s progress around power building (organizing and leadership development) and its emphasis on creating synergies at the local-state levels differentiate BHC from past “comprehensive community change” efforts. These previous initiatives made few, if any, investments in the broader city, regional, or state policy or systems context, although notable exceptions include Skillman Foundation’s *Good Neighborhoods, Good Schools initiative* and Hewlett’s *Neighborhood Improvement Initiative*. There continue to be lessons that can be drawn from what other foundations have learned about pursuing complex, policy and systems change goals, such as “A foundation can’t work effectively in place without integrating its own silos”<sup>17</sup> and “define long-term results,”<sup>18</sup> which coincide with tensions surfaced in this Review.

In order for TCE to maximize its impact on the field, it is important that foundation leadership and the TCE board consider the tensions that are inherent in the pursuit of building healthy communities (i.e., a result of trying to solve a complex problem), as well as those that have been created through the design, structures, and implementation of the BHC strategy.

Many of these tensions (highlighted in the previous sections) are not new to those engaging in place-based systems change efforts. The Endowment’s leadership and advisors have been raising most, if not all, of these tensions and challenges since implementation began. Yet, without a clear dialogue and reflective process to understand how, if at all, to address these tensions, these are likely to continue to be stumbling blocks for those implementing the work, and be the same challenges that get raised 2-3 years from now.

The key areas of tension with respect to implementation of the BHC strategy are:

- TCE’s “inside-out” and “outside-in” strategy engages both organizers, advocates, and systems leaders; facilitating their interaction requires a unique set of skills and capacities among staff and grantees.

<sup>17</sup> Fiester L. (2011). *Good Neighborhoods, Good Schools and Skillman’s Strategy for Place-based Change*.

<sup>18</sup> Annie E. Casey Foundation. (2013). *Community Change: Lessons from Making Connections*. Baltimore, MD.

- Aligning the work that is happening in the 14 sites with state-level policy change efforts has been a challenge given the broad set of issues that sites are pursuing, as well as structural barriers within TCE.
- When TCE tries to advance statewide or state-level priorities that conflict with local interests or priorities it can call into question the foundation’s intentions to support community-led change.
- Without clear guidance from TCE about how to structure or approach the place-based work, some communities have struggled to implement their local strategy and connect their work with statewide campaigns.

## Key Questions to Consider

Given that the problems that TCE is trying to solve through BHC are complex, dynamic, and defy simple solutions, the foundation has been implementing an ambitious strategy. These types of situations are sometimes referred to as “wicked.” Wicked problems have inherent tensions that may not be resolved today or tomorrow, but can be observed, reflected on, and discussed, so that they serve to further progress, rather than hinder it.

While all of the questions posed in previous sections are worthwhile reflecting on, there are a few that rise to top and should be paid particular attention to:

1. Given what is known now about the progress of BHC to date, what is TCE’s vision for success in 2020, and what will it take to achieve the BHC’s goals?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge?
3. How can the different priorities and approaches of Healthy California and Healthy Communities be respected, while establishing a clear vision for how Healthy California and Healthy Communities can work together toward BHC’s goals?
4. Can TCE be more explicit about whose voice matters most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
5. To what extent is the Hub the right mechanism for supporting BHC work in the 14 places? What are the critical functions of the Hub that will help achieve BHC’s goals?

Answering these questions likely requires an honest dialogue among foundation leadership, board members, and staff.

## Conclusion

The Endowment has been pursuing a complex, multifaceted strategy in order to build healthier communities across California. Rather than pursuing a fixed, predetermined strategy, the foundation has chosen to learn its way into its work at a local and state level. This has enabled TCE leaders and program staff to be responsive to the community—such as taking on school discipline as a statewide issue. TCE is continuing to provide the supports and structures so that program staff and leadership can be responsive to emergent opportunities.

Yet, an emergent strategy requires both responsiveness to a dynamic, changing context and a relentless pursuit of a specific set of clearly defined goals. The latter requires leaders to make choices about what it will fund and what it will not. Over time, the BHC strategy has evolved to be so comprehensive that it appears that TCE is trying to “do it all” in its 14 BHC communities and at a state level. While this

comprehensive approach works at the foundation level, when it comes to working on the ground, choices about what is in and out are made all the time. Giving program managers the tools to make choices that will help achieve the BHC goals is paramount.

Providing program staff, who are on the frontlines in the pursuit of building healthier communities with these tools requires greater clarity about what the goals of BHC are and how The Endowment expects to achieve them. Though The Endowment has provided several frameworks for BHC, it has not delivered a clear message to program staff or grantees about what success looks like for BHC (both statewide and in the 14 BHC sites), and how local and state partners will work together (“align”) to achieve a shared set of goals.

Despite the challenges and tensions raised in this report, there is a groundswell of activity that has emerged to improve health because of TCE’s leadership in the field. The Endowment’s intentional strategy around youth leadership and power building, in particular, provide powerful and persuasive testimony to how BHC has started to change lives and deliver a message of hope to those who have been marginalized, left out, and abused, and are now using newfound power in exciting ways.

The potential for TCE to have a deep and sustained impact on the lives of residents throughout California through its BHC efforts is undeniable. It is up to TCE leaders to decide how it can strengthen its BHC efforts to maximize its impact.

## Appendix A. Data Collection Methods and Sources

The Strategic Review utilized a mixed methods design, collecting both qualitative and quantitative data to answer the key evaluation questions. The methods used to answer the Review's key evaluation questions incorporated multiple perspectives, including the view of TCE staff, board members, grantees, partners, and ultimate beneficiaries (e.g., adult residents, youth). The table below provides an overview of the data collection methods and sources used to gather information to answer each of the key evaluation questions.

| Method   | Description of Data Collection Activities  |
|--|--|
| Interviews with internal and external stakeholders   | <ul style="list-style-type: none"> <li>• <b>Interviews with internal stakeholders</b> (n=19) including TCE program staff, senior leadership, and two members of the Board</li> <li>• <b>Interviews with external partners</b> (n=15) including consultants, grantees, and field experts</li> </ul>   |
| Focus groups with TCE program managers & BHC site partners   | <ul style="list-style-type: none"> <li>• <b>3 in-person focus groups</b> with 10 Healthy Communities (HCom) and 11 Healthy California (HCal) Program Managers</li> <li>• <b>4 in-person focus groups</b> with the Hub Managers (n=7) and L&amp;E staff (n=15)</li> </ul>   |
| Three case studies: <ul style="list-style-type: none"> <li>- Sacramento BHC</li> <li>- Santa Ana BHC</li> <li>- Sons and Brothers</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Interviews</b> with 59 community leaders, grantees, statewide partners, consultants, elected officials, residents, and youth</li> <li>• <b>7 focus groups</b> with participation from 47 local grantees, residents, and youth</li> <li>• <b>Observation of 6 BHC-related activities and review of over 70 documents</b></li> </ul> |
| Survey of TCE program managers and Hub managers  | <ul style="list-style-type: none"> <li>• <b>Online survey</b> completed by 23 program managers and 9 Hub managers (&gt;80% response rate) to test, vet, and provide alternative explanations based on themes from interviews and focus groups</li> </ul>   |
| Review of secondary documents and data   | <ul style="list-style-type: none"> <li>• <b>Reviews of TCE materials</b> related to BHC overall, as well as Healthy California and Healthy Communities, including: strategy documents, board memos, annual reports, program and organizational evaluations, and other documentation</li> <li>• Reviews of key <b>secondary data sources and publications</b></li> </ul>        |



## FSG

FSG is a nonprofit consulting firm specializing in strategy, evaluation, and research, founded in 2000 as Foundation Strategy Group. Today, FSG works across sectors in every region of the world—partnering with foundations, corporations, nonprofits, and governments—to develop more effective solutions to the world’s most challenging issues.