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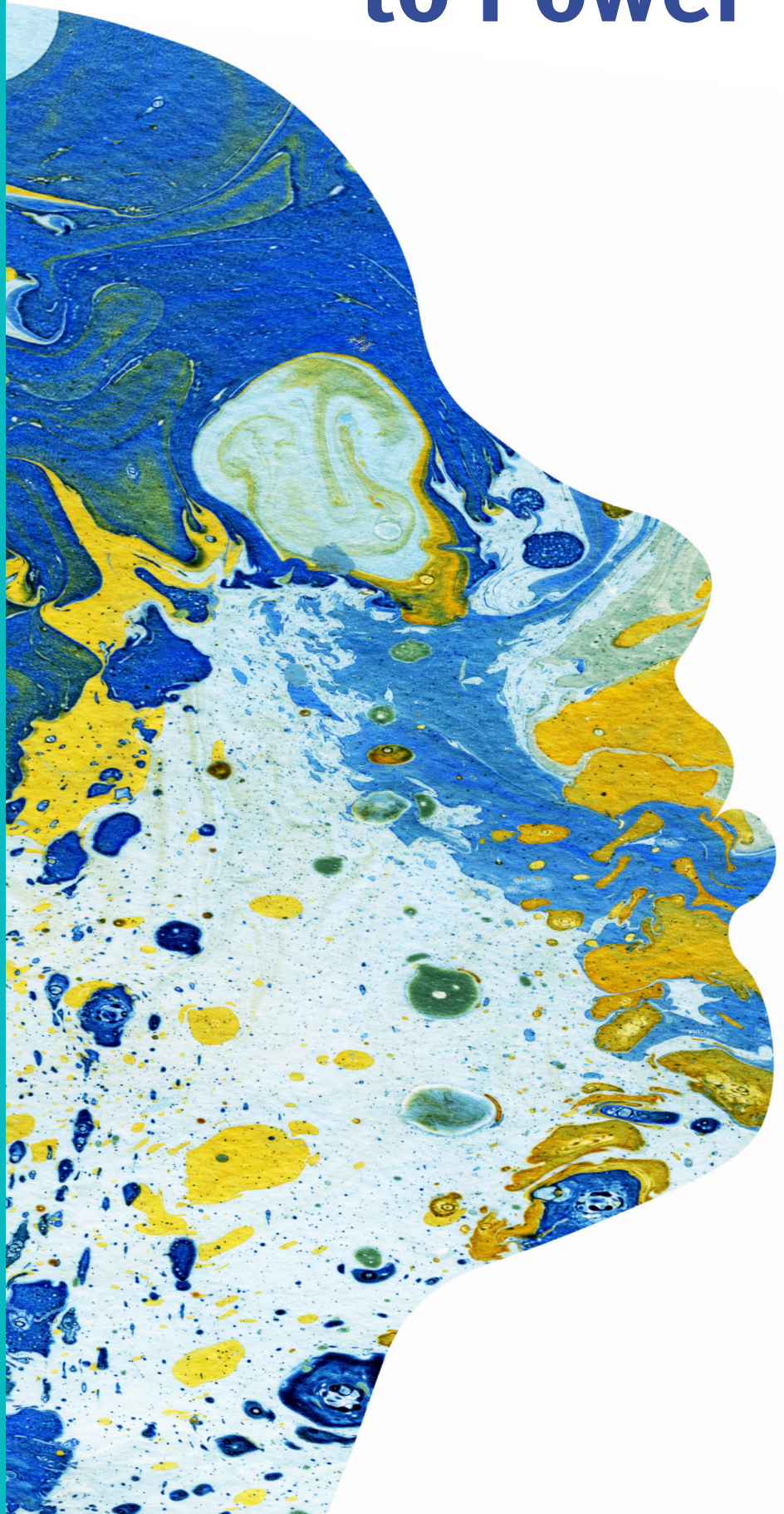
A Pivot to Power

MARCH 2018

*Lessons from
The California
Endowment's
Building Healthy
Communities
about Place, Health,
and Philanthropy*

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■ Executive Summary

Launched in 2010, Building Healthy Communities (BHC) is a bold and innovative initiative of The California Endowment (TCE) aimed at improving the health and well-being of all Californians. It is a 10-year investment in building capacity in 14 diverse communities to engage in policies and systems change for broader local and statewide impact. In addition, it is an investment in state-level policy advocacy, strategic communications, and leadership development among young people, including a special focus on boys and men of color.

A cornerstone of BHC has been an investment in building people power, now defined as the capacity to organize grassroots residents to engage in campaigns aimed at improving their communities. In the 2014 report *There's Something Happening Here...A Look at The California Endowment's Building Healthy Communities Initiative*, we noted the tensions in the sites during the planning and early stages about the roles of residents and how to engage them in the initiative. Furthermore, we called into question the extent to which TCE was really going to support the kind of organizing that challenges power in the policy and systems change arenas (Pastor, Ito, and Perez 2014).

At the halfway mark, TCE is making a bolder statement about people power. The evidence has been clear: people power has been a driving force behind hundreds of local, regional, and statewide victories aimed at moving the needle towards greater health equity (The California Endowment 2017). So now, what had been considered a means to change has become the change that BHC seeks to achieve, marking what we call a “pivot to power.” People power has been considered a driver of change, along with collaboration, youth leadership, narrative change, and leveraging partnerships. Now, a 2020 “North Star” goal for BHC is that: “Historically excluded adults and youth residents have voice, agency and power in public and private decision-making to create an inclusive democracy and close health equity gaps” (The California Endowment 2016b).

This report offers an updated look at building people power and lessons to support a full pivot to power. And since the change in BHC is not intended to stay within BHC, this report is intended to offer lessons for other comprehensive change initiatives, the health equity field, and other foundations. It is based on a multi-disciplinary review of academic and popular literature; a survey of organizations receiving grants through BHC to engage residents in the 14 sites; and interviews with organizers, funders, intermediaries, and academics who have a broader understanding of the organizing infrastructure in California. While BHC supports grassroots organizing groups throughout the state, this report focuses primarily on BHC's work in the 14 sites.

Measuring people power has been like tracking a moving target—which is not necessarily a bad thing. Both defining what people power means and setting 2020 goals have shifted slightly as the initiative has matured. Several terms have been used: resident power, resident-driven organizing, community organizing, and power building. From pre-initiative planning to the halfway mark, the role of residents has shifted, generally speaking, from providing input and participating on coordinating committees to mobilizing and organizing around health equity campaigns. And the vision and goals for 2020 have become clearer and sharper.

There is evidence of increased capacity in BHC places to mobilize and organize people around health equity campaigns. The place-based focus of BHC has been successful in attracting new organizing attention and resources. The geographic concentration of resources supports organizing groups with long roots in the place, experienced organizing groups new to the place, groups new to organizing, and entirely new groups. These groups are targeting impacted populations who usually do not participate in policymaking, including documented and undocumented immigrants, young people, formerly incarcerated individuals, and LGBTQ populations. BHC groups are engaging those populations in campaigns in ways that develop their voice, leadership, and advocacy skills to influence neighborhood, local, regional, and statewide decision-making processes. And as a result of BHC, there is an increase in collaboration with other groups.

Grantees report shifts in the culture and dynamics of decision-making within the BHC sites. The majority of BHC organizing grantees are engaging residents in campaigns directed at neighborhood and local decision makers. When asked about the greatest benefit of BHC, several grantees described how residents are now at decision-making tables and how participation in decision-making processes is shifting the culture and raising the visibility of organized residents.

Looking ahead, what are lessons from BHC about the roles of place, policy, and power in achieving change—and what is needed to pivot to power?

LESSON #1: Place is a scale for change—not just a stage for change. The place-based focus of BHC has been successful in attracting new organizing attention and resources, forming new place-based collaborations, and shifting the culture of decision-making in these places. Yet BHC’s investments in the 14 places have always been about effecting change beyond the 14 places. So BHC’s geographic strategy needs a refresh to match its power-building goals and impacts. The geographic reach and impact of the kind of localized organizing capacity being developed through BHC needs to scale up to the geographic reach of the “systems” targeted for systems change.

LESSON #2: Health equity is an opportunity to build power—not just pass policy. Organizations supported through BHC employ different strategies for building people power for policy change that range from advocacy to mobilization to organizing. While health equity can be achieved through professional advocacy and communications efforts bolstered by community voice and mobilization, a power-building approach to health equity leads with community organizing, leadership development, and grassroots advocacy—and bolsters those efforts with professional advocacy and communications.

LESSON #3: Building power is about power among, to, with, and within—not power over.

Building people power has been central to the BHC theory. The field of community organizing seeks the kind of power to achieve collective goals—not goals defined by the vision or interests of a single individual. Their concept of power is rooted in the values of community, inclusion, and democracy. Power is about who is making decisions, who is setting the agenda, and where the resources are going. Within community organizing, unequal power relationships—how dominant groups hold power over others—are at the root cause of inequities. Thus, to address the root cause of inequities means realigning power relationships. An orientation around power in which a dominant group has power over another is grounded in values of domination and oppression. In contrast, the transformational change that BHC is focused on is rooted in values of inclusion and democracy.

The legacy and success of TCE’s BHC initiative is not only important for the future of California, but it is also important for a nation in turbulent times. California can be a beacon of hope, inclusion, and democracy as it ensures healthcare coverage for all, as it stands up to protect cities and counties that provide sanctuary for undocumented immigrants, and as it seeks to reduce barriers to voting. But there is still work to be done. The fight for equity, voice, and power among the most vulnerable communities is more critical than ever. At a time when national organizations are pivoting to state-based strategies to move a justice agenda, the BHC initiative can offer lessons around challenges, opportunities, and risks worth taking in doubling down on organizing and building power among those who have typically lacked voice and influence. In California and throughout the BHC sites, the lessons learned from TCE’s funding initiative can help set the stage for the next phase of investment in organizing and health equity.

■ Introduction

In 2010, The California Endowment (TCE) launched Building Healthy Communities (BHC), a 10-year initiative aimed at building the capacity of communities affected by health inequities to change policies and system practices in order to improve the health and well-being of all Californians. At the heart of the initiative are 14 sites, where local partners are seeking to transform their communities into places where all residents can thrive. Through the Healthy Communities program, BHC's approach to these places is through building local capacity to engage in policies and systems change for broader local and statewide impact. Through the Healthy California and Enterprise programs, BHC also includes statewide investments in policy advocacy, strategic communications, and leadership development among young people, including a special focus on boys and men of color (The California Endowment 2016).

The initial strategy was aimed at achieving four big results and ten outcomes through five drivers of change. In the early phases of the initiative, the key questions were around whether the five drivers of change—people power, youth leadership, collaborations, leveraging partnerships, and changing the narrative—were the right strategies in which to invest. In 2014, we published *There's Something Happening Here...A Look at The California Endowment's Building Healthy Communities Initiative* (Pastor et al. 2014) as an early look at the initiative as it was transitioning from the planning stage to early implementation. In that report, we noted confusion and tensions around people power, specifically around how to engage residents and determine their roles in the initiative. Furthermore, we called into question the extent to which TCE would support the kind of organizing that challenges power in the policy and systems change arenas.

Now that BHC is past its halfway mark, TCE is making clear its commitment to building people power. In 2015, it commissioned several reports and took stock of what was working and what was not (Farrow and Rogers 2017; The California Endowment 2016a, 2017; Yu et al. 2016). One key takeaway has been the importance of building power among historically marginalized populations. Now a top 2020 goal for BHC is that: “Historically excluded adults and youth residents have voice, agency and power in public and private decision-making to create an inclusive democracy and close health equity gaps.” This speaks directly to the work of community organizing, grassroots advocacy, and power building. In short, what it had considered as a means to change is now the change it wants to see by the end of the strategic initiative.

This report offers an updated look at building people power and a discussion of what it means to pivot from people power as a driver of change to people power as an end goal. And since the change in BHC is not intended to stay within BHC, this report provides lessons for other comprehensive change initiatives, the health equity field, and other foundations. It is based on a multi-disciplinary review of academic and popular literature; a survey of organizations receiving grants through BHC to engage residents in the 14 sites; and interviews with organizers, funders, intermediaries, and academics who have a broader understanding of the organizing infrastructure in California. While BHC supports grassroots organizing groups throughout the state, this report focuses primarily on BHC's work in the 14 sites.

This report begins with a look at BHC as a comprehensive change initiative and its innovations at the nexus of place, health, and power. The next section focuses on the evolution of BHC's focus on people power from getting resident input in the early years to mobilizing and organizing and the pivot to power. To support this pivot, we discuss lessons from the first half of BHC, highlight key evidence for the impacts it has had in the state, and offer recommendations for moving forward.

■ Building Healthy Communities: Place, Health, and Power

Philanthropic-led, place-based initiatives, often referred to as comprehensive community initiatives (CCIs), gained popularity in the 1990s as a strategy to transform distressed communities. CCIs geographically concentrate resources so that grantees can coordinate strategies and interventions. CCIs vary widely by the roles that foundations play (e.g., grantor, technical assistance provider, or convener), their geographic scale of focus (e.g., city, neighborhood, or zip codes), and the type of collaborators (e.g., service providers, community developers, or public agencies). Yet they all share the idea that by narrowing the geographic focus, the foundation can better support the interconnected issues that affect a community, monitor outcomes, and demonstrate success (Murdoch et al. 2007).

Figure 1. MAP OF 14 BHC PLACES



At the heart of BHC is its focus on 14 places: Boyle Heights, Central Santa Ana, Central/Southeast/ Southwest Fresno, City Heights, Del Norte County and Adjacent Tribal Lands, Eastern Coachella Valley, East Oakland, East Salinas (Alisal), Long Beach, Richmond, Sacramento, South Kern County, South Los Angeles, and Southwest Merced/East Merced County. Geographically, they span from the Oregon border (Del Norte County and Adjacent Tribal Lands) to the Mexican border (City Heights in San Diego); and from East Salinas on the Central Coast to Eastern Coachella Valley in Riverside County (see Figure 1). Each community has significant populations of low-income families with poor health outcomes and limited access to opportunity. The residents represent the racial diversity of the state with large populations of Latinos, Blacks, Asian Americans, Pacific Islanders, and people belonging to independent tribal nations.

Aside from its ambitious scale of 14 sites, BHC represents a departure from traditional place-based initiatives in the following ways:

- **The investment in place (through Healthy Communities) is not only as an outcome but also as a strategy** (Yu and Abrazaldo 2010). In other words, the end game is about more than improving health outcomes in the 14 communities—it is also about building the capacity to engage in the ongoing struggle for the policy and systems change, implementation, and accountability required to ensure health equity for all Californians. A “place-as-outcome” approach would combine service provision with community development resources, for example, to address local conditions. However, the “place-as-strategy” approach concentrates resources to build the capacity of local grantees to organize residents around policy and systems change, develop youth, collaborate, leverage partnerships, and shift the narrative around health.

- **There are a set of statewide investments (through Healthy California and its Enterprise strategy) in policy advocacy, strategic communications, and leadership development among young people, including a special focus on boys and men of color.**

Another focus of BHC has been on supporting local-state linkages and collaborations between statewide advocates and local communities. All BHC campaigns (local and state) fall under one of three broadly defined policy issue areas: Health Happens with Prevention, Health Happens in Schools, and Health Happens in Neighborhoods. The statewide communications work aims to reframe the narrative around health and equity. For example, in 2013, the foundation launched #Health4All, a statewide public education campaign to ensure access to health coverage for all, including undocumented Californians. Similarly, its #DoTheMath and #SchoolsNotPrisons campaigns elevate the problems and urgency of over-incarceration in order to shift popular sentiment around public priorities towards investments in education and prevention.

- **There is a recognition of the role of power in shaping neighborhood conditions.** Building people power in affected communities has been central to the BHC theory of change. There is a growing body of academic literature pointing to the importance of empowering communities to shape health-related decision-making and the need to build community capacity to identify, mobilize for, and address social and public health problems (Douglas et al. 2016; Freudenberg 2004; Goodman et al. 1998; Subica, Grills, Douglas, et al. 2016; Subica, Grills, Villanueva, et al. 2016). This means both organizing the community around health promotion as well as challenging the underlying power dynamics and disparities within health systems and other structures that shape health (Minkler 2004, 2005; Speer, Tesdahl, and Ayers 2014). Constructing a “culture of health” requires a combination of empowering individuals, fostering cross-cutting networks and solidarity, and mobilizing people to change policies related to health (Bloemraad and Terriquez 2016).

BHC NORTH STAR GOALS

Goal 1. Historically excluded adults and youth residents have voice, agency, and power in public and private decision making to create an inclusive democracy and close health equity gaps.

Goal 2. Californians have ready access to a health system that prioritizes prevention and coverage for all.

Goal 3. California public schools provide a positive and supporting learning environment that promotes life-long health and wellness for students.

Goal 4. California cities and counties directly engage community residents to build health into land use decisions, stabilize neighborhoods, and shift resources from punishment to prevention.

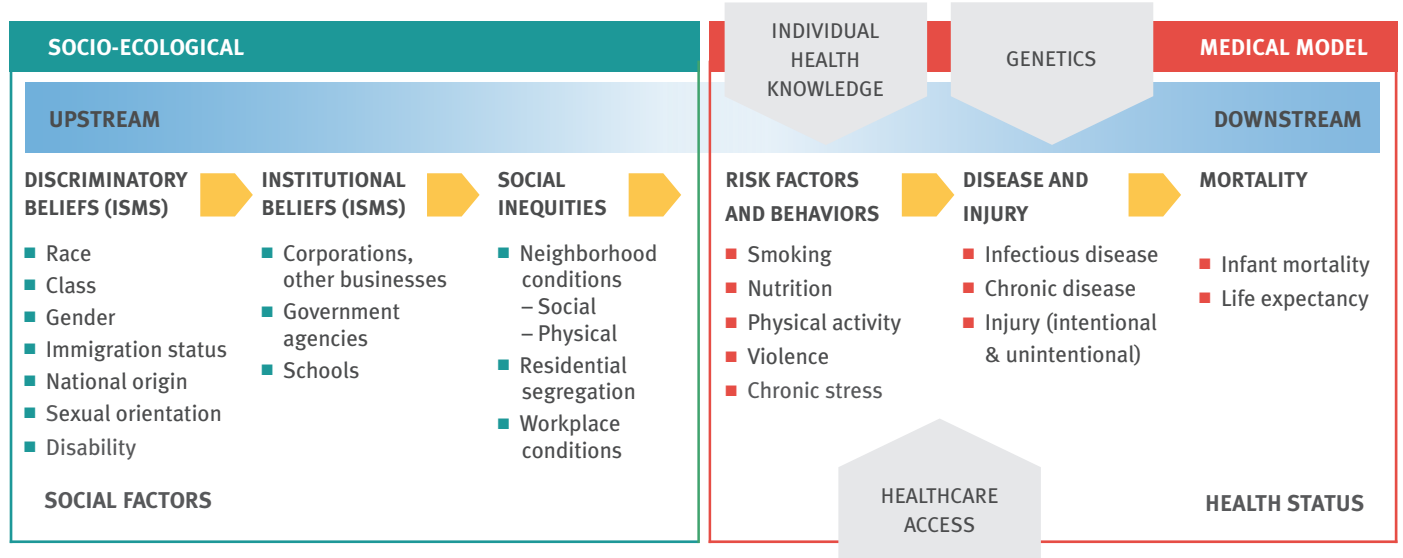
Source: The California Endowment, North Star Goals and Indicators (Los Angeles, CA: The California Endowment, 2016).

BHC’s focus on power not only distinguishes it from traditional place-based initiatives but also from more traditional approaches to public health. The traditional medical model seeks to improve health status through the treatment and management of disease and injury that result from risk factors and behaviors, such as smoking, poor diet, and lack of physical activity. Thereby, its primary interventions are medical services, health care access, and individual health education. This approach to health disparities does not take into account the external conditions and structural barriers that low-income people in particular face in making health-related choices. Instead, this approach focuses on what are called the “downstream disparities” (Iton 2016).

Rather than focusing on individuals’ risk behaviors, BHC is focused on addressing the underlying social and economic conditions that lead to negative health outcomes, often referred to as the “social determinants” of health (Committee on Community-Based Solutions to Promote Health Equity in the United States et al. 2017; CSDH 2008; Smith et al. 2013). More specifically, BHC’s theory of health is directly informed by Alameda County Public Health Department’s (ACPHD) adapted Bay Area Regional Health Inequities Initiative (BARHII) framework (see Figure 2). The basic premise is that upstream inequities—structural factors and social-environmental conditions—cause downstream disparities in health outcomes (Iton 2016).

Figure 2. BARHII’s Public Health Framework for Reducing Health Inequities

A FRAMEWORK FOR HEALTH EQUITY



BHC’s focus is on the upstream factors that shape the conditions that low-income people must navigate in order to pursue a healthy life. The BARHII framework illustrates how a discriminatory narrative that values some people over others shapes policy choices (e.g., housing, land use, and fiscal priorities) that lead to inequitable conditions for those who are the targets of discriminatory beliefs and “isms.” At this end of the spectrum there is a gap in interventions in the public health field. This is where BHC fits in: The five drivers of change (people power, youth leadership, collaborations, leveraging partnerships, and changing the narrative) stem from this analysis of the root causes of health disparities.

Common challenges that place-based initiatives face were taken into account in the design and implementation of BHC. Challenges include nebulous goal setting, unclear visions of success, and internal barriers: As Mack et al. (2014) notes, foundation-led CCIs over the last several decades have often had unclear goals and visions that shifted regularly. Place-based funders have also struggled with the fact that population-level change is a much longer-term process, even when concentrated within one geographic area (Sojourner et al. 2004; Kubisch et al. 2010). Generating change in place may also require cultural, organizational, and operational shifts within the foundation itself, including adopting more collaborative strategies and rethinking traditional funder-grantee power relations.

BHC took several steps to preemptively avoid common challenges. Fully evaluating how well TCE has preempted challenges is beyond the scope of this report, but we briefly highlight its efforts here. First, TCE had goals and outcomes at the onset and involved a broad cross-sector of each community in prioritizing outcomes and developing plans to achieve them. In fact, it over-corrected by setting out too many goals and outcomes, as TCE admits it “over-cooked the dish” (The California Endowment 2016:6). Secondly, it has led a dynamic learning and evaluation process by balancing the questions of local partners with the foundation’s need for tracking progress. Thirdly, it has adjusted its staffing model. For example, each community has a dedicated program officer who acts not only as a funder but also as a relationship builder, a strategic thinker, and often an advocate. Organizationally, Healthy Communities and Healthy California are organized as separate departments with each having their own leadership, staffing, and budgets.

THE ALAMEDA COUNTY BARHII FRAMEWORK

In 2002, a group of public health officials in the San Francisco Bay Area came together out of frustration that the tools of the traditional “medical model” approach to public health practice were not sufficient for the challenges facing modern public health. Chief among those challenges is health inequity. Recognizing that health outcomes are strongly influenced by the social and environmental conditions that many low-income people are forced to contend with on a daily basis, these pioneering health officials created the Bay Area Regional Health Inequities Initiative (BARHII), whose mission is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.¹ The BARHII framework is an effort to visualize and organize public health interventions and strategies across a spectrum from downstream to upstream. Simply put, the BARHII framework is an integration of the medical model and the socio-ecological model with a specific eye towards situating types of interventions along the upstream-downstream continuum.

Source: Dr. Anthony Iton, Senior Vice President, Healthy Communities, The California Endowment, 2018.

■ Building People Power: From Driver of Change to 2020 Goal

“Residents play a pivotal role in the BHC initiative because they are valued through organizing. There is trust among residents, and they see the end goals of their campaigns. With the wins that have come about, residents are more confident and feel powerful in bringing about change in their community.”

BHC ORGANIZING GRANTEE

The residents of the 14 communities have been central to BHC—not only as recipients of change but also as lead agents of change. Drawing from interview and survey data, this section charts an overarching shift in resident involvement from the early years—reaching back to the planning phase in 2009—to the halfway mark in 2015. With the official start of the initiative in 2010, “building resident power” or “building people power” has been a key driver of change, and that is the primary lens through which to look at the role of residents. With the diversity of community capacities, campaign life cycles, and coordinating tables, the roles that residents play vary from being consulted on priorities to speaking their voice in policy campaigns. There have been different terms to describe resident engagement, including resident power, resident-driven organizing, community organizing, and power building. It is important to clarify definitions and understandings in order to bring into relief a sharper understanding of people power.

Direct engagement with residents has been a key requirement since the pre-initiative planning phase. Prior to the official launch of BHC, TCE issued requests for proposals (RFPs) from each of the 14 communities to support a planning process. It required a single proposal from each community and a process to engage residents, non-profit leaders, and public agency representatives on the priority outcomes and implementation plans (The California Endowment 2009). Tensions emerged from this requirement of engaging residents and from differences in approaches about how to solicit authentic feedback and engagement. For example, organizers were skeptical of service providers turning out residents without a plan for ongoing engagement, and service providers were skeptical of organizers for acting as community “gatekeepers.” Furthermore, this tension was unfolding within a complicated field of long-held distrust of outsiders and uneven power dynamics.

The planning process required that residents, including youth, participate on hub steering committees that included staff from community-based organizations, public agencies, and other key stakeholders. The premise was to bring together “inside” system leaders with “outside” change agents around a common community agenda. A problem with this approach is the uneven power among those sitting at the table, coupled with a process that is about influencing the direction of foundation resources. As we have heard through interviews with organizers, it is insufficient to just bring to the table people who have been historically marginalized from decision-making processes. It requires particular processes to ensure that all voices are heard, that everyone is respectful and respected, and that participation and decision-making are equitable. What TCE now calls the “super-hub fantasy” has since been organized to fit each local context (The California Endowment 2016:6)

With the official launch of BHC, building resident power was one of five drivers of change.

It was initially defined as “getting large numbers of residents to bring their issues and concerns to the public debate and influence policy decisions” (Pastor et al. 2014). Once the hubs got into action (and, in many cases, were reconfigured), it became clearer what building resident power could look like and what it meant to engage residents and youth in policy and systems change. As a step towards clarifying “resident power” as organizing, the TCE Learning and Evaluation Department convened the Resident Power Workgroup, made up of cross-site evaluators and hub managers. This workgroup defined resident-driven organizing as follows: *Resident participation that occurs when residents organize together to advocate for policy and systems change. Residents actively develop and bring forward change proposals causing policymakers and system leaders to respond. Residents do this within the context of a constituent organization or group to which they are connected and accountable.*

The infusion of resources to support organizing has resulted in numerous victories. For instance, BHC funding gave a substantial boost to the organizing work that had already begun around school discipline (for more, see Martinez, Chandler, and Latham 2013). The victories likely came sooner and the work spread faster to places like Los Angeles, Fresno, Oakland, Long Beach, Santa Ana, Sacramento, and Coachella. For example, in 2013, local organizing in South Los Angeles and Boyle Heights led to the creation and implementation of a School Climate Bill of Rights, which required the district to implement alternatives to suspension; publish disciplinary data by race, English Learner status, disability, gender, and socioeconomic status; implement restorative justice programs; create a task force with teacher, student, administrative, and parent representatives; minimize the role of law enforcement in schools; and establish a formal complaint system. The San Diego Unified School District implemented a similar Bill of Rights in 2017 after pressure from local community organizations, many of which were part of BHC organizing in City Heights.

The health equity frame has helped grassroots organizing groups guide, justify, and connect multiple issues to health (Pastor, Terriquez, and Lin 2018). BHC sites throughout the state have organized around land issues by pushing for improved access to affordable housing, park space, urban agriculture, and active transportation investments, while also fighting to hold polluting industries accountable to neighborhood concerns. For example, in Santa Ana, local organizing pressure led to a commitment from the city to donate public lands to a Community Land Trust for the purpose of affordable housing development, community agriculture, or other amenities. Likewise, in Kern County, resident leaders helped push for \$6 million in state funds to be used for sidewalks, parks, and water stations. In Coachella, grassroots pressure led to the expansion of a transportation line to the rural North Shore area. In Fresno, community organizing around park access elevated the issue so much that it became a central campaign promise in the mayoral race. Several sites also worked on labor justice issues by pushing for a minimum wage or campaigning to decriminalize street vending. For example, in Boyle Heights, community organizations and their leaders formed a coalition and successfully pressured the Los Angeles City Council to legalize street vending.

Local organizing groups, in coordination with community-based advocacy groups, statewide advocates, and professional communications partners, have been able to monitor, influence, and strengthen the implementation of state policy victories. For example, in South Sacramento, local organizing capacity, an inside-outside collaboration, and the statewide ASEGÚRATE and #Health4All campaigns aligned efforts to increase primary care access for all uninsured residents, including undocumented residents, through the Healthy Partners program (Hargreaves and Dudley 2016). The fights continue to ensure that policies meet the needs of undocumented immigrants. For example, caps on health care eligibility for 19- to 64-year-olds is based on an assumption that people retire at 65. BHC groups have pointed out that undocumented elders, in particular, are often unable to retire, lack health coverage, and rely on the emergency room as their primary source of care. There is also an effort to put pressure on UC Davis Hospital in Oak Park in Sacramento to accept Medi-Cal patients. In Merced, organizing groups were able to preserve access to the Medically Indigent Services Program, which was on the chopping board. And in Salinas, BHC-affiliated groups won a pilot program for healthcare for undocumented individuals in Monterey County from the Board of Supervisors.

To guide the next phase of the BHC, TCE has honed its vision of success in 2020 through the establishment of the BHC North Star Goals and Indicators. The top goal on power building is defined as: *Historically excluded adults and youth residents have voice, agency, and power in public and private decision-making to create an inclusive democracy and close health equity gaps.* The indicators of progress towards that goal are: 1) strengthened leadership, organizations, collaborations, and networks are in place to help community members organize in cross-race, issue, and sector campaigns, both locally and statewide; 2) the dominant cultural narrative has changed to one of inclusion and equity that recognizes traditionally excluded adult and youth residents as assets to their communities; 3) adults and youth residents have voice and power in local and state government and private sector decision-making processes affecting policies and resource distributions; and 4) public systems, structures and leaders are transformed to change cultural norms / practices / policies / resource allocation to achieve equitable outcomes for all.

■ Pivoting to Power: Lessons for 2020 and Beyond

In looking ahead to 2021, how can TCE ensure that there is strengthened leadership, organizations, collaborations, and networks in place to help community members organize in cross-race, issue, and sector campaigns, both locally and statewide? In this section, we lift up three lessons, each coupled with specific recommendations for TCE, that will help BHC move towards its end goal.

LESSON #1:

PLACE IS A SCALE FOR CHANGE—NOT JUST A STAGE FOR CHANGE

BHC's investments in the 14 places have always been about effecting change beyond the 14 places. While high-need places were originally selected, as they were home to highly vulnerable populations and wide health disparities, the places were also high-opportunity. There was enough non-profit infrastructure that could lead to local victories, which demonstrate the possibility and the power of grassroots voices and their demands for change. Drawing from interviews and survey data of organizations receiving funding from BHC to organize in one or more of the 14 places, this section highlights the success and challenges from the concentrated resources in the 14 places, as well as recommendations for how to support a full pivot to power.

SUCCESSSES

Impacted populations who usually do not participate in policymaking are being organized. BHC targets low-income populations that are most at risk of poor health outcomes. Not coincidentally, these are often the same populations that are under-represented in public policy decision-making. Survey data confirm that grantees are targeting those residents who are least likely to participate in the public and private sector decision-making processes that affect their lives. As shown in Figure 3, 72 percent of respondents are organizing immigrants and 66 percent are organizing undocumented immigrants. Other top populations being reached by BHC groups are parents of children in school (57 percent) and young men and women (50 percent). Also significant is the percent of organizations targeting the formerly incarcerated (34 percent) and LGBTQ individuals (28 percent).

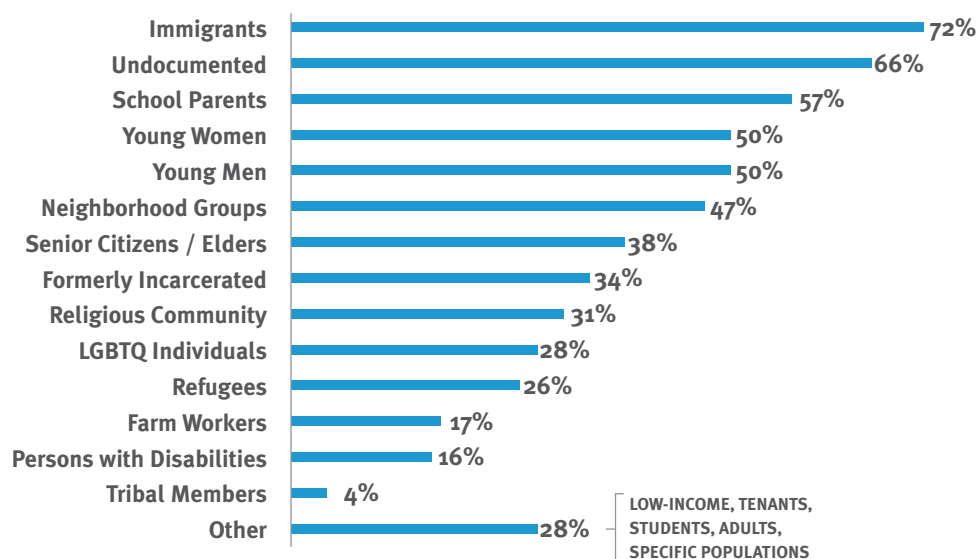
“[A] lot of our very local neighborhood work has also led to communities working across regions, across counties, and across place, which is really exciting because it builds this momentum and this understanding that it's not just my community that's facing these issues. This is a bigger, broader symptom of a system that works in favor of a few at the expense of the many.”

BHC ORGANIZING GRANTEE

“[W]e are trying to develop the leadership of the residents most affected by the immigration issues (including licenses, healthcare access, higher education for undocumented students, and more) by giving them the tools they need to be active advocates in their community.”

BHC ORGANIZING GRANTEE

Figure 3. TARGET ORGANIZING POPULATIONS, 2016



Source: TCE Resident-Driven Organizing Survey, 2016

A collaborative structure has supported work across sectors, issues, and places. In each of the 14 places, BHC supports an infrastructure (i.e., hub, staffing, and resources) dedicated to coordinating groups. Nearly all organizing groups (94 percent) reported in the 2016 survey that the BHC initiative has resulted in increased collaboration with other organizations. Survey respondents reported collaborating with both other organizing groups (97 percent) and non-organizing groups (80 percent). As illustrated in Figure 4, groups are collaborating with other groups primarily at the local level (96 percent), but also at the county or regional scale (82 percent) and state level (63 percent). Repeated interactions with other organizations over time can build trust, shared understanding, and working relationships that can be the basis for deeper collaboration. They can also lead to the development of a broader community agenda and an understanding of how each organization contributes towards that agenda.

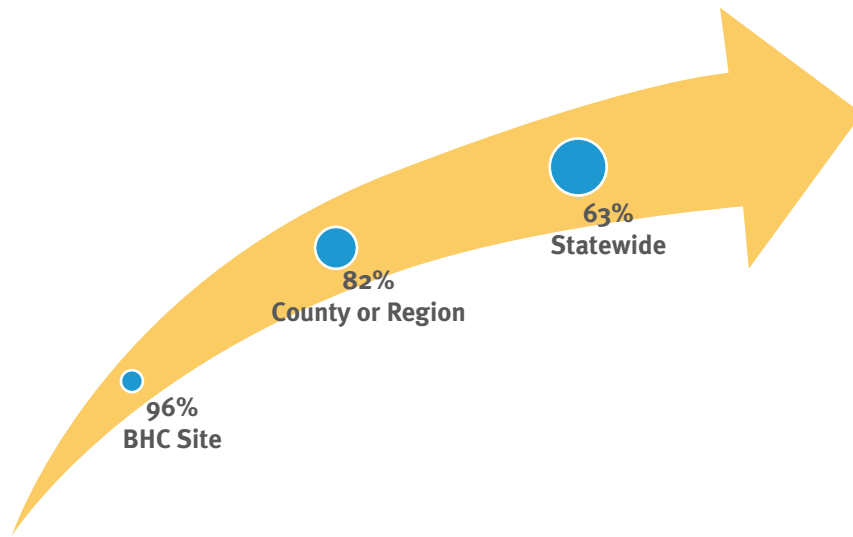
“When you make the time to build relationships and build trust—and this goes for both organizing community leaders, but also with other community-based organizations and other non-profit leaders—the work is more seamless. Everything just flows better and the power and impact is just that much greater because then you’re working together, you’re developing strategies together, you’re thinking through working backwards from the goal.”

BHC ORGANIZING GRANTEE

“BHC South Kern has created an atmosphere of organizing, collaboration, and care that was not here before, and an intersectionality of work across race, socioeconomic statuses, and cultures.”

BHC ORGANIZING GRANTEE

Figure 4. GEOGRAPHIC SCALE OF COLLABORATIONS, 2016



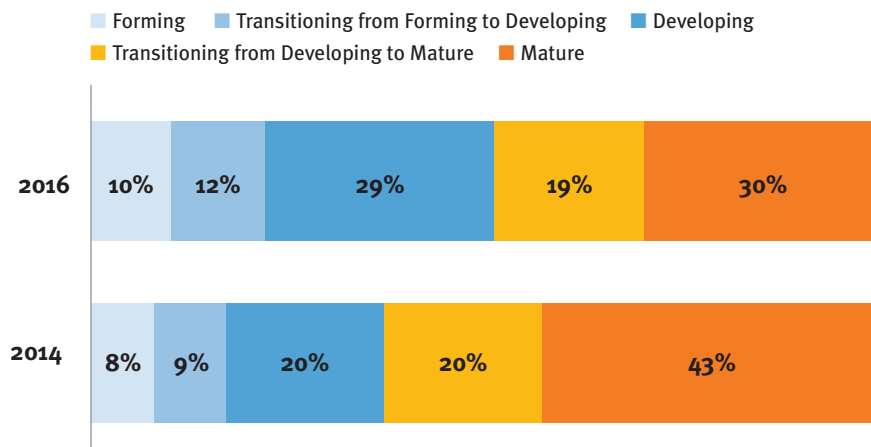
“BHC brings residents across ethnicity and language to work together on issues. It builds understanding between groups and promotes a stronger sense of community.”

BHC ORGANIZING GRANTEE

Source: TCE Resident-Driven Organizing Survey, 2016

Organizing capacity has grown and strengthened in the 14 places as a result of BHC. BHC has been successful in bringing organizing capacity to the 14 sites: 61 percent of survey respondents in 2016 report that they have been organizing in the BHC site for five years or less (which aligns with the start of BHC). Sites are diverse in terms of the maturity of their organizing capacity: some are strong organizing groups that are new to the BHC site, others are new to organizing but have been working in the site for a long time, and others are entirely new organizations. A higher percentage of grantees in 2016 report being at the earlier stages of development in their organizing capacity than in 2014, the details of which are reported in Figure 5. This suggests that in the early years of implementation, BHC was relying more on established organizing groups to engage residents in policy campaigns. By the halfway mark, there is a much more diverse ecosystem of organizing in the 14 communities.

Figure 5. STAGE OF DEVELOPMENT OF ORGANIZING CAPACITY, 2014 AND 2016



Source: TCE Resident-Driven Organizing Inventory, 2014; TCE Resident-Driven Organizing Survey, 2016

CHALLENGES

One downside of a place-based focus is that it can feel exclusive. For groups organizing in the BHC places that also have members in other neighborhoods, it has been a challenge to deal with more resources and attention going into one site over others. Additionally, the overwhelming focus on the 14 communities has overshadowed TCE investments in other parts of the state. In fact, many organizations throughout the state receive grants to organize around health equity. One such interviewee not in a BHC site expressed how its organization's work is sometimes left out of the overall narrative. Although a TCE grantee, it does not receive the same amount of attention and visibility. This can send a message that TCE is only committed to the 14 communities, when, in fact, it is investing statewide.

Too many collaborations can drain capacity away from organizing. A common dynamic in funder-led collaborations is that people show up because their grant is tied to their participation, not necessarily because they find value in it. In this way, BHC-supported collaborations can sometimes feel forced and inorganic. When organizations have fundamentally different missions and approaches to change (e.g., service providers and community organizing groups) yet are at the table for transactional (i.e., funding) purposes, those different orientations may never get reconciled. The frequency of meetings means that organizers are spending their time in meetings rather than organizing the community.

A major concern in the field is how to sustain the organizing capacity that TCE has supported beyond 2021 and beyond BHC. Organizations that are still forming and developing need core operational capacity—such as technology, websites, and social media platforms. In some cases, they require assistance becoming 501(c)(3) organizations. Others note the need for the technology infrastructure and data that can support large-scale voter engagement. Sustainability concerns are not only financial—organizations are worried about being able to train and keep organizers. Burnout among organizers is a common challenge in the field in general. High turnover and lack of staff retention are often attributed to heavy workloads, but limited opportunities for increasing leadership positions within organizations also present challenges. Training new organizers requires resources and can strain capacity.

RECOMMENDATIONS

- **Offering core operating support grants that are not tied to narrowly-defined issues or programmatic outcomes will be essential** over the next several years, especially for those groups that have been seeded through BHC. As previously mentioned, groups need grants to assist them in increasing staff and organizational capacity in a wide variety of areas. Core operating grants, although not explicitly tied to specific outcomes and issues, often lead to policy wins because they support the staff needed to organize more effectively and sustainably.
- **Support collaborations based on power—not solely by place.** A pivot to power requires a refreshed strategy about how to support collaborations that are defined beyond the geographic footprint of their memberships and more on the power-building and policy and systems change goals they share. For example, there is often a mismatch between the

geographic reach of the “systems” targeted for systems change and the geographic reach of the kind of localized organizing capacity being developed through BHC. As one grantee notes, “Policies don’t get passed at a neighborhood level...the city council passes citywide policies.” Organizations need support building strategic collaborations with groups that can influence other members.

- **Connect emerging BHC organizing grantees to power-building coalitions and networks.** The survey results of BHC organizing grantees describe an ecosystem of organizations with varying capacities and connections. To ensure that BHC is a catalyzing investment, it will be important to ensure groups that are just starting to develop their organizing capacity are networked with established groups. This does not mean that there should be a single power-building approach or statewide network. Rather, emerging groups will benefit from a more diverse ecosystem from which they can learn and adapt strategies for their particular contexts and conditions.

LESSON #2:

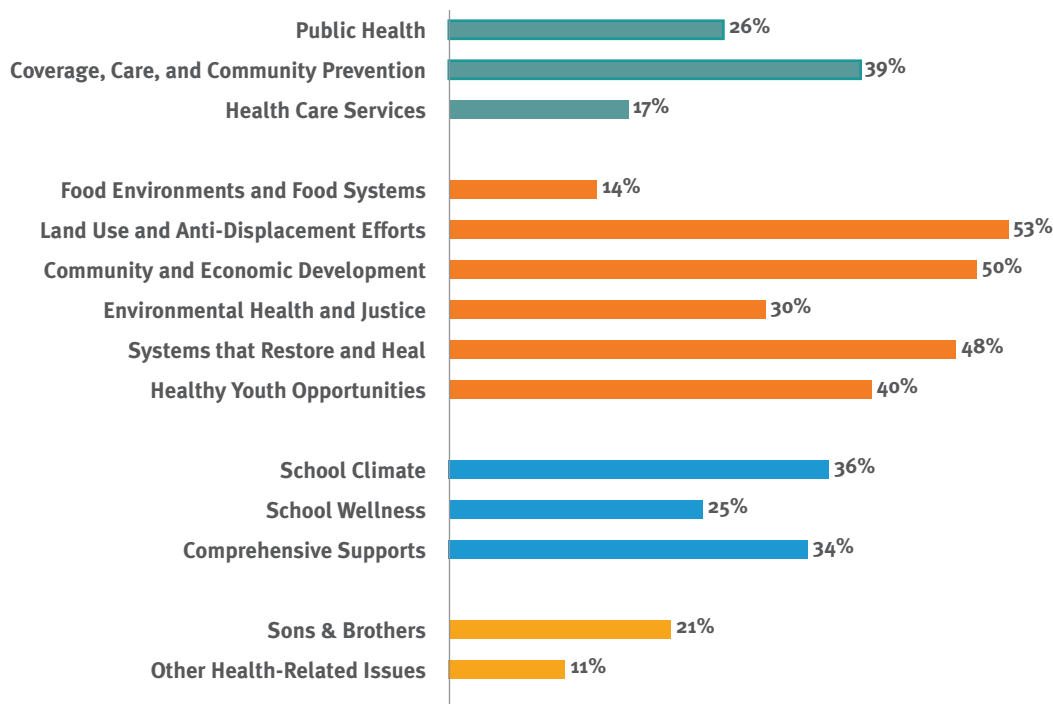
HEALTH EQUITY IS AN OPPORTUNITY TO BUILD POWER—NOT JUST PASS POLICY

BHC has invested in building and strengthening local capacity to engage under-represented populations in campaigns aimed at changing institutional policies, priorities, and practices that can lead to healthier communities and improved health outcomes in the long term. Drawing from interviews and survey data of organizations receiving funding from BHC to organize in one or more of the 14 places, this section highlights the successes and challenges from a focus on policy and systems change, as well as recommendations for how to support a full pivot to power.

SUCCESSSES

Health equity provides a guiding and unifying frame for the field of organizing. Grassroots campaigns that range from health coverage to street vending to school discipline reform fit within a broader movement, as they are all on the same path towards building healthy communities. Figure 6 shows the percentage of survey respondents that report working on the different BHC issues. The data reflect the Health Happens Here campaigns: Health Happens with Prevention and ensuring coverage for all Californians, including the undocumented; Health Happens in Neighborhoods and influencing land use plans and opportunities for youth; Health Happens in Schools and promoting school discipline reforms; and Sons and Brothers campaign. The top three priority issues are part of the Health in Neighborhoods work: land use and anti-displacement efforts (53 percent), community and economic development (50 percent), and systems that restore and heal (48 percent).

Figure 6. BHC POLICY AND SYSTEMS CHANGE PRIORITIES, 2016



Source: TCE Resident-Driven Organizing Survey, 2016

Organizers develop and implement policy campaigns in ways that provide multiple roles for residents and opportunities for them to develop their voice, leadership, and advocacy skills over time. In this way, campaigns can build the trust and confidence among residents that extends beyond the life of the campaign and beyond any single issue. Figure 7 shows the roles BHC grantees are giving residents in the policy and systems change work and how those roles are shifting over time. In 2014, 74 percent reported that residents are researching the issues and policy options, roles that happen in the early stages of campaign development. In 2016, this figure dropped to 54 percent, as more grantees reported residents participating in meetings with public officials (94 percent), recruiting other residents to get involved (93 percent), and planning and implementing the advocacy campaigns (82 and 80 percent, respectively).

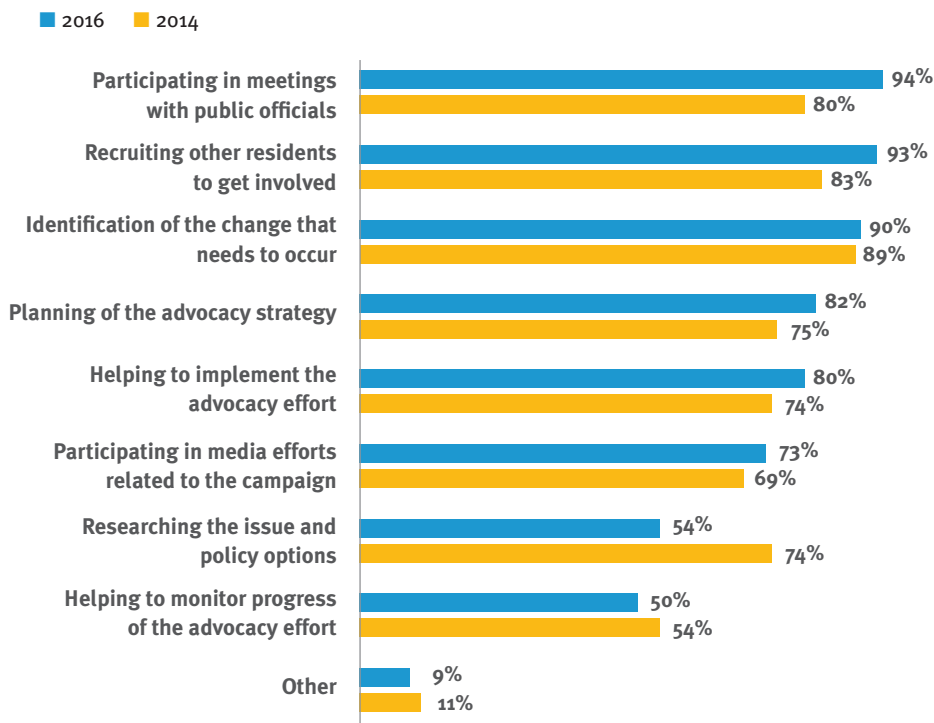
“Residents play a pivotal role in the BHC initiative because they are valued through organizing. There is trust among residents, and they see the end goals of their campaigns. With the wins that have come about, residents are more confident and feel powerful in bringing about change in their community.”

BHC ORGANIZING GRANTEE

“[P]arents are taught about school board meetings, the purpose..., and their importance. Parents are then empowered and given the knowledge so that they can actively participate in the meetings adequately and be capable advocates for their kids.”

BHC ORGANIZING GRANTEE

Figure 7. ROLES OF RESIDENTS IN POLICY AND SYSTEMS CHANGE CAMPAIGNS, 2014 AND 2016



Source: TCE Resident-Driven Organizing Inventory, 2014; TCE Resident-Driven Organizing Survey, 2016

The culture and dynamics of decision-making in the BHC places are shifting. Figure 8 shows the categories of decision makers that residents are engaging through the policy campaigns. The majority of BHC grantees are engaging residents in campaigns directed at local decision makers, such as a local government agency (77 percent), neighborhood (71 percent), board or commission (57 percent), county (56 percent), or school site (50 percent). When asked about the greatest benefit of BHC, several grantees expressed how residents are now at decision-making tables and how participation in decision-making, formally and informally, is shifting the culture and raising the visibility of organized residents.

“BHC has increased the visibility of communities of color. Due to the visibility, residents and community leaders are invited to be part of decision-making tables and discussions of broader systemic changes in the city.”

BHC ORGANIZING GRANTEE

“Community leaders are aware of [Santa Ana BHC] (SABHC) and the SABHC community has developed presence and political power in the community.”

BHC ORGANIZING GRANTEE

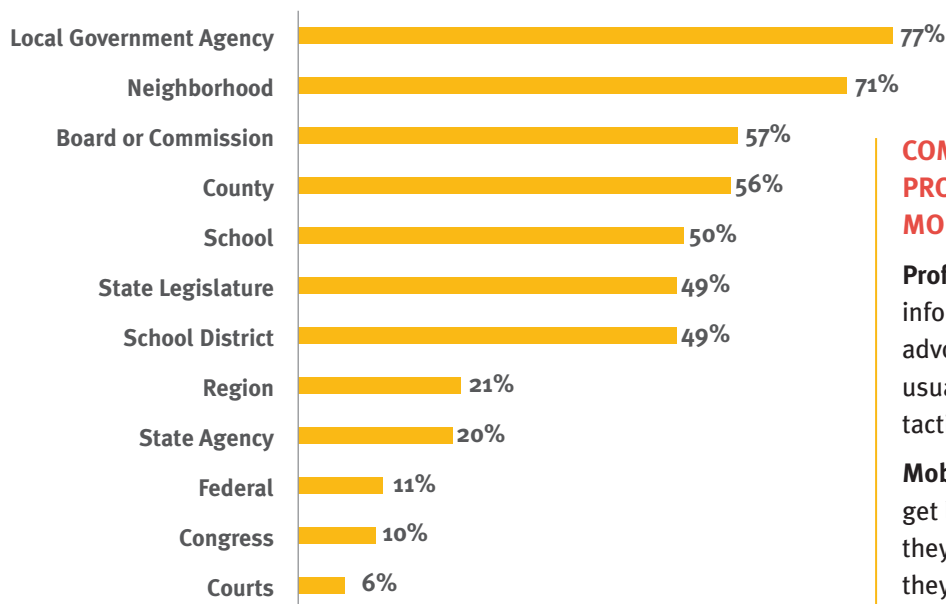
“[BHC is] creating a culture that recognizes grassroots organizing as a key element of a change strategy.”

BHC ORGANIZING GRANTEE

“[One challenge of BHC is] trying to ensure that our residents still consistently feel control and focus over the issues/campaigns they care about and have identified (not feeling like they are getting pulled in different directions or being asked to turn out to multiple different things), while also trying to strategically recognize the times when it is really important for our residents to also show up in support/solidarity for others.”

BHC ORGANIZING GRANTEE

Figure 8. DECISION MAKERS RESIDENTS ARE ENGAGING IN THE POLICY AND SYSTEMS CHANGE CAMPAIGNS, 2016



Source: TCE Resident-Driven Organizing Survey, 2016

CHALLENGES

Tensions often emerge between different approaches to building power to win policy and systems change. TCE supports organizations that employ different strategies that range from professional advocacy to mobilizing to grassroots organizing. Each strategy has its own base of power, roles for residents, purpose for engaging in campaigns, and pace in carrying out a campaign, which can create friction between organizations that are trying to collaborate. Tensions are often reported when professional advocacy and communications experts carry out the work in top-down approaches that do not take into account the decision-making processes of grassroots organizing, which is usually more accountable to a community base. Organizing groups typically design campaigns and tactics that provide multiple inroads to engagement and opportunities for training, relationship building, and leadership development. The process of carrying out a campaign is as important as the public policy victory.

It is challenging to link local, regional, and statewide efforts. For example, one unanticipated challenge has been the widespread impact of gentrification, which displaces residents. Although campaigns for tenants rights, housing rights, and related land use issues are usually hyper-local (e.g., the target is a single multi-family housing unit or landlord), organizers also point to the need for statewide legislative reform and a more interconnected agenda against gentrification. Similarly, statewide efforts around environmental justice and climate change also require robust organizing

COMPARISON OF PROFESSIONAL ADVOCACY, MOBILIZING, AND ORGANIZING

Professional advocacy relies on the information and expertise of professional advocates; their advocacy strategies are usually carried out by a few people through tactics such as written or oral testimony.

Mobilizing groups rely on the ability to get large numbers of people to take action; they usually focus on recruiting people where they are at (as opposed to developing them) and focusing them around discrete actions that they can carry out quickly and without much support.

Organizing groups rely on a set of core politicized leaders and a membership base whose motivations, capacities, and leadership are developed over time; they usually focus on advocacy campaigns and tactics that provide multiple inroads to engagement that also serve as opportunities for training, relationship building, and leadership development.

Adapted from: Hahrie Han, How Organizations Develop Activists: Civic Associations and Leadership in the 21st Century (Oxford and New York: Oxford University Press, 2014).

Note that the term professional advocacy is being used to distinguish from grassroots advocacy and community-based, advocacy organizations. For more about the advocacy ecosystem, see Inouye et al, Building the Capacity of Advocates Representing Communities of Color (Oakland, CA: Social

groups on the ground to monitor and drive implementation. However, organizers already experience severely limited capacity, and often cannot shoulder the extra burden of statewide coalitions in addition to driving local organizing work. This is a challenge of the field, in general, and is not just limited to the BHC work.

Tensions across organizations can lead to residents feeling disconnected from campaigns. Tensions in campaigns emerge when there are differences in understanding and in practice around who is driving the campaign and how critical decisions are made. Keeping residents and leaders informed and engaged over time is a struggle, especially when there is a mismatch between resident priorities and BHC priorities. Juggling resident involvement in multiple campaigns simultaneously also stretches capacity.

RECOMMENDATIONS

- **Prioritize campaigns that build agency, voice, and power among historically marginalized populations.** Policy campaigns can be waged to not only win policies, but also to build power. During the first half of BHC, an emphasis has been on building people power for policy change, or achieving health equity through professional advocacy and communications efforts bolstered by community voice and mobilization. Given BHC’s 2020 goals, there should be at least equal emphasis—if not more—on policy change that builds people power. The health equity equation should lead with community organizing, leadership development, and grassroots advocacy—and then bolster those efforts with professional advocacy and communications.
- **Support local-state collaborations that build grassroots power to ensure policy implementation and accountability.** The victories that BHC has helped to accelerate are numerous—reforming school discipline, broadening medical coverage for undocumented people, changing land use planning to incentivize active transportation, supporting healthy food access, increasing affordable housing, and more. Strong local organizing can support a coordinated statewide agenda that in turn is implemented in a way that reinforces local capacity for implementation and enforcement. This kind of local-state strategic planning and the connections and coalitions it requires will ensure that policy victories translate into real changes on the ground.
- **Deploy resources from the bottom up.** We recommend providing resources to grassroots advocacy coalitions that they can re-grant to professional advocacy and communications partners. The deployment of resources over the final phase of BHC should come from needs and opportunities that emerge from the bottom-up, as this work is more likely to “stick” beyond 2021. Investing in grassroots priorities ensures that there is greater community ownership over the campaigns and that advocates and their members will remain committed even after the formal end of the BHC initiative. Prioritizing a bottom-up approach also means changing the way that technical assistance is deployed. Collaborating with sites to find appropriate and helpful technical assistance providers, particularly for the non-urban sites, is critical to success. Statewide policies cannot be imposed upon local or regional groups from above. Instead, policy coalitions and narrative campaigns must center the priorities, voices, and leadership of underrepresented people and communities.

LESSON #3:

BUILDING POWER IS ABOUT POWER AMONG, TO, WITH, AND WITHIN—NOT POWER OVER

Building people power has been central to the BHC theory; however, there are deep debates both in academia and in community practice around defining, analyzing, and building power. Drawing from the community organizing field, power is defined as the “ability to achieve a collectively-defined goal” (Pateriya and Castellanos 2003). The goal is not defined by the vision or interests of a single individual; rather, the concept of power is rooted in the values of community, inclusion, and democracy. Power is about who is making decisions, who is setting the agenda, and where the resources are going. Within community organizing, unequal power relationships—how dominant groups hold power over others—are at the root cause of inequities. Thus, to address the root cause of inequities means realigning power relationships. An orientation around power in which a dominant group has power over another is grounded in values of domination and oppression. In contrast, the transformational change that BHC is focused on is rooted in values of inclusion and democracy.

SUCCESSSES

Groups are successfully voicing their issues and demanding action by decision makers. Between 2010 and 2017, TCE reports over 500 victories in policy and systems change (The California Endowment 2017). Progress has been made in all the issue priorities identified by BHC—neighborhoods, schools, and prevention. And community groups are exercising their power and influence in multiple decision-making arenas (see text box on Arenas of Change). While TCE, as a private foundation, does not fund direct lobbying activities, grantees have been successful in reaching and educating elected officials, voters, government staff, and the public at-large through their campaigns. Campaigns are important vehicles for individuals for develop a sense of agency, recognize their own power to make a difference, and gain the skills and information to solve problems in their own communities (VeneKlasen and Miller 2007).

ARENAS OF CHANGE

There are six main decision-making arenas. These are the target arenas in which power is exercised and contested in the fight to push, pass, and protect progressive policies and systems change. Together they define the full terrain where ideas, policies, and power are contested.

- **Legislative:** Where **elected officials and policy makers** are the decision makers as they propose, craft, and approve (or disapprove) laws.
- **Electoral:** Where **voters** are the final decision makers. They shape policy indirectly through electing representatives or directly through ballot initiatives.
- **Judicial:** Where decision makers are **courts and judges** as they determine the legality of policies and practices.
- **Administrative:** Where **executive officials and government staff** are the decision makers as they oversee and implement laws and rules, coordinate agencies and regulatory bodies, and administer public participation processes.
- **Cultural:** Where the target is the **public at large** as their values, worldviews, and understandings are influenced by those in power. Change in this arena can draw upon and lift up multiple ways of knowing (e.g., creativity, ancestral wisdom, experiential stories, etc.).
- **Corporate:** Where **business management and corporate stakeholders** make decisions that directly affect workers and families.

Source: Jennifer Ito, Manuel Pastor, and Madeline Wander, Changing States: A Framework for Progressive Governance (Los Angeles, CA: USC Program for Environmental and Regional Equity, 2016).

There has been a flourishing of healing practices and racial justice dialogue to address individual and community trauma.

TCE's support of organizations that develop civic leadership among the formerly incarcerated, queer and transgender youth, and populations that have suffered from individual and collective trauma has been a "game changer" for the state. TCE's support of the transformational healing practices that some organizations incorporate into their organizing model has been part of a revival of cultural and spiritual healing approaches. Its support has helped approaches to addressing individual and collective trauma become more widely adopted as an integral part of the leadership development of young men and women of color. For some communities, this has entailed a reintegration of indigenous practices and ways of healing. For some, healing represents a proactive strategy that is not just about reacting against oppression. For others, it has led them to develop a racial analysis of their work, including an understanding of how racism and implicit bias get structured into policies and interpersonal interactions. Additionally, many groups that arose out of healing traditions are also developing skills and capacities around organizing.

There is a growing number of organizations using integrated voter engagement strategies to shift power and build the leadership of their grassroots members. Integrated voter engagement synchronizes voter outreach and mobilization over multiple election cycles with deep and ongoing community organizing. Through regular contact with voters and strategic follow-up, grassroots organizations aim to activate disconnected, marginalized, and unlikely voters to build power not only at the polls, but also to channel those contacts into the ongoing policy campaigns. In the 2016 grantee survey, the majority of respondents (52 percent) reported working directly to educate voters and/or to increase voter turnout in the BHC site. In describing the stage of development of voter engagement work in the BHC site, about one-third of organizations are mature (33 percent) and less than one-third (29 percent) are forming, with the remaining falling in between (see Figure 9). When asked about the largest number of voters that organizations have contacted for any election, their collective reach adds up to almost half a million voters (487,965). About 40 percent of organizations have contacted 1,000 voters or less. The highest-reporting group contacted 130,000 voters.

A HEALING-INFORMED RACIAL EQUITY PRACTICE IN THE SALINAS VALLEY

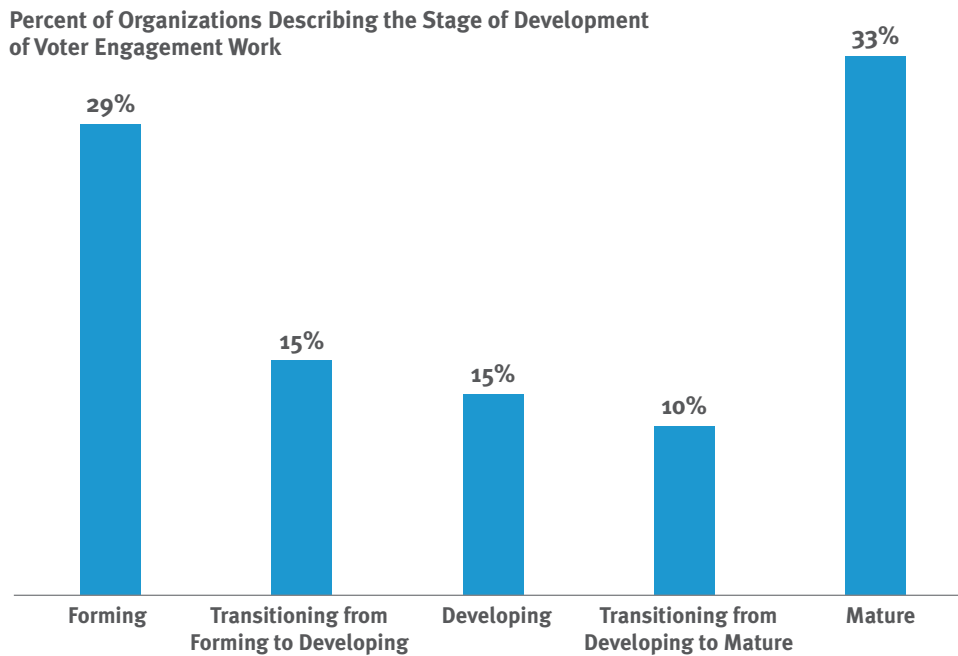
In the span of five months in 2014, four police officer-involved shootings of unarmed men served as a catalyst for BHC community to insist that the City of Salinas confront systemic racism. In November, city department heads and staff participated in a week of racial healing and racial equity practice together with BHC community members. This week served as a launching pad for building the capacity of government to advance policy and budgeting priorities through an explicit healing-informed, racial justice lens. This practice has supported an equity agenda for all residents of the Salinas Valley with a focus on moving policy and budgeting priorities that narrow inequities among the community's most vulnerable populations. Three years later, the relationship built between residents and government has allowed for meaningful community engagement processes that honor resident leadership in decision-making processes around issues such as land use, housing development, and budgeting priorities. This racial equity practice is extending outside of the City of Salinas to a broader set of stakeholders, including the County of Monterey, community organizing groups, labor, and regional philanthropy.

Sources: Lauren Padilla-Valverde, Senior Program Manager, The California Endowment, 2018; Bradshaw Dieng, Jamilah, Jesus Valenzuela, and Tenoch Ortiz, Building the We: Healing-Informed Governing for Racial Equity in Salinas (Oakland, CA: Race Forward, 2016).

"TCE helped catalyze a lot of people that, if nothing else, we understood that we have this relationship around trauma, and that we have to build a relationship around power, empowerment, and the embodiment of power."

BHC ORGANIZING GRANTEE

Figure 9. STAGE OF DEVELOPMENT OF VOTER ENGAGEMENT WORK, 2016



Source: TCE Resident-Driven Organizing Survey, 2016

CHALLENGES

More work is required to fully integrate the leadership of marginalized populations. Inviting different groups to be at the table, while helpful, is not sufficient. Some interviewees suggest that more can be done to ensure language access, youth-friendly political education, and more clear and inclusive decision-making processes. This requires an ability to facilitate strategic dialogue to define issues, shape policies, and determine campaigns while being vigilant to biases and power imbalances. Interviewees highlight the importance of explicitly addressing racial inequities and advancing racial justice. This could take the form of uplifting young people of color within organizations and leadership positions, as well as nurturing the leadership that is emerging from the Black Lives Matter movement and the Dreamer movement. Despite the growing power and presence of communities of color, TCE should consider increasing impacted communities' involvement in defining organizing priorities and the direction of resources.

There is a need to develop different parts of the organizing career ladder. Organizers emphasize the need for ongoing training and development of grassroots leaders. In fact, a key difference between mobilizing and organizing is the ongoing work of developing grassroots leaders, which requires a significant amount of attention and resources that extend beyond a singular campaign. While our survey results show that thousands of residents are being mobilized through BHC, whether they become more educated on the issues and engaged in the ongoing fights is critical to the lasting impact of BHC. One interviewee reflected on what this leadership development looks like:

“There is mobilizing, but it’s the mobilizing that comes out of intentional, planned, ongoing, long-term leadership development of the grassroots, where they find their own voice and develop their own skills so that they’re not just showing up, they are also engaged in the policy, in learning about the policy change that we’re seeking and informing what policies we address and seeing the policy process through.”

There are gaps in the statewide power-building infrastructure both geographically and demographically. There are vulnerable immigrant populations—including Asian-American and Muslim communities—that are currently underserved by organizing groups. Rural and suburban communities are also underserved, yet they are critical to the future direction of the state. Networks and coalitions can span different geographies—including rural, suburban, and urban areas—but still have interrelated needs and policy priorities. For example, with regards to the issue of gentrification, places like San Joaquin, Stanislaus, and San Bernardino counties are all receiving people displaced from the state’s urban centers, yet the organizing infrastructure to link urban and suburban populations is weak.

RECOMMENDATIONS

- **Build shared understandings about power.** To support this pivot to power, a working set of terms, concepts, and definitions is needed to build a shared understanding and alignment among BHC stakeholders about what power means for BHC moving forward—including how it gets measured. We propose using this alternative set of “power prepositions” to guide work moving forward in the following ways, which draws from *A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation* (2007): **power among** (those groups of individuals that suffer the most should be at the center of new collaborative and transformative expressions of power), **power to** (make a difference based on joint action and mutual support), **power with** (find common ground among different interests and build collective strength through coalition and alliance building efforts), and **power within** (build a person’s sense of personal value and worth as well as an ability to recognize and respect differences).

- **Provide dedicated resources for organizing.** Several BHC grantees underscore the need for funding specifically and solely for organizing. Organizations need significant resources in order to staff long-term organizers who are dedicated to building relationships with residents and developing community resident leaders. These resources are well invested, however. As one interviewee pointed out, the most successful organizations that engage their communities in policy decision-making are those that have organizing as a core part of their work. Organizations also need support in providing ongoing skills training to organizers, as well as ensuring they do not burn out so that they can continue to organize and move up within their organizations. Organizing groups, in general, face challenges in recruiting, training, and retaining organizers.
- **Increase attention and resources for leadership development.** In order to pivot to power, TCE must focus on building leadership development for traditionally marginalized people and populations and assisting organizations and coalitions in building democratic structures that ensure accountability to a broader community base. The transformational changes that people experience as they find their voice and agency is as important of a metric of success as the actual policy solution. Youth organizing groups face challenges in staying connected with their members as they age and in finding ways that allow them to return to their communities and contribute to change in a sustainable and long-term way. To address these issues, organizations need support to develop a pipeline for youth members of organizing groups to transition into organizing as adults and to reach young professionals of color who have previously lacked experience with organizing.

■ Conclusion

The legacy and success of TCE's BHC initiative is not only important for the future of California, but it is also important for a nation in turbulent times. California can be a beacon of hope, inclusion, and democracy as it ensures healthcare coverage for all, as it stands up to protect cities and counties that provide sanctuary for undocumented immigrants, and as it seeks to reduce barriers to voting. But there is still work to be done. The fight for equity, voice, and power among the most vulnerable communities is more critical than ever. At a time when national organizations are pivoting to state-based strategies to move a justice agenda, the BHC initiative can offer lessons around challenges, opportunities, and risks worth taking in doubling down on organizing and building power among those who have typically lacked voice and influence. In California and throughout the BHC sites, the lessons learned from TCE's funding initiative can help set the stage for the next phase of investment in organizing and health equity.

■ References

- Bloemraad, Irene and Veronica Terriquez. 2016. "Cultures of Engagement: The Organizational Foundations of Advancing Health in Immigrant and Low-Income Communities of Color." *Social Science & Medicine* 165:214-22. Retrieved August 25, 2016 (<http://www.sciencedirect.com/science/article/pii/S0277953616300582>).
- Committee on Community-Based Solutions to Promote Health Equity in the United States, Board on Population Health and Public Health Practice, Health and Medicine Division, and National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. edited by J. N. Weinstein, A. Geller, Y. Negussie, and A. Baciu. Washington, D.C.: National Academies Press. Retrieved May 17, 2017 (<https://www.nap.edu/catalog/24624>).
- CSDH. 2008. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization. Retrieved (http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf).
- Dieng, Jamilah Bradshaw, Jesus Valenzuela, and Tenoch Ortiz. 2016. *Building the We: Healing-Informed Governing for Racial Equity in Salinas*. Oakland, CA: Race Forward.
- Douglas, Jason A., Cheryl T. Grills, Sandra Villanueva, and Andrew M. Subica. 2016. "Empowerment Praxis: Community Organizing to Redress Systemic Health Disparities." *American Journal of Community Psychology* 58(3-4):488-98.
- Farrow, Frank and Cheryl Rogers. 2017. *Voices of Partners: Findings from the Community/Stakeholder Engagement Study*. Washington, D.C.: Center for the Study of Social Policy.
- Freudenberg, Nicholas. 2004. "Community Capacity for Environmental Health Promotion: Determinants and Implications for Practice." *Health Education & Behavior* 31(4):472-90.
- Goodman, R. M. et al. 1998. "Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement." *Health Education & Behavior* 25(3):258-78.
- Han, Hahrie. 2014. *How Organizations Develop Activists: Civic Associations and Leadership in the 21st Century*. New York: Oxford University Press.
- Hargreaves, Margaret B. and Deryn Dudley. 2016. *Building Healthy Communities: Aligning State and Local Endowment Investments to Support Policy and Systems Change in South Sacramento*. Gaithersburg, MD: Community Science.
- Inouye, Traci Endo, Rachel Estrella, and Kim Foley. 2010. *Building the Capacity of Advocates Representing Communities of Color: A Scan Commissioned by The California Endowment*. Oakland, CA: Social Policy Research Associates.
- Iton, Anthony. 2016. "The Drivers of Change & The BHC Theory of Change." Pp. 16-18 in *A New Power Grid: Building Healthy Communities at Year 5*. Los Angeles, CA: The California Endowment.

- Kubisch, Anne, Patricia Auspos, Prudence Brown, Thomas Dewar, and The Aspen Institute. 2010. "Community Change Initiatives from 1990-2010: Accomplishments and Implications for Future Work." *Community Investments* 22(1):8-36.
- Mack, Katelyn, Hallie Preskill, James Keddy, and Moninder-Mona K. Jhavar. 2014. "Redefining Expectations for Place-Based Philanthropy." *The Foundation Review* 6(4):30-43. Retrieved November 8, 2016 (<http://scholarworks.gvsu.edu/tfr/vol6/iss4/6>).
- Martinez, Tia, Arnold Chandler, and Nancy Latham. 2013. *School Discipline Reform in California*. Los Angeles, CA: The California Endowment. Retrieved (http://www.calendow.org/uploadedFiles/Learning/School%20Discipline%20study-V2_o81413.pdf).
- Minkler, Meredith. 2005. *Community Organizing and Community Building for Health*. New Brunswick, NJ: Rutgers University Press.
- Minkler, Meredith. 2004. "Ethical Challenges for the 'Outside' Researcher in Community-Based Participatory Research." *Health Education & Behavior* 31(6):684-97.
- Murdoch, James et al. 2007. *The Place-Based Strategic Philanthropy Model*. The Center for Urban Economics.
- Pastor, Manuel, Jennifer Ito, and Anthony Perez. 2014. *There's Something Happening Here...A Look at The California Endowment's Building Healthy Communities Initiative*. USC Program for Environmental and Regional Equity. Retrieved February 26, 2014 (<http://dornsife.usc.edu/assets/sites/242/docs/TCE-BHC-Narrative-PERE.pdf>).
- Pastor, Manuel, Veronica Terriquez, and May Lin. 2018. "How Community Organizing Promotes Health Equity, And How Health Equity Affects Organizing." *Health Affairs* 37(3):358-63.
- Pateriya, Deepak and Patricia Castellanos, eds. 2003. *Power Tools: A Manual for Organizations Fighting for Justice*. Los Angeles, CA: Strategic Concepts in Organizing and Policy Education.
- Smith, Amy V. et al. 2013. *BARHII Bay Area Regional Health Inequities Initiative – Health Equity and Community Engagement Reports*. Oakland, CA: Bay Area Regional Health Inequities Initiative. Retrieved December 5, 2017 (<http://barhii.org/resources/health-equity-community-engagement-reports/>).
- Sojourner, Aaron et al. 2004. *Moving Forward While Staying in Place: Embedded Funders and Community Change*. Chapin Hall Center for Children at the University of Chicago. Retrieved ([https://www.chapinhall.org/sites/default/files/ChapinHallDocument\(3\).pdf](https://www.chapinhall.org/sites/default/files/ChapinHallDocument(3).pdf)).
- Speer, P. W., E. A. Tesdahl, and J. F. Ayers. 2014. "Community Organizing Practices in a Globalizing Era: Building Power for Health Equity at the Community Level." *Journal of Health Psychology* 19(1):159-69.
- Stewart, Connie, Dawn Arledge, and Sarah Williams. 2014. *People Power in Building Healthy Communities: Resident-Driven Organizing Inventory Results*. Arcata, CA: California Center for Rural Policy at Humboldt State University.

Subica, Andrew M., Cheryl T. Grills, Jason A. Douglas, and Sandra Villanueva. 2016. "Communities of Color Creating Healthy Environments to Combat Childhood Obesity." *American Journal of Public Health* 106(1):79–86.

Subica, Andrew M., Cheryl T. Grills, Sandra Villanueva, and Jason A. Douglas. 2016. "Community Organizing for Healthier Communities." *American Journal of Preventive Medicine* 51(6):916–25.

The California Endowment. 2009. *Building Healthy Communities: Planning for Place Partnership Request for Proposals*. Los Angeles, CA: The California Endowment.

The California Endowment. 2016a. *A New Power Grid: Building Healthy Communities at Year 5*. Los Angeles, CA: The California Endowment.

The California Endowment. 2016b. *The North Star Goals and Indicators for Building Healthy Communities: A Working Paper of TCE Workgroup on North Star Goals and Indicators*. Los Angeles, CA: The California Endowment.

The California Endowment. 2017. *2010-2017 All BHC Accomplishments*. Los Angeles, CA: The California Endowment. Retrieved (<http://www.calendow.org/wp-content/uploads/2010-2017-All-BHC-Accomplishments.pdf>).

VeneKlasen, Lisa and Valerie Miller. 2007. *A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation*. Herndon, VA: Stylus Publishing. Retrieved (<https://justassociates.org/en/resources/new-weave-power-people-politics-action-guide-advocacy-and-citizen-participation>).

Yu, Hanh Cao and Wally Abrazaldo. 2010. *The California Endowment's Building Healthy Communities Initiative: Lessons from the Strategic Planning and Site-Selection Processes*. Oakland, CA: Social Policy Research Associates.

Yu, Hanh Cao, Heather Lewis-Charp, Daniela Berman, Hannah Diaz, and Allie Bollella. 2016. *The California Endowment Building Healthy Communities Foundation Transition Research Report*. Oakland, CA: Social Policy Research Associates.

■ Appendix A. Methodology

This report is based on a two-part evaluation of the capacity of resident organizing in the BHC sites conducted by USC PERE. Part I is focused on evaluating progress and capacity through a survey of TCE grantees. Part II nests the survey analysis within a broader framework and understanding of the state's organizing infrastructure through interviews and other qualitative research methods.

Part I: Survey of Resident Organizing in the BHC Sites

The first biannual resident-driven organizing inventory (RDOI) was conducted from October 2013 through February 2014 by the California Center for Rural Policy. The purpose of the 2014 RDOI was to collect baseline data and an inventory of resident-driven organizing from groups receiving both direct and indirect support from TCE through BHC. In order to minimize overlap with the youth leadership and organizing evaluation conducted by Dr. Veronica Terriquez and her colleagues, the main focus of the RDOI was on adult organizing.

At the mid-term mark, the main questions aimed to hone in on a shared picture of what success would look like at the end of the initiative, what capacities are needed to get there, and how to sustain those capacities in the long term. To help inform and spur dialogue to answer those questions specifically for resident organizing capacities, USC PERE designed a two-year, two-phase project. From November 2015 to January 2016, USC PERE administered the second biannual survey of resident organizing in coordination with staff from both TCE's Learning and Evaluation Department and the BHC initiative (see full survey results in Appendix C).

The first phase, completed in April 2016, was the collection and analysis of results from a survey of organizing grantees in the BHC sites. The original survey tool was streamlined and revised in order to: 1) capture data related to the resident organizing 2020 goals, 2) minimize overlap with other evaluation tools (youth organizing, collaboration, policy and systems change, and annual report), and 3) gather baseline data around capacities for voter engagement. The survey was organized into three sections: 1) organizational information, 2) organizing capacity, and 3) networks and sustainability.

To identify survey targets, each of the 14 program managers provided a list of contacts and organizations for each BHC site that receives (direct or indirect) funding from TCE to organize residents to advocate for policy and systems change. USC PERE emailed the survey invitation, instructions, and a link to the online tool to the list of organizations provided. Organizations working in multiple sites were instructed to complete a separate survey for each BHC site. We followed up with non-respondents via email and phone, in some cases. Groups were removed from the list if they did not do direct organizing (i.e., provide technical assistance) or if they completed the 2015 youth organizing survey.

A total of 94 surveys were completed for an 84 percent overall response rate. As shown in Table 1, there was participation from all 14 BHC sites, half of which had 100 percent participation. The sites with the lowest response rates were Fresno, Boyle Heights, and Salinas at 64, 67, and 67 percent, respectively. To preserve confidentiality, data are presented in the aggregate total and not by site.

Table 1. Survey Response Rates by Site, 2016

BHC Site	Survey Universe	Number of Respondents	Response Rates
Boyle Heights	6	4	67%
City Heights	13	13	100%
Coachella	2	2	100%
Del Norte	1	1	100%
Fresno	11	7	64%
Kern	5	5	100%
Long Beach	12	11	92%
Merced	8	8	100%
Oakland	10	10	100%
Richmond	2	2	100%
Sacramento	4	3	75%
Salinas	6	4	67%
Santa Ana	17	12	71%
South LA	15	12	80%
Total	112	94	84%

While the primary focus of this evaluation is on adult organizing, there are 13 respondents (14 percent) that report they are organizing primarily youth. Of all the respondents, 47 percent report organizing adults and youth while 39 percent report organizing primarily adults.

While this is the second year of implementing the RDOI survey, this is not a longitudinal study that is tracking progress of the same set of organizations. Of the 2016 respondents, only 30 organizations participated in the first year. Both evaluations are snapshots of the organizing capacity and infrastructure that TCE is supporting at that particular point in time.

Part II: Interviews on the Broader Organizing Infrastructure

A second phase of this study was designed to enhance understandings of the impact of TCE-funded resident organizing. The second phase (from May 2016 through August 2017) supplements the survey data with interviews with organizers, funders, intermediaries, and academics who offered a broader understanding of the organizing infrastructure in California and, in particular, within the regions where BHC operates. A total of 25 interviews were conducted with individuals involved in power building and movement building in California from July through October 2016. The primary themes explored in the interviews were:

- The current state of organizing, power building, and movement building;
- Impact of TCE on organizing capacity in the state, and lasting capacities needed;
- Insights on how TCE can ensure that investments and progress made through BHC contribute to a powerful and lasting infrastructure for change past 2021.

The interviewees, listed in Appendix B, represented a range of sectors and geographies. The selection of interviewees provided a mix of perspectives that included organizational leadership, organizers, intermediaries, and funders. Three quarters were current BHC grantees and the remainder, which included some former grantees, were familiar with the initiative. Their perspectives helped us understand how BHC and its impacts have been perceived. Sixty percent brought a statewide perspective, while the remaining were more locally or regionally focused. In addition, in-person interviews were conducted with East Salinas BHC site participants during a site visit.

The interviews were transcribed and coded using Dedoose, a mixed-methods program, to identify and analyze themes. Cross-checking procedures were incorporated to preserve accuracy across coders. Descriptors that help distinguish interviewees' perspectives based on their relationships to TCE and BHC initiatives were also incorporated in the coding analysis.

■ Appendix B. List of Interviewees

Keith Bergthold
Executive Director
Fresno Metro Ministry

Cathy Cha
Vice President of Programs
Evelyn and Walter Haas, Jr. Fund

Cathy Chu
Southern California Regional
Manager
*Genders and Sexualities Alliance
(GSA) Network*

Manuel Criollo
Director of Organizing
Labor Community Strategy Center

Venise Curry
San Joaquin Valley Regional
Director
*Communities for a New California
Education Fund*

Veronica Garibay
Co-Founder and Co-Director
*Leadership Counsel for Justice and
Accountability*

Juan Gomez
Director of Programs and
Innovation
*Motivating Individual Leadership
for Public Advancement (MILPA)*

Isela Gracian
President
*East Los Angeles Community
Corporation*

Luis “Xago” Juárez
Artistic Director
Baktun 12

Jim Keddy
Vice President
Children Now

Jeremy Lahoud
Senior Associate
Movement Strategy Center

Cesar Lara
Policy and Communications
Director
*East Salinas Building Healthy
Communities*

Sandra Martinez
Director of Public Policy
The California Wellness Foundation

Tia Martinez
Consultant
The California Endowment (TCE)

Martha Matsuoka
Associate Professor, Urban and
Environmental Policy
Occidental College

Joseph McKellar
Deputy Director
PICO California

Maricela Morales
Executive Director
*Central Coast Alliance United for
a Sustainable Economy (CAUSE)*

Virginia Mosqueda
Senior Program Officer
James Irvine Foundation

Sammy Nuñez
Executive Director
Fathers and Families of San Joaquin

Diana Ross
Executive Director
*Mid-City Community Advocacy
Network (CAN)*

Amy Schur
Statewide Campaign Director
*Alliance of Californians for
Community Empowerment (ACCE)*

Gabby Trejo
Organizer
*Sacramento Area Congregations
Together (ACT)*

Clara Turner
Research and Policy Analyst
*Orange County Communities
Organized for Responsible
Development (OCCORD)*

Amy Vanderwarker
Senior Policy Strategist
*California Environmental Justice
Alliance (CEJA)*

Miya Yoshitani
Executive Director
*Asian Pacific Environmental
Network (APEN)*

■ Appendix C. TCE Resident-Driven Organizing Survey Results, 2016

Unless otherwise noted, questions had 94 responses.

Part I. Organizational Information

1. *In which BHC site(s) is your group organizing residents? Check all that apply.*

- 4 Boyle Heights
- 12 Central Santa Ana
- 7 Central/Southeast/Southwest Fresno
- 13 City Heights
- 1 Del Norte County and Adjacent Tribal Lands
- 2 Eastern Coachella Valley
- 10 East Oakland
- 4 Salinas
- 11 Long Beach
- 2 Richmond
- 3 Sacramento
- 5 Kern
- 12 South Los Angeles
- 8 Southwest Merced/East Merced County

2. *Our group is organizing residents (check all that apply):*

- 47% Primarily in the BHC site
- 46% In the BHC site and at the metro or city level
- 36% In the BHC site and at the county level
- 19% In the BHC site and at the multi-county, regional level
- 16% In the BHC site and at the state level

3. *In the BHC site, our group is primarily organizing:*

- 39% Adults
- 14% Youth (under 25)
- 47% Youth and Adults

4. *In the BHC site, our group is organizing the following target populations (check all that apply):*

- 72% Immigrants
- 66% Undocumented
- 57% School Parents
- 50% Young Men
- 50% Young Women
- 47% Neighborhood Groups
- 38% Senior Citizens/Elders
- 34% Formerly Incarcerated Individuals
- 31% Religious Community
- 28% LGBTQ Individuals
- 26% Refugees
- 17% Farm Workers
- 16% Persons with Disabilities
- 4% Tribal Members
- 28% Other

5. *Our resident-driven organizing is working on the following BHC policy and systems change priorities (check all that apply):*
- 36%** School Climate
 - 25%** School Wellness
 - 34%** Comprehensive Supports
 - 14%** Food Environments and Food Systems
 - 53%** Land Use and Anti-Displacement Efforts
 - 50%** Community and Economic Development
 - 30%** Environmental Health and Justice
 - 48%** Systems that Restore and Heal
 - 40%** Healthy Youth Opportunities
 - 26%** Public Health
 - 39%** Coverage, Care, and Community Prevention
 - 17%** Health Care Services
 - 21%** Sons & Brothers
 - 11%** Other health-related issue
6. *What role(s) are residents taking in the policy and systems change work (check all that apply):*
- 90%** Identifying the change that needs to occur
 - 54%** Researching the issue and policy options
 - 93%** Recruiting other residents to get involved in the campaign
 - 82%** Planning of the advocacy strategy
 - 80%** Helping to implement the advocacy effort
 - 94%** Participating in meetings with public officials
 - 73%** Participating in media efforts related to the campaign
 - 50%** Helping to monitor progress of the advocacy effort
 - 9%** Other
7. *In the policy and systems change work, residents are engaging with decision makers at the following levels (check all that apply):*
- 50%** School
 - 49%** School District
 - 71%** Neighborhood
 - 57%** Board or Commission
 - 77%** Local Government Agency
 - 56%** County
 - 21%** Region
 - 49%** State Legislature
 - 20%** State Agency
 - 6%** Courts
 - 10%** Congress
 - 11%** Federal

Part II. Organizing Capacity

8. *Number of years our group has been organizing residents in the BHC site:*

- 61% 0 to 5 years
- 20% 6 to 10 years
- 5% 11 to 15 years
- 6% 16 to 20 years
- 1% 21 to 25 years
- 1% 26 to 30 years
- 2% 31 to 35 years
- 2% 36 to 40 years
- 1% No response

9. *Stage of development that best describes your resident organizing in the BHC site:*

- 10% Forming
- 12% Transitioning from Forming to Developing
- 29% Developing
- 19% Transitioning from Developing to Mature
- 30% Mature
- 1% No response

10. *In the last 12 months, what is the total approximate number of residents who turned out at public actions, events, or meetings sponsored by your organization related to BHC issues?*

- 20% 0 to 50 people
- 21% 51 to 150 people
- 13% 151 to 250 people
- 21% 251 to 500 people
- 10% 501 to 1000 people
- 10% 1001 to 2500 people
- 3% More than 2501 people
- 2% No response

11. *Compared to the previous 12 months, the total approximate number of residents who turned out at public actions, events, or meetings sponsored by your organization related to BHC issues:*

- 81% Increased
- 3% Decreased
- 16% Stayed the same
- 1% No response

12. *Number of residents (or core leaders) who are actively taking leadership in your organizing effort in the BHC site on a regular basis (specify number):*

- 28% 0 to 10 residents
- 36% 11 to 20 residents
- 17% 21 to 35 residents
- 7% 36 to 50 residents
- 7% 51 to 100 residents
- 4% More than 101 residents

13. *Compared to the previous 12 months, the number of core leaders who are actively taking leadership in your organizing effort in the BHC site on a regular basis has:*

- 69%** Increased
- 1%** Decreased
- 30%** Stayed the same

14. *Gender composition of core leaders in the BHC site (approximate percent):*

Note: 2,682 total core leaders

- 67%** Female
- 32%** Male
- 1%** Transgender
- 0.4%** Other

15. *Core leaders identifying as lesbian, gay or bisexual (approximate percent):*

Note: 2,682 total core leaders

- 16%** 0% of leaders
- 42%** 1 to 20% of leaders
- 1%** 21 to 40% of leaders
- 1%** 41 to 60% of leaders
- 1%** 61 to 80% of leaders
- 2%** 81 to 100% of leaders
- 37%** No response

16. *Racial/ethnic composition of core leaders in the BHC site (approximate percent):*

Note: 2,682 total core leaders

- 59%** Latino
- 20%** Black
- 7%** White
- 7%** Asian/Pacific Islander
- 5%** African
- 1%** Native American
- 0.4%** Middle Eastern
- 0.3%** Other

17. *Does your organization work directly to educate voters and/or to increase voter turnout in the BHC site?*

- 52%** Yes
- 48%** No (Go to Question #20)

18. *Stage of development best describes your voter engagement work in the BHC site:*

Note: 48 responses to this question

- 29%** Forming
- 15%** Transitioning from Forming to Developing
- 13%** Developing
- 10%** Transitioning from Developing to Mature
- 33%** Mature

19. *The largest number of voters that we have contacted to educate or to turnout for any election is:*

Note: 43 responses to this question

- 19%** 0 to 100 voters
- 21%** 101 to 1,000 voters
- 35%** 1001 to 10,000 voters
- 23%** 10,001 to 100,000 voters
- 2%** 100,001 or more voters

Part III. Networks and Sustainability

20. *In the BHC policy and systems change work, our organization collaborates with (check all that apply):*

- 97% Other groups that organize residents
- 80% Other non-organizing groups

21. *In the BHC policy and systems change work, our organization collaborates with (check all that apply):*

- 96% Other organizations based in the BHC site
- 82% Other organizations based in the same county or region
- 63% Other organizations that work statewide

22. *What impact has the BHC initiative had on the level of collaboration with other groups and organizations?*

- 93% Increased Collaboration
- 0% Decreased Collaboration
- 6% No Change
- 1% No response

23. *Has the presence of the BHC initiative in the site mostly helped, hindered, or not affected your organizing efforts in the site?*

- 93% Helped
- 0% Hindered
- 5% Not affected
- 2% No response

24. *What is your organization's approximate total annual budget?*

Note: 88 responses to this question

- 13% Less than \$100,000
- 31% \$100,000 to \$500,000
- 30% \$500,000 to \$1 million
- 15% \$1 million to \$2 million
- 11% Over \$2 million
- 1% No response/Missing

25. *What approximate percent of your organization's annual funding is from the BHC initiative?*

Note: 88 responses to this question

- 52% 25% or less
- 27% 26% to 50%
- 13% 51% to 75%
- 7% Over 75%
- 2% No response/Missing

26. *Number of paid staff dedicated to organizing in the BHC site (specific number of full-time-equivalent employees (FTEs); please list 0 if you do not have paid staff):*

- 5% 0 paid staff
- 4% 0-1 paid staff
- 22% 1 paid staff
- 9% 1-2 paid staff
- 23% 2 paid staff
- 4% 2-3 paid staff
- 15% 3 paid staff
- 1% 3-4 paid staff
- 9% 4 paid staff
- 5% 5 or more paid staff
- 2% No response

27. *Number of paid staff dedicated to organizing in your organization overall (in the BHC site and beyond; specific number of FTEs; please list 0 if you do not have paid staff):*

Note: 88 responses to this question

- 3% 0 paid staff
- 15% 0-1 paid staff
- 53% 1-5 paid staff
- 21% 5-10 paid staff
- 2% 10-20 paid staff
- 2% More than 21 paid staff
- 3% No response/Missing

28. *Does your organization receive funding for organizing residents (in the BHC site or beyond) from other sources besides The California Endowment?*

Note: 88 responses to this question

- 65% Yes
- 31% No
- 5% No response/Missing

29. *Does your organization receive funding to work on health-related issues (in the BHC site or beyond) from other sources besides The California Endowment?*

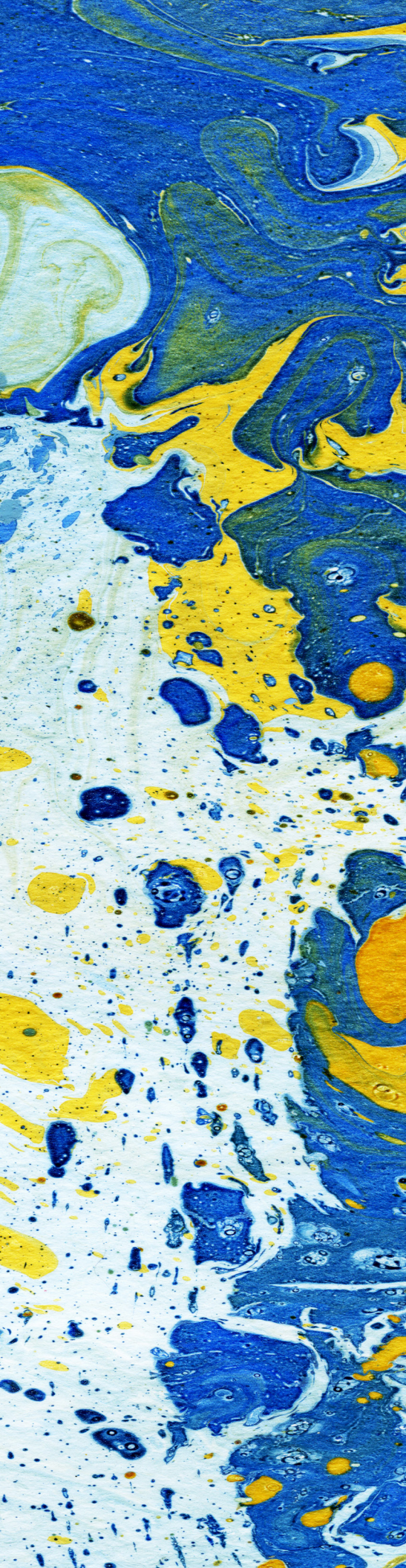
Note: 88 responses to this question

- 59% Yes
- 35% No
- 6% No response/Missing

30. *Is your organization actively seeking funding for organizing residents (in the BHC site or beyond) from other sources besides The California Endowment?*

Note: 88 responses to this question

- 84% Yes
- 14% No
- 2% No response/Missing



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