

# South Sacramento Building Healthy Communities Annual Evaluation Report



**Year 6**  
The Year of  
Looking to the  
Future

December 2016



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## Section 1 Introduction and Updates

The fiscal year 2015/2016 marked the sixth year of the 10-year Building Healthy Communities (BHC) Initiative, funded by The California Endowment (TCE). Beginning with a year of planning (2009), TCE has funded more than 70 grantees since 2010 to implement a variety of activities and programs aiming to impact drivers of change for the betterment of community health by changing systems and institutions. The ongoing developmental evaluation of the BHC Initiative has evolved and is adapting to the principles and practices of Collective Impact Evaluation.<sup>1</sup> This report represents a shift in focus that corresponds to the maturation of the BHC Initiative, and its current status in the trajectory of systems level change.

### YEAR 6 | LOOKING TO THE FUTURE!

The year six evaluation report provides updated status reports on the grant making from TCE, describes the structural and operational infrastructure for the BHC, examines the ongoing work of Action Teams and coalitions in which BHC has made its mark, includes a Social Networking Analysis of the impact of collaboration on relationships, and provides a trend analysis for the resident and youth engagement component of BHC work. The focus of both the initiative and the evaluation for the first four years was on structural and organizational foundations and grantee alignment with the logic model. The structure and operations of the BHC Hub have developed and stabilized, and year five marked the time when the individual and collective work of grantees starting culminating in systems and institutional level change across all three Health Happens campaigns. As the South Sacramento BHC moved into year six, partners started looking toward the future, beyond the end of the TCE funding commitment, towards sustainability and a new, healthier, and more collaborative status quo in the BHC area.

### 1.1 Overview of Collective Impact Framework and Evaluation

Collective Impact Evaluation provides a framework for tracking change over time, and recognizes the importance of creating an infrastructure in which collective change can occur. The five core conditions of Collective Impact are:

**Backbone Function** | For this Initiative, the BHC Hub fulfills the backbone function and role, administered from 2009 to 2016 by Asian Resources, Inc. The BHC Hub provides staff support, is the central coordinating body for meetings among all BHC grantees, manages communications and dissemination of information related to the BHC, and represents the leadership of the BHC Initiative for South Sacramento. The BHC Hub convenes a Leadership Team at regular intervals, to review progress and address issues as they arise, in addition to celebrating the individual and collective achievements of BHC grantees. The evaluation contract is also administered by the BHC Hub.

**Continuous Communication** | Because of the importance of continuous communication among grantees, the Action Team committee structure serves as the dominant form of continuous

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<sup>1</sup> Collective Impact Forum, FSG and Aspen Institute. *Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context*, 2014.

communication, manifested in monthly or bi-monthly meetings. The BHC Hub also has a communications function, via email and online announcements, and reminders of upcoming events and activities of shared interest.

**Common Agenda** | The shared vision for change has been well documented in a series of visual formats, beginning with the Logic Model for the South Sacramento BHC, now in its second edition updated in 2013. In addition, each Action Team (formerly “work groups”) convened in years 2 and 3 to participate in a graphic visioning exercise, producing a picture of change in motion. This large poster continues to hang in the main Hub meeting room, reminding partners and community members of the history and goals of the project. In addition, TCE has provided guidance through the original ten priority outcome areas, the five drivers of change, and the three Health Happens campaigns.

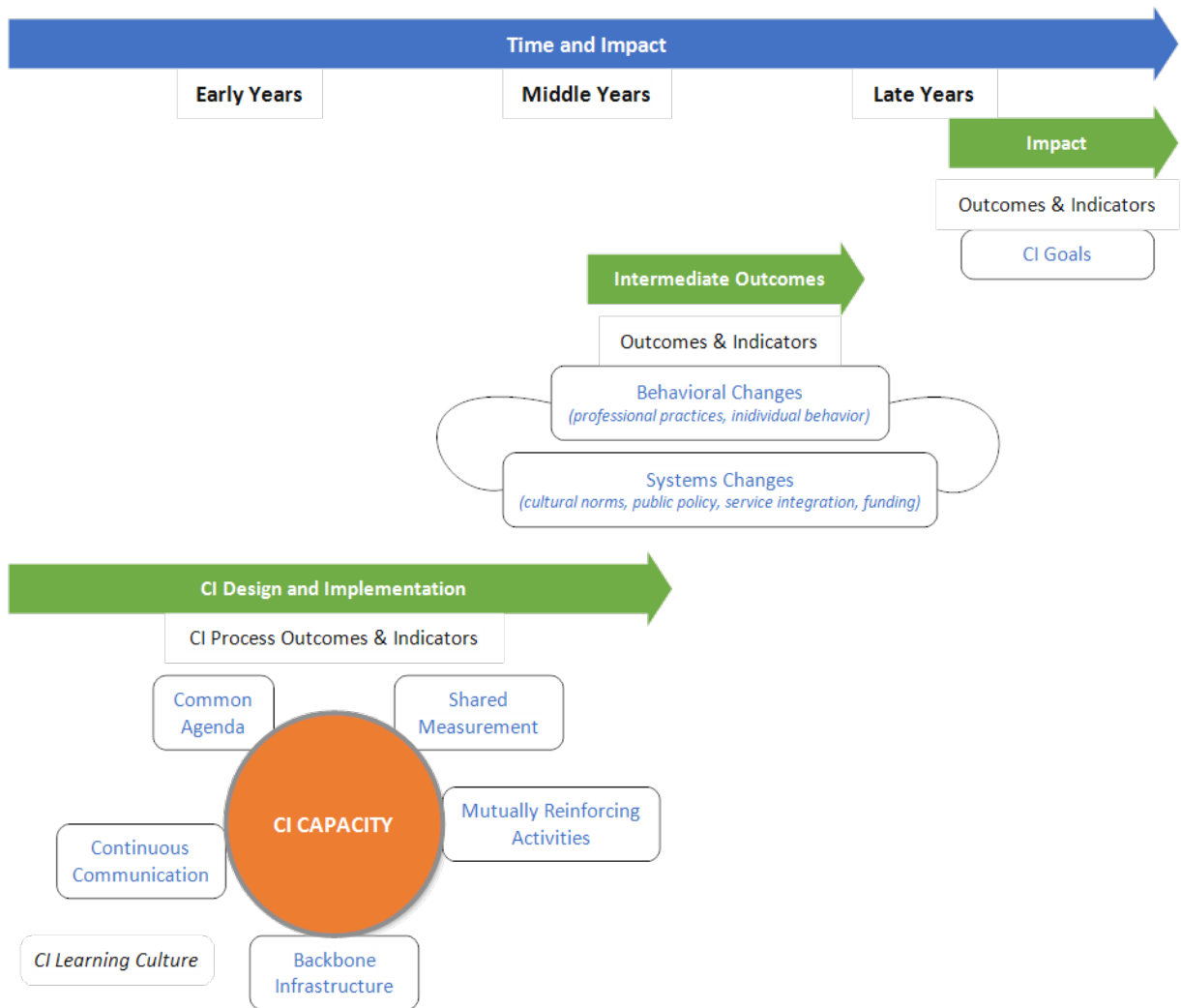
**Shared Measurement System** | The shared measurement system for the BHC consists of measures of resident and youth engagement, community indicators aligned with each campaign, as well as measures provided by TCE’s Cross-Site Learning partners to track advocacy and policy change, resident driven organizing, collaboration, and youth leadership. The evaluation team presents findings from all data collection in an annual report with a presentation at the annual all-grantee meeting.

**Mutually Reinforcing Activities** | The work of the BHC grantees has manifested in several examples of mutually reinforcing activities, many of which culminated in the work of Action Teams as they defined a common agenda and a shared vision for ways to bring about place-based improvements in the health of the BHC target area. The year six evaluation included a Social Networking Analysis (SNA) to explore the strength of relationships amongst individuals and partner agencies within each of the Action Teams, and the BHC initiative, overall.

The first six years have emphasized the development and growth of this infrastructure, including changes (e.g., structure of leadership and committee work), the integration of opportunities for reflection. Allowing time for the core conditions of collective impact to develop has resulted in the capacity to respond immediately to opportunities to leverage support or funding; to mobilize grantees, residents and youth to advocate for change and to be heard; and to promote the work of one another as ambassadors and partners aligned for a common goal. The BHC Hub and its grantee partners have the core conditions of collective impact and are beginning to manifest change at the systems level in earnest, including several successful initiatives lead by a broad coalition of BHC grantees and partners.

Years one through six focused on describing how the BHC had addressed each of the five components of Collective Impact, illustrated by Figure 1 below:

Figure 1 | Collective Impact Framework and Core Components



This structure also reinforces a culture of continuous learning, supports the flexibility required for place-based work and systems level change, and has integrated practices to collect and analyze both quantitative and qualitative data that “tell the story” of systems level change. Given a decade for implementing the BHC initiative, year six is past the midpoint, looking to the future. From this point forward the evaluation emphasis will shift increasingly toward the measurement and reporting of intermediate outcomes and community impact, as well as a view towards sustainability. The evaluation will revisit the Logic Model to ascertain where and how *Change Strategies* have resulted in *Targeted Changes*, and document any progress on the original 10 Priority Outcomes (see Sacramento Building Healthy Communities Logic Model, revised 2013 in Appendix A).

## 1.2 Updates in Hub Operations and Activities

As the BHC begins the seventh year of implementation, the shift from individual grantee “startup” work toward “ongoing implementation,” including more collective activities and practices continues. New coalitions and partnerships emerge more easily and organically, as old partners with already established



trust invite and engage new partners to the table. While communication continues to be an area for development, a byproduct of this shift is increased information sharing among and across grantees, which fosters a shared understanding of the goals and intentions of the BHC Initiative. Annual all-grantee meetings, the monthly newsletter, and the BHC website provide multiple venues and opportunities for grantees to learn about the work of their peers, and to consider new and innovative ways to leverage the resources that they each represent. Year six marks a shift in the advancement of a common agenda, as previous successes fuel grantee work and new collective actions and strategies, resulting in changes in both policy and practice. If success breeds success, the Action Teams are eager and motivated to build on previous victories, striving for bigger and more robust systems change. The South Sacramento BHC continues to operate under the three “Health Happens” campaigns introduced in 2014, which feature goals for 2020 via five drivers of change.



The goals and targets for change, first introduced in 2014, have continued to reinforce the conceptualization of a common agenda among the grantees. South Sacramento BHC grantees are actively working towards each of these seven goals, outlined below.



## 2020 Goals: We Want Health in Every School



**Goal #1:** Increase social-emotional and physical health practices in schools statewide.

**Goal #2:** Win increases in funding for school health strategies through the Local Control Funding Formula (LCFF) in all BHC sites.



## 2020 Goals: We Want Health in Every Neighborhood



**Goal #1:** Incorporate health equity principles in land use policies, at the city, county, or regional level in all BHC sites.

**Goal #2:** Increase opportunities and support for underserved youth and young men of color so that more youth stay in school and in the community.



## 2020 Goals: We Want Health Care For All



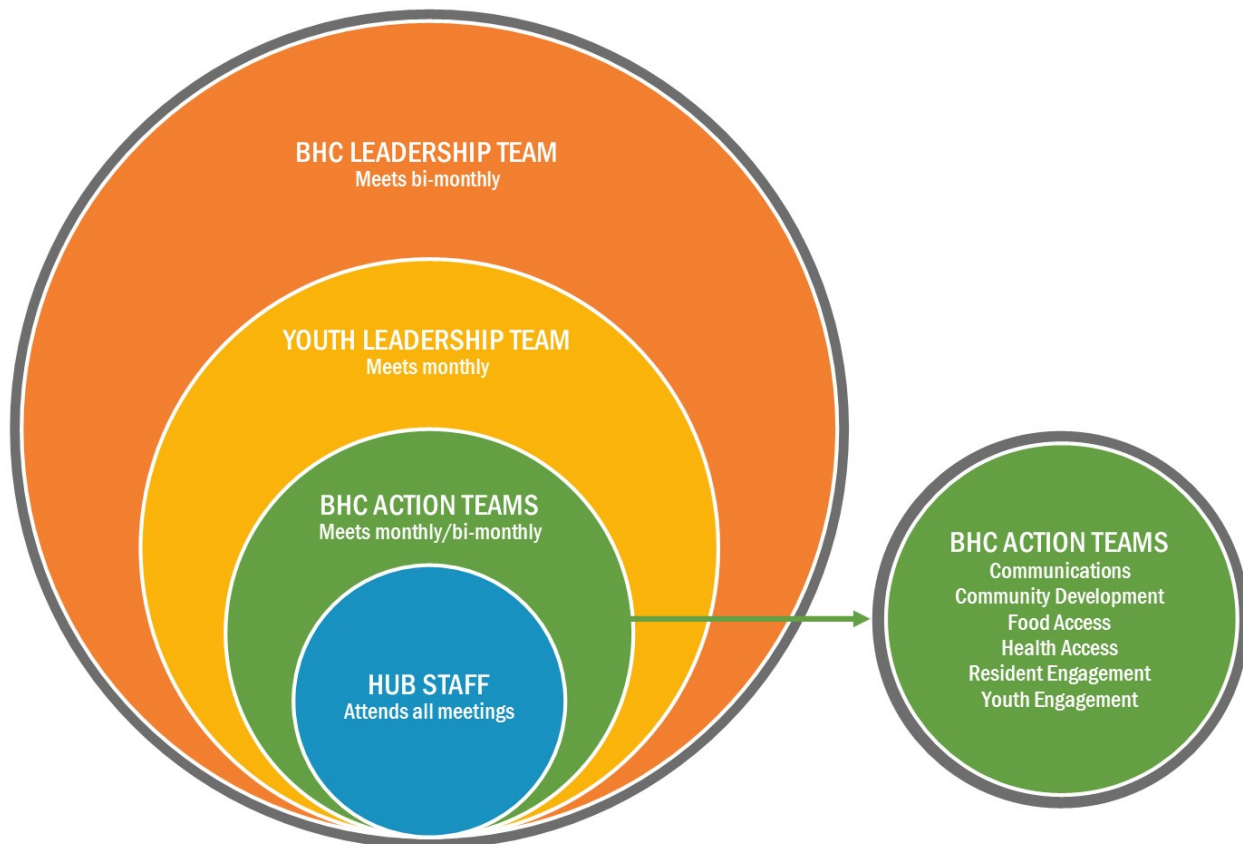
**Goal #1:** Enroll two million children and adults in Medi-Cal by 2020.

**Goal #2:** Win health coverage for the undocumented at the county level across the state.

**Goal #3:** Increase the number of persons trained and supported as primary care practitioners in underserved areas.

Halfway through the BHC initiative, the South Sacramento BHC site revamped its organizational structure, as reported in the Years 4 and 5 Evaluation Reports and illustrated in Figure 2 below. While specific names and configurations have shifted, this overall structure has been maintained for three years. The longevity of this structural model indicates that the South Sacramento BHC is engaging in collective work, with less relevance for hierarchy and more collaboration, communication, and collective action. Although the names and configurations have changed, the concentric circles continue to be an accurate and relevant organizational structure for the South Sacramento BHC, with the backbone infrastructure at the core, Action Teams close to the center of all work, and emanating out to roles for residents and youth, the leadership team, and finally any advisory committees or ad hoc groups.

Figure 2 | South Sacramento BHC Organizational Structure, 2016



The organizational structure of Action Teams has remained relatively stable during year six. The core Action Teams align with the Health Happens campaigns: (1) Health Access, (2) Access to Healthy Food, and (3) Youth Engagement. Over the last six years these core Action Teams have focused on mutually reinforcing activities, along with targeted initiatives, summarized later in this report.

During year five, the Communications and Land Use Action Teams were less active than the core Action Teams with the loss of a key partner that was facilitating the Land Use work and the Community Charrette group. Changes that occurred during year six include: the Land Use Action Team morphed into the Community Development Action Team; the Communications Team reconvened with a bi-monthly meeting schedule; and the Resident Advisory Board transformed into a Resident Engagement Action Team. The Community Priority Coalition – formally referred to as the Local Control Funding Formula (LCFF)

– remained active in year six and continues to focus on the Local Control Funding Formula within the Sacramento City Unified School District. The Community Priority Coalition advocates for LCFF funds to be allocated towards services and programs that will help low income students, foster youth, and English language learners within the BHC area be successful in school.

The organizational structure that was revised to reflect a “nesting system” in year four continues to serve the BHC well, under the general guidance of the Leadership Team which meets every other month, and includes the BHC Staff and consultants, and the Action Teams. This structure is sufficiently nimble to adapt to nuances and changes in grantee partners or newly-evolving needs. And the remaining Action Teams are the “mini-hubs” of continuous communication and collaboration among grantees with mutually reinforcing activities, encouraged by both TCE and the BHC Hub. This report includes an accounting of grantee attendance at monthly Action Team meetings and other forms of participation, as a proxy for their collective work in year six. As a result of the increasing cohesion and common agenda of the Action Teams, they have been the nexus of collective activities and strategies that guided systems and policy level change over the last six years.

The South Sacramento BHC Hub experienced a big change early in year six, moving from the offices of the fiscal sponsor, Asian Resources, Inc. (ARI), to its own dedicated space within the former Fruitridge Elementary School, within the heart of the BHC target area. In 2013, Sacramento City Unified School District’s Board of Education voted to close seven chronically under-enrolled elementary schools, including Fruitridge Elementary School on 44<sup>th</sup> Avenue. This blow to the community was slightly softened in 2015, when the Fruitridge Elementary location re-opened as the Fruitridge Community Collaborative Center. The BHC Leadership Team decided during year six to move to this location, which provides dedicated office space for BHC Hub staff, as well as a large dedicated meeting room and access to larger rooms, including the auditorium and former library. The Center is a vibrant hub of community activity, including several BHC grantee agencies, arts and culture classes, and summer lunch programs.

As of year seven, the fiscal sponsor for the South Sacramento BHC Hub will be the Sierra Health Foundation – Center for Program Management instead of Asian Resources, Inc., a key supportive partner for seven years. While BHC Leadership does not expect this sponsorship change to affect day-to-day operations of the Hub or grantee work, this partnership change will be an area for observation in future years.

### 1.3 Systems and Policy Level Achievements Over 5 Years

Beginning in year five, the evaluation started presenting the growing number of examples of systems and/or policy level change that demonstrate how the work of individual grantees now reflects collective actions and activities. For the last four years, the evaluation study has selected two areas for targeted examination to showcase stories about the BHC initiative. In year six, the evaluation study includes two case studies to illustrate systems and policy level changes in Health Access and Youth Engagement. Both workgroups have engaged in successful campaigns over the years, gaining media coverage, providing opportunities to mobilize community driven change, and aligning with more far reaching local, regional, and state policy agendas. Since the South Sacramento BHC Hub evaluation does not actually examine the work of individual grantees, these selected case studies provide illustrations to share with the BHC grantee “family” to celebrate shared accomplishments and to “lift up” stories that communicate the power of collective impact through the drivers of change. Case studies are also a powerful way to share the stories

of what is happening in South Sacramento with the other BHC sites and stakeholders across the state. The Health Access Action Team’s successful initiative to secure health care services for undocumented residents is detailed in a case study prepared by The California Endowment, which is currently under revision and has not yet been released publicly.

At this point in the BHC initiative, not only are there some great illustrations of grantee work, but within each of the Health Happens campaigns, South Sacramento’s BHC has amassed a roster of accomplishments that are designed to mitigate systemic barriers and impediments to change, to advance healthy living and access to preventive health, and to change the environment to enhance healthy living. The following table provides an overview and summary of the systems and policy level achievements for the South Sacramento BHC between 2010 and 2016.

Table 1 | Overview of Systems and Policy Changes by Health Happens Campaign: 2010-2016



## Health Happens in Prevention

### POLICIES ADOPTED

- Board of Supervisors approved funding for healthcare for the undocumented (2015); implementation in practice (2016)

### SYSTEMS CHANGES

- Health Navigators: Facilitate primary care among immigrant communities (2010)
- Highway to Health event (at Hiram Johnson HS) for free health screenings, dental and eye exams, flu shots, and other health and fitness resources (2013)
- Medical-Legal partnerships as resource for healthcare advocacy (2011)
- School based health center at Hiram Johnson High School (2015)

### RESOURCES LEVERAGED

- 159,825 new Medi-Cal enrollees in Sacramento County (2014/15)
- First 5 Sacramento awards \$918k (3 years) to support Sacramento Covered for health and dental navigation (2015)
- Dignity Health funding (\$150k) for a health navigation kiosk Oak Park Community Center (2015)
- Sutter Health funding to expand Sacramento Covered Health Navigators (2015)
- Sac BHC named one the Community Incubator Leads in the Reducing African American Child Deaths in Sacramento County initiative (2016)
- Greater Sacramento Urban League relocating to Oak Park for workforce training (2016)
- Sierra Health Foundation awards \$15,000 to Gender Health Center for speakers’ bureau (2016)
- Food Literacy Center awarded funding for 30 AmeriCorps Service Members to help inspire kids to eat their veggies (2016)
- WIC school expected to be built in BHC target area (2016)



## Health Happens in Schools

### POLICIES ADOPTED

- SCUSD: Anti-bullying policy (2011)
- SCUSD: Guidelines to clarify and protect transgender and gender variant students (2013)
- SCUSD: School climate and discipline policies to reduce suspensions and expulsions (2014)
- SCUSD: Trustees approve creation of an ethnic studies course, to be graduation requirement by 2020 (2015)

### SYSTEMS CHANGES

- SCUSD: Healthy Food Task Force (2010); cafeterias add salad bars; adds PE curricula & standards (2011)
- SCUSD: The Connect Center, for health & mental health services (2011)
- SCUSD: Men's Leadership Academy (2012)
- SCUSD: Chronic Absenteeism Learning Collaborative (2014)
- SCUSD: 1<sup>st</sup> school-based health center in region at Hiram W. Johnson High School (2015)
- SCUSD: New position for Assistant Superintendent of Equity and Access (2015)
- New school garden at Ethel I. Baker Elementary (2016)

### RESOURCES LEVERAGED

- SCUSD receives SAMHSA grant for Good Behavior Game, using BHC target area data to define need (2010)
- SCUSD receives \$1.2 M from US Department of Education to provide mental health counseling at 6 schools, using BHC target area data to define need (2010)
- Kaiser: Connect Center (2011-present)
- NOVO Foundation: Social-emotional learning (2012-18)
- Federal capital improvement grants for school based health clinic (2013/14)
- SCUSD and EGUSD receive \$6 M Career Pathway Trust Grant from California
- WestEd receives \$3 M grant (3 years) from US Department of Education to support ELL in SCUSD (and Fresno Unified) for training (plus TCE in-kind for \$30k) (2015)
- CA Department of Education funds college and career planning grant (Get Focused, Stay Focused) (2015)
- SCUSD reduces class size for kindergarten and grades 1-3 (result of LCAP) (2015)
- SCUSD receives \$200k in funding for student garden and food literacy center at BHC elementary school (2016)
- UoP providing 1-2 scholarships for Oak Park students (\$44k) (2016)
- SMUD provides STEM scholarship funds (\$50k) (2016)
- CSUS implementing \$5 M grant to provide k-12 STEM education and college to career readiness via SCUSD, including Oak Park students (2016)
- SCUSD: \$200k funding for school climate, restorative justice implementation (2014/15); \$950k (2015/16)
- 916Ink awarded AmeriCorps planning grant (2016)
- USDA awards Farm to School grant to SCUSD, Soil Born Farms, and CA Food Literacy Center, starting with 3 elementary schools in BHC area (2016)





## Health Happens in Neighborhoods

### POLICIES ADOPTED

- City Council adopts an ordinance for community gardens on vacant lots (2011)
- Sacramento establishes the Neighborhood Livability Initiative to improve property in unincorporated County (2013)
- City Council adopts urban agriculture ordinance (2015)
- City Council designates City of Sacramento as an urban agriculture incentive zone (2015)
- Board of Supervisors dedicate 20% of former redevelopment funds toward County's Affordable Housing Trust Fund (2015)
- Board of Supervisors update County Design Guidelines, emphasizing Active Design, health, & healthy communities (2015)
- Rio Consumes Correctional Center (RCCC) improves physical conditions and access to legal services for undocumented persons under ICE contract (2016)
- City Council approves gradual increase in minimum wage into perpetuity, linked to Consumer Price Index and provision for employer paid health care (2015)
- City Council created task force for a Vision Zero Action Plan, including 2 HUB partners (2016)

### RESOURCES LEVERAGED

- City of Sacramento receives \$200k Community Oriented Policing Services grant, with TCE match (\$180k) from 2011-2014
- Sacramento Kings, USDMC, and Wells Fargo fund installation of running path at Will C. Wood Middle School (2011)
- City of Sacramento receives \$455k CA Gang Reduction Intervention and Prevention (CALGRIP) funding to implement Project Ceasefire (2012)
- City of Sacramento and state funding via Prop 84 award \$3,184 M for improvements at McClatchy Park in Oak Park, enhancing Farmers' Market (2013)
- \$2.5M funded for construction of 41<sup>st</sup> Avenue Community Center (SHRA \$200k, CBDG \$1.2M, plus loans) (2013)
- \$2.7M funded Franklin Boulevard Streetscape Improvement Project (2013)
- SCUSD and City provide funding to install traffic signal (2014)
- Bank of America makes \$200k Neighborhood Builders Award to Soil Born Farms (2014)
- HEC receives \$1.1M from US DHHS to implement Sacramento Minority Youth Violence Prevention Project (2014)
- CA Strategic Growth Council provides funding to SACOG to revitalize and repurpose closed school site, Maple Elementary, into a community center (2014)
- The Sacramento Kings: Priority Apprenticeship Program to train & employ (2014)
- Sacramento receives Promise Zone designation in second round (2014/15)
- CalFire grants \$1M over 4 years (to Sacramento Tree Foundation, Soil Born Farms, and Sacramento Regional Conservation Corps) to expand urban forest, including one BHC zip code (2015)
- City provides funding for Oak Park's 1st Summer Night Lights program (2015)
- CDC awards \$150k Plan 4 Health grant to Design 4 Active Sacramento Coalition (2015)
- WalkSacramento receives funding to provide technical assistance on Active Design to planners and public health professionals throughout SACOG region (2015)
- Sutter Community Benefit Foundation awards \$1M to WayUp to improve educational outcomes for Oak Park youth (2015)
- Sacramento Regional Transit District reinstates bus route 8 (2015); instituted Y-PLAN recommendations to improve bus stops (2016)
- City of Sacramento Gang Prevention Task Force awarded \$680k to 18 organizations working towards gang prevention and intervention services (2016)
- USDA grants \$52,000 to NeighborWorks in support of Oak Park Farmers Market marketing and promotion (2016)
- 8 Green Tech students complete Intensive Home Builders Institute training and certification (2016) via contributions from Education Credit Management Corporation (2016)
- TomKat Foundation donates Green Technical Education & Employment grant (\$150k) to continue Teaching Urban Farming and Aquaponics (TUFA) program (2016)
- California Food Literacy Center receives AmeriCorps grant to extend food literacy throughout SCUSD (2016)
- SACOG issues \$443k and City issues \$450k to develop streetscape and traffic plan for more pedestrian and bicycle friendly Franklin Boulevard (2016)
- SMUD offers energy upgrades to qualified residents in Promise Zone neighborhood for up to \$50k, as well as some needs-based scholarships for STEM (2016)

## 1.4 TCE Cross-site Learning Participation and Contributions

During year six, the BHC Hub and partners continued to participate in and contribute to the Cross-Site Learning and related meetings and activities sponsored and hosted by TCE. For the past six years, the South Sacramento BHC evaluation team has been fully engaged in the cross-site learning in the following ways:

- Participation in the creation of the cross-site data collection tools (year one and two);
- Administration of one or more of the cross-site data collection tools (annually since year two);
- Attendance at annual meetings of the Learning & Evaluation (L&E) Specialists (annually);
- Attendance at annual convenings of the BHC sites (annually); and
- Ad hoc participation in special projects by request.

In year six of the South Sacramento BHC initiative, the evaluation team participated in and contributed to the cross-site learning in the following ways.

**Cross-site Data Reporting, Annual Reporting Template** | In partnership with the TCE Program Officer and the BHC Hub Manager for South Sacramento, the evaluation team completed the Annual Reporting Template, submitted to TCE in 2014, 2015, and in early 2016.

**Policy Advocacy Tool** | By virtue of participating in the bi-monthly BHC Leadership Team meetings and other ongoing communication, the evaluation team also provides support to the TCE Program Officer and BHC Hub Manager regarding the completion of the Policy Advocacy Inventory from year to year.

**Annual Convenings** | At least one representative from the evaluation team attended the annual *BHC Cross-Site Learning and Evaluation Convening: Community, Power, Justice: A Healthy California for All*. In addition, the evaluation team participated in the review and selection of BHC site papers in preparation for the annual Cross-Site Learning meeting in April 2016, summarized below in Table 2.

Table 2 | 2016 TCE Cross-Site Learning and Evaluation Convening Goals

Convening Dates	Event Goals
April 15-17, 2016	<ul style="list-style-type: none"> <li>• Celebrate the mid-point of the BHC Initiative to demonstrate that participants are part of something larger.</li> <li>• Foster a sense of extended community among participants that is available for support as they continue to work statewide and within local communities.</li> <li>• Inspire BHC partners by showcasing the great work that they are currently doing and their lessons learned.</li> <li>• Demonstrate BHC results of the past 5 years in: a) changing the environment, b) policy &amp; systems changes, and c) building capacities.</li> <li>• Create momentum for the next 5 years &amp; energize BHC partners to continue to engage in the work.</li> </ul>

Continuing the tradition of convening the Learning & Evaluation Specialists from all 14 BHC sites, The California Endowment hosted a statewide BHC meeting in April 2016. For the Cross-Site Convening in April 2016, the focus was on site level activities, programs, and projects that reflected the work of each local



BHC site. LPC staff provided support to TCE in the review and selection of presenters for the convening, and participated in a series of teleconferences hosted by TCE's L&E staff to make the final selection of presenters, ensuring diversity and innovation were represented. In addition, LPC sent one representative from the evaluation team to participate in the April convening. The forum for the 2016 statewide convening featured presentations by numerous BHC grantees and their partners as they shared accomplishments related to the three Health Happens campaigns, as well as a category for crosscutting themes that relate to the BHC.

The South Sacramento BHC evaluation team continues to participate fully in any and all cross-site learning opportunities. By the end of year six, the evaluation team has been recognized as one of the components that demonstrate the stability and continuity for the South Sacramento BHC.

## 1.5 Sustainability | Looking to the Future

While sustainability beyond 2020 has always been a consideration for the South Sacramento BHC initiative, discussions about sustainability and leveraging other financial resources began in earnest during year six. Evaluation staff conducted a focus group with the South Sacramento Leadership Team in October 2016 to formally discuss what sustainability looks like, how it might be achieved, and to detail specific next steps. As the initial 10-year funding period established by The California Endowment begins to wind down, these conversations will become more frequent and focused. All leadership partners affirm the importance of sustainability planning, and agree that discussions must take place sooner, rather than later. Detailed evaluation findings from the sustainability focus group are presented in Section 3.1.

## 1.6 Overview of the Report Structure

The sixth annual evaluation report for the South Sacramento BHC Hub has adapted to the stage of development and implementation for this ten-year place-based initiative. In the context of the Collective Impact framework the role of the evaluator (aka the Learning and Evaluation (L&E) Specialist) tracks and reports on the evolution of the five core components of collective impact. The report also features some measures of ongoing interest, from year to year, to illustrate how the mechanics of collective impact are playing out. To recap, the report sections correspond to the core components of collective impact, as follows:

- Common Agenda | Introduction and Overview (Section 1)
- Continuous Communication | Action Team Participation (Section 2)
- Backbone Infrastructure | Action Team Participation, Resident and Youth Engagement (Sections 2 and 4)
- Mutually Reinforcing Activities | BHC via Systems and Policy Level Change (Section 3)
- Shared Measurement Systems | Community Level Indicators of Change (Section 5)

The remainder of the report includes the following sections:

**Section 2 | Action Team Participation**, summarizing how BHC grantees are working in collaboration to achieve systems and policy level change in the BHC and at the city and county level, including a Social Network Analysis within and across the Action Teams;

**Section 3 | Building Healthy Communities for The Long-Term**, including highlights from a focus group discussion regarding sustainability, communications, and a Social Network Analysis exploring collaboration and partnerships amongst grantees;

**Section 4 | Resident and Youth Engagement**, representing the key to sustainability, marking the third consecutive year of reporting on resident and youth engagement throughout the BHC;

**Section 5 | Community Level Indicators of Change**, presenting ongoing trends among indicators and measures that are accessible and reflect population level changes that align with TCE goals and objectives; and

**Section 6 | Evaluation Plans for Year 7**, based on anticipated developments and milestones, while sustaining trends over time for selected measures and metrics.

## Section 2 Action Teams & Youth and Resident Boards

Year six implemented changes with the BHC structure that were instituted in year five. When the BHC began, the structure included six workgroups to facilitate collaboration amongst the grantees on focused topics, and to inspire the development of shared visions for change to drive the BHC initiative forward. In year five, those six workgroups evolved into six Action Teams, the format continued throughout year six. The Steering Committee, which voted to disband itself in year four, was replaced by the Resident Advisory Board, an engaged group of residents who actively shape the BHC initiative, which was subsequently restructured into the Resident Engagement Action Team. Other elements for the BHC structure remained unchanged in year six, including the BHC Leadership Team, Youth Leadership Team and All Grantee Convening. This section includes a summary of the year six activities for the Action Teams, the Leadership Team, and the Youth Leadership Team, with a focus on the frequency of meetings, and grantee participation. This section also includes a brief overview of the newly formed Resident Advisory Board, the All Grantee Convenings, and the Hub Gatherings.

### Action Team Goals

1. Increase communication amongst grantees
2. Bring together a diverse set of stakeholders
3. Increase coordination amongst grantees
4. Improve resource sharing amongst grantees

### 2.1 Food Access Action Team

The California Endowment supports 10 different organizations with the provision of food access programs in the BHC area. Table 3 includes a brief description of the programs offered by each of the food access BHC grantees funded during year six.

Table 3 | BHC Funded Food Access Grantees

Program Description	Grantee(s)
Supports outreach and enrollment in state food benefits program that will improve access to affordable and healthy foods for low-income residents.	ACCE
Trains individuals on a food curriculum targeting school age children and youth from limited resource communities.	Food Literacy Center
Works with youth from County schools to construct a 1,000-square foot greenhouse and aquaponics structure in Oak Park.	Green Technical Education & Employment
Expands and further develop the Oak Park Farmers Market and Crop Swap.	NeighborWorks
Supports for community garden administration.	Oak Park Sol
Supports staffing for the Sacramento Food Policy Council, to reinforce communications, organizing, and collaborative capacity of local non-profit and school district partners to build a food system that promotes health and wellness.	Pesticide Action Network

Program Description	Grantee(s)
Incorporates experiential learning from school gardens, Social Emotional Learning and Growing Together curriculum into after school programs at Will C Wood, Nicholas, Hiram Johnson, and American Legion.	Sacramento Chinese Community Service Center
Creates a food system that supports more local food consumption and healthy food education for South Sacramento residents. Development of a “how to” manual for school gardens and curriculum for incorporating school gardens into multiple academic subject areas. Coordination of the Sacramento Urban Agricultural Coalition.	Soil Born Farms (with sub-contractors Alchemist CDC, Sacramento Food Bank, SacSitopia, Yisrael Family Farm)
Promotes Health Through Aquaponics and Urban Agriculture. Increase access to healthy foods for residents in South Sacramento through education and construction of an aquaponics demonstration structure at a local food bank.	University Foundation at Sacramento State
Facilitates the Regional Food Systems Collaborative and Healthy Foods Task Force.	Valley Vision

The Food Access Action Team is comprised of: (1) BHC grantees funded to work on food access and education issues in the BHC area, and (2) organizations with an interest in the Sacramento region food movement. Soil Born Farms convened the Action Team 11 times in year six to promote collaboration and relationship building among food movement stakeholders, as well as hosting one media spokesperson workshop with Rally.

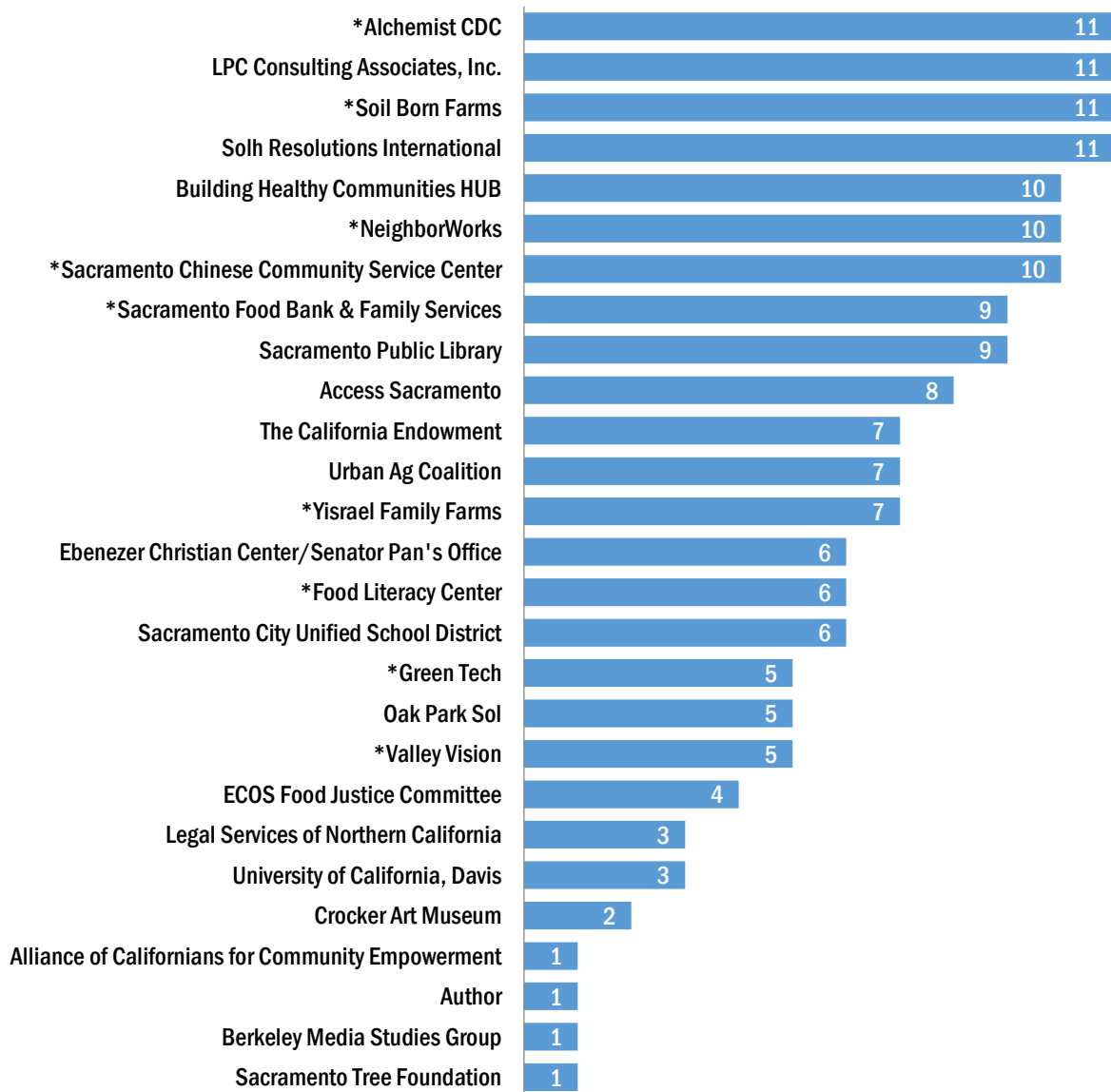
The partnership established in year five between Soil Born Farms and Solh Resolutions International to co-facilitate the Action Team continued throughout year six. Through the course of the year, Soil Born Farms and Solh Resolutions led BHC grantees through several discussions about how to galvanize all of the valuable work done over last five years into the future. In particular, the group began exploring the group’s current status and what the role of the Healthy Foods Coalition will be beyond the BHC funding from The California Endowment.

The number of organizations participating in the Food Access Action Team has continued to increase over time, as the group evolved from its composition of organizations funded by TCE, to extending a welcome to Sacramento area agencies actively involved in the food system, regardless of funding source. Food Access Action Team members gave a well-received presentation at the annual BHC convening in April 2016 about their work to date. Going forward, the Action Team has a specific desire to develop new collaborative partnerships with BHC neighborhood residents. Towards that end, the Action Team tried a new meeting format during the summer of 2016, using a community-level micro-level focus (e.g., individual and agency vs. food system) and at the food-related issues that are surfacing at that level.

Figure 3 shows Food Access Action Team meeting attendance by organization. The asterisks indicate organizations funded to provide food access programs through the BHC initiative. Of the 13 organizations that receive grant funds through the BHC Initiative for *food access activities*, six organizations attended more than 50 percent of the meetings. This level of consistency and synergy between and among organizations has been instrumental in the capacity of this Action Team to impact systems level change.

The shared agenda, mutually reinforcing activities, and backbone organization (Soil Born Farms) have also provided a solid foundation for collective impact.

Figure 3 | Food Access Action Team Attendance



## 2.2 Health Access Action Team

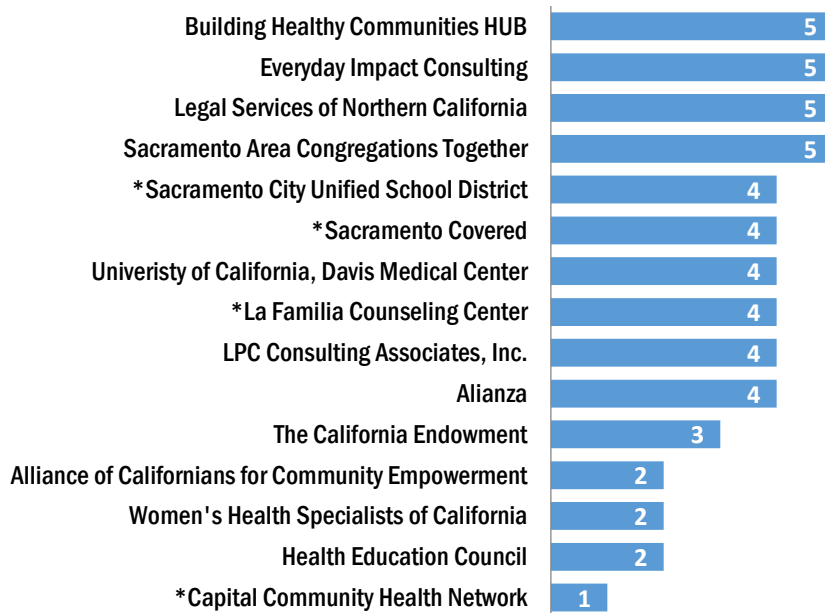
The California Endowment supports eight different organizations with grants to increase health access for residents residing in the BHC area. Table 4 includes a brief description of the programs offered by the health access BHC grantees funded during year six.

Table 4 | BHC Funded Health Access Grantees

Program Description	Grantee(s)
Coordinates a Regional Coalition to expand and protect women’s access to healthcare.	California Family Health Council
Improves access to health homes for undocumented children through outreach, education, and enrollment assistance to immigrant families with undocumented children newly eligible for full Medi-Cal coverage.	Health Education Council
Trains Community Health Navigators to provide access to health education, and navigate families through the health system to help them find permanent health homes.	La Familia Counseling Center
Strengthens the infrastructure of Sacramento City Unified School District to increase school attendance and safety in schools by becoming a portal for health, wellness and human services for students and their families.	Sacramento City Unified School District
Strengthens and expands the public/private outreach and enrollment infrastructure by providing outreach, enrollment, retention and utilization services and streamline health coverage applications and referrals to other social service programs through the Department of Human Assistance.	Sacramento Covered
Expands access to health coverage, public benefits, healthy foods, and wellness resources for low-income workers and their families through grassroots engagement and education.	Western Service Workers Association
Increases awareness about the importance of healthy eating for African American women and help prepare youth for careers in the health field.	Yes2Kollege

The Health Access Action Team is co-chaired by Legal Services of Northern California and Sacramento Covered, with administrative support provided by Everyday Impact Consulting. The Health Access Action Team convened five times in year six, and is comprised of BHC grantees, organizations interested in health access in the greater Sacramento region, and BHC Hub staff and contractors. Figure 4 shows Health Access Workgroup meeting attendance by organization, and the asterisks indicate organizations funded through BHC to provide health access programs. Health Access Action Team meeting attendance records indicate that three organizations funded through the BHC initiative to provide health access programs attended more than 50 percent of the meetings.

Figure 4 | Health Access Action Team Attendance



The Health Access Action Team focused on two major campaigns during year six: providing healthcare for undocumented residents, and reinstating Medi-Cal managed care at UC Davis.

### Indigent Health Care Campaign

A major focus of the Health Access Action Team was the implementation of the Healthy Partners Program, which provides healthcare for undocumented residents. Over 3,000 people have been enrolled in Healthy Partners, predominantly females who are younger and healthier than the general Medi-Cal population. The show rate for specialty appointments is 100%, and is 96% for other appointments, which is unheard of in health care. Given the success of Healthy Partners in filling a clear healthcare need, the Health Access Action Team continues to advocate to extend and expand Sacramento County’s undocumented healthcare coverage beyond the initial 3,000 people who were covered in 2015, as well as to eliminate or reduce of the age cap that excludes people over age 64.

### Medi-Cal Medical Home Campaign

Building on the momentum of the successful health care campaign that resulted in the Healthy Partners Program, the Health Access Action Team turned its attention to the issue of limited availability of a Medi-Cal primary care Medical Home within the BHC area. In January 2015, the UC Davis Health System ended a Medi-Cal Managed Care contract with insurance plan Health Net, forcing about 3,700 patients to find new providers. Many Health Access Action Team members reported hearing from their clients that they were not notified about this change until they arrived at their appointments for ongoing care. Some people reported being advised to seek primary care in the UCDCM emergency room, which does accept Medi-Cal Managed Care for emergency care. To address this gap and inequity in healthcare access, the Health Access Action Team formed an alliance with concerned UC Davis medical students to convene two Community Meetings in March and April 2016 to discuss the question *why the only publicly funded hospital, in one of the poorest areas of Sacramento, sends patients somewhere else?* From these two meetings, over 40 community groups and 160 UC Davis medical students created the Health Equity Action

Team to focus exclusively on the restoration of Medi-Cal Primary Care Med-Cal coverage in the UC Davis Health System.

The health home advocacy efforts are ongoing, and have included a formal letter of support signed by numerous agencies and prominent officials; a press conference at the Second annual UC Davis Health Equity Conference held in August 2016 at the Guild Theater (located in the BHC area); numerous meetings with local and statewide elected officials; and multiple attempted negotiations with UC Davis administrators. The BHC’s Health Equity Action Team is leading this community-wide collaborative effort, which will be detailed in a South Sacramento BHC Case Study, available in Spring 2017.

### 2.3 Community Development Action Team

The Community Development Action Team was formed during year five, the result of a merger between Land Use, Community Development, and Economic Development into the Community Development Action Team (CDAT), which relaunched in January 2015. The Action Team meetings were intentionally designed to be places for information sharing and offered co-working space integrated into the meeting to develop and foster collaboration. This new Action Team recognized that the BHC area is comprised of individual and unique neighborhoods with shared concerns. Using “the neighborhood” as a unit of focus, each member of the Action Team attended Neighborhood Association meetings to address community development needs. This Action Team tapped into and leveraged an existing infrastructure that compliments the BHC focus on “place.”

In year six, the newly merged Community Development Action Team, co-chaired by the Sacramento Housing Alliance and Solh Resolutions, met four times and combined discussions of Action Team functioning with addressed ongoing campaigns, such as efforts to revitalize Morrison Creek and to improve how County Code Enforcement responds to vacant lots. Table 5 is a list of year six BHC Community Development grantees.

Table 5 | BHC Funded Community Development Grantees

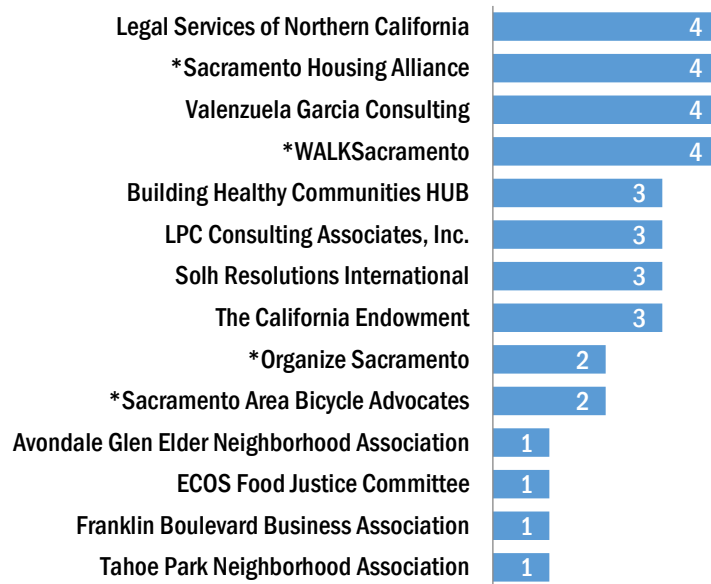
Program Description	Grantee(s)
Increases the capacity of community leaders to advocate for issues that help build healthier neighborhood environments, increased access to health homes and promote higher wages and paid medical leave.	ACCE
Coordinates the 2 <sup>nd</sup> Avenue underpass with street improvements and public art.	Caliph Assagai
Builds resident leadership and advocate for access to transportation.	Capital Region Organizing Project
Supports the Morrison Creek beautification project, the development of a collaborative urban stream revitalization project that will promote community health and resident leadership in South Sacramento.	Environmental Justice Coalition for Water
Builds leadership among BHC residents and continue to mentor and engage youth on community issues through food, arts and culture.	Freedom Bound Center/Sol Collective
Strengthens the internal capacity of a volunteer-led organization that engages local residents in advocating for health-promoting changes in South Sacramento.	Oak Park Neighborhood Association



Program Description	Grantee(s)
Promotes higher wages and paid medical leave.	Organize Sacramento
Empowers residents and congregation leaders to develop campaigns to improve access to health care including the undocumented, reduce youth violence, increase services for re-entry, promote higher wages and paid medical leave, and support reinvestment of county resources into community-based prevention.	Sacramento ACT
Engage residents in planning and advocating for opportunities for physical activity and safe and healthy active transportation.	Sacramento Area Bicycle Advocates
Support regional policy in the areas of affordable housing, regional planning and environmental health. Increase the representation of communities of color and low income communities on boards and commissions through the Boards and Commissions Leadership Institute. Facilitate and coordinate the Community Development Action Team.	Sacramento Housing Alliance
Supports youth, resident and collaborative partner engagement in Sacramento in a health campaign seeking to shift public investments from incarceration to education.	Self Awareness and Recovery
Plan and implement the Vision Zero Initiative.	WALKSacramento

Figure 5 shows Community Development Action Team meeting attendance by organization, and the asterisks indicate organizations funded through BHC to provide community development and land use programs. Three of the grantees listed above are part of the Sacramento Reinvestment Coalition, including Sacramento ACT, Sacramento Housing Alliance, and Self Awareness and Recovery; however, these grantees do not attend the Community Development Action Team meetings. Community Development Action Team meeting attendance records indicate that two organizations funded through the BHC initiative to provide health access programs attended more than 50 percent of the meetings.

Figure 5 | Community Development Action Team Attendance



## 2.4 Youth Engagement Action Team

The California Endowment supported 20 different organizations with grants during year six for the provision of youth development programs in the BHC area. Table 6 includes a brief description of the programs offered by the BHC youth engagement grantees.

Table 6 | BHC Funded Youth Engagement Grantees

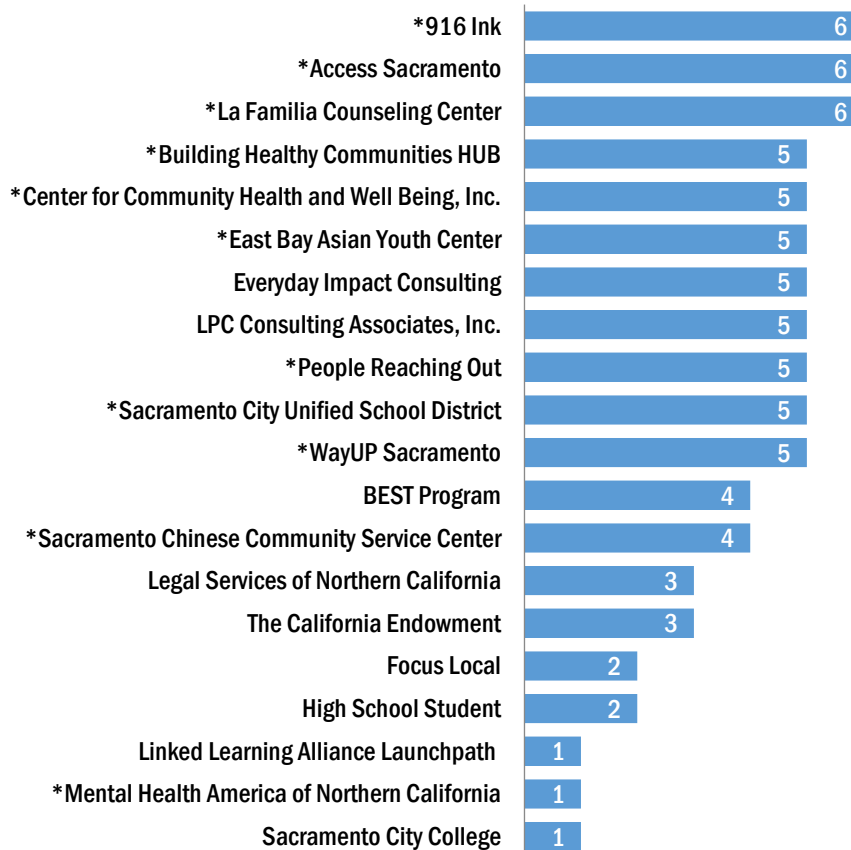
Program Description	Grantee(s)
Supports improved health and well-being of young men of color through engagement in healing circles.	Always Knocking
Convenes the annual Sacramento Boys and Men of Color Summit.	Asian Resources / South Sacramento Hub
Coordinates the Girls On The Rise Leadership Program	Center for Community Health and Well Being
Trains probation youth, youth of color and their parents to conduct participatory action research and to advocate for policy changes that will reduce juvenile recidivism and improve graduation rates.	East Bay Asian Youth Center
Improves the social and emotional health of youth through engagement in health-promoting creative self-expression and youth development activities.	Foreign Native
Mentors and engages youth on community issues through food, arts and culture.	Freedom Bound Center/Sol Collective
Recruits, trains, and supports area youth in the production of digital media content on community health issues.	Isaac Gonzalez

Program Description	Grantee(s)
Builds the capacity of youth from to become leaders and advocates for reductions in youth violence.	La Familia Counseling Center
Through the LBGTQ Youth Collaborative, builds the capacity of youth-serving organizations and youth to work together to improve and enhance support to LGBTQ youth and their families in South Sacramento.	Mental Health America of Northern California
Increases support for preventive health and mental health services in Sacramento County by conducting outreach and education through spoken word, music, dance and art.	Musical Instruments N Kids Hands
Improves the capacity of foster youth and other high-risk youth to advocate for healthier school and neighborhood environments by developing leadership and policy analysis skills.	Pro Youth and Families
Builds youth leadership skills at American Legion, Sacramento and Hiram Johnson High Schools. Youth to develop advocacy/action plan around LCFF resource allocation.	People Reaching Out (with UC Davis School of Education)
Develops policy and expand alternatives to school discipline to increase school attendance and safety in schools. Implement a new standardized district wide physical education program.	Sacramento City Unified School District
Implements Social Emotional Learning program at American Legion and Hiram Johnson High Schools, Will C Wood Middle School, and Nicholas Elementary School.	Sacramento Chinese Community Service Center
Increases reporting on community health issues by training youth to be media content creators.	Sacramento Community Cable Foundation
Train staff from law enforcement agencies, schools and youth-serving organizations in Sacramento about how adverse childhood experiences can impact youth mental health and how officers can be more effective if they approach youth with a positive frame rather than a punitive one.	Strategies for Youth
Improves school climate by developing youth leadership using a strengths-based approach and training teachers on how to work with youth.	WayUP Sacramento (with Youth Development Network)
Supports youth in their efforts to develop an education and advocacy campaign on school suspension and expulsion. Coordinate LCFF coalition.	Sacramento Independent Learning Center/Black Parallel School Board
Increases the civic engagement and advocacy capacity of youth to participate in local school and criminal justice policy discussions that affect health and wellness.	4 Your Epiphany Foundation, Inc.
Improves literacy of youth through creative writing programs.	916 Ink

The Youth Engagement Action Team is co-chaired by 916 Ink and Sacramento City Unified School District, with Hub staff providing administrative assistance. The Youth Engagement Action Team convened nine times in year six. Figure 6 shows meeting attendance for six of the nine meetings (*meeting minutes are not available for three of the meetings*). The asterisks indicate organizations funded to work on youth

engagement issues through the BHC initiative. Based on the meeting records available, ten of the BHC youth engagement grantees attended all of the Action Team meetings for which information is available. However, without a complete attendance record it is unknown if all of the youth engagement grantees attended at least one Action Team meeting.

Figure 6 | Youth Engagement Action Team Attendance



During year six, the Youth Engagement Action Team implemented a new online project management system – Basecamp – which centralized communication and information sharing among member organizations. The focus for the Youth Engagement Action Team in 2016 was on supporting the creation of a city-wide Youth Fund/Office of Youth Development, as well as youth voter engagement more broadly around local, state, and federal elections. Meetings featured discussions and activities designed to “Get Out the Vote” and related events for young people, including several youth-focused “meet the candidate” forums coordinated by grantee People Reaching Out. The BHC organizations connected their youth with civic engagement activities that included phone banking and walking precincts in support of the ballot initiative to establish a city-wide Youth Fund; and planning and implementing the 5<sup>th</sup> annual Boys and Men of Color (BMoC) summit attended by 90 young men.

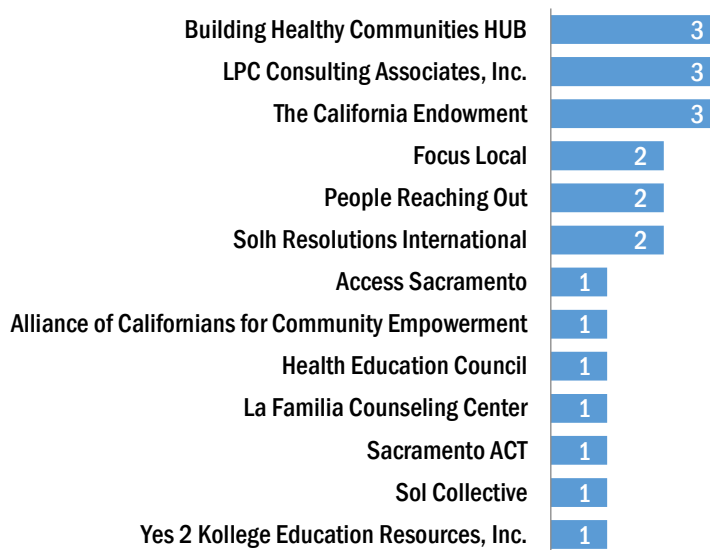
The Action Team also had several discussions about the level of advocacy and voter engagement allowed by non-profits, and were intentional and careful to not take positions or advocate on any one side. The Action Team broadly defined “youth” to include the many older youth who live within the BHC area and attend Sacramento City College or CSU-Sacramento. The efforts of Action Team members resulted in

highly engaged and coordinated youth coming together to learn about the importance of voter registration and voter engagement. These efforts are ongoing, leading up to and beyond the November 2016 election, including mobilizing youth to advocate with the Sacramento County Board of Supervisors and Sacramento City Council. The Youth Engagement Action Team has developed a focus on civic engagement and advocacy for expanding youth programming resources.

## 2.5 Communications Action Team

The Hub established and convened the Communications Action Team in year four to address BHC communication gaps, and to develop new strategies to increase awareness of the BHC initiative and grantee affiliated programs. The Action Team was comprised of organizations with an interest in identifying strategies to increase the flow of information between grantees and BHC residents and stakeholders, and is chaired by Hub Staff. Meeting discussions included how to support Action Teams to most effectively use their additional funding to augment their Communications work. The Communications Action Team continued work on updating the South Sacramento BHC website, as well as developing hard copy and digital media collateral, such as leave-behind pieces, newsletters, YouTube videos, and other social media. The Communications Action Team did not meet in year five, but met three times during year six: in March, April, and July 2016; Figure 7 illustrates meeting attendance.

Figure 7 | Communications Action Team Attendance



Hub staff plans to continue to regulate convenings of the Communications Action Team again in year seven and beyond, continuing to explore digital content platforms to expand awareness of the initiative.

## 2.6 Leadership Team

In year four, the BHC Hub established the Leadership Team to facilitate communication and collaboration across the different BHC Action Teams. The Leadership Team is comprised of the Action Team chairs, co-chairs, or facilitators; Hub and TCE staff; contractors; and the Learning and Evaluation Team, as shown in Table 7.

**Table 7 | BHC Action Team Chairs, Co-Chairs, and Facilitators**

Organization	Role
Hub Staff	Convenes the Communications Action Team Administrative support for the Youth Engagement and Food Access Action Teams
Access Sacramento	Co-chair of the Communications Action Team
Everyday Impact Consulting	Administrative support for the Health Access Action Team and Leadership Team
Focus Local	Convenes the Resident Engagement Action Team
Soil Born Farms	Co-chair of the Food Access Action Team
Solh Resolutions	Co-chair of the Food Access Action Team
Legal Services of Northern California	Co-chair of the Health Access Action Team
Sacramento Covered	Co-chair of the Health Access Action Team
916 Ink	Co-chair of the Youth Engagement Action Team
Sacramento City Unified School District	Co-chair of the Youth Engagement Action Team
People Reaching Out	Convenes the Youth Leadership Team
Dale Ainsworth Consulting	Contractor
LPC Consulting Associates, Inc.	Learning and Evaluation Specialists
The California Endowment	Program Manager

In year six, the Leadership Team meetings primarily served as a venue for sharing information. Each meeting included time devoted to providing updates on the BHC Action Teams, the BHC grantee led campaigns, and the South Sacramento BHC evaluation. As the Resident Engagement Action Team began forming, the Leadership Team brainstormed what resident engagement could look like in the BHC, both within the BHC structure and throughout the community. The Leadership Team meetings were an opportunity for Action Team chairs to present updates and discuss opportunities for collaboration across the full spectrum of BHC strategies. The Leadership Team convened five times in year six, and Figure 8 illustrates meeting attendance.

Figure 8 | Leadership Team Attendance



Almost three-quarters of representative agencies (13 out of 18) attended 50 percent or more of the Leadership Team meetings. The particularly high rate of participation in these meetings reinforces its use as a collective forum, an efficient way to remain in communication with all BHC work.

## 2.7 Youth Leadership Team

The Youth Leadership Team continued to be active during year six, focusing mostly on youth voter engagement and education. In April, Youth Leadership Team members participated in a neighborhood canvassing event. Even though they were nervous about canvassing, when came back from their first 2-hour walk, they were energized and ready to keep walking the neighborhood. In May, the Youth Leadership Team convened a completely youth-led voter education forum: a “Meet and Greet” for candidates in the City of Sacramento mayoral race. In September, the Youth Leadership Team participated in an event at Sacramento City College to get young people engaged in the work of the BHC. In addition, the Youth Leadership Team organized a youth voter event attended by approximately 50 youth from BHC grantees East Bay Asian Youth Coalition, La Familia, and PRO Youth and Family. BHC-funded Sacramento Area Congregations Together (ACT) facilitated the content with a great energy and the youth asked questions and engaged with the information provided. The Youth Leadership Team is comprised of 16 young women, and one young man.

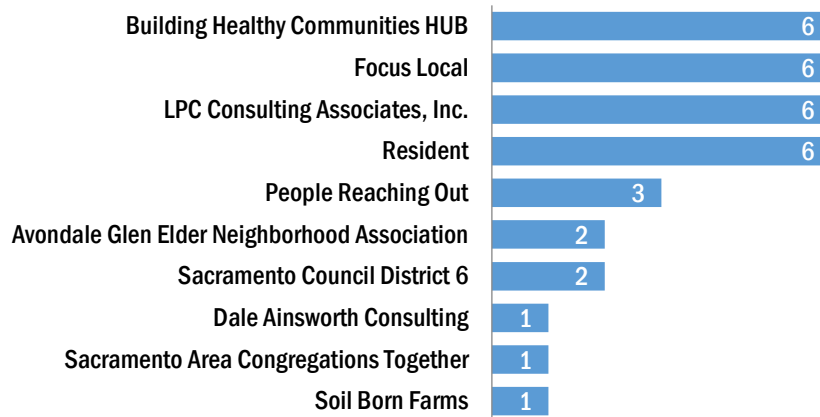
## 2.8 Resident Engagement Action Team

Hub staff contracted with a community resident to convene the Resident Advisory Board in year five. Initially, the Board focused on developing goals and bylaws. Towards the end of year five, Hub staff

contracted with Focus Local, a Sacramento based consulting firm run by a BHC resident, to facilitate the team. Focus Local recruited Board members who are residents of the BHC area, and also currently or previously employed by BHC grantees. In year six, the focus of the Resident Advisory Board shifted to a Resident Engagement Action Team model, with an emphasis on serving as an information center for residents seeking resources or assistance with community needs.

In year six, the Resident Engagement Action Team convened six times, and Figure 9 illustrates meeting attendance. At least one resident of the BHC area attended each of the six meetings.

Figure 9 | Resident Engagement Action Team Attendance



One major event for the Resident Engagement Action Team was active participation on August 2, 2016 in *National Night Out*, a campaign promoting police-community partnerships aimed at preventing crime. The Action Team reviewed mini-grant applications to fund events throughout the BHC neighborhood. Although the BHC did not hold its own specific event, most Board members reported attending and advertising multiple events throughout the BHC area, particularly those funded by the BHC mini-grants.

The Action Team worked to revitalize the Leadership Academy established in year four to instill community organizing and campaign skills to interested residents, but found it difficult to get a large group of residents together. The group decided to focus on connecting with residents in other Action Teams, and establishing small hub gatherings in the form of block parties in BHC neighborhoods. The first event tied into the Crocker Art Museum’s block-by-block program at the Colonial Heights Library in July 2016.

## 2.9 Hub Gatherings

During the first four years of the BHC initiative, the BHC hosted bi-annual Hub gatherings. The gatherings were festive events that typically included dinner, music or spoken word, and games and activities for children. These Hub events provided a forum for BHC grantees to share information about their programs, and to seek input from residents to advance BHC supported campaigns.

The Hub staff did not host a Hub gathering for BHC residents in either year five or year six. This continues to be a missed opportunity to connect residents to the work of the BHC, and to connect grantees with each other. Hub staff should work with BHC grantees to solicit support for conducting at least one Hub gathering a year to connect residents with the BHC initiative and garner their support for grantee programs and campaigns. While moving and near constant construction at the new Fruitridge location



may have made hosting a gathering on-site difficult, future Hub gatherings could capitalize on the Hub's permanent location in the heart of the BHC area. Both the revival of Hub gatherings and the strategic location of the Hub provide timely opportunities to prepare for resident-driven sustainability.

To this end, and based on feedback from residents and Action Team members, BHC staff are planning a "Hubby Awards" celebration in December 2016 to celebrate residents and grantee agency staff who have been particularly engaged with BHC work over the past several years. This will be a large, catered event, held in the auditorium of the former Fruitridge Elementary School to celebrate and uplift all of the hard work and successes that have been accomplished since 2009.

## 2.10 All Grantee Convening

The All Grantee Convenings facilitate networking among grantees, and provide a venue to share information about the work of the Action Teams. The convenings also provide a forum for grantees to solicit the support of all BHC-funded organizations for their campaigns. The Hub facilitated one All Grantee Convening in year six, which took place on February 4, 2016. As the midpoint convening, the meeting opened with a discussion of "A Look Back: Where We Started From," along with updates from each of the Action Teams. The South Sacramento BHC Learning and Evaluation staff provided an extensive five-year overview of the evaluation, including community indicator data, examples of Action Team efforts, and a summary of the 2015 case studies showcasing all grants in schools and the collective accomplishments of food access grantees. South Sacramento BHC partners presented a new effort to impact the reinvestment of savings from criminal justice realignment, as well as a discussion of grantee opportunities and training needs. The meeting closed with the South Sacramento BHC Program Manager presenting a recap of The California Endowment's goals, campaigns, and upcoming work.

Preliminary planning has started for the next All Grantee convening, tentatively scheduled to take place in January 2017.

## Summary

Throughout the first six years of the BHC initiative, there have been numerous opportunities for grantees to network and develop shared visions for change has increased via participation on Action Teams. In year six, the number of active Action Teams increased to six (Food Access, Health Access, Youth Engagement, and Communications, Community Development, and Resident Engagement) from three in year five. However, campaigns that the grantees initiated in year four continued in implementation and expansion – the Urban Agriculture Ordinance and the Healthcare for All campaign, along with a new initiative in year six addressing the provision of Medi-Cal primary care services by the UC Davis Medical Center. Youth remained involved in the BHC initiative through the Youth Leadership Team and the Youth Engagement Action Team, particularly around youth voting rights. The below recommendations are based on data presented in this section to facilitate and support the achieved momentum of the South Sacramento BHC Action Teams.

### **Recommendation 1 | Redirect Focus on Sustainability.**

The BHC Hub and grantees are already "tuning up" their conversations about sustaining their work individually and collectively. Having already created a viable infrastructure for Collective Impact, the BHC Action Teams have expressed interest in sustaining the momentum achieved to date. The creation of this infrastructure evolved over the first 3-4 years of the BHC funding, and the combination of patience and

willingness to continually reassess what was and was not working optimally, have resulted in a functioning organizational structure. The Action Teams that have been operational since the planning year have mobilized around shared goals, supported by a backbone organization, continuous communication, and mutually reinforcing activities. To one degree or another, they also chart their collective efforts with shared data measures and have coalesced around some shared measures at the community indicator level. In short, the thoughtful construction of this infrastructure has been accompanied by numerous systems and policy level changes to improve community health and well-being, which became cause for celebration in year five of the 10-year initiative. The Collective Impact framework now provides the foundation for efficient and effective organizing to make change happen in schools, communities, and in prevention. These accomplishments represent the manifestation of two of the drivers of change, “leveraging partnerships” and “collaboration.”

There is consensus among all Action Teams in year six is that there is a shared will “to continue the work.” Year seven will accelerate the discussions to determine what to sustain and how to find support, both financial and in-kind. The Leadership Team will begin assessing the relative value of the infrastructure and support provided by the Hub, and its role in a longer-term future for the BHC. It will also facilitate parallel conversations among all Action Teams to assess the power of and cost to sustain that level of infrastructure. And at the heart of the matter will be discussions about the work of individual grantees, collaborative partnerships among grantees, and creative ways to sustain and/or advance grantee work. Assessing the need for financial resources will be accompanied by determining how and in what ways to engage residents as an integral part of the sustainability plan.

### **Recommendation 2 | Communicate and Promote BHC Accomplishments and Value.**

The All Grantee gathering in year five was the first time that the BHC showcased and celebrated many of the systems and policy level changes that have been accomplished in the first five years of the initiative. There are now numerous examples of success that are the result of individual and coalitions of BHC grantees. Action Teams have mobilized among themselves, and they have engaged and organized residents to advocate for changes to improve the health and well-being of the schools and neighborhoods of the BHC. Continuing to communicate about these successes, and ones to follow, will become increasingly important for maintaining the momentum and sustaining any element of Collective Impact beyond TCE funding. Therefore, the next few years should include a highly intentional and focused plan for communication about BHC work, both internally and externally. The internal communications will assure that each Action Team and all grantees assume the role of “ambassadors for the BHC” with an increased ability to communicate about their individual and collective successes. The external communications will increase general awareness among the residents of the BHC, elected officials, and others in positions of power to recognize the value and power of the BHC work. Communications work will influence the drivers of change, particularly as it relates to “changing the narrative.”

### **Recommendation 3 | Engage and Empower Residents and Youth as BHC Partners.**

Resident and youth engagement has always been an element of the BHC initiative, with numerous venues and opportunities for participation by the very folks who live, work or attend school, and play in the BHC geographic area. From the initial planning year, there have been residents and youth involved in many different ways, for varying durations of time, and to a lesser or greater extent. At the same time, the Hub and individual grantees have never been quite satisfied that the level of engagement has been satisfactory. As the focus turns to sustainability, the Hub and the Leadership Team recognize the urgency

for residents and youth to become a more integral component in determining the future of the BHC. In combination with the prior recommendations related to communications and promotion of BHC work, there are at least four immediate opportunities to nurture resident and youth champions:

1. **Revive the annual Hub Gathering** to showcase accomplishments, elicit resident input about needs and wants, ascertain perceptions of change in their community over the last five years, and identify potential champions for selected projects and campaigns;
2. **Celebrate and recognize residents** who have been working alongside BHC grantees, with the first annual “Hubby Awards;”
3. **Link up with Neighborhood Associations** in recognition of an existing venue for resident engagement, where shared interests and issues surface; and
4. **Sustain and enhance the Resident Engagement and BHC Youth affiliated groups** by providing support to develop leadership for the BHC area. The latter may include and facilitate a path to other leadership training and development opportunities, like the revival of the Leadership Training that was piloted by the BHC two years ago, and the active solicitation of nominees for the Boards and Commissions Leadership Institute.

In other words, the BHC need not expend energy and resources to develop new and different forms of resident engagement, but rather foster and support existing venues and opportunities. The drivers of change that emanate from resident and youth engagement include “resident power” through organizing and participating in health happens campaigns, as well as “youth leadership” development and civic engagement (e.g., voter registration).

## Section 3 BHC for the Long-Term

As the South Sacramento BHC Initiative approaches the last few years of funding initially committed by The California Endowment in 2010, the ongoing conversation about sustainability has become more salient.

Building Healthy Communities has started to manifest systems and policy level change in a substantive way, presenting a growing list of examples derived from the energy of BHC grantees, partners and stakeholders, and supporters. In addition, the reputation and strength of the BHC as the representative of 90,000 residents continues to grow and become a powerful voice in the Sacramento region. This section provides a discussion of how the policies, relationships, and resources of the South Sacramento BHC can be sustained and enhanced in the years to come.

### 3.1 Overview of Sustainability Planning

The question of sustainability beyond the initial promised investment by The California Endowment has been a subject of conversation and concern since the initial planning period in 2009. While this ongoing issue has remained in everyone's minds, as the South Sacramento BHC has passed the mid-point of the 10-year initiative, the conversation has started taking a more serious and action-based tone. In order to solidify a formal conversation about sustainability, the evaluation team conducted a focus group with the Leadership Team in October 2016 to discuss 1) what sustainability looks like for the BHC; 2) how partnerships and leadership can continue beyond 2020; 3) what communications needs are now and into the future; and 4) conclusions and next steps during years seven through ten. This section presents a summary of the input from the focus group.

#### A Vision for Sustainability

By far, the Leadership Team agreed that sustainability for the BHC will be reflected by the transfer of power and action to community residents. **Engaging residents has been an ongoing effort and challenge for the BHC**, and will need to be an increased focus in the years to come, across all of the Action Teams. Action Team leaders would like to see neighborhood champions carry on the momentum and drive the activities initiated by the BHC. Taking the neighborhood leadership further, for true sustainability, residents will need to own and drive the vision, with "the baton fully passed along to residents."

Action Team leaders concede that the process of fully engaging residents to take ownership of the initiatives will be challenging, especially in the absence of funding that has driven the activities for so many years. All of the leaders agreed that there would need to be an influx of further funding into the BHC area to continue on the work. **The need to apply for additional funding**, as a collective of almost 50 organizations, **will be imperative to keep the work going**.

The overall structure of the BHC, with the Hub as the backbone organization and multiple issue-focused Action Teams, has value and needs to be sustained. Yet the question for sustainability is "what do we sustain?" There was overall consensus that **one of the key assets of the BHC is its reputation** as a powerful force working on behalf of 90,000+ residents. It is the shared values of the BHC that are key. Elected officials and other decision-makers know that they are dealing with a powerful group that unapologetically organizes people around social justice and equity issues. Leaders and other organizations

know that the BHC provides a unique and specific lens, and that power and reputation for collective action needs to be maintained.

The leaders agreed that the collaboration amongst partners and across Action Teams is at a level that did not exist prior to the BHC. **The common agenda and mutually reinforcing activities of agencies across the BHC is acknowledged and supported.** The relationships have been fully established, and while communication might continue in the absence of a formal structure of meetings and information sharing, the leaders agreed that the structure that the Hub staff provides is invaluable for keeping up the deeper collaboration. The Hub role in coordinating meetings, agendas, and minutes helps partners see how they complement each other and how to keep the work moving forward.

### Leadership and Partnership

The Action Team leaders clearly agree that the functions of the Hub need to continue in some format. One of the first steps in continuing the work of the Hub will be to collaboratively develop a mission and vision for the Hub, and explore the possibility of becoming a 501(c)3 agency to apply for future funding opportunities. Participants agreed that the focus group was just the first step in the process that needed to be continued by a smaller workgroup. Everyone present agreed that this process of solidifying the Hub needs to happen sooner, rather than later.

One of the key elements identified to help support ongoing partnership in the future was a shared, central space in which to meet and collaborate. The Hub office's relocation to the former Fruitridge Elementary School has provided a common space for administration, meetings, and large gatherings in the heart of the BHC. While the Leadership Team acknowledges that the resource of a shared gathering space could be achieved elsewhere in the community, the value of having an established and known physical presence is important for continuity, for both partners and residents.

### Communicating the Future

As described in Section 3.2, Communications is a key priority for any initiative, particularly one of this breadth and scope. However, Action Team leaders expressed concern related to the overarching message about sustainability that is shared across the BHC, amongst stakeholders, partners, and residents: the BHC was described as a limited initiative from the start. While in 2009, a "10-year initiative" was impressive and unprecedented, emphasizing the 2020 mark reinforced the idea that the BHC would someday end. Action Team Leaders acknowledge that the BHC narrative and communications will need to change, emphasizing the intention to continue beyond the end of the initial funding by The California Endowment.

The participants also acknowledged the value of the mass media statewide communications funded by The Endowment, including the billboards and bus stop signage. One Action Team leader commented that this investment of money has "created a sense of personal power" amongst community residents, and that the "Schools Over Prisons" mantra has started a cultural shift in Sacramento. In whatever shape the BHC and Hub takes in the future, this level of widespread mass media communication needs to continue in the community.

### Next Steps Towards Sustainability

In summary, the Action Team Leaders acknowledged the vital need to sustain the BHC and the Hub. As one leader pointed out, The California Endowment anticipated a startup period of about nine months. Instead, the first three years were largely startup for the Hub and the grantees. The investment of time,

energy, and money in establishing the BHC over the past six years has resulted in a collaborative of almost 50 organizations with shared goals, objectives, and most importantly, trust. The BHC is a space for agencies to intersect, ally together, show up for each other's campaigns, and collectively impact residents in the BHC area, and beyond. Without the internal and external reputation of the BHC as a force and a community voice with clear leadership, and a physical space in which to gather, all of that would be lost. In the absence of the BHC Hub structure, agencies would need to reset, start from scratch, and rebuild that collaborative relationship again.

Given the overarching agreement amongst BHC leaders about the importance of addressing sustainability now, leaders agreed on the following few next steps:

1. **Establishing a small sustainability workgroup** to “hammer out” the details of a mission and vision for the Hub, researching the feasibility of becoming a 501(c)3 organization.
2. **Changing the narrative across the BHC** that this is not a time-limited endeavor, that the BHC is here to stay.
3. **Identifying and applying for additional public, private, and/or foundation funding** to diversify the Hub's funding streams.

The Action Team leaders gratefully acknowledge the support and leeway that The California Endowment has provided to create the BHC collaborative in a way that works for this community, this consortium of agencies and residents. While everyone is hopeful that sustainability is achievable with the assistance of The California Endowment, the next few years will provide an opportunity for the South Sacramento BHC to determine what it wants to look like going forward. With all of the work that has been done, the vision and mission may not look radically different from how it is now. The BHC has developed a strong foundation of Collective Impact, components which take years to develop. While some elements of the initiative would naturally remain, it would be a major setback to lose any element of the Collective Impact framework, including the backbone organization. Thus, the vision does not necessarily need to be redefined, but possibly just formalized in an image that extends beyond 2020.

## 3.2 Communications

One area that has continued to be both a success and a challenge in the South Sacramento BHC initiative is **continuous communication**. The Health Happens... statewide marketing campaign by The California Endowment has been successful in spreading the message of the initiative. Partners have reported that community members recognize and value the repeated use of slogans and hashtags (e.g., ¡Vota! and #SchoolsNotPrisons).

Similarly, the South Sacramento BHC has been successful in sharing stories and information in local newspapers, most notably, through media buys in the English-language *Sacramento News and Review*. Other media, including radio and billboards in Spanish, Hmong, and Vietnamese attempt to reach non-literate and non-English speakers within the BHC area, but partners informally mention concerns about not reaching key populations within the BHC area.

The South Sacramento BHC has had greater difficulty in sharing information across social media, despite multiple trainings and offering technical assistance for grantees. An even greater challenge has been internal communication amongst BHC partners. While the chairs and coordinators for each Action Team use email lists to update their members regarding meetings and events, there is no central communication

structure, and the BHC website and master calendar are not kept up to date. Considering how difficult it is for partners to keep track of everything going on within the initiative, it is even harder for community members. The variety of communication channels and preferences has challenged the BHC since it began. As sustainability becomes more urgent, so will the refinement of effective communication strategies and the creation of an information clearinghouse that is both accessible and updated in real time.

Communications will continue to be a challenge in the coming years, particularly in terms of developing a cross-agency communication structure that can be maintained if the structure of the BHC and the Hub changes beyond 2020.

### 3.3 Social Network Analysis (SNA)

The year six evaluation included, for the first time, a Social Network Analysis (SNA) study of all current grantees to explore how the BHC is strengthening relationships through collaboration. The purpose of a Social Network Analysis is to map a “snapshot in time” of the social structure of the BHC initiative in order to create an understanding of the people in the network and their relationships with other individuals in the network. It is a visual and quantitative method to validate or describe the relationships that contribute to collaboration in the BHC. The L&E/Evaluation Team has examined the Social Network Analysis this year in recognition of the staying power of relationships, as a cornerstone for both Collective Impact and long-term sustainability. This section presents findings for the BHC overall, as well as a separate smaller analysis for each Action Team.

During the Spring of 2016, the evaluation team sent an online survey to involved staff members of each grantee organization, asking them for their feedback about the impact of the Action Team(s) in which they participate. Along with this series of Action Team assessment questions, each respondent was asked their level of collaboration with each of the other individual respondents within the BHC. Respondents could select either *no relationship, communication, coordination, collaboration, or partnering* with each of the other individuals in the BHC.

The evaluation team sent out multiple reminder emails, and in the end, the survey had a response rate of 97 percent, which can be interpreted as a signal of the deep interest in, and value placed upon, collaboration amongst partner agencies. Respondents were assured anonymity outside of the evaluation team members, which required identifiable responses to conduct the analyses. Thus, the SNA graphics and narratives focus on trends in relationships; no individual or organization names are included.

The following two sections present findings from the two components of the Social Network survey. Section 3.3.1 details the perceptions of respondents about the impact of the Action Teams on relationships among grantees and on the programs and services of member organizations. Section 3.3.2 presents that findings of the Social Network Analysis portion of the survey, both for the South Sacramento BHC overall, and for each Action Team, separately.

#### 3.3.1 Impact of the BHC on Service Provision

As part of the Social Network Analysis survey, BHC grantees were asked to indicate whether they had attended at least half of the Action Team meetings (six meetings for Food Access and four meetings for Health Access and Youth Engagement). The respondents who had regularly attended meetings (26 for Youth Engagement, 24 for Food Access, and 27 for Health Access) were then asked a series of questions about the respective Action Team(s) and the Action Team’s impact on the respondents’ organizations.



Respondents were also asked whether they were members of the Community Development or Communications Action Team, but without Action Team-specific questions. Each of the charts below details the percentage of respondents who agreed or strongly agreed with the corresponding statement.

### Action Team Composition

The previous section (Section 2) detailed the membership, activities, and level of engagement for each of the Action Teams. Interestingly, engagement varies a bit more between the Action Team, with the respondents varying in their perceptions of the composition of the membership. As shown in Figure 10 below, a smaller proportion of Food Access members (67%) agree or strongly agree that the Action Team brings together a diverse set of stakeholders than members of the Health Access or Youth Engagement Action Teams (85% each).

Figure 10 | Perceptions of Action Team Diversity

### My Action Team brings together a diverse set of stakeholders.

% who Agree or Strongly Agree



However, it is unclear whether this reflects a perception that the Food Access Action Team is comprised of the same people year after year, or that the Food Access Action Team does not include a wide representation of agencies working in Food Access throughout the BHC target area and the larger Sacramento region.

### Relationships Among Grantees

The survey included three questions addressing relationships across the grantees, presented in Figure 11 below. The highest percentage of members of all three core Action Teams agreed that the Action Team *increases communication* amongst grantees. Much of the communication in the South Sacramento BHC takes place within the Action Team structure, with Chairs and coordinators sending out regular updates and meeting reminders to a list of members.

Although a majority of respondents in each of the Action Teams agreed or strongly agreed that the Action Team *increases coordination* amongst grantees, there was more variation between the Action Teams. More Health Access Action Team members (82%) agreed or strongly agreed that the Action Team increases coordination, compared to Youth Engagement Action Team members (69%).

Similarly, the perceived level of resource sharing also varied across Action Teams, with more Health Access Action Team members (81%) agreeing or strongly agreeing that the Action Team improves resource sharing, compared to Food Access Action Team members (71%).



Figure 11 | Perceptions of Action Team Communication, Coordination, and Sharing

**My Action Team increases communication among grantees.**

% who Agree or Strongly Agree



**My Action Team increases coordination among grantees.**

% who Agree or Strongly Agree



**My Action Team improves resource-sharing among grantees.**

% who Agree or Strongly Agree



Overall, the majority of respondents indicate that each of the Action Teams do increase communication, coordination, and resource sharing. The variation between the Action Teams may be an area for further exploration in future evaluations.

**Programs and Services**

In addition to asking about the impact of the Action Teams among grantees, the survey asked members about the impact of the Action Teams on their own organizations. As with the previous chart, there was variation between the Action Teams shown in Figure 12.

More members of the Food Access Action Team (79%) reported that their organization had expanded programs or services as a result of a relationship with a BHC grantee, compared to members of the Youth Engagement Action Team (64%). The same percentage of members of the Health Access Action Team and the Food Access Action Team (67%) agreed or strongly agreed that their organization is providing a new program or service as a result of a partnership with a BHC partner organization, compared to only 52 percent of Youth Engagement Action Team Members. Finally, the biggest variation is seen in a more

general shift of focus. Almost 89 percent of Health Access Action Team members feel that their organization has increased their focus on work that aligns with the BHC mission, compared to 75 percent of Food Access Action Team members and 68 percent of Youth Engagement Action Team members. However, this strong shift in focus amongst Health Access Action Team members may be a function of alignment with larger policy changes, such as the Affordable Care Act, the Deferred Action for Childhood Arrivals (DACA) immigration policy, and the BHC Health for All campaign to reinstate providing health care services to undocumented residents in Sacramento County. Also, youth organizations already feel engaged in youth development, compared to food access, which is a relative newcomer, and health access, which has been influenced by the Affordable Care Act.

Figure 12 | Perceived Impact of Action Teams on Organizations

**My organization's programs/services have expanded as a result of a relationship(s) with a BHC grantee.**

% who Agree or Strongly Agree



**My organization is providing a new program/service as a result of a partnership with a BHC partner organization(s).**

% who Agree or Strongly Agree



**My organization has increased its focus on work that aligns with the BHC mission.**

% who Agree or Strongly Agree



Overall, the Youth Engagement Action Team shows the smallest percentage of members (52%) reporting an increase in programs or services due to relationships in the BHC. However, it is possible that this lack of expansion in services is due to the types of campaigns that the Youth Engagement Action Team

undertakes (e.g., youth employment, youth voter engagement), which are more action-based and do not correspond directly to specific programs and/or services.

### 3.3.2 Impact on Relationships

The goal of the BHC Social Network Analysis was to get a sense of the level of connection and support amongst grantees within the BHC. This section includes analyses for the South Sacramento BHC overall, as well as individual analyses for each of the BHC Action Teams. A technical report of a more detailed Social Network Analysis is included in Appendix B.

Figure 13 on the next page presents the graphic analysis for all of the Social Network survey respondents, highlighting the level of partnering amongst BHC partners. Individuals located nearest the center of the graphic have the largest number and largest diversity of connections with others in the network. The colors indicate the area of primary focus each individual has in the BHC, by funding area: a) food [green]; b) health [blue]; c) youth engagement [orange]; d) community development [yellow]; and e) administrative (TCE and Hub staff and contractors, evaluation staff, etc.) [grey]. While the survey asked respondents to indicate different levels of relationship, from communication to coordination to collaboration to partnering, the charts in this section only include *partnering* (indicated by a black line), the best sign of long-term sustainability. As a key goal of the BHC is to reduce silos and work across content areas, the number of Action Team each individual attends regularly is indicated by the label (from 0 to 5). Finally, the length of time each individual has been active in the BHC is indicated by the size of the circle, from less than 6 months (smallest) to since the beginning (largest).

Findings from the overall SNA indicate that those most connected individuals, those located at or near the center of the network:

1. Tend to be part of the administrative function of the BHC (e.g., TCE and Hub staff, contractors that help support Action Teams, evaluators, etc. indicated in grey);
2. Are more likely to be members of multiple Action Teams (indicated by the label); and
3. Have participated in the South Sacramento BHC initiative for the longest time (indicated by size of circle).

In short, participation matters, and longevity builds relationships. All three of these findings support several components of Collective Action:

1. The BHC Hub (and its contractors) provide **backbone support**, sitting at all of the tables, bridging activities between Action Teams and Action Team members, and representing longevity amongst BHC partners;
2. BHC partners are engaged in **mutually reinforcing activities**, particularly evidenced by the variety of partners in each Action Team;
3. While there has been, as expected, turnover amongst Hub staff and BHC grantees over the past six years, the vast majority of the Administrative Partners, including the TCE Senior Program Manager, South Sacramento BHC Hub Program Manager, and several contractors, have been active for more than five years, as indicated by the larger-sized grey circles.

Overall, the following figures demonstrate that the relationships across partners and within and across Action Teams are deep, extensive, and mutual. They also indicate the critical importance of the

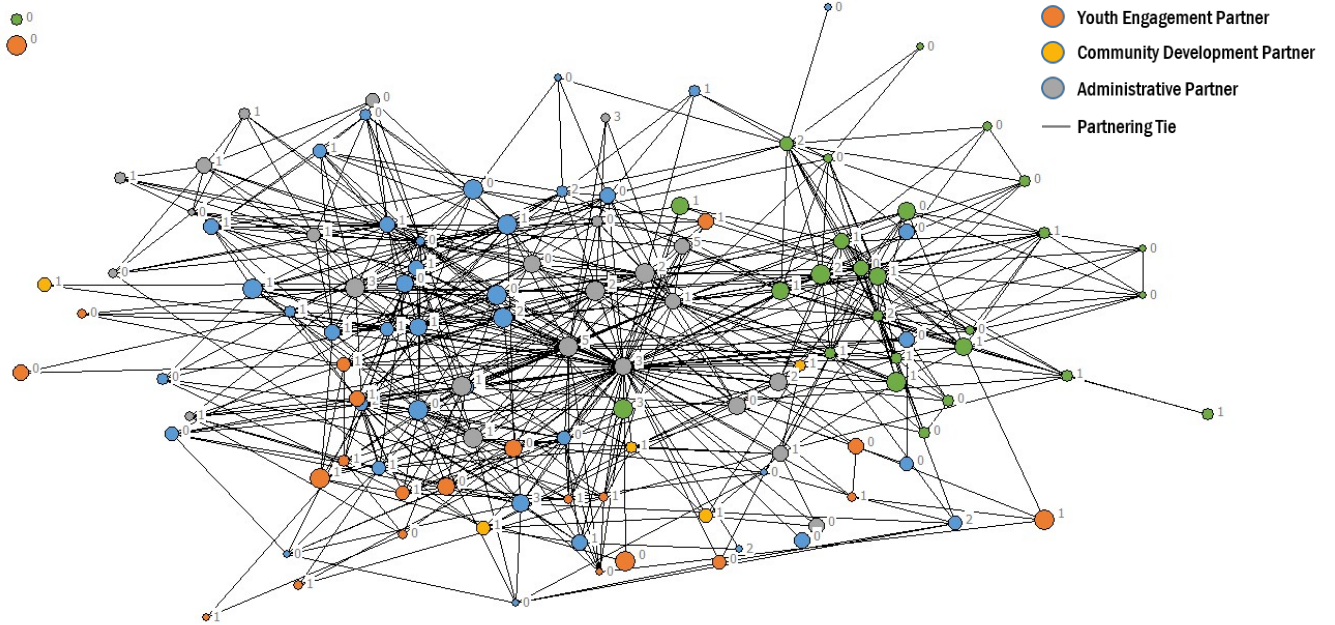
Administrative Partners (The California Endowment Project Officer, BHC Hub Staff, and other contractors [in grey]) in bridging partnerships between different groups.

While some of the graphics indicate people who are not partnering with many other members, they tend to be partners who are not active members of any of the BHC Action Teams included in the survey (labeled with a "0"). However, people on the periphery of the networks should not be discounted: they may bring outside resources and connections that the rest of the network may not otherwise be able to access. Overall, partners are highly interconnected within the BHC as a whole. This finding is a testimony to the cross-collaboration and collective impact of the BHC.

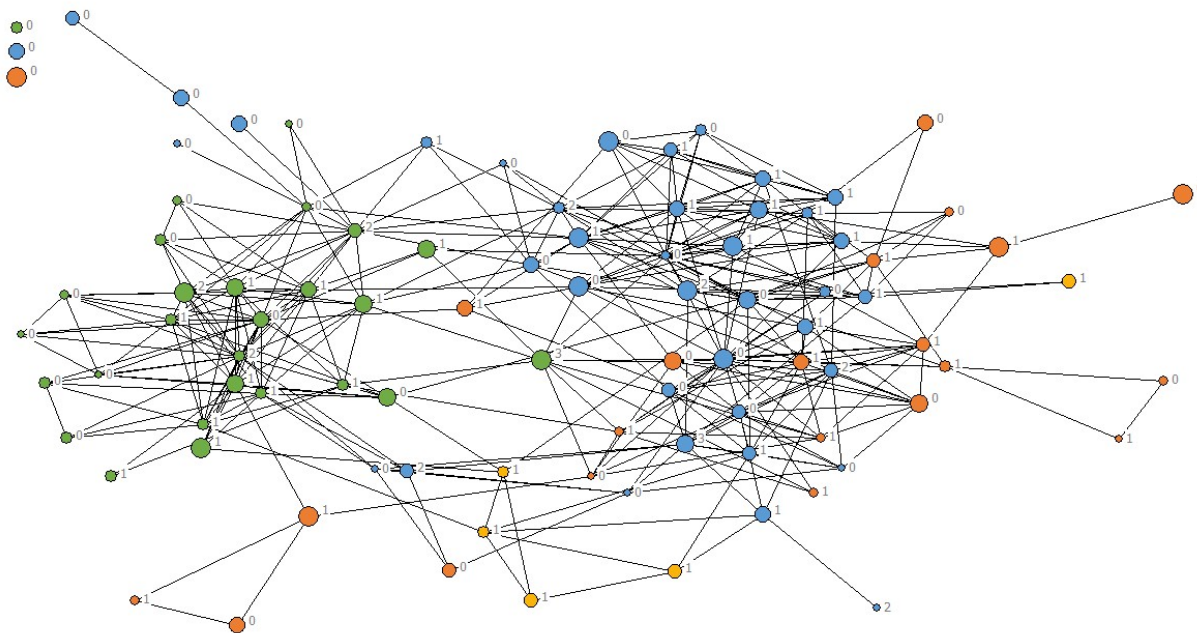
To emphasize the key role that Administrative Partners play in the BHC, this section also presents each network *\*without\** the Administrative Partners. For each of the networks, it is easy to see how the networks become more huddled and separated without the Administrative Partners, who are the most connected, bridging the gaps between disparate groups.

Figure 13 | South Sacramento Building Healthy Communities Social Network

### With Administrative Partners



### Without Administrative Partners



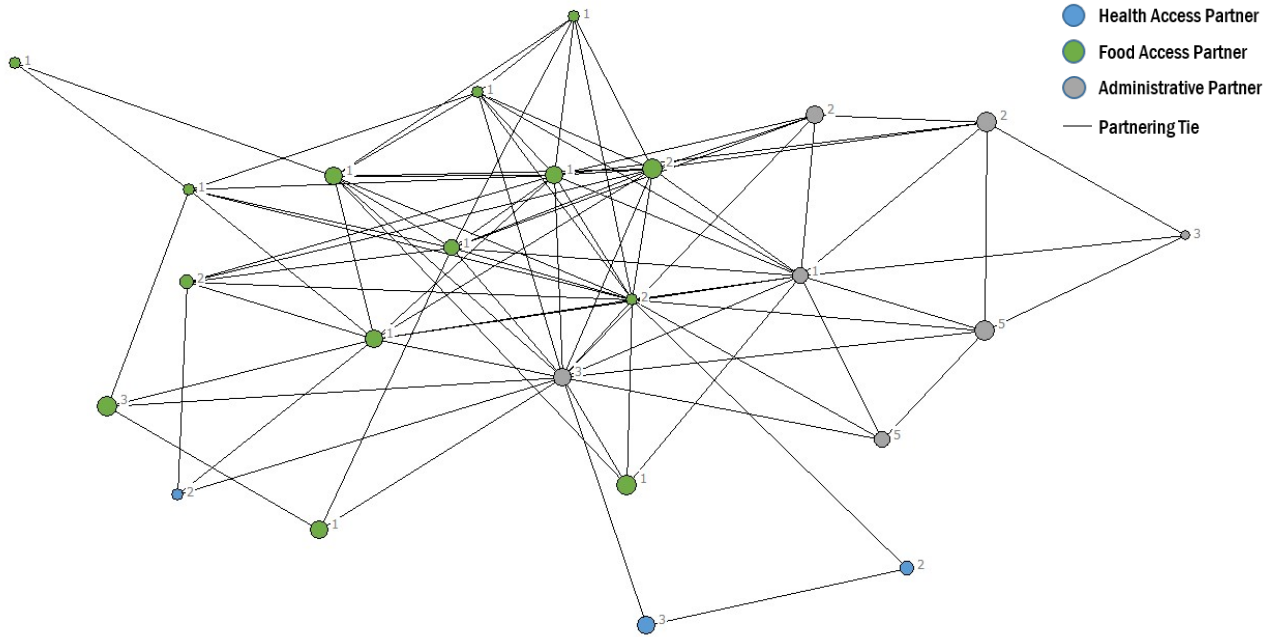
In addition to an analysis of the overall South Sacramento BHC initiative, the following figures present Social Network Analyses for each of the key areas of the BHC: individuals who attended at least half of the Action Team meetings in: 1) Food Access; 2) Health Access; 3) Youth Engagement; and 4) Community Development. The density measure for each Action Team is reported as a “yes or no” relationship between Action Team members, whether or not Person A reported knowing Person B, and vice versa. It is worth noting the patterns in the focus areas reflect the patterns across the South Sacramento BHC overall. Again, individuals located at or near the center of the network tend to be Administrative Partners [grey], and have participated in the South Sacramento BHC initiative for the longest time (indicated by the size of the circle) and participate in multiple Action Teams (as indicated by the label). Again, the graphics depict only the highest level of networking partnership (black lines).

### **Food Access Action Team**

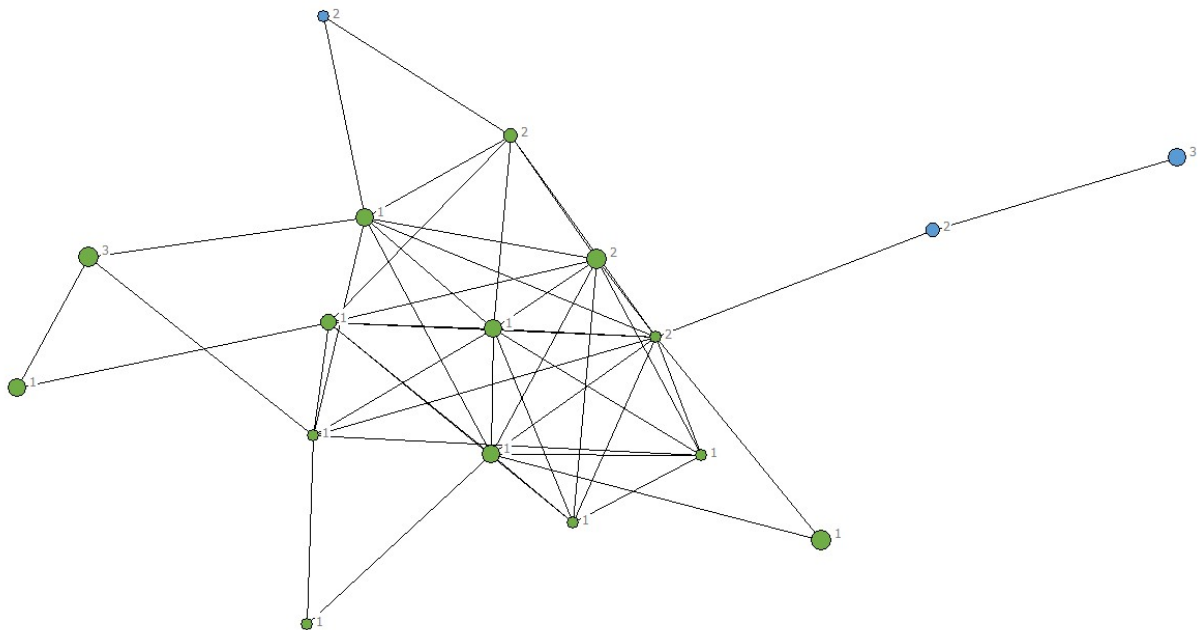
The Food Access Action Team (FAAT) network is comprised of 24 people who have a total of 384 connections. The connecting lines on the graphic in Figure 14 shows the highest level of networking: partnering. As with the other Action Teams, people with the most diverse and extensive connections are situated in the center of the network, and tend to have been active in the BHC for the longest period of time, and are part of the other Action Teams beyond Food Access.

Figure 14 | Food Access Action Team Social Network

### With Administrative Partners



### Without Administrative Partners



Without the inclusion of the Administrative Partners, the food-related grantees continue to demonstrate partnerships within the Action Team, but the health-related grantees become separated from the majority of the food partners.

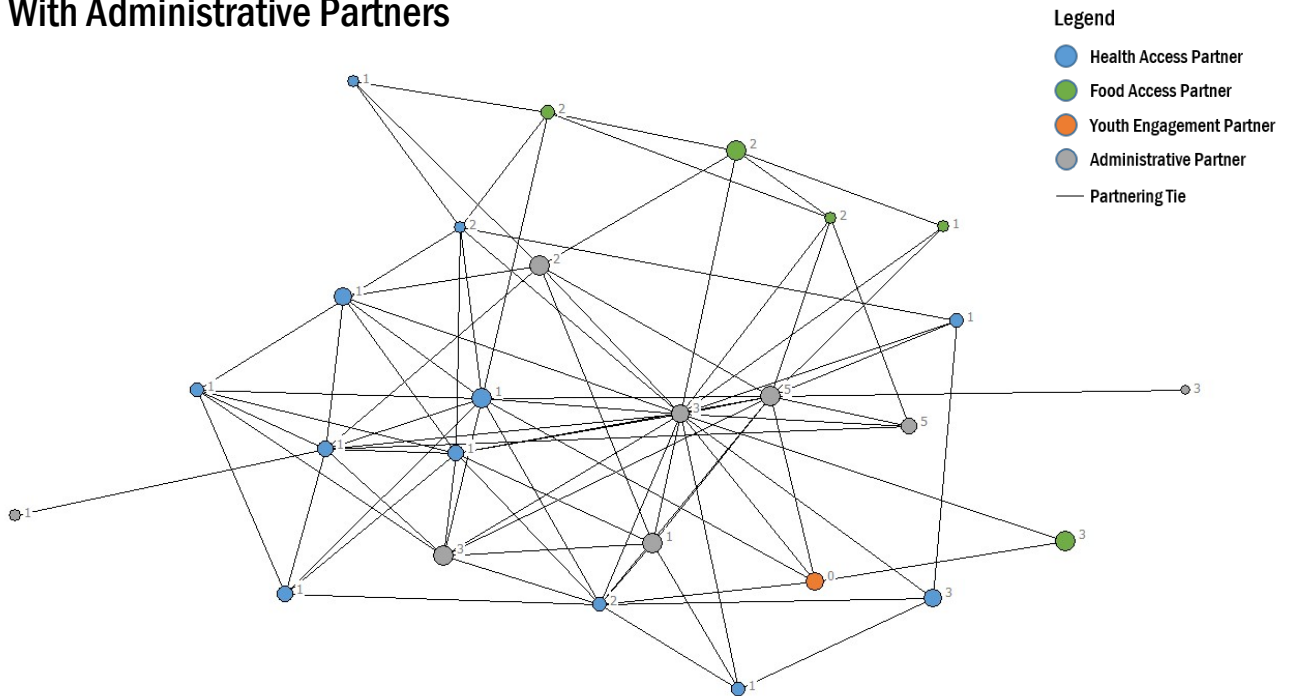


### Health Access Action Team

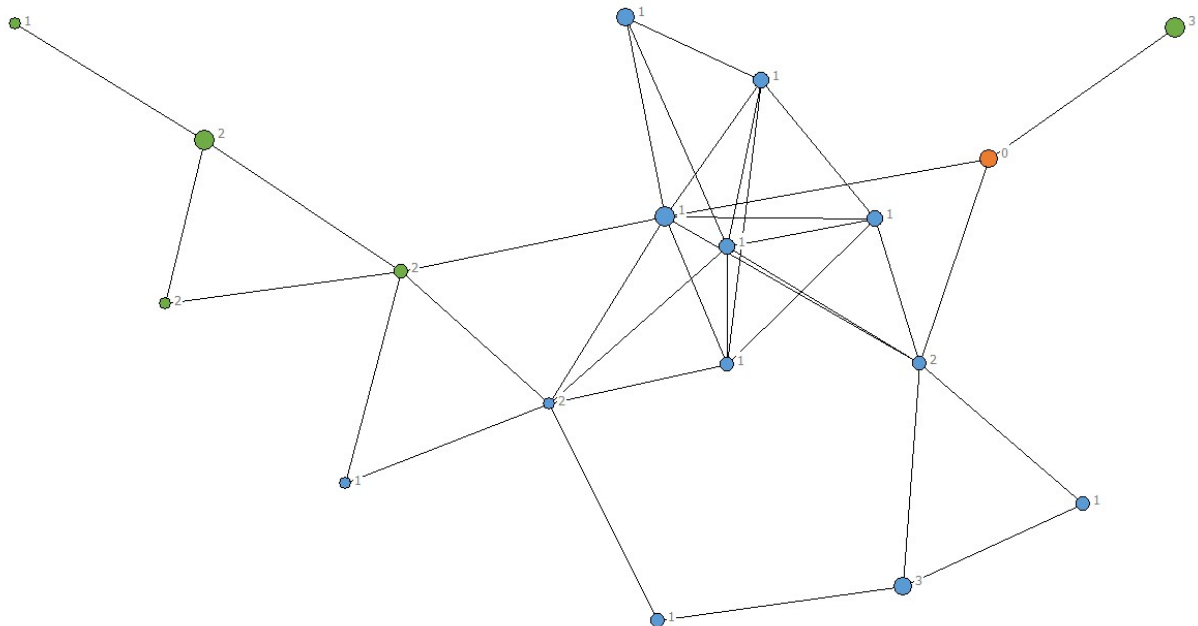
The Health Access Action Team (HAAT) network is comprised of 26 people who have a total of 357 connections. All of the members have at multiple collaborative (grey line) and/or partnering (black line) relationships with other people on the Action Team. This network, in Figure 15, and the Youth Engagement Action Team presented next, both include a variety of partners, with individuals working in health (blue), food (green), administrative (grey) and youth (orange). For both the HAAT and YEAT, there are many additional grantees in those areas who did not indicate that they attended more than half of the Action Team meetings and are therefore not included in this network map.

Figure 15 | Health Access Action Team Social Network

#### With Administrative Partners



#### Without Administrative Partners





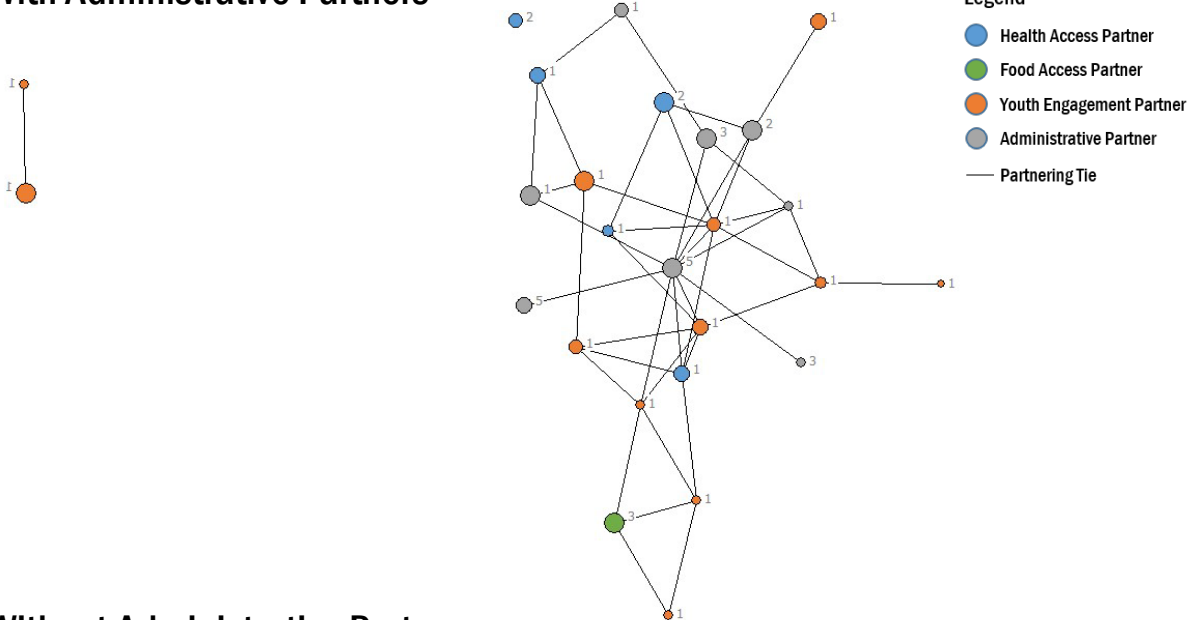
In the absence of the Administrative Partners, the Health Access Action Team becomes more disjointed, with several food-related grantees (on both the right and the left) not partnering with any health-related grantees at all.

### **Youth Engagement Action Team**

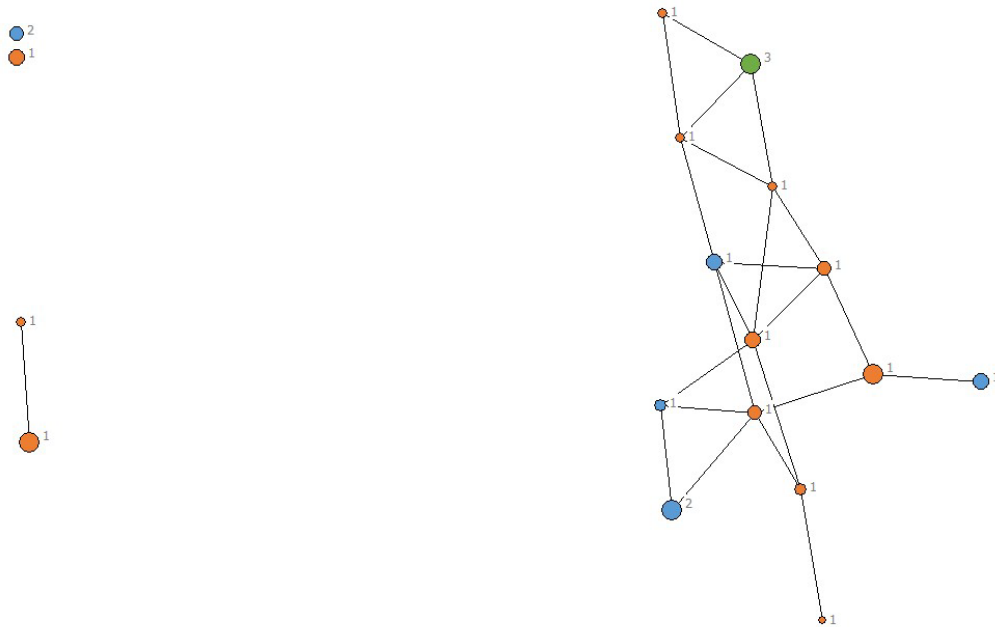
The Youth Engagement Action Team (YEAT) network is comprised of 26 people. The Youth Engagement Action Team appears to be the most disconnected of the Action Teams, with several people on the periphery with only one connection to others on the Action Team, and one person with no collaborative (grey line) or partnering (black line) connections with anyone on the Action Team. Though not depicted in the graphic in Figure 16, those peripheral Action Team members do have lower level (communication and/or coordination) connections with others in the Action Team. Although they may not be as connected to the members in the middle of the network, they can bring interesting partners and innovative ideas from outside the network. As described with the Health Access Action Team, members of the Youth Engagement Action Team represent four of the five focus areas: youth [blue], health [orange], food [green], and administrative [grey].

Figure 16 | Youth Engagement Action Team Social Network

**With Administrative Partners**



**Without Administrative Partners**



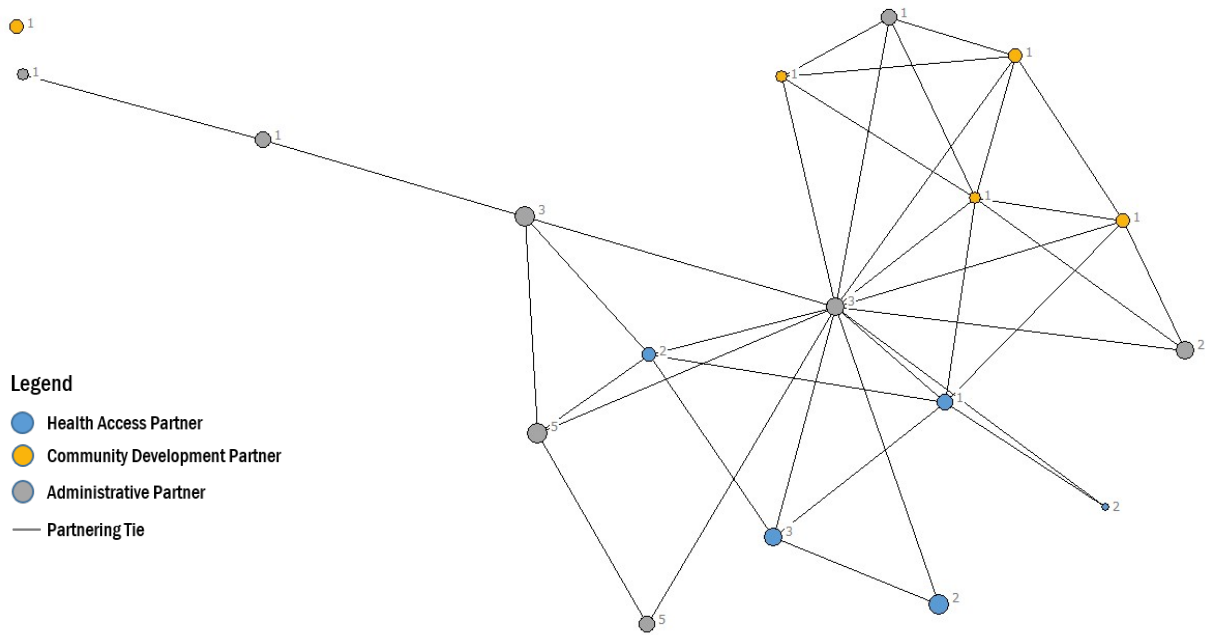
While the Youth Engagement Action Team is the most disjointed Action Team in terms of partnership, even while including the Administrative Partners. Without TCE and Hub staff, as well as contractors, the larger group appears rather coherent. However, the YEAT has additional members who are not partnering, but are still connected to the network. To reiterate, just because someone does not have partnering ties with the rest of the Action Team members (see the top left corner), they may still be able to bring needed information, resources, and/or partners to the table to enrich the network overall.

### Community Development Action Team

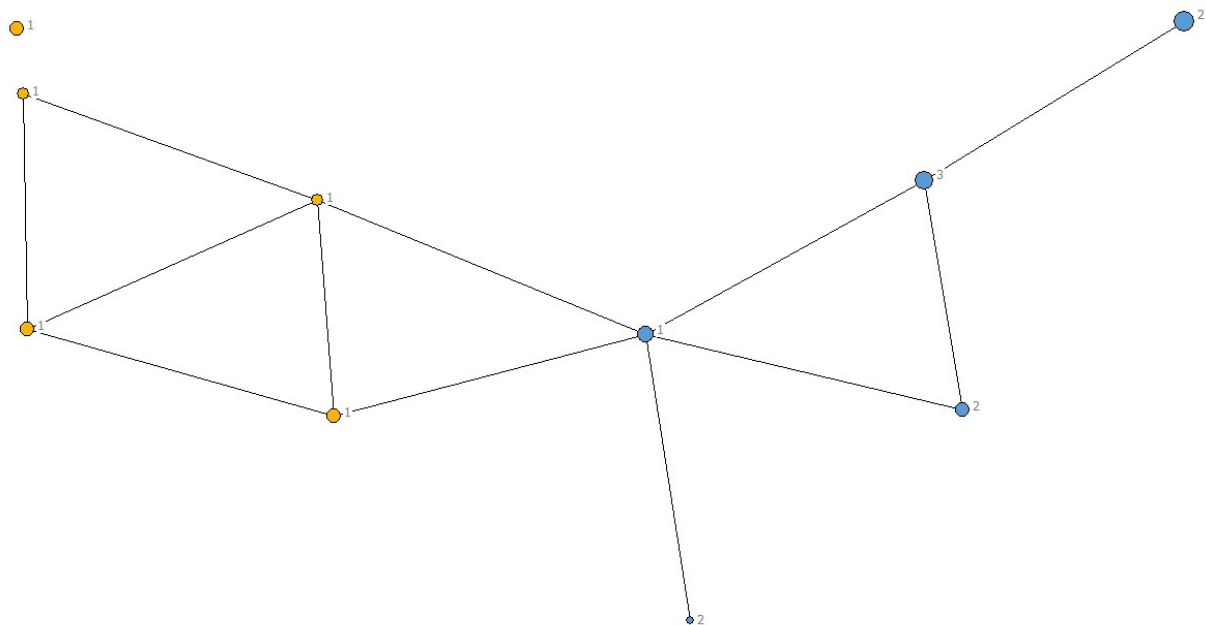
As described in Section 3, the Community Development Action Team (CDAT) has experienced a few fits and starts and reconfigurations over the past few years. Thus, this Action Team is smaller than the others: only 18 people identified themselves as members in the survey. Again, as shown in Figure 17, CDAT demonstrates that people from different areas (the community development grantees on the right [yellow] and the health grantees on the left [blue]) can be joined together in this action team through the administrative backbone of the BHC Hub administrative partners [grey].

Figure 17 | Community Development Action Team Social Network

#### With Administrative Partners



#### Without Administrative Partners



Without the Administrative Partners, the Community Development Action Team appears more like a “bow-tie” with to highly distinct groups, connected by only one person. The start-and-stop nature of the Community Development team over the past several years may account for the variation of partners across focus areas (health, administrative, and youth). Thus, individuals have partnerships *within* their own focus areas, but less connection *across* the Action Team.

### Summary of Action Team Social Networks

The Social Network Analysis presented in this section provides an opportunity to analyze and understand how relationships and collaboration have facilitated systems and policy level change, with particular emphasis on resource leveraging. As small organizations have achieved prominence or even growth as a byproduct of their involvement with the BHC, they readily acknowledge the exponential expansion of their reach via new partnerships, collaboration, and the pursuit of new and different resources to build and sustain the momentum that the BHC started.

The findings from the Social Network Analysis, both across the entire BHC and within the Action Teams, demonstrate that the BHC initiative has helped promote a sense of connection and support across grantees. Although each Action Team varies, these analyses graphically demonstrate the importance of an **organizational backbone** in any Collective Impact effort. The TCE and BHC Hub staff, along with the many contractors [grey] form the center and the glue for the Action Teams and the BHC overall. Going forward, any discussion of sustainability must include a consideration for which agency will perform this critical backbone function.

In addition to sustaining the administrative function of a backbone organization, these findings indicate that relationships can be strengthened by increasing the focus around a more specific **common agenda**, such as a particular issue or ordinance (i.e., the Urban Ag Ordinance in the Food Access Action Team or the Healthcare For All campaign in the Health Access Action Team. While it is clear that all participants across the BHC have an overarching common agenda for social change, social justice, and improved health and wellness, cohesion in individual Action Teams could be increased by coalescing around a particular issue.

The South Sacramento BHC has spent time and energy during the past six years developing a shared understanding of the multi-faceted problem, and a joint approach to solving it through agreed upon actions, although it may be more difficult to identify a BHC-wide specific issue around which to coalesce everyone. These findings indicate the value of cross-Action Team and BHC-wide convenings around a specific common agenda or issue, such as All Grantee Meetings and Hub Gatherings.

In summary, this Social Networking Analysis takes a snapshot view of relationships between and among grantees prior to the BHC compared to now, as well as identifies examples of resource leveraging in terms of increased revenue or heightened visibility and voice in community planning and decision making. Although the individual players will likely change, in order to investigate changes over a longer period of time, this analysis will be included again in the summative evaluation of year nine or ten. The social network maps graphically demonstrate the importance of a backbone organization in a Collective Impact initiative. Any discussion of sustainability must account for continuing that structure.

## Section 4 Trends for Resident & Youth Engagement

The BHC Initiative is a prevention-driven, place based initiative with the goal of creating healthy communities through investments in health care, schools, and neighborhoods. The Endowment has established campaign goals for the investment areas that serve to define the work or the “*what*” of the initiative. In conjunction with the campaign goals, The Endowment also established five Drivers of Change, or the core strategies for “*how*” to achieve change. Affiliated with each Driver of Change are goals and community capacities, excerpts of which are in Table 8.

Table 8 | TCE Drivers of Change, Goals and Community Capacities

<b>1 Resident Power</b>
Increase by 30% the number of residents actively organizing on health issues
Develop community organizing efforts that engage at least 200 adult residents in public decision-making processes in support of BHC
<b>2 Youth Leadership</b>
Engage 1,000 more young people in organizing on health issues
Form healthy advocacy teams of at least 50 youth to bring youth voice to policymakers in each of the 14 sites
<b>3 Changing the Narrative</b>
Challenge the conventional understanding of health; health does not just happen in a doctor’s office
Lift up the leadership of young men of color; change the perceptions of policymakers
<b>4 Leveraging Partnerships</b>
Establish partnerships among TCE, the Federal Reserve and major non-profit health systems/hospitals
Establish 21 corporate partnerships
Implement a national philanthropic alliance focused on boys and men of color
<b>5 Collaboration</b>
Community stakeholders in divested neighborhoods mobilize and secure new forms of private capital by building community development skills and fostering new relationships
Local residents are directly engaged in the implementation and governance of partnership agreements to reinforce their power and to maximize the potential for sustainability

In January of 2012, during the second year of the initiative, LPC Consulting Associates, Inc. unveiled a series of tracking logs for documenting and describing the South Sacramento BHC grantee facilitated activities, and the ways in which youth and adult residents are involved in those activities. Intrinsic to the BHC initiative is the provision of resources in order for residents to gain the knowledge, skills, and assets necessary to be active change agents and leaders of the healthy communities’ revolution. While building the individual and collective capacities of residents is an important component of a social change initiative, residents must be encouraged and provided with opportunities to utilize those capacities to organize and advocate for systems change. While BHC grantees play an instrumental role in resident skill building, ultimately community residents must be equipped to apply their individual and collective capacities

without grantee assistance. Thus, among the most valuable lessons learned from the BHC initiative are those that relate to the ways in which residents are engaged in the BHC initiative.

The data collected via the tracking logs provides a means for assessing resident and youth engagement to discern the progress toward achieving the goals and capacities affiliated with two of the five drivers of change – **Resident Power** and **Youth Leadership**. Data collected via the evaluation logs will help address questions such as:

1. How many youth and adult residents are engaged in the BHC initiative?
2. Are youth and adults engaged in an appropriate range of activities?
3. Is South Sacramento BHC meeting the goals and capacities of the resident power and youth leadership drivers of change?

By asking strategic questions and using the log data to inform the answers, BHC partners can distinguish if resident engagement is advancing the goals of the initiative. In addition, the data can track short-term outcome measures used to evaluate the initiative's progress.

Short-term outcome measures are the community changes affiliated with the South Sacramento BHC initiative, and are benchmarks of success. For example, community change activities are early evidence that the initiative is moving closer to achieving the goals; a large or increasing number of community actions indicate that the project is attempting to make multiple and varied changes. While long-term outcomes (i.e., achieving priority outcomes) are an important evaluation measure, short-term outcomes are an important part of the evaluation because they illustrate whether or not the initiative is working in advance of achieving long-term outcomes. The road to “people power” is a journey of steps from services to planning to community action, culminating in community level change.

In summary, the purpose of collecting this data is to:

- Stimulate discussions among those involved in the BHC initiative about the level at which youth and adult residents are included in activities that will ultimately result in attaining the priority outcomes;
- Track and promote awareness of major events and accomplishments; and
- Understand the progress of the BHC initiative, for the place, South Sacramento.

By presenting this data, we hope to inspire critical reflection and provide a tool for gauging the active participation of youth and adult residents in shaping and changing their community and its health.

## 4.1 Resident and Youth Engagement Log Description

The evaluation team developed five different logs to collect data from South Sacramento BHC grantees. The logs were adapted from an evaluation process described in the Centers for Disease Control and Prevention manual, *Evaluating Community Efforts to Prevent Cardiovascular Disease*. Departing from previous years, the evaluation team collected three of the five logs to minimize burden on grantees reporting data. The logs used to collect data from the South Sacramento BHC grantees this year include the following:

- **Event Log** | To record those activities occurring on an infrequent basis

- **Ongoing Services Log** | To gather information about routine and regularly conducted grantee activities
- **Resources Generated Log** | To report funding and other resources that grantees are acquiring and/or leveraging in connection with BHC work

Data pertaining to youth and resident engagement is included on the *Event* and *Ongoing Services Logs*. Both logs include columns for grantees to list the total number of residents in attendance at a given activity, as well as a break-down of attendees by age (i.e. youth and adult), in addition to a code for each activity recorded. The codes provide a means for understanding the ways in which youth and residents are involved in the BHC initiative. The codes are as follows:

- **Community Change (CC)** | New or modified programs, policies, or practices in the community facilitated by the initiative that related to the BHC outcomes
- **Community Action (CA)** | Action taken to mobilize the community, bring about change in the community, or bring about a new or modified program, policy, or practice related to the BHC outcomes
- **Planning Products (PP)** | The results or products of planning activities within the group
- **Services Provided (SP)** | Events that provide information about services, or instruction to develop skills of community residents

Coding activities is useful for understanding both the evolution of the initiative and the types of activities that involve youth and adult residents. For example, one would anticipate the provision of services for residents throughout the lifespan of the initiative. However, as the initiative evolves, one would expect: 1) a larger number of residents involved in the initiative, and 2) increased resident participation in organizing and advocacy related activities (i.e., community action and community change events).

As stated above, service provision activities provide information or instruction to develop the skills of residents, whereas community actions are activities that serve to mobilize community members or to bring about community change. While building the individual (e.g., confidence, leadership skills) and collective (e.g., collective identity, representation, voice) capacities of residents is an important component of a social change initiative, it is not the only component necessary to bring about systems change; residents must be encouraged to utilize those capacities and advocate for the community changes they desire. The initiative must include activities that serve to assist residents with moving beyond skill building into the application of those skills. Resident engagement is necessary at all levels, from skill building to active participation in decision making bodies to ensure community transformation. Hence, the number of youth and adult residents actively involved in service provision, planning, community action, and community change events is a bellwether of the initiative success.

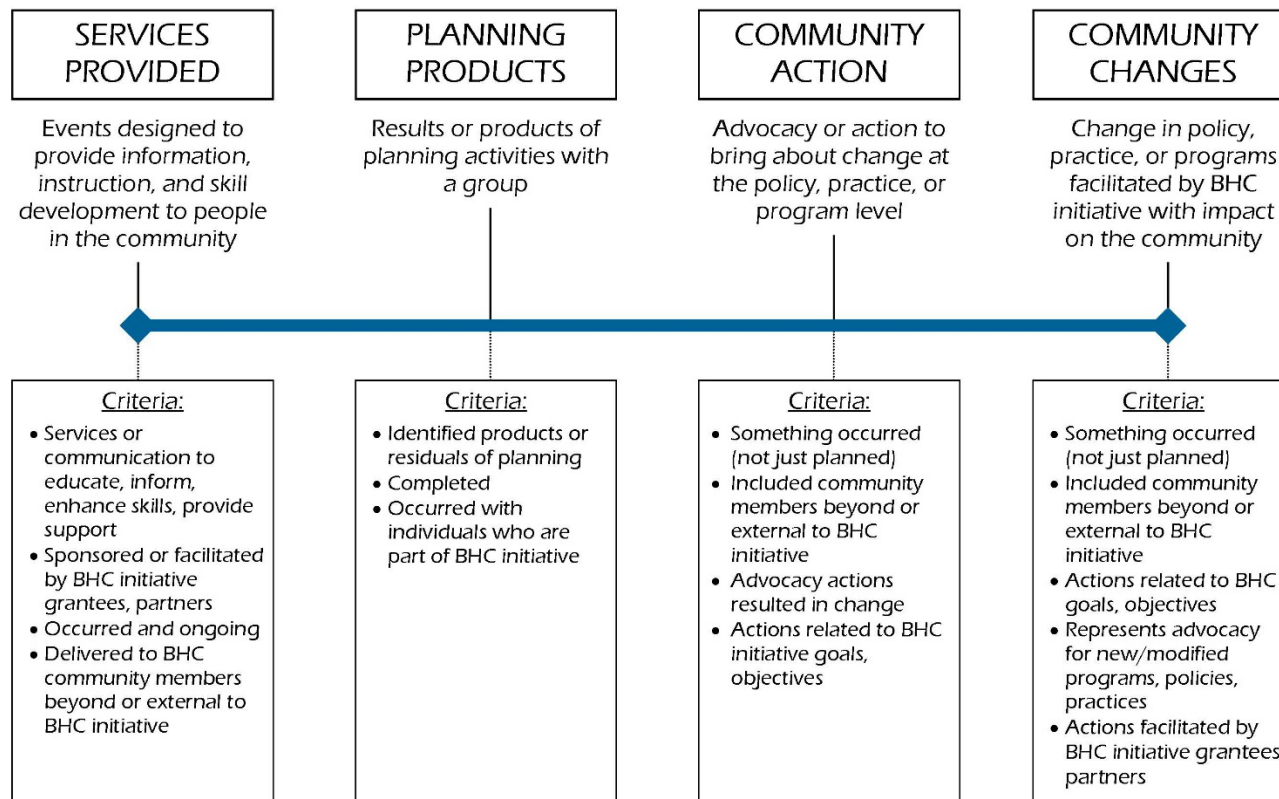
The continuum below (Figure 18) illustrates the path that residents might take from being initially engaged in service provision activities through the involvement in community change activities. The continuum includes a description of the four types of activities, with the criteria that must be present to qualify for each category.

Figure 18 | Continuum of Resident & Youth Engagement



## CONTINUUM OF RESIDENT & YOUTH ENGAGEMENT

### BHC Initiative, South Sacramento





## 4.2 Proportionate Representation of Residents & Youth Participation

The data presented herein pertains only to South Sacramento BHC grantee affiliated events and activities. Most of the grantees submit logs on a monthly basis, but not all. For example, the Sacramento City Unified School District receives funding to implement district-wide policies and programs, and the exact number of youth reached through policy change programs is undetermined. Additionally, a few grantees provide programs for the same youth and adult residents on a month-to-month basis, and the data presented in this report does not account for duplication of clients<sup>2</sup>. Data presented in Figure 19, Figure 20, Figure 21, and Figure 22 include only the data for activities where grantees reported the number of residents involved in activities by age. Figure 23 illustrates the data for resident attendees both classified and unclassified by age, to produce a total number of residents involved in BHC funded activities, events and services.

While inexact, the data continue to help address questions related to the initiative with the intent of actively shaping efforts to achieve the BHC vision and the ten priority outcomes identified by TCE. The log data provides a snapshot of the types of grantee facilitated activities occurring and the ways in which youth and adult residents participate in BHC funded initiatives. The following section provides a brief overview of the log data that pertains to services provided, planning products, community action, and community change activities.

### 4.2.1 Services Provided

Activities categorized as **Service Provision** typically include such activities as health insurance screenings, informational presentations, youth nutrition and physical activity classes, or food distribution. During year six, a total of 104,871 service provision activities occurred, which is a decrease from the year five total of 144,610 activities. Examples of services provided as part of the BHC initiative are as follows:

- **La Familia Counseling Center** provided health navigation and outreach at various community events, including *Celebrando Nuestra Salud*.
- **Always Knocking** assisted over 1,000 individuals to apply for services under Prop 47 through the I Am Prop 47 campaign.
- **Food Literacy Center** operated food literacy classes in five BHC schools, along with other outreach and education programs in the community.
- **Legal Services of Northern California** provided legal services to residents around housing, food access, economic development, and health access.
- **NeighborWorks** operated the Oak Park Farmer's Market from May through October, bringing fresh and organic produce to the Oak Park community, and conducting weekly food demonstrations.
- **The Center** offered gardening and social-emotional lessons in five BHC schools.

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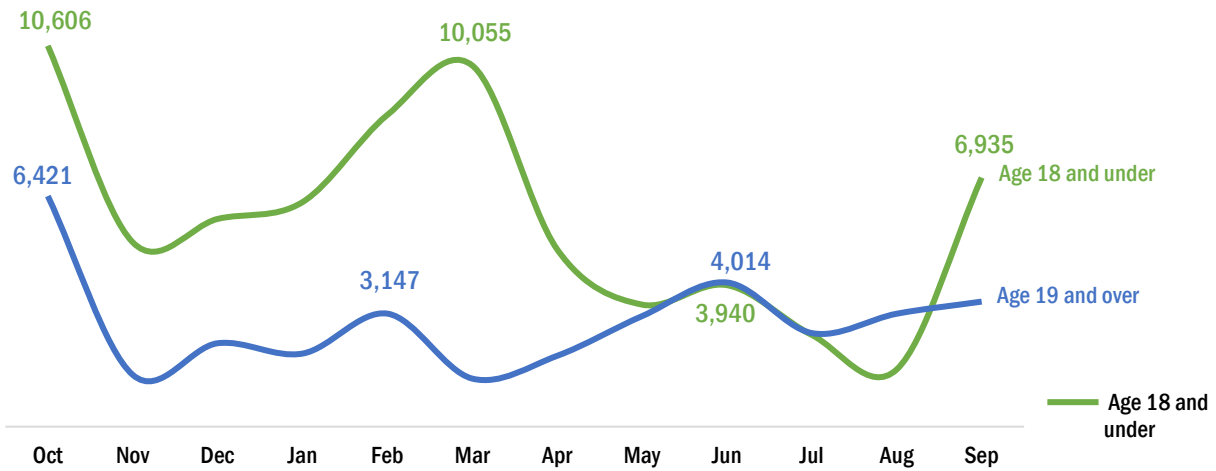
<sup>2</sup> While data collection procedures support the ability to track duplication of clients, the evaluation funding impedes that level of analysis. Hence, the numbers reported through the evaluation logs are an imprecise impression of trends. At times, grantees are unable to differentiate the age of residents receiving services and as a result submit data pertaining to the total number of residents, without differentiating resident attendees by age.

Figure 19 illustrates the number of youth and adult residents involved in **Service Provision** activities.

Figure 19 | Number of Youth & Adult Residents Engaged in Service Provision Activities

**Services Provided were greatest among youth residents, and mirrored the trend for adult residents.**

The largest spike for youth services occurred in March, a result of several grantees reporting activities that serve students in the Sacramento City Unified School District.



The number of youth involved in service provision activities peaked in March (10,055) and experienced a cycle of drops and increases until September 2016. The high number of youth reached in March was a result of several grantees providing services to youth in the Sacramento City Unified District and a high volume of grantees reporting their activities. The decline, thereafter, is a partial result of one grantee no longer reporting their activities within the district due to loss of funding, and the end of the school year. The number of adults reached through service provision activities peaked in June (4,014) and after a dip, began to increase up to September of 2016 (3,482). These increases were in part due to large-scale health outreach events, the summer-long Oak Park Farmers Market, and other large festivals taking place in the school district. The figure illustrates that the total number of youth (69,867) outpaced the number of adults (35,004) engaged through service provision activities for the majority of the year six timeframe. This difference is a deviation from year five where more adults (83,752) were engaged through service provision activities than youth (60,858).

**4.2.2 Planning Products**

**Planning Products** are the result or products of planning activities within a group and generally serve to guide the initiative. Planning products can include hiring of staff, establishing a committee or task force, or adopting a strategic plan. From October 2015 through September 2016, a total of 4,566 youth and adult residents engaged in planning pursuits. Examples of South Sacramento BHC planning products include:

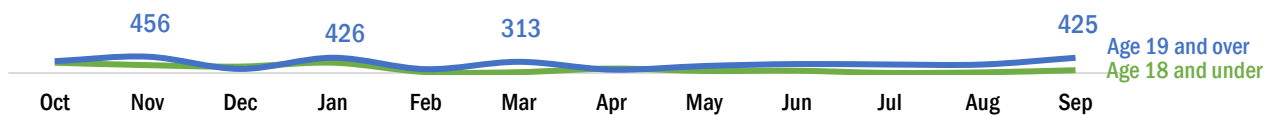
- **Sacramento ACT** held planning meetings with leaders from Live Free and Sacramento immigration reform regarding Prop 47 accountability, transparency, reinvestment, and mass incarceration.

- **WalkSacramento** met with the Oak Park Neighborhood Association to discuss steps to developing a neighborhood transportation improvement plan.
- **Organize Sacramento** participated in coalition planning meetings regarding the Fight for \$15 Day of Action.
- **East Bay Asian Youth Center** operated Youth Action Team core meetings.

Figure 20 below demonstrates the number of adult and youth residents involved in **Planning Products**.

Figure 20 | Number of Youth and Adult Residents Engaged in Planning Product activities

**Planning Products among adult residents oscillated at the start of Year 6, but remained low overall.**



As shown in the figure, the number of youth involved in planning activities remained relatively stable but low throughout year six, with a small peak in January (288). The number of adults engaged experienced a similar trend throughout the year, with several small peaks at the start of the year. Several coalition planning meetings occurred at this time reflective of work around Prop 47 reinvestment, Raise the Wage, and improving student health. The figure also illustrates that more adults (3,191) than youth (1,375) were engaged in planning related activities in year six of the initiative.

### 4.2.3 Community Action

Activities that fall under the **Community Action** category include actions to bring about new or modified program, policy, or practice related to any of the 10 BHC priority outcomes. Folks involved in these types of activities are acting directly to bring about changes in the community. From October 2015 through September of 2016 grantees logged 148 different community action events and activities. Examples of community action activities include:

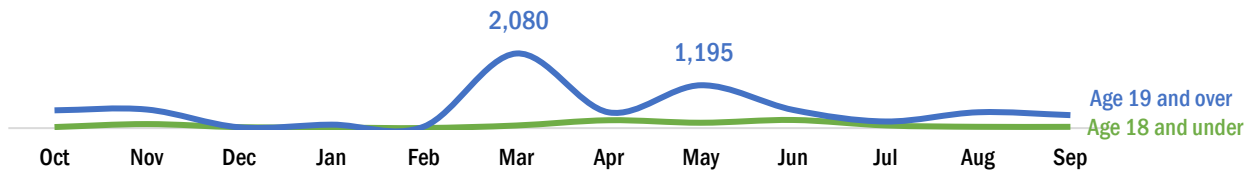
- Residents participated in a rally at the State Capitol for \$15 minimum wage legislation
- Residents and organizations gathered to call for transparency and accountability of Prop 47 community reinvestment.
- Community members participated in a mayoral forum to voice issues around land use, transportation, physical health, and equity.
- Residents engaged in a farmworker overtime rally and solidarity fast.
- BHC youth participated in a Youth iVota! forum.

Figure 21 illustrates the number of residents ages 18 and under and 19 and over who participated in **Community Action**.

Figure 21 | Number of Youth and Residents Engaged in Community Action

**Community Action activities among adult residents spiked in March and May.**

In March, residents participated in the Get Out the Vote and Raise the Wage campaigns. In May, residents and organizations worked towards accountability and community reinvestment of Prop 47 Savings.



Community action activities for adult residents gained traction in year six starting in March with 2,080 total adult participants, a result of a large-scale rally and lobbying event regarding Raise the Wage. The next peak occurred in May (1,195), where leaders from Sacramento ACT and community members gathered to call for an audit of the sheriff’s budget and Prop 47 savings. The number of youth involved at the community action level remained relatively low but stable throughout year six. Youth numbers stayed within the range of three active youth (February 2016) to 227 youth (June 2015).

**4.2.4 Community Change**

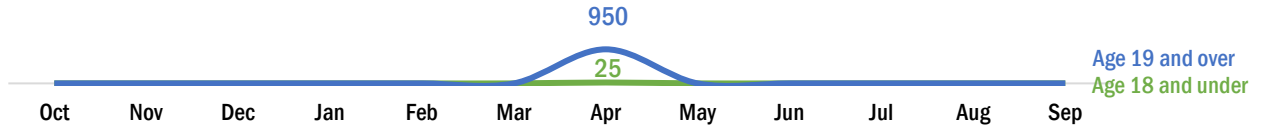
**Community Change** are new or modified programs, policies, or practices facilitated by the initiative and related to the goals of BHC. Community change activities are: (1) early evidence that the BHC Initiative is moving closer to achieving the identified goals; and (2) evidence of what can be accomplished in a community when resources are levied to provide residents with leadership skills, and the assistance to use those skills to advocate for a healthy community. In total, two resident-driven community changes affiliated with the BHC Initiative occurred in year six. The two identified community changes are as follows:

- Residents and community organizations worked to achieve the passage of the \$15 minimum wage law in California.
- Residents and community organizations worked to achieve health access in Sacramento County through the Healthy Partners Program, opening up healthcare enrollment to undocumented residents.

Figure 22 below demonstrates the number of adult and youth residents involved in **Community Change**.

Figure 22 | Number of Youth and Residents Engaged in Community Change

**Youth and adult residents participated in Community Change activities in April through passage of the \$15 minimum wage law.**



Youth (25) and adult (950) residents participated in community change activities in April of year six through their participation in the passage of the \$15 minimum wage law. Additionally, year six saw the development and implementation of the Healthy Partners Program, designed by various community stakeholder groups, to grant healthcare access to undocumented immigrants. The Healthy Partners Program opened up for enrollment in January 2016.

### 4.3 Changes in Levels of Participation

The data presented above is a measure for gauging an essential element of the initiative – the ways in which adults and youth are engaged in the BHC Initiative – and comparing the rates of resident participation in the four different activity areas from year five to year six. Through the analysis of data and critical dialogue, BHC partners can discern if changes are required to the ways in which youth and residents are involved in the initiative. The change over time from years three through six are addressed in three distinct questions, summarized in the following sections.

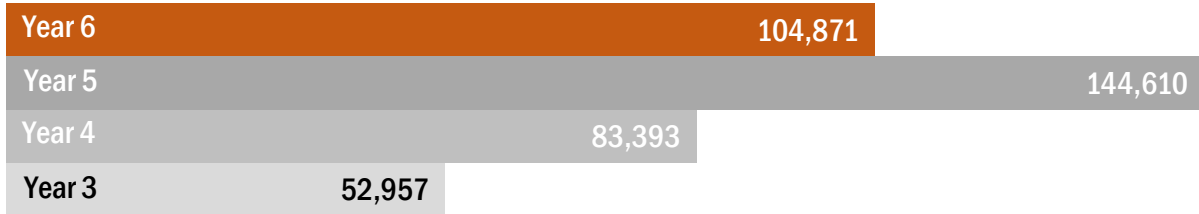
#### 1. How many residents are engaged in the BHC initiative?

Six years into the initiative, residents are active in community change, community action, planning products and service provision activities. The data reveal that while the total number of BHC related activities in year six (117,805) decreased from year five (167,114), a higher number of residents remain involved in the initiative in comparison to previous years (96,642 in year four and 64,481 in year three). Figure 23 illustrates the total number of residents involved in the four different activity types during years three through six of the initiative.

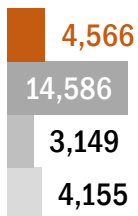
Figure 23 | Total Number of Residents Involved in the Initiative in Years Three through Six

## Services Provided

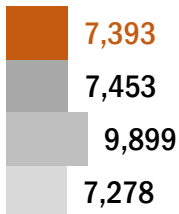
Total youth and adult residents



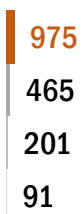
## Planning Products



## Community Action

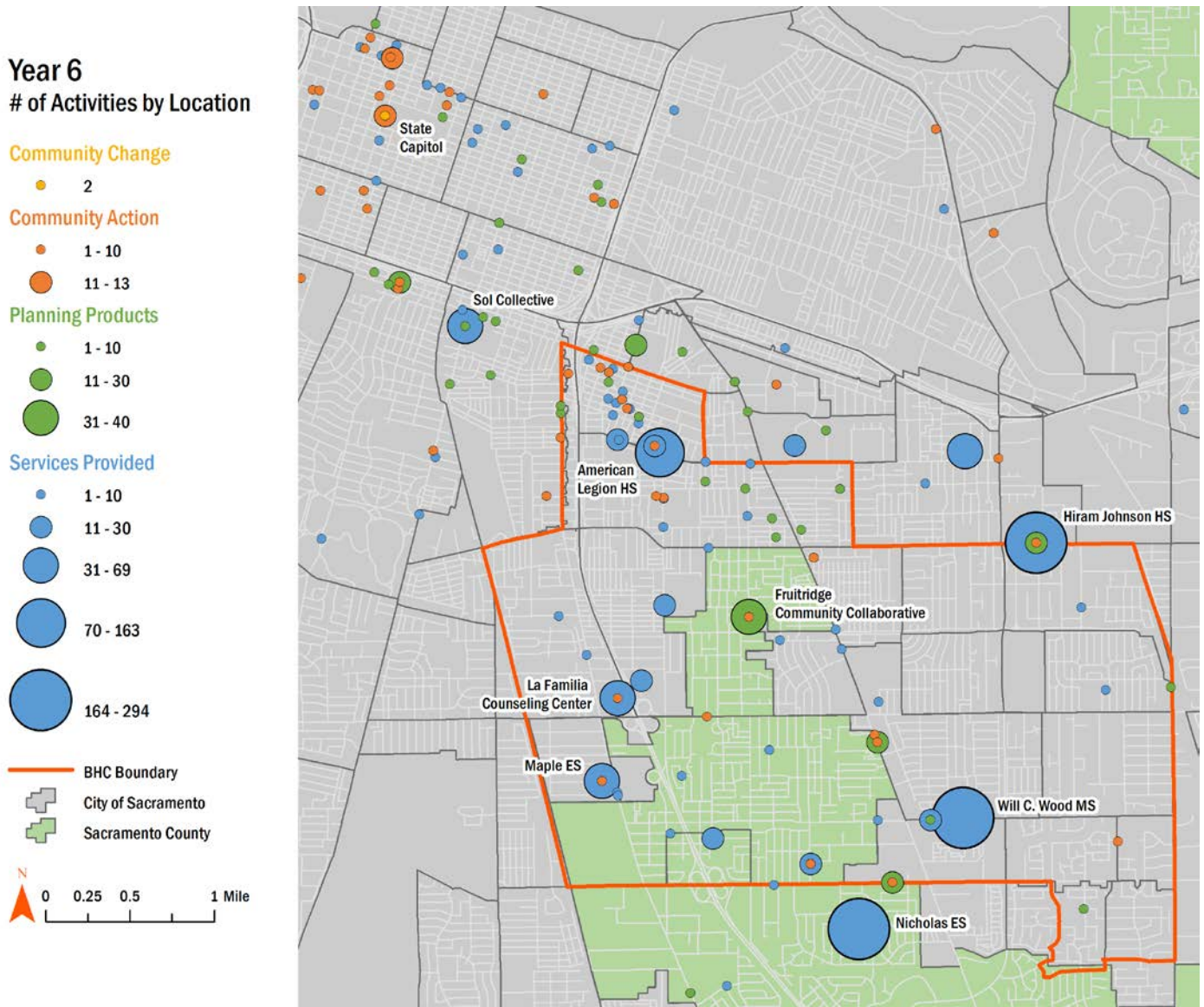


## Community Change



The map on the next page (Figure 24) illustrates where grantee activities took place in relation to the BHC target area. Activities outside of the BHC boundary include regularly scheduled meetings at grantee offices, residents advocating for community change with policy makers and elected officials, and events targeting the Sacramento community at large, such as health insurance enrollment events. The map includes services provided, planning products, community action, and community change activities. The map provides a means to quickly reflect on geographic areas with high levels of activity, in relation to areas where fewer grantee-facilitated activities occurred. In general, grantees provided a range of activities and programs throughout the BHC area.

Figure 24 | Location of South Sacramento BHC Grantee Events, Programs and Services





2. Are youth and adult residents engaged in an appropriate range of activities?

Six years into the BHC Initiative, residents continued to be engaged in a range of activities. The data tracking allows for a comparison of the number of youth involved in the four different activity types for years three through six of the initiative, see Figure 25. The number of youth involved in the initiative in year six (72,273) increased 168 percent from year three (26,922), and 14 percent from year five (63,467). Of the 72,273 youth engaged in year six, 97 percent were involved in the BHC initiative through service provision activities, compared to 96 percent in year five, 95 percent in year four, and 94 percent in year three.

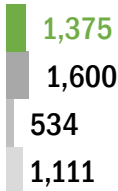
Figure 25 | Number of Youth Engaged in BHC Activities Years Three through Six

**Services Provided**

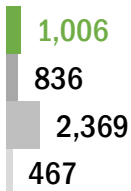
Total youth residents



**Planning Products**



**Community Action**



**Community Change**

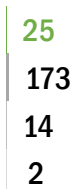


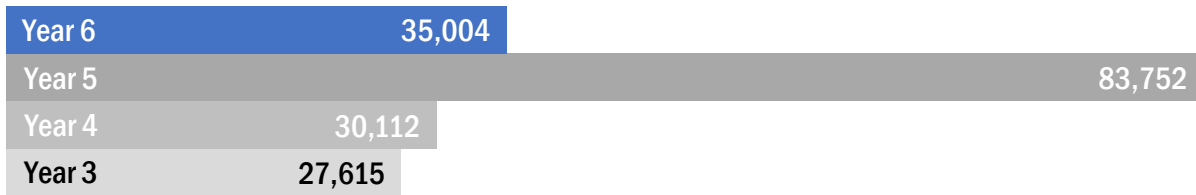


Figure 26 shows data related to the number of adults involved in BHC activities for years three through six of the initiative. The number of adults reached in year six (45,532) increased by 21 percent from year three (37,559) but decreased by 56 percent from year five (103,647), dominated by a decrease in services provided (58% from year five). Several reasons can account for this difference, including: 1) fewer large-scale campaign initiatives engaging the community through educational rallies, 2) fewer large-scale fairs providing services to the community, 3) status changes to grantees funded to serve adult residents (e.g., end of health navigator initiatives), 4) a possible focus-shift to provide additional services to youth rather than adults, and lastly, 5) fewer grantees actively reporting their activities. Generally, service provision facilitates engagement, and is an important gateway for residents to get involved initially as beneficiaries of services.

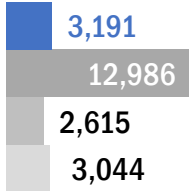
Figure 26 | Number of Adults Engaged in BHC Activities Years Three through Six

### Services Provided

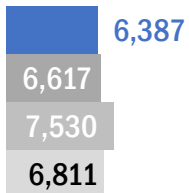
#### Total adult residents



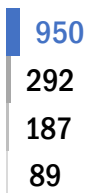
### Planning Products



### Community Action



### Community Change



As the BHC Initiative progresses, the engagement of residents through community action and planning products should increase, as those are the types of activities that will ultimately yield a shift in the health narrative and a comfort in becoming active change agents. In addition, while the number of youth involved in the initiative has grown substantially since year three, there are still a relatively small number of youth active in community change, community action, and planning products in relation to their adult counterparts.

3. Is South Sacramento BHC meeting the goals and capacities of the Resident Power and Youth Leadership Drivers of Change?

The California Endowment developed Drivers of Change goals and community capacities as a means to measure progress towards achieving the “how” of the initiative. Table 9 includes a few of the goals and community capacities affiliated with two of the five Drivers of Change and South Sacramento’s progress with those benchmarks.

Table 9 | South Sacramento BHC Drivers of Change Progress

Driver of Change	Goals and Status	Progress
People Power	<p><b>Goal   Increase by 30% the number of residents actively organizing on health issues.</b></p> <p><b>Status  </b> Looking specifically at planning products and community action activities – which are indicative of ‘residents actively organizing’ –the number of active youth decreased by 2 percent from year five to year six, and the number of adults decreased by 51 percent.</p>	
	<p><b>Goal   Develop community organizing efforts that engage at least 200 adult residents in public decision-making processes in support of BHC.</b></p> <p><b>Status  </b> In year six, 6,387 adults engaged in community action activities.</p>	
Youth Leadership	<p><b>Goal   Engage 1,000 more young people in organizing on health issues.</b></p> <p><b>Status  </b> The number of youth organizing on health issues decreased from 2,436 in year five to 2,381 in year six.</p>	
	<p><b>Goal   Form healthy advocacy teams of at least 50 youth to bring youth voice to policymakers in each of the 14 sites.</b></p> <p><b>Status  </b> The Youth Leadership Team included 17 youth and 1,006 youth participated in community advocacy activities in year six.</p>	

● = Met   ● = In Progress   ○ = Needs Work

#### 4.4 Summary of Resident and Youth Engagement

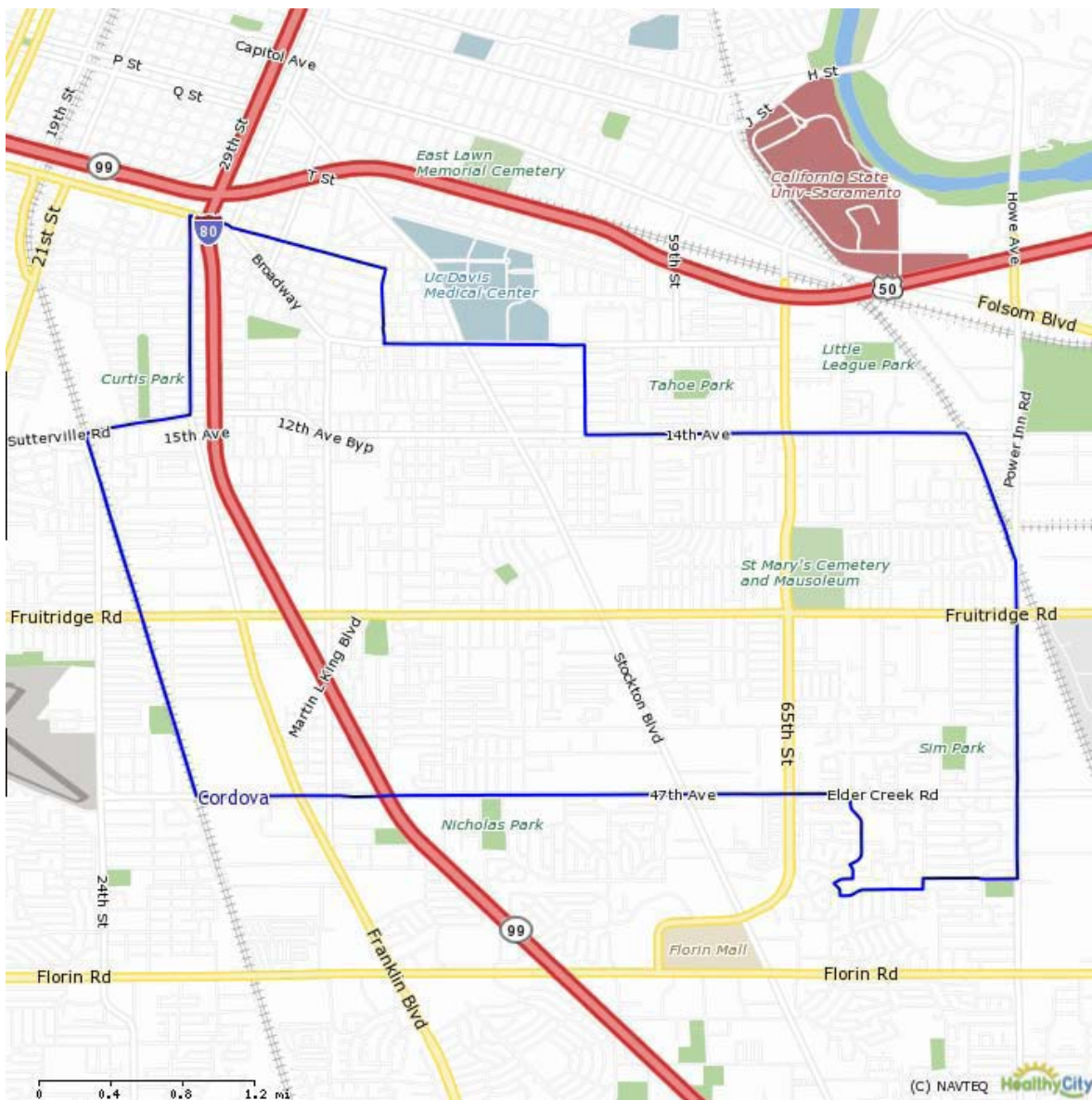
The South Sacramento BHC showed marginal progress this year, achieving goals affiliated with maintaining youth and adult engagement with regard to the People Power and Youth Leadership BHC Drivers of Change. Nevertheless, goals related to increasing the number of residents organizing, especially with regard to increased youth participation remains a challenge for Sacramento. Similar to previous years, the annual log data reveals that most residents are involved in the initiative through the provision of services. While services provided to adults dropped significantly, services for youth increased in year six. Funding for the provision of services is a necessary component of a place-based initiative as it serves

to address resident needs that if left unmet can become obstacles to community change, and can begin to address systematic practices. The California Endowment has intentionally funded grantees for the provision of services, especially in the area of health insurance outreach and enrollment. Planning, action, and change-oriented activities provide an important opportunity for residents to apply those skills acquired through service provision activities and are a critical component in residents becoming active change agents for healthy communities. Beyond those receiving services, BHC partners will need to facilitate opportunities in planning products and community action activities for a larger number of residents in order to continue meeting their program benchmarks.

## Section 5 Community Indicators

The South Sacramento BHC site was selected on the basis of several community indicators, either direct or indirect measures of community health and wellbeing. The demographic profile of this target area (Figure 27 below) presents a community with a disproportionately high rate of poverty, unemployment, immigrant and minority and non-English speaking residents. Schools that serve the BHC target area are home to low income students who depend on free and reduced lunch at rates greater than that of the Sacramento City Unified School District, as well as the county at large. Furthermore, there are other indicators of health for this area that illustrate disparities associated with the other socio-demographic characteristics generally linked to poor individual and community health.

Figure 27 | South Sacramento BHC Target Area



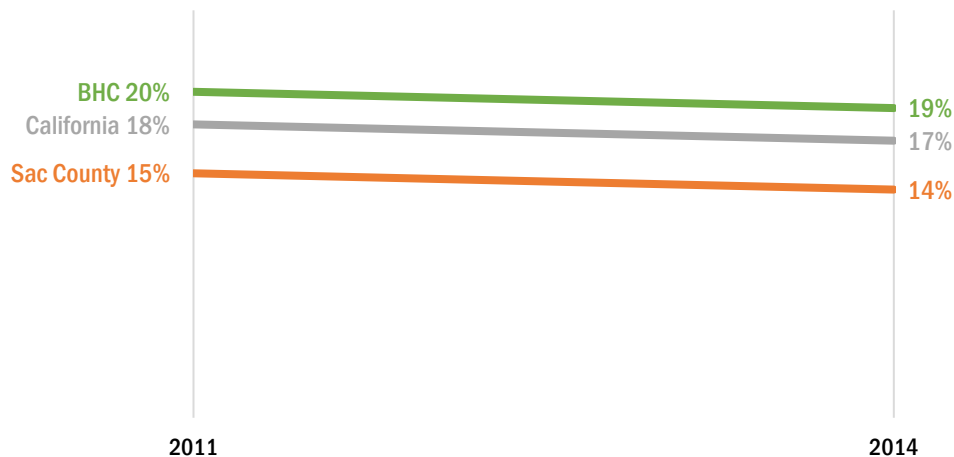
Similar to the BHC Hub Evaluation Report during years four and five, this annual report provides a summary of community and health indicators. The selected indicators represent those identified by BHC Action Teams as measures to track and mark changes toward a healthier community. Although some indicator data is not updated every year, the data presented in the following sections presents a combination of baseline and emerging trends, which will be updated annually as new data become available.

## 5.1 Health Access Action Team (Health Happens in Prevention)

The BHC has redirected a focus from treatment of physical issues to primary prevention and improving overall access to health insurance and health care. Among the 10 original priority outcomes identified by The California Endowment at the outset of the BHC initiative was the increased rate of households “with a medical home” or access to both health insurance and primary health care. The advent of the Affordable Care Act (ACA) in California has improved the rate at which individuals and families are insured, though the trends are limited by the years for which this data is available. Also, the BHC area continues to have a rate of uninsured that exceeds rates for either Sacramento County or California, as shown in Figure 28. Approximately 81 percent of the BHC population is insured.

Figure 28 | Comparison of Rates for Uninsured Population

**Although uninsured rates are decreasing, the BHC uninsured rate remains highest.**



Source: 2010-2014 ACS Survey 5-Year Estimates (n=78,546)

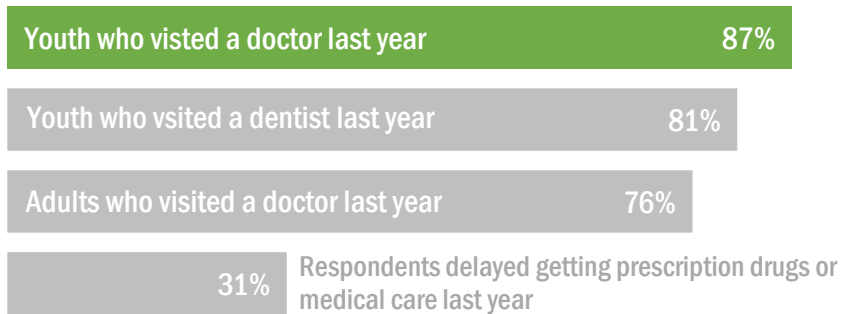
Figure 29 below presents a summary of findings from the CHIS survey in 2009, a baseline of indicators of families who represent a “health home” as demonstrated by use of primary health care. These statistics will be updated when the CHIS survey again oversamples residents in the BHC areas in 2020.

- As many as 87% of all youth in the BHC have visited a doctor in the prior year, compared to 76% of adults (baseline year 2009);
- 81% of all CHIS survey respondents in the BHC have visited a dentist in the previous year (2009);

- 31% of all CHIS survey respondents in the BHC delayed getting prescription drugs or medical care in the previous year; and
- 14% of BHC adults and 18% of BHC youth visited an emergency room in the previous year.

Figure 29 | Access to Healthcare (Health Home)

### BHC Access to Healthcare

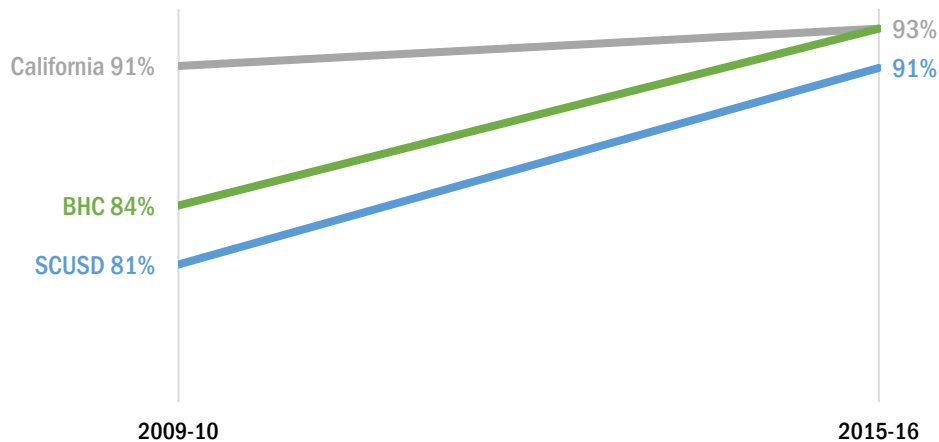


Source: 2009 California Healthy Interview Survey - Oversampled in BHC area

Another indicator of community health is the rate of vaccinations among children entering kindergarten. Though the rate of kindergartners with vaccinations has remained relatively high for California (above 90%) from 2009/10 through 2015/16, there have been impressive gains for both SCUSD and BHC children entering kindergarten, both of which began between 80 and 85 percent. The BHC schools reported vaccination rates approaching 93 percent in 2015/16, with SCUSD not far behind at 91 percent (as shown in Figure 30).

Figure 30 | Comparison of Kindergarten Immunization Rates

### Kindergartener vaccination rates are increasing in all areas.



Source: 2015-2016 Kindergarten Immunization Assessment, CDPH Immunization Branch

Furthermore, the BHC had achieved 99% vaccination rate for 7<sup>th</sup> graders by 2015/16 compared to slightly lower rates (98%) for SCUSD and California 7<sup>th</sup> graders (98%).

Other indicators of community health are more related to the economic indicators that correspond to health disparities, many of which are a function of poverty and resource gaps. Figure 31 show the median household income by race, and rates of unemployment for the same time periods, reflecting the latter part of the great recession of 2008. The BHC unemployment rates exceed those for either Sacramento or California, and remaining stead at about 17 percent in 2014.

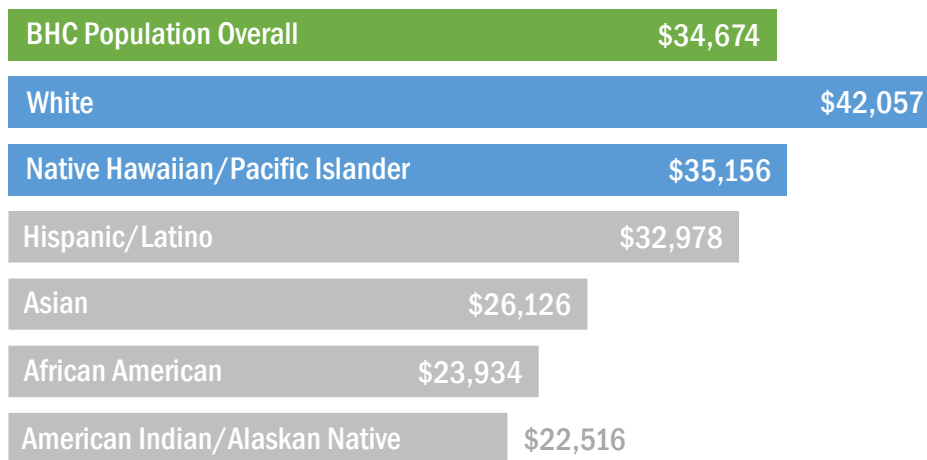
Figure 31 and

Figure 32 present a summary of Income and Employment (five-year average, no trends over time yet), as summarized below:

- \$34,674 was the median household income for BHC residents (2009-2014);
- White residents had higher median incomes of \$42,057;
- Hispanic and Pacific Islander household incomes were closer to the BHC median, at \$32,978 and \$35,156 respectively;
- \$26,129 was the median annual household income for Asian residents of the BHC, followed by African American households (\$23,934) and American Indian/Alaskan Native households (\$22,516).

Figure 31 | Median Income of BHC Area Residents

**White & Native Hawaiian/Pacific Islander BHC residents have higher incomes on average than all other ethnicities.**

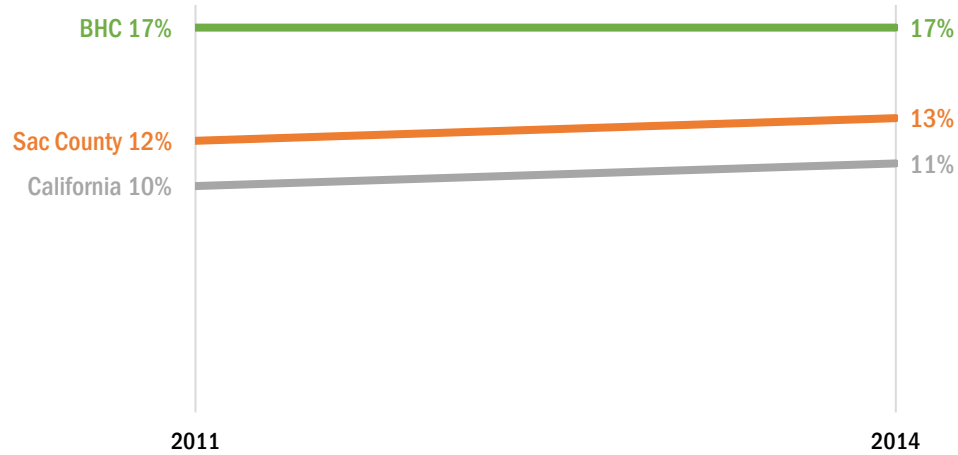


Source: U.S. Census Bureau, 2010-2014 ACS



Figure 32 | Comparison of Unemployment Rates

Unemployment rates are slowly increasing, with highest rates in the BHC population.



Source: U.S. Census Bureau, 2010-2014 ACS

The community indicators for neighborhood health are a combination of measures of improved access to healthy food, and economic and safety measures.

## 5.2 Healthy Food for All Action Team (Health Happens in Neighborhoods)

The South Sacramento BHC has made inroads toward making healthy food more accessible to residents and youth in the BHC target communities, through a combination of a seasonal farmers’ market, increased use of land for community and residential gardens, revamped food selections in public school cafeterias - including salad bars - and conversion of corner store markets to increase the volume of fresh produce they stock and sell. While the first level of change for improving nutritional health is to make healthy food like fresh produce more accessible to low income communities, the expectation is that shifts in food consumption behavior will follow.

From 2009 CHIS data, there are baseline measures of fruit and vegetable consumption for the BHC area and fast food consumption (Figure 33). These rates will not be measured again until 2020 when the CHIS will again oversample for the BHC community. Health indicators revealed baseline food consumption trends as follows:

- 29% of BHC adults consumed fruits and vegetables 3+ times a day
- 31% of BHC children consumed fruits and vegetables 5+ times a day
- 78% of BHC adults ate fast food less than 3 times a week
- 82% of BHC children ate fast food less than 3 times a week

Figure 33 | Youth and Adult Consumption in the BHC Area 2009

## BHC youth and adult consumption of fast food & fruits and vegetables, baseline rates

Less than 3 times last week...



5 or more times a day...



3 or more times a day...



Source: 2009 California Healthy Interview Survey - Oversampled in BHC area

### 5.3 Youth Engagement Action Team (Health Happens in Schools & Neighborhoods)

There are several indicators that reflect both the general health of students and the overall climate of the schools, which has a direct impact on student connection to and participation in school. Since the BHC initiative began in 2010, Sacramento City Unified School District and its community based partners have received considerable funding through the BHC, or as a result of leveraging opportunities made possible with BHC funding. The individual and collective grants target changes in policies related to bullying prevention, restorative justice, healthy eating, physical activity, and youth leadership development. The following indicators will help ascertain how these efforts have resulted in systemic changes as well as in student health and wellbeing.

#### 5.3.1 School Connectivity

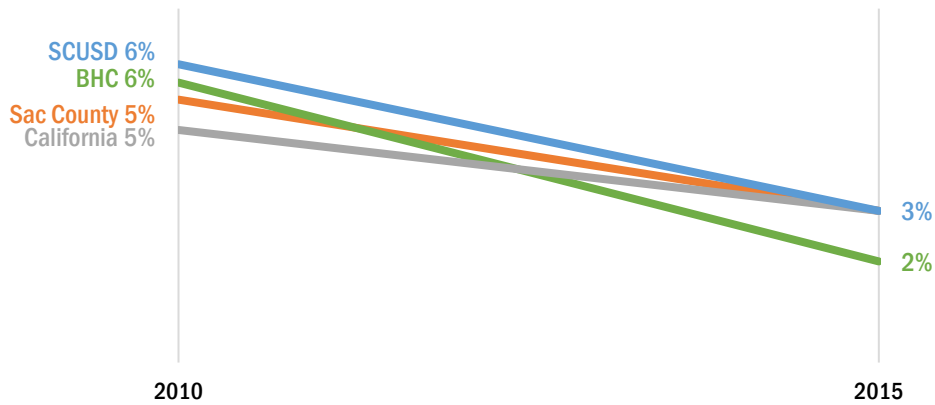
Students will only benefit from education if they attend and graduate. Figure 34 through Figure 36 provide recent trends related to dropout and graduation rates for the high schools in the BHC service area<sup>3</sup>, for all schools in the SCUSD, and throughout both Sacramento and California as a basis for comparison. Figure 34 shows that dropout rates have been on the decline for all of these entities since 2009/10. And while the trends shifted in 2012/13, they remain substantially improved over time. Even the dropout rates for SCUSD and BHC schools have improved more markedly than rates for either Sacramento County or

<sup>3</sup> High schools in these two figures include: American Legion, Arthur A Benjamin Health Professions, CK McClatchy, Hiram Johnson, Luther Burbank, Met Sacramento, Sacramento (Charter), and West Campus.

California. There was a slight uptick in 2013/14 that continued into the 2014/15 school year for SCUSD and BHC schools, but it is worth noting that the school climate and discipline polices to reduce suspensions and expulsions were enacted by SCUSD in 2014.

Figure 34 | Comparison of Adjusted High School Dropout Rates

The highschool drop-out rate has decreased in all areas since 2010, with the sharpest decline in the BHC.

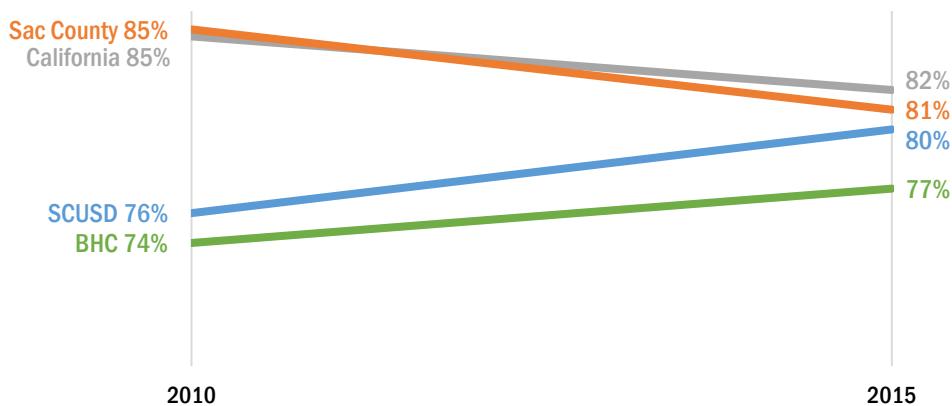


Source: California Department of Education

Figure 35 provides an overview of the inverse measure, graduation from high school, for BHC, SCUSD, Sacramento County, and California schools. Reflecting the increasing dropout rates, graduation rates appear to be declining between year 2013/14 to 2014/15. And both BHC and SCUSD graduation rates have declined to rates lower than seen from the County and State graduation rates for school year 2014/15. Because the schools that serve youth from the BHC have historically high drop out and low graduation rates, their improvement or decline impacts the rates for the SCUSD at large. By 2014/15, 77 percent of the high school seniors in BHC schools graduated, up from about 74 percent five years earlier.

Figure 35 | Comparison High School Senior Graduation Rates

Sacramento City Unified School District and the BHC are increasing their graduation rates.

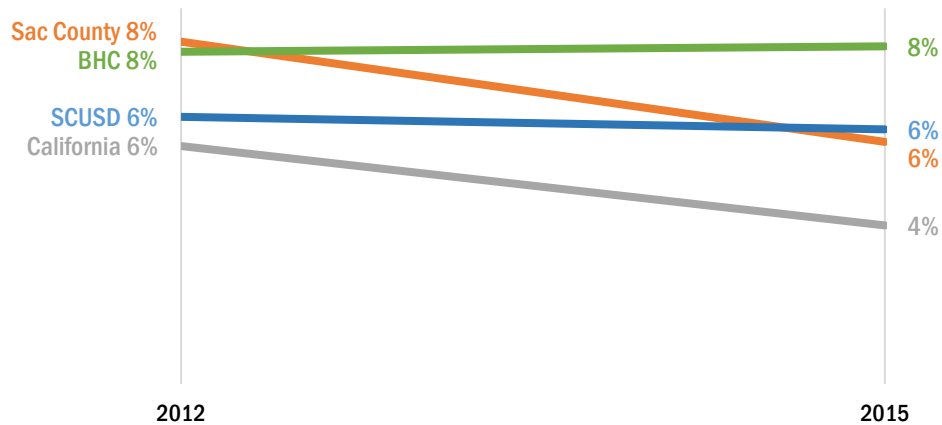


Source: California Department of Education

Expulsion and suspension rates have a direct impact on school attendance, dropout and graduation rates. When students are expelled or suspended, they often begin a downward spiral toward loss of interest in school, declining academic performance, and no promotion to the next grade level. Although expulsion rates for the five-year period were nonexistent or negligible, Figure 36 shows how suspension rates have been declining over time for BHC, SCUSD, Sacramento County and California students. Among these, BHC schools began with the highest rates of suspensions at about 8 percent in 2011/12 and 2012/13. That rate declined to just below 7 percent in 2013/14 growing to the previously seen rate of 8 percent in 2014/15. Sacramento City Unified School District’s overall rate of suspensions has increased from about 5 percent in academic year 2013/14 to 6 percent in 2014/15. Suspension rates tend to be relatively low (<10%) and may appear to be modest (e.g., 1% or less). However, changes in suspension rates may correspond to varied rates of dropping out of school and higher rates of graduation from high school. Other measures to improve school climate (e.g., bullying prevention policies and procedures) will only enhance social emotional learning, and may manifest in improved rates of attendance.

Figure 36 | Comparison High School Suspension Rates

**SCUSD and BHC suspension rates are the same as in 2012, where state and county-wide rates are decreasing.**



Source: California Department of Education

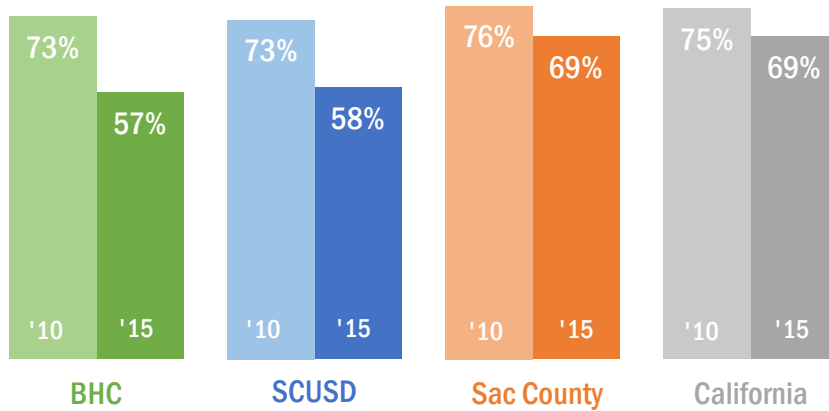
### 5.3.2 Student Health Indicators

BHC schools are also targeting changes to student health with a revival of physical education minimum standards and programming. Figure 37 and

Figure 38 present rates for 5<sup>th</sup> and 7<sup>th</sup> grade students who met four or more physical fitness standards at two points in time, prior to BHC implementation (2009/10) and four years into the initiative (2014/15). The trends for California, Sacramento, SCUSD, and BHC schools suggest that physical fitness has actually declined since 2009/10, although baseline rates for BHC and SCUSD schools were slightly lower compared to both County and State rates. For 2014/15, both SCUSD and BHC schools lost ground with regard to measures of student fitness for both 5<sup>th</sup> and 7<sup>th</sup> grade students.

Figure 37 | Comparison of 5th Grade Students Meeting 4 or More Physical Fitness Standards

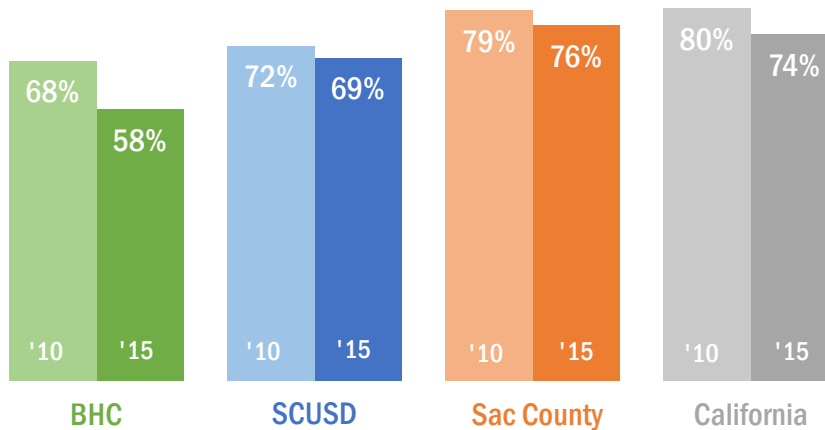
Physical fitness among 5th graders has declined since 2010, especially among **BHC** and **SCUSD** students.



Source: California Department of Education

Figure 38 | Comparison of 7th Grade Students Meeting 4 or More Physical Fitness Standards

Physical fitness among 7th graders has also declined since 2010, with lowest rates among **BHC** students.



Source: California Department of Education

## 5.4 Community Development Action Team (Health Happens in Neighborhoods)

Community indicator measures have not yet been identified with the transition from the Land Use Action Team into the Community Development Action Team.

## 5.5 Resident Engagement Action Team (Health Happens in Neighborhoods)

As the newest of the BHC Action Teams, the Resident Engagement Action Team has not yet determined community indicators of interest.

## Section 6 Evaluation Plans for Year Seven

The evaluation of the BHC Hub has been an integral component of the planning and implementation of the 10-year Building Healthy Communities Initiative funded by The California Endowment. Implementation has been underway for six years, and this report marks a turn towards the future for this initiative. Year six was a year of seriously considering sustainability, as grantees experienced maintenance and growth in programs, initiatives, and collaboration. Several grantees have mobilized to achieve systems and policy level change, providing new opportunities to showcase the individual and collective work, and to advocate for increasing collaboration and resource leveraging among the BHC grantees.

As the BHC enters the third quarter of the 10-year initiative, some of the collective work of the Hub, as well as the Leadership and all of the Action Teams, will include a shift toward assessing and planning for sustainability, and increasing meaningful, authentic, and intentional resident and youth engagement. These areas of importance will be significant to track and describe as they evolve into plans and implementation strategies.

In year seven, the evaluation will sustain core elements of the evaluation in order to document and describe trends of change over time. We will maintain data collection and trend analysis of resident and youth engagement, in order to see if resident and youth engagement is moving deeper on any initiatives or systems level efforts. We will also maintain documentation about the participation of grantees in Action Teams, as the organizational structure of the BHC continues to solidify.

We will continue to focus on systems and policy level change, particularly as it occurs across Action Teams and in partnership with residents and other allies within the BHC area. We will maintain the data collection and updating of community level indicators, as the initiative shifts its focus and interest toward an assessment of outcomes that are manifesting at a community level.

### 6.1 Maintain Resident and Youth Engagement Logs

The BHC evaluation has tracked resident and youth engagement since year two of the initiative, based on an assumption that individual grantee work would provide the most opportunities and venues in which residents and youth might engage with BHC work. The evaluation will continue to track this form of record keeping as an ongoing measure of how grantees are providing opportunities for residents and youth to engage with the BHC in meaningful ways. While this measure alone does not tell the complete story, it does provide a proxy for determining whether and in what ways residents and youth are participating in BHC work.

The data collected via the evaluation logs provides a means for assessing resident and youth engagement to discern the progress toward achieving the goals and capacities affiliated with two of the five drivers of change – **Resident Power** and **Youth Leadership**.

Data collected via the evaluation logs will help address questions such as:

1. How many youth and adult residents are engaged in the BHC initiative?
2. Are youth and adults engaged in an appropriate range of activities?
3. Is South Sacramento BHC meeting the goals and capacities of the resident power and youth leadership drivers of change?

By asking strategic questions and using the evaluation log data to inform the answers, BHC partners can distinguish if resident engagement is advancing the goals of the initiative. In addition, the data can track short-term outcomes measures used to evaluate the initiatives progress.

In year seven, the Resident and Youth Engagement Logs may require a review and revisions to reflect new ways of engaging with residents and youth, and to better identify nuances in engagement. For example, the evaluation team may include a specific measure related to identifying how grantees and Action Teams are linking with Neighborhood Associations, and the extent to which residents are participating in conversations about issues that are central to the work of the BHC. Similarly, the evaluation may extend an invitation to Action Teams and/or individual grantees to participate in a survey specific to resident and youth engagement. One question that has never been addressed is the extent to which grantees have residents or youth on their payroll, who are employed by grantees. This measure would also provide a general measure of ways in which the BHC has been part of economic development in the BHC, as a source of paid employment for some residents. The grantee inquiry may include other measures of resident engagement, like documenting and describing strategies for recruitment of residents and youth to fill positions, or the provision of training that develops capacities for residents and youth.

The Resident and Youth Engagement Logs will provide an ongoing measure, while the evaluation team, Hub Management, Action Teams, grantees, and the TCE Project Officer will explore additional ways to document and describe resident and youth engagement. This will become increasingly important as all parties extend their reach to engage residents and youth over the next three years of the BHC.

## 6.2 Document Participation in and Collective Efforts of Action Teams

The Action Teams of the BHC are the focal point of continuous communication and mutually reinforcing activities, while providing a secondary level of backbone infrastructure for specific advocacy or collective work. In addition, these Action Teams have informed the selection of community indicators as the basis of shared measurement systems, even while there are ad hoc data collection activities linked specifically to their work. And they represent the locus of common agendas specific to Health Access, Healthy Food for All, Youth Engagement, Community Development, and Resident Engagement. The evaluation in year seven will continue to document and describe frequency and attendance of Action Team meetings, participation by grantee, and linkages with non-grantee partners. While participation in Action Teams is not required, the meetings provide a regularly scheduled venue and format for mobilizing for collective action. The Action Teams (and their subcommittees) have been the source of most, if not all, systems and policy level change to date. The Action Teams are the nexus of where the drivers of change are bringing about change that will advance community health and wellbeing.



### 6.3 Systems Level Change: Grantees at Work!

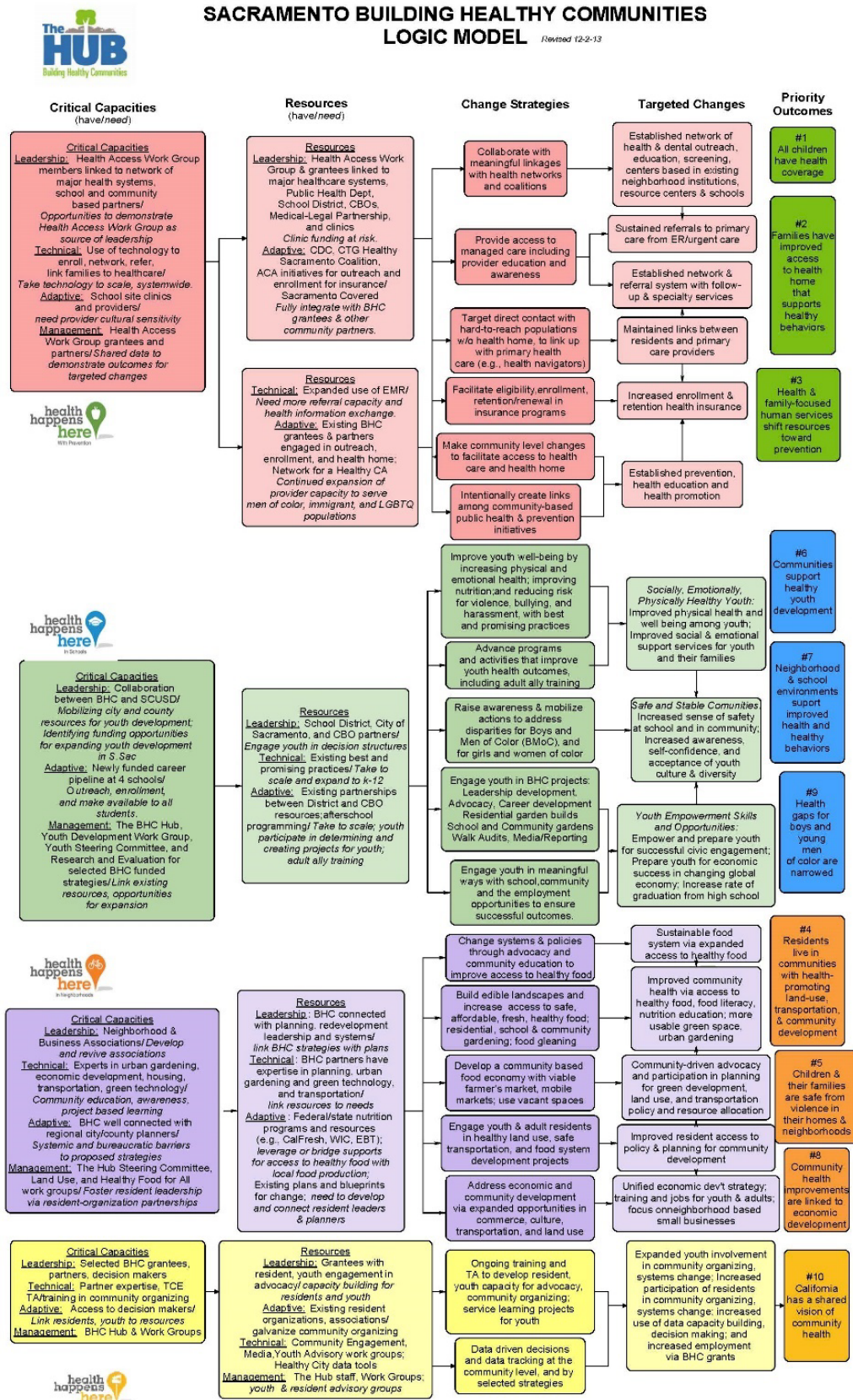
The focus on systems and policy level change will continue in the Year seven evaluation. The evaluation team, with the TCE Program Officer and the BHC Hub Manager, will explore the possibility of conducting smaller case studies to hone in on specific activities, campaigns, and or systems changes.

In particular, the evaluation will pay particular attention to systems change across Action Teams and in partnership with residents and allies across the BHC area. For example, the evaluation might explore the partnerships between BHC grantees and local neighborhood associations. Over the years, there have been several collaborations with various neighborhood associations, such as the Glen Elder Neighborhood Association and the Colonial Heights Neighborhood Association. Neighborhood Associations can be strong partners in the effort to engage residents more intensely with an eye towards sustainability.

### 6.4 Tracking Indicator Trends

The year seven evaluation will continue to track community level indicators, with updates as they become available and for which there are metrics that align with the BHC boundaries. The analysis will continue to provide baseline data for the year of startup or just prior to start up. The analysis of indicator data will also be organized to align with Health Happens campaigns in prevention, schools and neighborhoods, cross referenced by the Action Teams that are most closely involved with those respective campaigns. The evaluation team should meet with the Community Development and Resident Engagement Action Teams during year seven as they continue to solidify, in order to review, refine, and/or determine community indicators of interest.

# Appendix A | Building Healthy Communities Logic Model



## Appendix B | Social Network Analysis Technical Report

The goal of the BHC Social Network Analysis was to get a sense of the level of connection and support amongst grantees within the BHC. This section includes analyses for the South Sacramento BHC overall, as well as individual analyses for each of the BHC Action Teams.

Figure 39 on the next page presents the graphic analysis for all 123 grantee staff members invited to participate in the survey, highlighting the level of interconnectedness amongst BHC partners. Individuals located nearest the center of the graphic have the largest number and largest diversity of connections with others in the network. The colors indicate the area of primary focus each individual has in the BHC, by funding area: a) food [green]; b) health [blue]; c) youth engagement [orange]; d) community development [yellow]; and e) administrative (TCE and Hub staff and contractors, evaluation staff, etc.) [grey]. The strength of connection is indicated by the darkness of the line: collaboration in grey and partnering indicated by a black line. Finally, the length of time each individual has been active in the BHC is indicated by the size of the circle, from less than 6 months (smallest) to since the beginning (largest).

Findings from the overall SNA indicate that those most connected individuals, those located at or near the center of the network:

1. Tend to be part of the administrative function of the BHC (e.g., TCE and Hub staff, contractors that help support Action Teams, evaluators, etc. indicated in grey);
2. Are more likely to be members of multiple Action Teams (indicated by the label); and
3. Have participated in the South Sacramento BHC Initiative for the longest time (indicated by size of circle).

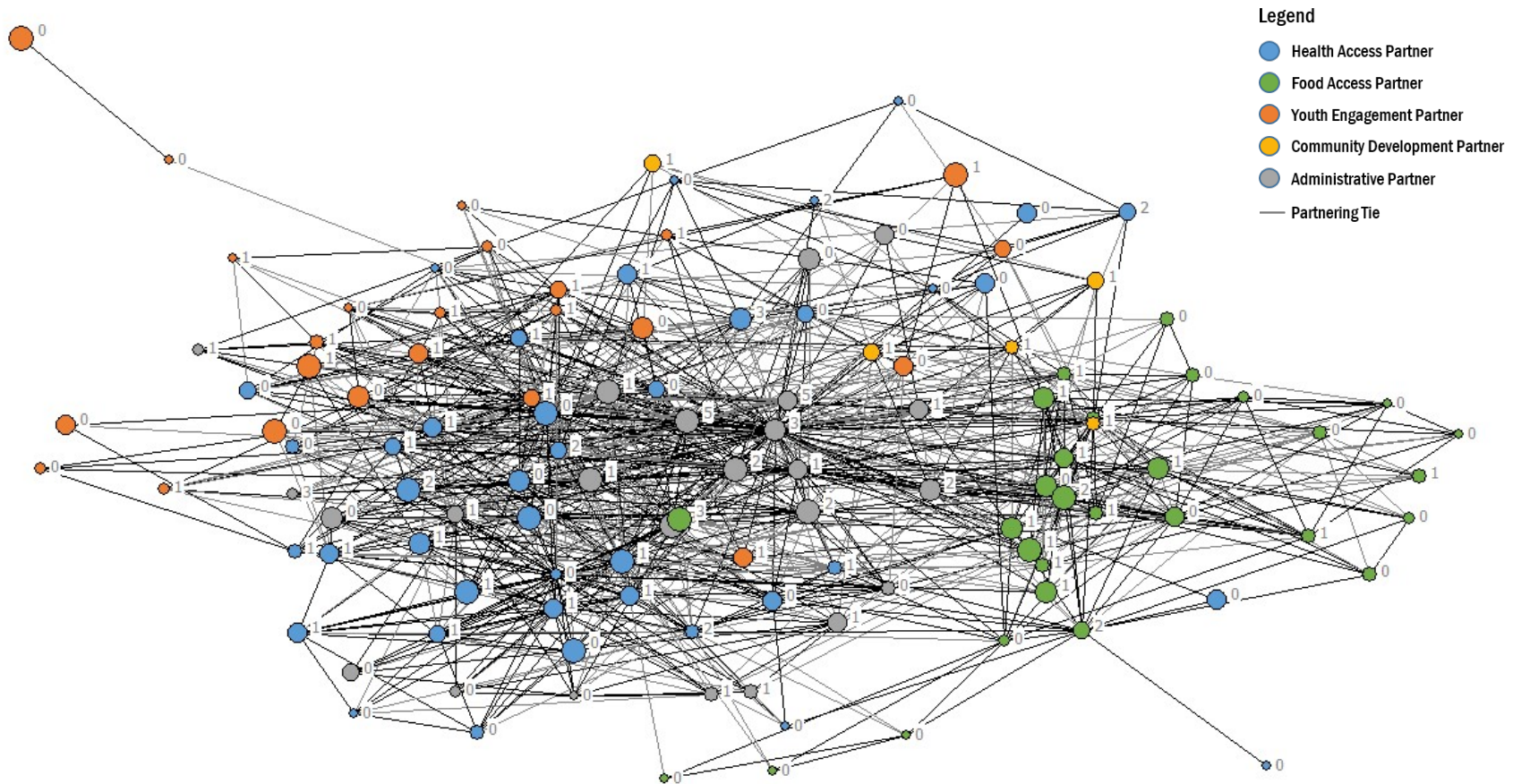
All three of these findings support several components of Collective Action:

1. The BHC Hub (and its contractors) provide **backbone support**, sitting at all of the tables, bridging activities between Action Teams and Action Team members, and representing longevity amongst BHC partners;
2. BHC partners are engaged in **mutually reinforcing activities**, particularly evidenced by the variety of partners in each Action Team;
3. While there has been, as expected, turnover amongst Hub staff and BHC grantees over the past six years, the vast majority of the Administrative Partners, including the TCE Senior Program Manager, South Sacramento BHC Hub Program Manager, and several contractors, have been active for more than five years, as indicated by the larger-sized grey circles.

Overall, the following figures demonstrate that the relationships across partners and within and across Action Teams are deep, extensive, and mutual. While some of the graphics for the Action Teams indicate people who are not collaborating or partnering with many other members, they tend to be partners who are not members of the BHC Action Teams included in this survey (labeled with a “0”). However, people on the periphery of the networks should not be discounted: they may bring outside resources and connections that the rest of the network may not otherwise be able to access. Overall, partners are highly interconnected within the BHC as a whole. This finding is a testimony to the cross-collaboration and collective impact of the BHC.



Figure 39 | South Sacramento Building Healthy Communities Social Network



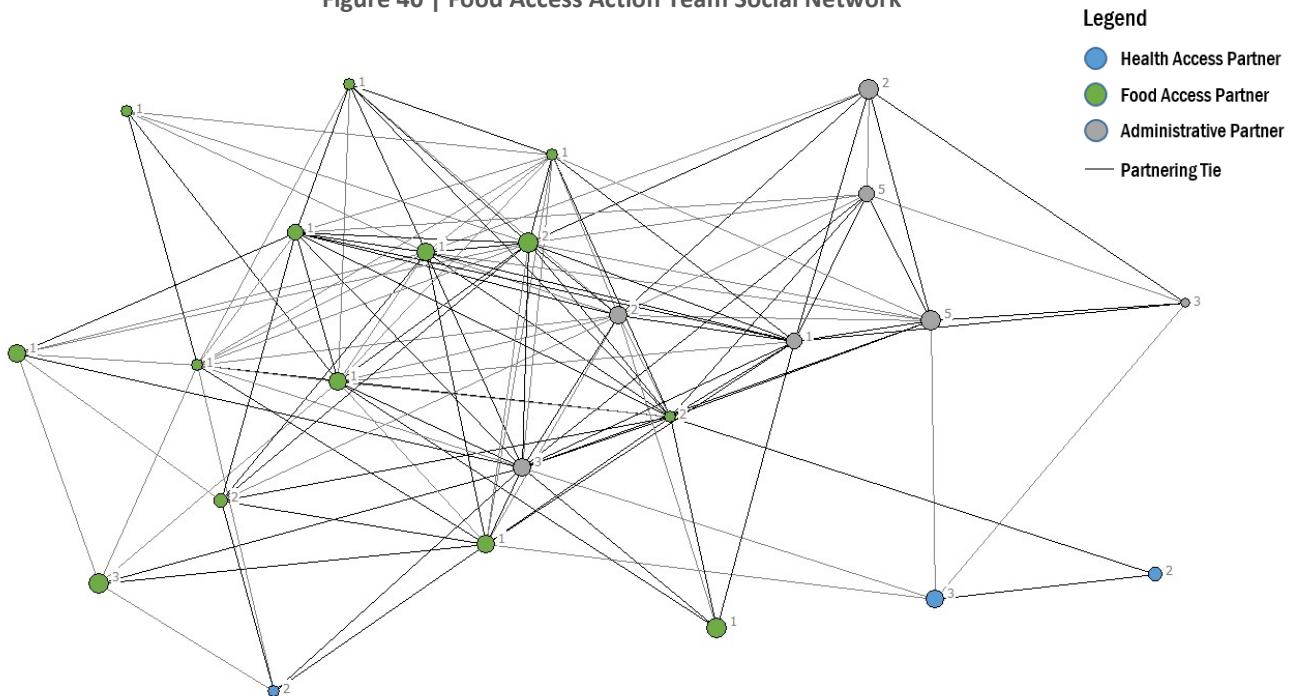
The connecting lines on the graphic above only show the two highest level of networking: collaborating (grey) and partnering (black). However, the numeric calculations described throughout this analysis take all four levels of networking into account: communication, coordination, collaboration, and partnering. The density of the network is an indication of how closely connected individuals are. Overall, the density measure for the South Sacramento BHC is .247, which indicates that one-quarter of all possible relationships that could possibly exist in the group were reported as connections. Across the entire BHC, just over half (50.9%) of the 3,913 connections that do exist are reciprocal, which means that Person A reports a connection to Person B, and vice versa. Reciprocal ties are associated with complex knowledge exchange and higher organizational performance.

In addition to an analysis of the overall South Sacramento BHC initiative, the following figures present Social Network Analyses for each of the key areas of the BHC: individuals who attended at least half of the Action Team meetings in: 1) Food Access; 2) Health Access; 3) Youth Engagement; and 4) Community Development. The density measure for each Action Team is reported as a “yes or no” relationship between Action Team members, whether or not Person A reported knowing Person B, and vice versa. It is worth noting the patterns in the focus areas reflect the patterns across the South Sacramento BHC overall. Again, individuals located at or near the center of the network tend to be Administrative Partners [grey], and have participated in the South Sacramento BHC initiative for the longest time (indicated by the size of the circle) and participate in multiple Action Teams (as indicated by the label). Again, the graphics depict only the highest level of networking: collaboration (grey lines) and partnership (black lines), while the numeric calculations include all four levels of networking: communication, coordination, collaboration, and partnership.

### Food Access Action Team

The Food Access Action Team (FAAT) network is comprised of 24 people who have a total of 384 connections. The connecting lines on the graphic in Figure 40 shows the two highest level of networking: collaborating (grey) and partnering (black). There are a few people in the Food Access Action Team (portrayed on the right side of the graphic below) who have partnering connections with a few other people, but who are somewhat distant from the group overall. As with the other Action Teams, people with the most diverse and extensive connections are situated in the center of the network, and tend to have been active in the BHC for the longest period of time, and are part of the other Action Teams beyond Food Access.

Figure 40 | Food Access Action Team Social Network

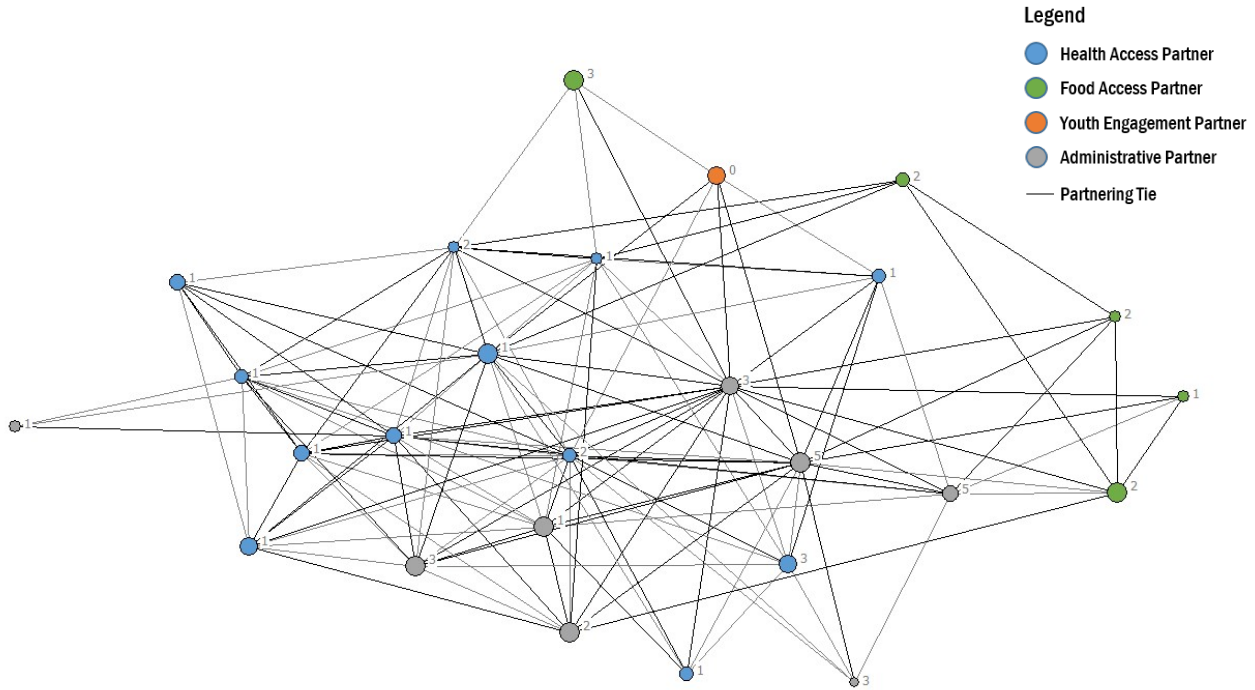


Overall, the density measure for the BHC Food Access Action Team grantees is .696, which indicates that almost well over two-thirds of all relationships that could possibly exist between partners, actually do exist. Reciprocal ties, where both Person A and Person B mention a relationship to each other, are theorized to be stronger and more stable. Just under half (47.7%) of the ties are reciprocal, which indicates that both people listed having a relationship with each other.

## Health Access Action Team

The Health Access Action Team (HAAT) network is comprised of 26 people who have a total of 357 connections. All of the members have multiple collaborative (grey line) and/or partnering (black line) relationships with other people on the Action Team. This network, in Figure 41, and the Youth Engagement Action Team presented next, both include a variety of partners, with individuals working in health (blue), food (green), administrative (grey) and youth (orange). For both the HAAT and YEAT, there are many additional grantees in those areas who did not indicate that they attended more than half of the Action Team meetings and are therefore not included in this network map.

Figure 41 | Health Access Action Team Social Network

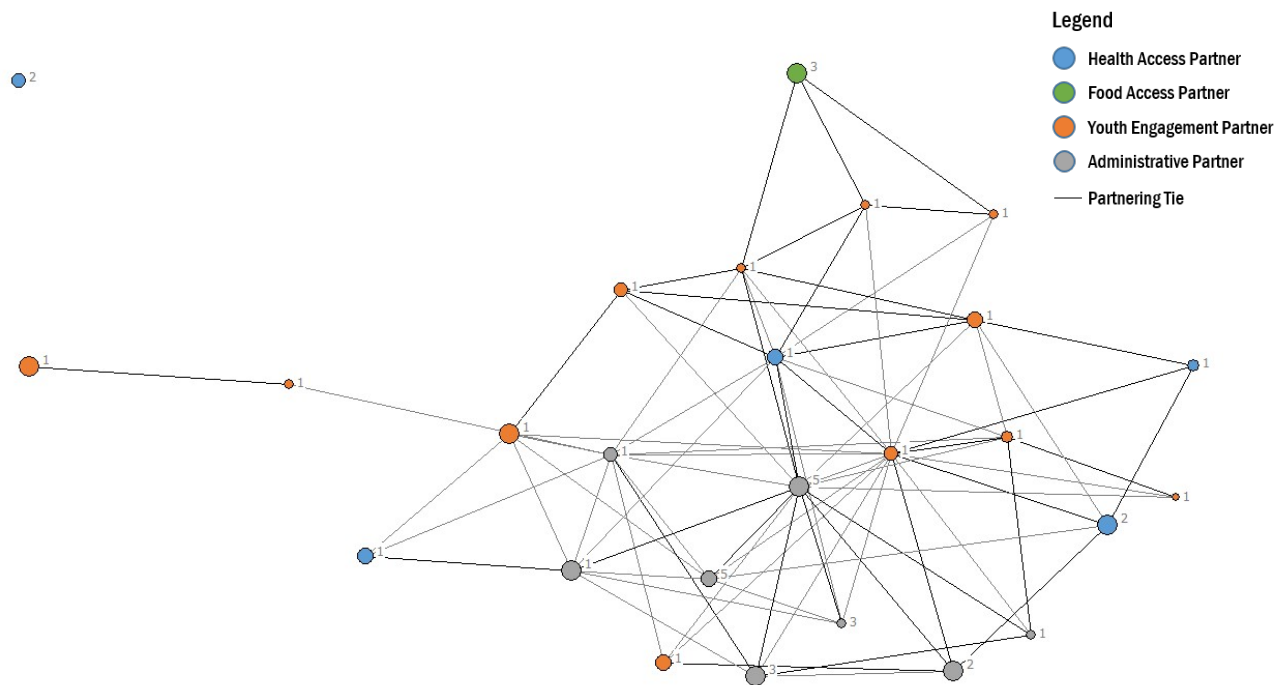


Overall, the density measure for the BHC Health Access Action Team is .549, which indicates that approximately just over half all relationships that could possibly exist between partners, actually do exist. The reciprocity of any given network indicates the level of institutionalized horizontal connection across the group. In the Health Access Team, over half of the existing ties (54.4%) are reciprocal, where both person A and person B reported relationships with each other.

## Youth Engagement Action Team

The Youth Engagement Action Team (YEAT) network is comprised of 26 people who have a total of 308 connections. The Youth Engagement Action Team appears to be the most disconnected of the Action Teams, with several people on the periphery with only one connection to others on the Action Team, and one person with no collaborative (grey line) or partnering (black line) connections with anyone on the Action Team. Though not depicted in Figure 42, those peripheral Action Team members do have lower level (communication and/or coordination) connections with others in the Action Team. Although they may not be as connected to the members in the middle of the network, they can bring interesting partners and innovative ideas from outside the network. As described with the Health Access Action Team, members of the Youth Engagement Action Team represent four of the five focus areas: youth [blue], health [orange], food [green], and administrative [grey].

Figure 42 | Youth Engagement Action Team Social Network



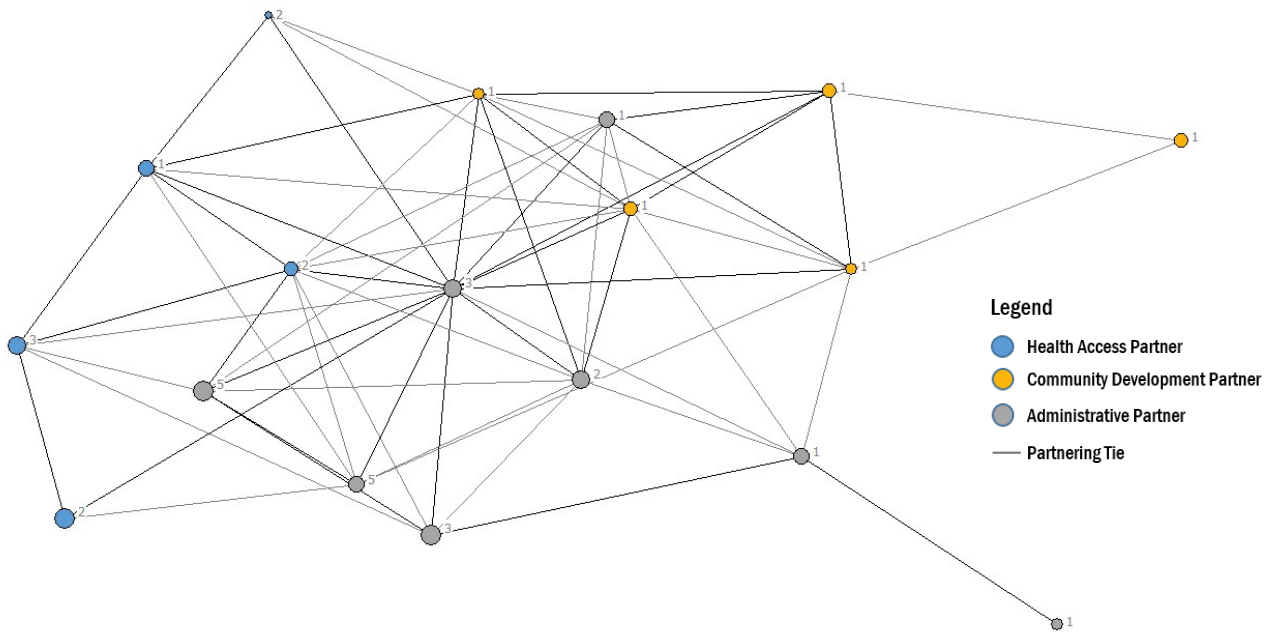
Overall, the density measure for the BHC Youth Engagement Action Team is .474, which indicates that almost half of all relationships, at any level, that could possibly exist between partners, actually do exist. Reciprocity is one measure of cohesion, an indication of how strong the network is. Just under half of the ties (48.8%) are reciprocal, with both Action Team members listing a relationship with each other. To reiterate, just because someone does not have collaborative or partnering ties with the rest of the Action Team members (see the top left corner), they may still be able to bring needed information, resources, and/or partners to the table to enrich the network overall.



## Community Development Action Team

As described in Section 3, the Community Development Action Team (CDAT) has experienced a few fits and starts and reconfiguration over the past few years. Thus, this Action Team is smaller than the others: only 18 people, with a total of 193 connections. Again, the CDAT network, shown in Figure 43, demonstrates that people from different areas (the community development grantees on the right [yellow] and the health grantees on the left [blue]) can be joined together in this action team through the administrative backbone of the BHC Hub administrative partners [grey]. Everyone has at least one collaborative or partnering relationship to at least one other person on the Action Team.

Figure 43 | Community Development Action Team Social Network



Overall, the density measure for the BHC Community Development Action Team is .631, which indicates that almost two-thirds of relationships that could possibly exist between partners, actually do exist. This high density measure is likely a function of the longevity of CDAT members in the BHC, as indicated by the larger size circles. The start-and-stop nature of the Community Development team over the past several years may account for the variation of partners across focus areas (health, administrative, and youth). Thus, individuals have partnerships *within* their own focus areas, but less connection *across* the Action Team. Finally, the reciprocity of a network indicates strength and the level of shared relations. In the Community Development Action Team, over two-fifths of the ties (41.7%) are reciprocal, with both CDAT members mentioning a relationship with each other.

## Summary of Action Team Social Networks

The Social Network Analysis presented in this section provides an opportunity to analyze and understand how relationships and collaboration have facilitated systems and policy level change, with particular emphasis on resource leveraging. As small organizations have achieved prominence or even growth as a byproduct of their involvement with the BHC, they readily acknowledge the exponential expansion of their reach via new partnerships, collaboration, and the pursuit of new and different resources to build and sustain the momentum that the BHC started.



Table 10 presents both density and reciprocity measures across the four main Action Teams. As shown below, the Food Access Action Team is the densest, followed by Community Development, Health Access, and finally the Youth Engagement Action Team. However, in terms of reciprocity, the Health Access Action Team has the highest level of shared connections, followed by Youth Engagement, Food Access, and then Community Development. These reciprocity findings are consistent with the anecdotal experience of the Action Teams, with the Health Access Action Team’s partnering around a particular campaign early on during the BHC (health coverage for undocumented residents) and the recent re-configuration of the Community Development Action Team during year six.

Table 10 | Action Team Social Network Comparison

Action Team	# of Respondents	Density	Reciprocity
Food Access	24	.696	.477
Health Access	26	.549	.544
Youth Engagement	26	.474	.488
Community Development	18	.631	.417

The findings from the Social Network Analysis, both across the entire BHC and within the Action Teams, demonstrate that the BHC initiative has helped promote a sense of connection and support across grantees. Although each Action Team varies, the relationships and collaborations are strong and fairly reciprocal across partners. Finally, these analyses graphically demonstrate the importance of an **organizational backbone** in any Collective Impact effort. The TCE and BHC Hub staff, along with the many contractors [grey] form the center and the glue for the Action Teams and the BHC overall. Going forward, any discussion of sustainability must include a consideration for which agency will perform this critical backbone function.

In addition to sustaining the administrative function of a backbone organization, these findings indicate that relationships can be strengthened by increasing the focus around a more specific **common agenda**, such as a particular issue or ordinance (i.e., the Urban Ag Ordinance in the Food Access Action Team or the Healthcare For All campaign in the Health Access Action Team. While it is clear that all participants across the BHC have an overarching common agenda for social change, social justice, and improved health, cohesion in individual Action Teams could be increased by coalescing around a particular issue.

The South Sacramento BHC has spent time and energy during the past six years developing a shared understanding of the multi-faceted problem, and a joint approach to solving it through agreed upon actions, although it may be more difficult to identify a BHC-wide specific issue around which to coalesce everyone. We expect the density and reciprocity of the entire network to be lower, simply due to the larger size of the entire network, but these findings indicate the value of cross-Action Team and BHC-wide convenings around a specific common agenda or issue, such as All Grantee Meetings and Hub Gatherings.

In summary, this Social Networking Analysis takes a snapshot view of relationships between and among grantees prior to the BHC compared to now, as well as identifies examples of resource leveraging in terms of increased revenue or heightened visibility and voice in community planning and decision making. Although the individual players will likely change, in order to investigate changes over a longer period of time, this analysis will be included again in the summative evaluation of year nine or ten.