

SOUTH SACRAMENTO BUILDING HEALTHY COMMUNITIES ANNUAL EVALUATION REPORT



**YEAR FIVE
THE YEAR OF CELEBRATION AND
SYSTEMS CHANGE**



BUILDING HEALTHY COMMUNITIES HUB
SOUTH SACRAMENTO
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SECTION 1 INTRODUCTION AND UPDATES

2014/15 marks the fifth year of the 10-year Building Healthy Communities (BHC) Initiative, funded by The California Endowment (TCE). Beginning with a year of planning (2009), since 2010 TCE has funded more than 70 grantees 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.¹ 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.

The year five 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, provides a trend analysis for the

YEAR 5
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SYSTEMS LEVEL CHANGE!

resident and youth engagement component of BHC work, and features two case study summaries as examples of systems level change. 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. Having had time for the structure and operations of the BHC HUB to develop and stabilize, the individual and collective work of grantees has culminated in systems and institutional level change across all three Health Happens campaigns.

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:

- 1. Backbone Function:** For this Initiative, the BHC HUB fulfills the backbone function and role, administered 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.

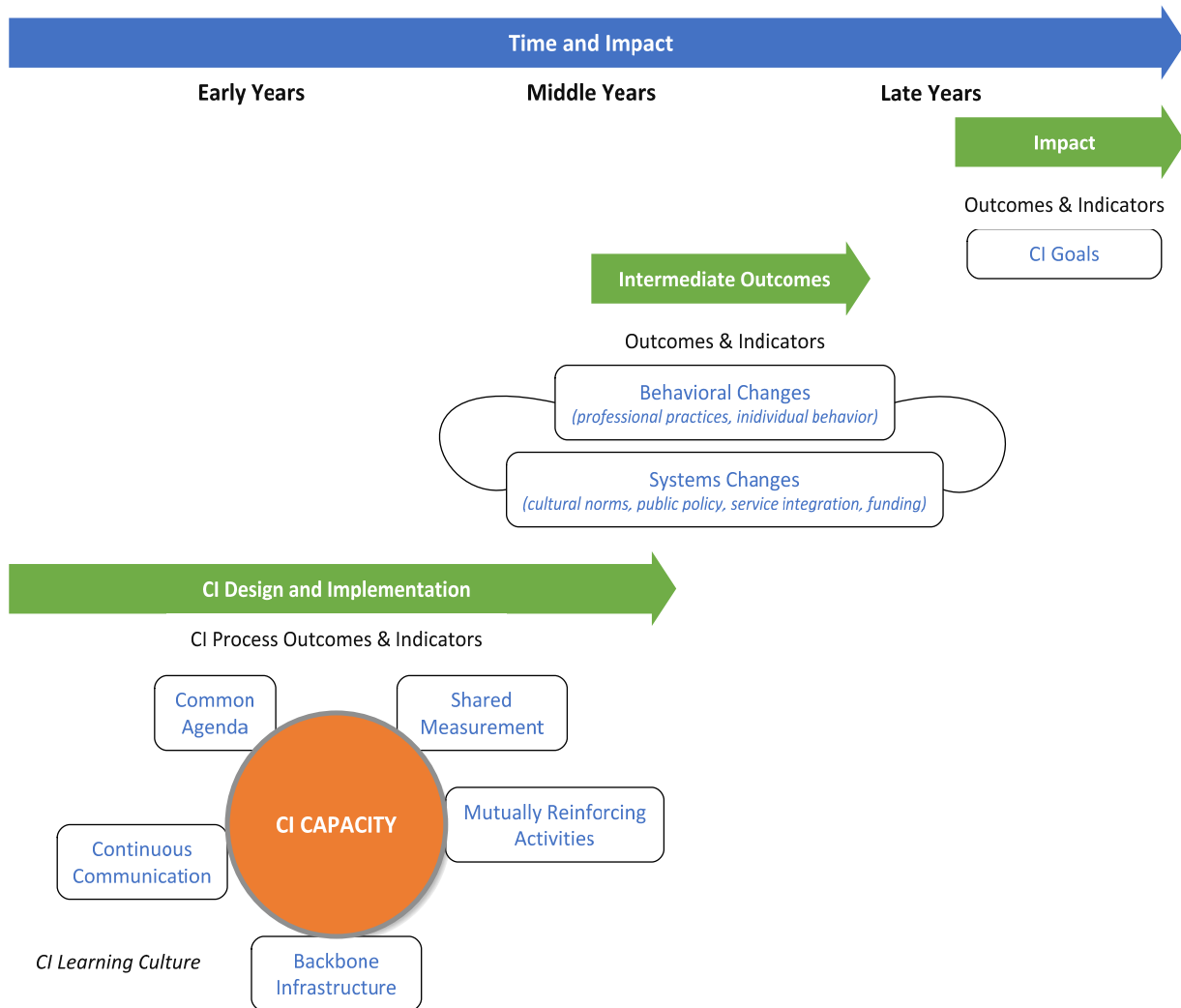
¹ Collective Impact Forum, FSG and Aspen Institute. Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context, 2014.

- 2. Continuous Communications:** Because of the importance of continuous communication among grantees, the Action Team committee structure serves as the dominant form of continuous communication, manifested in 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.
- 3. 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. In addition, TCE has provided guidance through the original ten priority outcome areas, the five drivers of change, and the three Health Happens campaigns.
- 4. 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.
- 5. 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 shared vision for ways to bring about place-based improvements in the health of the BHC target area.

The first five years have emphasized the development and growth of this infrastructure, including changes (e.g., structure of leadership and committee work) and 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, 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.

Years one through five 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 five is the midpoint. From this point forward the evaluation emphasis will shift increasingly toward the measurement and reporting of intermediate outcomes and community impact. 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 Attachment A).

1.2 Updates in HUB Operations and Activities

As the BHC begins the sixth year of implementation, there has been a shift from individual grantee “startup” work, toward “ongoing implementation,” including more collective activities and practices. 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 five marks a key milestone for the advancement of a common agenda, as grantee work coalesces into collective actions and strategies, resulting in changes in both policy and practice. To kick off year five and as presented at the annual all grantee meeting in November 2014, the three “Health Happens” campaigns feature goals for 2020 via five drivers of change.



The Health Happens campaigns are summarized in the following three PowerPoint slides presented at the November 2014 all grantee meeting, marking the beginning of year five of the BHC Initiative. These goals and targets for change have reinforced the conceptualization of a common agenda among the grantees.



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.

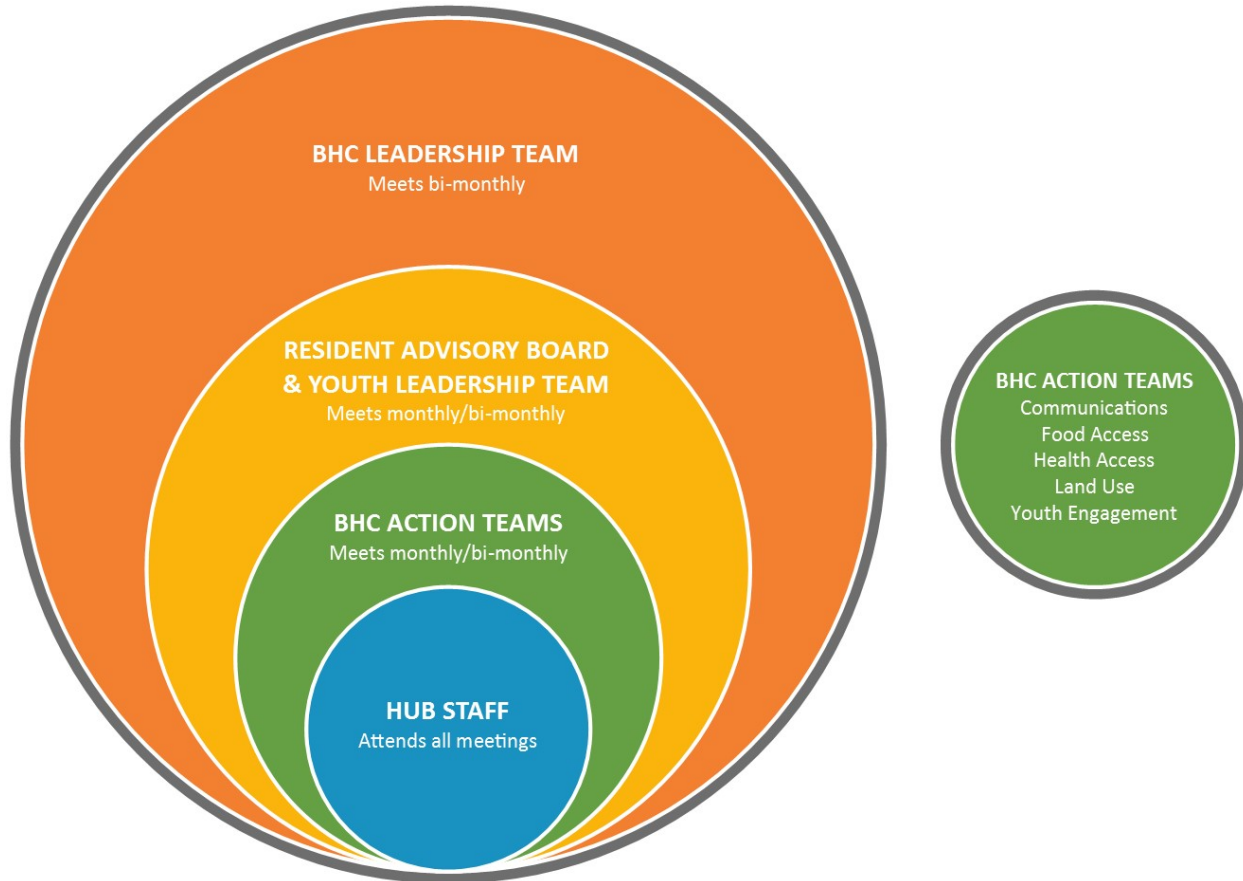
Goal #2: Win health coverage for the undocumented at the county level across the state.

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 has revamped its organizational structure, as reported in the Year 4 Evaluation Report and illustrated in Figure 2 below. This represents another shift from start up to more collective work, with less relevance for hierarchy and more collaboration, communication, and collective action. The concentric circles are a more 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, Revised Year Five



The organizational structure has remained relatively stable from year four to year five, although the “work groups” are now known as “Action Teams” and the Community Engagement Work Group has dissolved. The Resident Advisory Group, which began meeting under the leadership of the HUB in January 2015, is made up of approximately 9 residents/resident-grantees.

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 five years these core action teams have focused on mutually reinforcing activities, summarized later in this report.

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. The Community Priority Coalition – formally referred to as the Local Control Funding Formula (LCFF) –

remained active in year five and continue to focus on the Local Control Funding Formula within the Sacramento City Unified School District.

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, 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 five. 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 five years.

1.3 Systems and Policy Level Achievements Over 5 Years

Beginning in the year five evaluation report, there are a 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. In 2015 the evaluation study added two case studies to illustrate systems and policy level changes that had evolved since 2010. For the last three years the evaluation study has selected two areas for targeted examination to showcase stories about the BHC initiative. By year five these stories are beginning to achieve prominence as they garner media coverage, provide opportunities to mobilize community driven change, and align with more far reaching local, regional, and state policy agendas. Since the 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.

At the halfway mark for 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 2015.

Table 1 - Overview of Systems and Policy Changes by Health Happens Campaign: 2010-2015



POLICIES ADOPTED

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Board of Supervisors approved funding for healthcare for the undocumented (2015) | <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • 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) |
|--|--|---|

SYSTEMS CHANGES

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • SCUSD: Healthy Food Task Force (2010); cafeterias add salad bars; adds PE curricula & standards • SCUSD: The Connect Center, for health & mental health services (2011) • SCUSD: Men's Leadership Academy (2012) • SCUSD: Chronic Absenteeism Learning Collaborative (2014) • SCUSD: 1st school based health center in region at Hiram Johnson High School (2015) • SCUSD: New position for Assistant Superintendent of Equity and Access (2015) | <ul style="list-style-type: none"> • City Council adopts an urban agriculture ordinance (2015) • City Council designates City of Sacramento as an urban agriculture incentive zone (2015) • Board of Supervisors dedicates 20% of former redevelopment funds toward County's Affordable Housing Trust Fund (2015) • Board of Supervisors updates County Design Guidelines, emphasis on Active Design, health, and healthy communities (2015) |
|--|---|--|

RESOURCES LEVERAGED

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • 159,825 new Medi-Cal enrollees in Sacramento County • Dignity Health funding (\$150k) for a health navigation kiosk Oak Park Community Center (2015) | <ul style="list-style-type: none"> • Kaiser: Connect Center (2011-present) • NOVO Foundation: Social-emotional learning (2012-18) • Federal capital improvement grants for school based health clinic (2013/14) • SCUSD: \$200k funding for school climate, restorative justice implementation (2014/15); \$950k (2015/16) | <ul style="list-style-type: none"> • SCUSD and City: Traffic signal (2014) • The Sacramento Kings: Priority Apprenticeship Program to train & employ (2014) • City provides funding for Oak Park's 1st Summer Night Lights program (2015) • Sacramento Regional Transit District reinstates bus route 8 (2015) |
|---|--|---|

1.4 TCE Cross-site Learning Participation and Contributions

During year five, the BHC HUB and partners continued to participate in the Cross-Site Learning and related meetings and activities sponsored and hosted by TCE. The evaluation team has been a consistent participant and contributor to the cross-site learning environment fostered by TCE for the BHC Initiative. Evaluation team members have been involved from the beginning of the initiative, and were actively involved in the creation of the following cross-site data collection tools:

- Collaboration Assessment Tool
- Resident-Driven Organizing Inventory
- Policy Advocacy Inventory
- Annual Reporting Template

In partnership with the TCE Program Officer and the BHC HUB Manager for South Sacramento, the evaluation team completes the Annual Reporting Template, submitted to TCE each year beginning in 2014. Through the 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. At least one representative from the evaluation team attended meetings on behalf of the South Sacramento BHC HUB as follows:

- BHC Cross Site Learning Retreat (April 2015, San Diego): Measuring Change while Building Healthier Communities (served on a panel discussion featuring two BHC sites).
- BHC Cross Site Learning and Evaluation Convening (October 2015, Los Angeles): Promoting shared understanding for L&E framework, and reflecting on accomplishments to date (hosted a roundtable discussion).
- The Art & Science of Place-Based Evaluation (October 2015, San Diego): Participated in panel presentation and discussion with BHC HUB Manager and TCE Program Officer.

And beginning in late 2015 (year six of the BHC Initiative) the evaluation team will participate in the review and selection of BHC site papers in preparation for the annual Cross Site Learning meeting in April 2016. The evaluation team not only remains involved and committed to the value of and benefits from the cross-site learning opportunities, but has emerged as a leader among the learning and evaluation specialists due in large part to the stability of South Sacramento BHC staff and partners since planning and implementation began.

1.5 Overview of the Report Structure

The fifth annual evaluation report for the South Sacramento BHC HUB has adapted to the stage of development 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 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 (summaries from two case studies) (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;

Section 3: Building Healthy Communities via Systems and Policy Level Change, with highlights from two case study summaries featured in year five;

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 6, based on anticipated developments and milestones, while sustaining trends over time for selected measures and metrics.

SECTION 2 ACTION TEAMS AND YOUTH AND RESIDENT BOARDS

Year five ushered in changes with the structure of the BHC initiative. Previously 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 the drive the BHC initiative forward. In year five, those six workgroup evolved into five action teams. In year four of the initiative the Steering Committee voted to disband, which provided the catalyst for HUB staff to establish the Resident Advisory Board in year five. The HUB’s vision is for the Resident Advisory Board to become an engaged group of residents who actively shape the BHC initiative. Other elements for the BHC structure remained unchanged in year five, comprised of the Leadership Team, Youth Leadership Team and All Grantee Convening. This section includes a summary of the year five action teams, Leadership Team and Youth Leadership Team activities, 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, and the All Grantee Convenings.

COMMUNITY ENGAGEMENT ACTION TEAM

The HUB established the Community Engagement Action Team in year three to address the conundrum of engaging residents in the BHC initiative. In year four the action team successfully implemented a Leadership Academy to instill community organizing and campaign skills to interested residents, and a “Get Out the Vote” Campaign focused on a precinct with low voter turnout in the June 2014 election. In year five HUB staff disbanded the Community Engagement Action Team with the intent of having the members, largely comprised of community organizers, integrate into the other action teams to assist with connecting resident to other BHC programs. Table 2 is a list of year five BHC community organizing grantees.

Table 2 - BHC Funded Community Organizing Grantees

PROGRAM DESCRIPTION	GRANTEE(S)
Increase 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
Build resident leadership and advocate for access to transportation.	Capital Region Organizing Project
Build leadership among BHC residents and continue to mentor and engage youth on community issues through food, arts and culture.	Freedom Bound Center/Sol Collective
Build the capacity of the Hmong, Mien and Lao communities to strengthen their relationships with each other and to work with government agencies to improve health and education outcomes in their communities.	Hmong Women’s Heritage Association (with United Lu-Men Community, Inc.)
Promote higher wages and paid medical leave.	Organize Sacramento
Empower 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 implementation of proposition 47.	Sacramento ACT

FOOD ACCESS ACTION TEAM

The California Endowment supports 12 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.

Table 3 - BHC Funded Food Access Grantees

PROGRAM DESCRIPTION	GRANTEE(S)
Train individuals on a food curriculum targeting school age children and youth from limited resource communities.	Food Literacy Center
Work with youth from County schools to construct a 1,000 square foot greenhouse and aquaponics structure in Oak Park.	Green Technical Education & Employment
Expand and further develop the Oak Park Farmers Market and Crop Swap.	NeighborWorks
Support for community garden administration.	Oak Park Sol
Incorporate 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
Training and education for adult residents on a demonstration aquaponics system at the Sacramento Food Bank.	Sacramento State University
Create 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.	Soil Born Farms (with sub-contractors Alchemist CDC, Sacramento Food Bank, SacSitopia, Yisrael Family Farm)
Facilitate the Regional Food Systems Collaborative and Healthy Foods Task Force.	Valley Vision

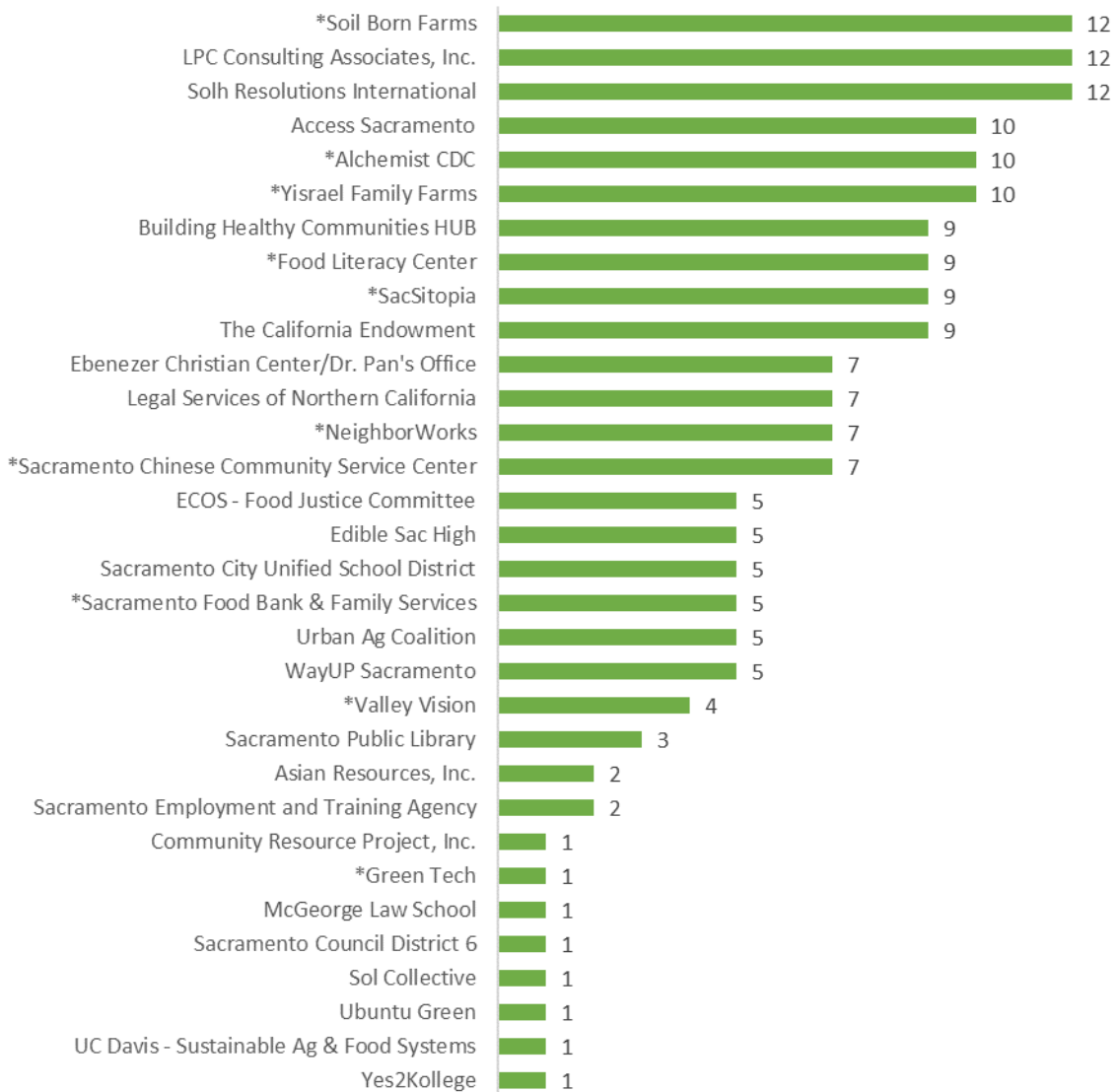
The Food Access Action Team is comprised of: (1) BHC grantees funded to work on food access and education issues in the BHC area, and (2) organizations with an interest in the Sacramento region food movement. Soil Born Farms convened the action team 12 times in year five to promote collaboration and relationship building among food movement stakeholders.

In year five Soil Born Farms contracted with Solh Resolutions International to co-facilitate the action team. Through the course of the year, Soil Born Farms and Solh Resolutions led BHC grantees through the development of a shared work plan to align partner activities toward action team goals developed in year two. Action team members also initiated the development of a Neighborhood Roadmap to strengthen their approach to providing coordinated services in identified neighborhoods. Food access grantees concluded that they required additional information about the neighborhoods to make informed decisions, which resulted in Soil Born Farm’s convening a subset of grantees to develop a mapping tool to provide the information to guide action team planning.

The number of organizations participating in the Food Access action team has increased over time, as the group evolved from organizations funded by TCE to Sacramento area agencies actively involved in the food system.

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 12 organizations that receive grant funds through the BHC Initiative for *food access activities*, seven of the organizations attended more than 50 percent of the meetings.

Figure 3 - Food Access Action Team Attendance



Urban Agricultural Ordinance

In 2012 BHC food access grantees and other community-based organizations interested in the food system, formed the Sacramento Urban Agricultural Coalition to amend laws obstructing urban agriculture. The coalition collectively wrote the draft Urban Agricultural Ordinance, and met with City of

Sacramento staff to refine the language and address city leaders’ concerns. The City of Sacramento passed the Urban Agricultural Ordinance March 24, 2015. The ordinance allows residents to develop urban farms and to sell their produce onsite through urban agricultural stands, regardless of the land use designation of the parcel where they establish a farm. Prior to the passing of the ordinance city regulations prohibited those activities on all land not designated for “agricultural uses.”

On August 6, 2015 the City of Sacramento passed the Urban Agricultural Incentive Zone which provides a property tax incentive for property owners of vacant, unimproved, or blighted property converted to agricultural use for five years. Together the two new city ordinances provide: (1) economic incentives for residents interested in establishing urban farms, (2) employment opportunities for residents, (3) a means to alleviate food desert, (4) a mechanism for combatting blight, and (5) a method for distributing produce locally.

The Sacramento Urban Agricultural Coalition continues to work with the City of Sacramento to refine ordinance provisions (e.g., restrictions on the dates and times of sales), and to monitor if issues arise from the passing of the ordinance. In addition, the coalition is working with the County of Sacramento to pass similar ordinances in the county jurisdiction.

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.

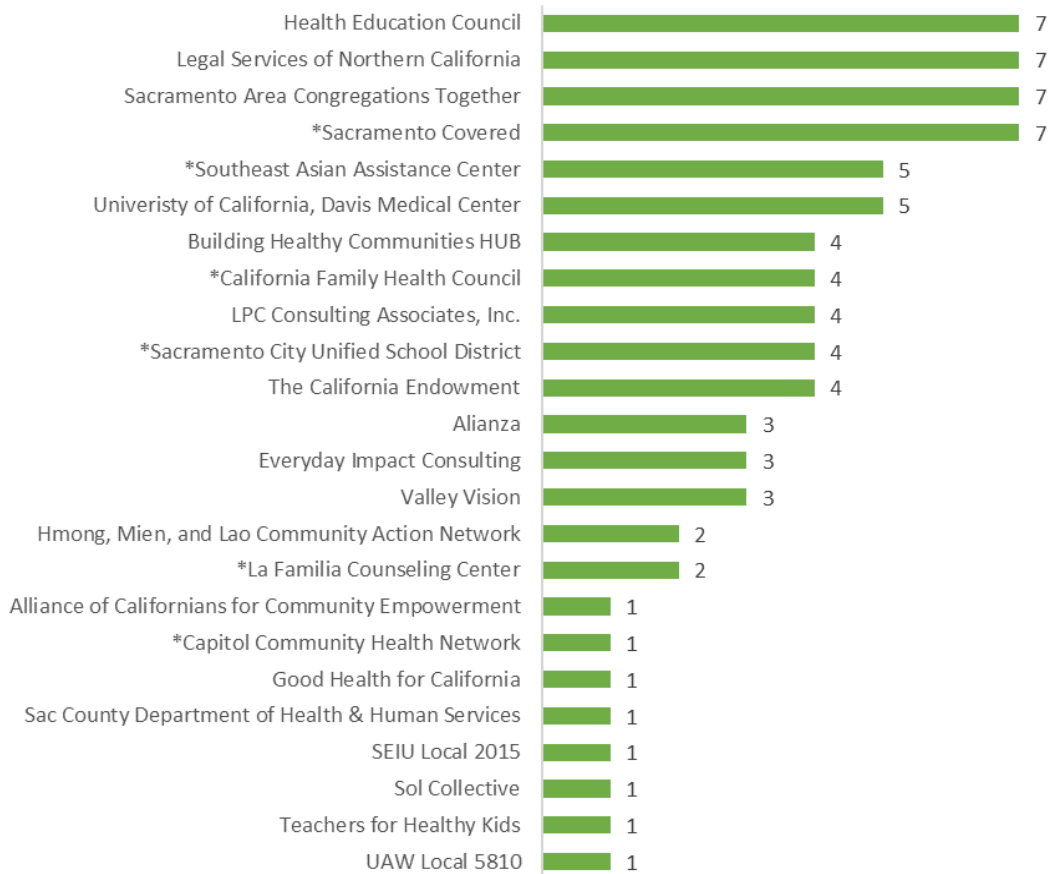
Table 4 - BHC Funded Health Access Grantees

PROGRAM DESCRIPTION	GRANTEE(S)
Provide program support for the Community Health Navigator program.	Capital Community Health Network
Coordinate a Regional Coalition to expand and protect women’s access to healthcare.	California Family Health Council
Train Community Health Navigators to provide access to health education, and navigate families through the health system to help them find permanent health homes.	Hmong Women’s Heritage Association
Train 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
Strengthen 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
Strengthen and expand 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

PROGRAM DESCRIPTION	GRANTEE(S)
Train Community Health Navigators to provide access to health education, and navigate families through the health system to help them find permanent health homes.	Southeast Asian Assistance Center
Provide diabetes and hypertension education for African American women and their daughters.	Yes2Kollege

The Health 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 nine times in year five, 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 (*meeting minutes are not available for two of the meetings*), and the asterisks indicate organizations funded through BHC to provide health access programs. Health Access Action Team meeting attendance records indicate that four of the eight organizations funded through the BHC initiative to provide health access programs attended more than 50 percent of the meetings. The remaining four organizations attended none, or less than 50 percent of the meetings.

Figure 4 - Health Access Action Team Attendance



Indigent Health Care Campaign

In 2009, Sacramento County Board of Supervisors eliminated both services and positions at the county primary care clinic as a byproduct of county budget cuts. Through meetings with policy experts and county staff, workgroup members learned that the county would have a 10 to 12-million-dollar surplus in the 2014/15 Health and Human Services budget due to increased revenue post-recession and the proposed changes in the health system. The Health Access Action Team seized the opportunity to request that the Board of Supervisors reverse their 2009 decision to require proof of citizenship or lawful status to receive urgent health services at primary care clinics. Since the loss of the county safety net, undocumented individuals lost access to primary and preventative care, and depended solely on emergency rooms and free clinics for primary healthcare services costing millions of dollars each year in unnecessary and preventable emergency room visits. This was the basis of the Health Access action team mobilizing and organizing a campaign to restore the health care for indigent and undocumented residents of Sacramento County.

Action Team members launched the campaign by drafting a letter requesting that the Board overturn their 2009 decision, and then sought and received the support of 20 non-profit organizations that signed the letter. Action Team members mobilized and trained 45 community residents and partners to give passionate testimony regarding their health struggles and why health care is a universal need at a hearing in support of reversing the 2009 decision. Supervisor Serna affirmed the importance of a public hearing on indigent health care for the undocumented and motioned to: (1) convene the Safety Net Committee to consider overturning the 2009 decision; (2) request that the County Executive prepare a fiscal report on the estimated cost of services; and (3) convene a public hearing on the issue.

This advocacy effort included numerous BHC partners who used each Health Access Team monthly meeting to collect information, and organize stakeholders and allies for the revival of this health safety net. Team members met between the monthly meetings, and pulled together data to describe the unmet needs, the demand for services, the capacity of other healthcare resources, to inform the scope and parameters of the request to the Board of Supervisors. Team members met with Board staff one on one, and explained the proposal and how the restoration of services would complement the existing healthcare system and how it currently address unmet needs. Not only were the campaign advocates trained and well prepared for these meetings, they also brought forward what they were doing to address the unmet needs and how they would continue to be partners to the County, should there be restoration of services for the indigent and undocumented residents of Sacramento.

Two months after the Beilenson hearing, Action Team members sent each County Supervisor a letter supporting the reversal of the decision and a public hearing, and formed a sub-committee to plan the indigent healthcare campaign or organize advocacy efforts. In addition, the county was convening individual meetings with various stakeholder groups - hospitals, clinics, and BHC grantees – and the Action Team requested that the county bring all representatives together to have in-depth discussions about the proposed program. The County convened the stakeholder group in March 2014, which met multiple times before the budget hearing to discuss the potential resource allocated toward the program. By mid-June 2015, the Sacramento County Board of Supervisors approved \$5 million to

support a #Health4All trial program to provide health coverage for many of the indigent and undocumented residents of the county. The stakeholder group continued to meet after the budget hearing to draft details of a newly reinstated healthcare provision, and continues to meet monthly. The Health Access Action Team will continue to advocate for coverage of the remaining estimated 1.5 million uninsured adults.

LAND USE ACTION TEAM

The California Endowment supports five different organizations with grants for the provisions of land use programs in the BHC area. Table 5 includes a brief description of the programs offered by the five land use BHC grantees.

Table 5 - BHC Funded Land Use Grantees

PROGRAM DESCRIPTION	GRANTEE(S)
Develop a plan for an affordable housing project within BHC that incorporates workforce development and pre-and post-school programs.	AIM Consulting
Develop a plan for a healthy and sustainable business district.	North Franklin Business Improvement District
Plan for a Ciclio Via in BHC and mobile bike repair shop.	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.	Sacramento Housing Alliance
Strengthen the capacity of residents and youth in South Sacramento to advocate for health promoting land use, transportation and community development policies.	Ubuntu Green
Plan and implement the Vision Zero Initiative.	WALKSacramento

The Land Use Action Team met twice in year five and discussed how to move the forward the BHC Community Charrette work completed in year four. Ubuntu Green had convened the Land Use Action Team since 2010. Unfortunately, in year five, organizational capacity issues prevented Ubuntu Green from continuing to facilitate the action team. Sacramento Housing Alliance and Solh Resolutions will co-chair the action team in year six, and plan to reconvene the grantees in January of 2015.

YOUTH ENGAGEMENT ACTION TEAM

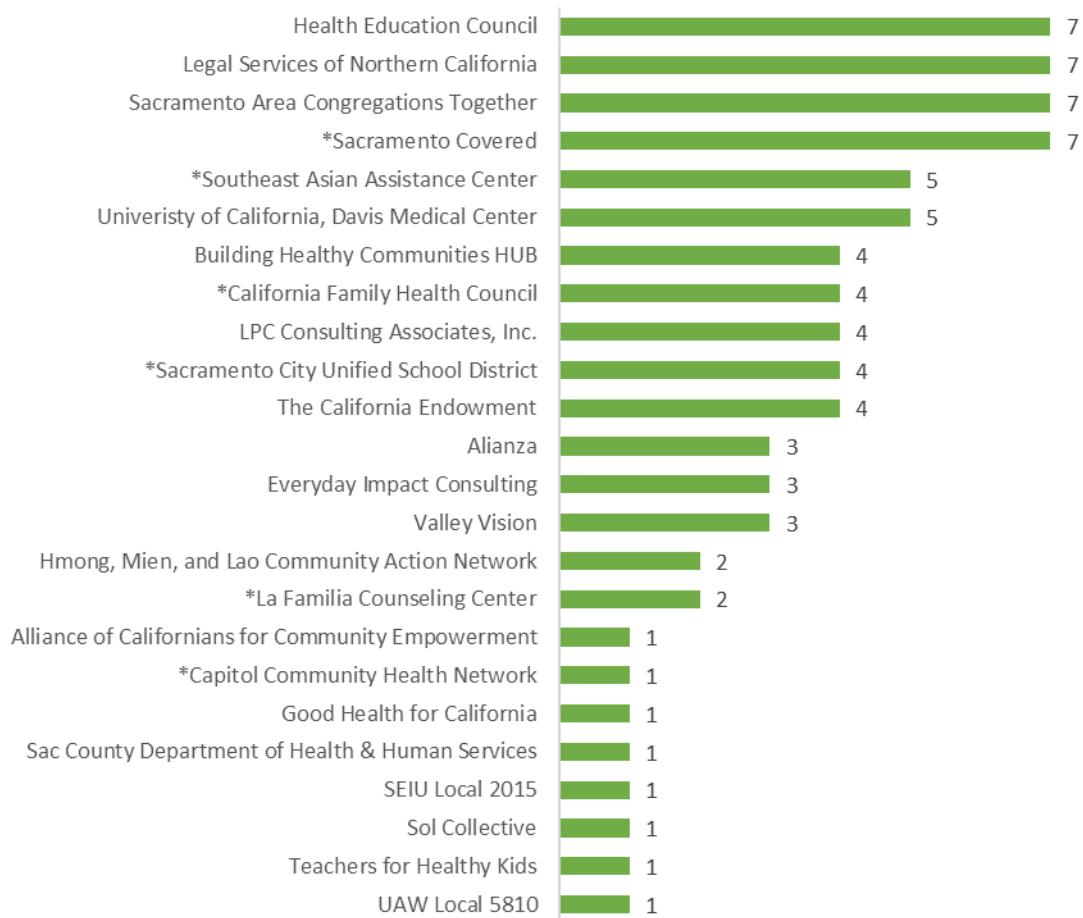
The California Endowment supports 18 different organizations with grants for the provision of youth development programs in the BHC area. Table 6 includes a brief description of the programs offered by the 18 youth engagement grantees.

Table 6 - BHC Funded Youth Engagement Grantees

PROGRAM DESCRIPTION	GRANTEE(S)
Promote positive, social, emotional and educational opportunities for young men.	Always Knocking
Convene the annual Sacramento Boys and Men of Color Summit.	Asian Resources / Sac HUB
Coordinate the Girls On The Rise Leadership Program	Center for Community Health and Well Being
Train 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
Mentor and engage youth on community issues through food, arts and culture.	Freedom Bound Center/Sol Collective
Youth spoken word via open mic	Foreign Native
Support a health education and peer mentoring program at Hiram Johnson and American Legion High Schools to inspire students and their families to become neighborhood ambassadors for healthy eating and active living.	HealthCorps
Build the capacity of youth from to become leaders and advocates for reductions in youth violence..	La Familia Counseling Center
Through the LGBTQ Youth Collaborative, build 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
Build 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)
Develop 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
Implement 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
Increase reporting on community health issues by training youth to be media content creators.	Sacramento Community Cable Foundation
Improve 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)
Support 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
Improve 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 five. Figure 5 shows meeting attendance for four of the nine meetings (*meeting minutes are not available for five of the meetings*). The asterisks indicate organizations funded to work on youth engagement issues through the BHC initiative. Based on the meeting records available, four of the BHC grantees attended all of the action team meetings. Four additional organizations attended at least three-fourths of the meetings, and two organizations attended half of the meetings. Without a complete attendance record it is unknown if all of the youth engagement grantees attended at least one action team meeting.

Figure 5 - Youth Engagement Action Team Attendance



The focus for the Youth Engagement Action Team in 2015 was on youth employment, based on a review of multiple options and a general consensus of the most critical unmet need for youth. Meetings featured discussions of need, estimated scope and costs, approaches, and partnership development with the City of Sacramento. Looking toward a campaign to develop a revenue stream from a proposed local tax, this Action Team will provide support for youth employment. They also hosted presentations from experts on raising revenue dedicated to support youth programs as well as local economic development opportunities and funding sources.

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. The Communications Action Team did not meet in year five. HUB staff plans to convene the action team again in year six, and will explore digital content platforms to expand awareness of the initiative.

LEADERSHIP TEAM

In year four, the BHC HUB established the Leadership Team to establish 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, which are as follows:

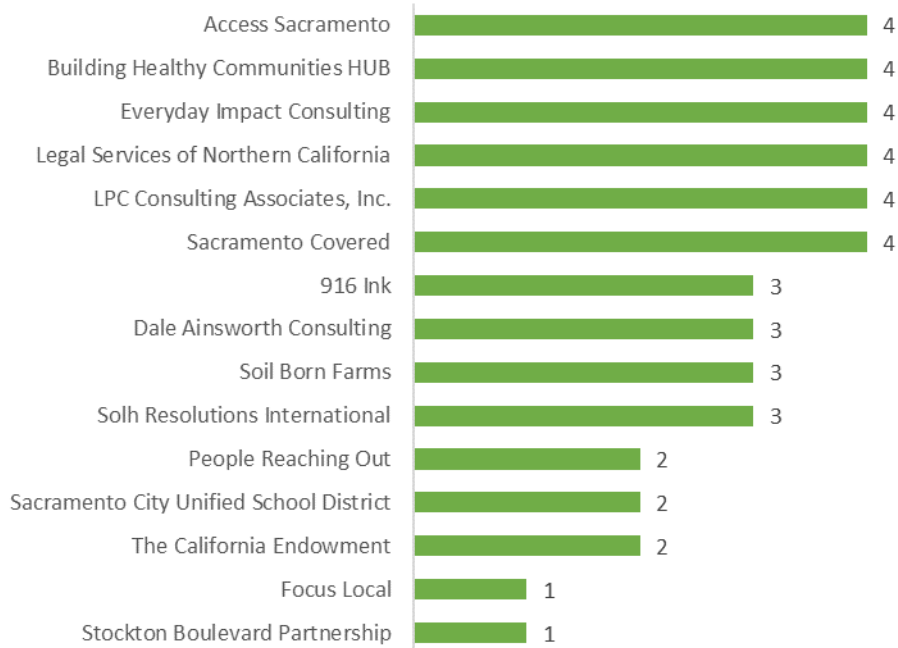
Table 7 - BHC Action Team Chairs, Co-Chairs, and Facilitators

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

In year five, 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 evaluation. The Leadership Team also discussed the advantages and disadvantages of the HUB relocating to Fruitridge Elementary School, and establishment of the new Resident Advisory Board. Team members discussed the purpose, goals and structure of the team at one

meeting, and engaged in an exercise to assess the progress of the BHC initiative at a second meeting. The Leadership team convened four times in year five, and Figure 6 illustrates meeting attendance.

Figure 6 - Leadership Team Attendance



YOUTH LEADERSHIP TEAM

The Youth Leadership Team convened weekly at the Greenway Village Apartments in the Lemon Hill neighborhood. At the beginning of the year the youth conducted a door-to-door campaign at Greenway Village Apartments to inform residents about the group and increase youth participation. The number of youth at the weekly meetings fluctuated between 21 and two. The Youth Leadership Team launched a “Grades Up Campaign” and provided free tutoring and homework assistance to both BHC youth and students residing at the Greenway Village Apartments. The Youth Leadership Team also participated in the BHC Charrette by providing input to ensure the plan reflected youth concerns and ideas for how to create a healthy and safe South Sacramento. Additionally, the youth attended the “Sister and Brothers at the Capital” event in August. The event began with a two-day youth conference where youth strengthened their leadership and advocacy skills. The event culminated in a day at the Capital where youth harnessed their collective capacity to advocate the health, safety, and success of young people of color with legislators. The ladies of the Youth Leadership Team also had an opportunity to participate in “Sisterhood Rising Sister Circles” where they discussed issues pertaining to social and gender justice.

RESIDENT ADVISORY BOARD

HUB staff contracted with a community resident to convene the Resident Advisory Board in year five. The Resident Advisory Board was initially comprised of residents who live in the BHC area with an interest in facilitating community change activities. The Resident Advisory Board met on five occasions in year five.

Initially the Board focused on developing goals and bylaws. Unfortunately, the community resident that formed the initial Resident Advisory Board was unable to continue in that capacity due to other obligations. Her departure stalled the convening of the Resident Advisory Board until 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. The focus of the Resident Advisory Board shifted with an emphasis on implementing the Resident Leadership Academy with a neighborhood focus and project-based approach. The Resident Advisory Board will also serve as an information center for residents seeking resources or assistance with community needs.

2.1 HUB Gatherings

Since 2010 the BHC has hosted bi-annual HUB gatherings. The gatherings are festive events that typically include 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.

In year five HUB staff did not host a HUB gathering for BHC residents. This was a missed opportunity to connect residents to the work of the BHC, especially to garner additional support for the urban agricultural ordinance of healthcare for the undocumented campaign. 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.

2.2 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 two All Grantee Convenings in year five.

The first convening occurred on November 10th, 2014. The South Sacramento Program Manager presented TCE's 2020 campaign goals. The South Sacramento Learning and Evaluation staff provided an overview of the community indicator data tracked through the evaluation, and examples of cross workgroup collaboration. HUB staff presented a new structure for the South Sacramento BHC site, and shared social networking resource information. The meeting closed with grantees receiving an update of the five big campaigns initiated or completed in year four: Urban Agricultural Ordinance, Boys and Men of Color Summit, Sacramento Community Priority Coalition, Health 4 All Campaign, and Community Design Charrette.

The second convening occurred on June 3rd, 2015. The South Sacramento Learning and Evaluation staff opened the meeting with a presentation about Collective Impact and a review of the year four evaluation report. The grantees then engaged in a group exercise to brainstorm ways to engage residents in the BHC initiative.

SUMMARY

The number of opportunities for grantees to network and develop shared visions for change via participation on action teams decreased in year five in comparison to year four. In year five the number of active action teams decreased to three (Food Access, Health Access and Youth Engagement) from six in the previous year. The Communications Action Team did not convene in year five, the facilitator for the Land Use Action Team stepped aside without a replacement chair identified, and the Community Engagement Action Team disbanded. However, two campaigns that the grantees initiated in year four continued to gain momentum – the Urban Agriculture Ordinance and the Healthcare for All campaign. The Resident Advisory Board began to solidify and develop a meeting schedule and purpose, and youth remained involved in the BHC initiative through the Youth Leadership Team. The below recommendations are based on data presented in this section to facilitate and support the achieved momentum of the South Sacramento BHC Workgroups.

Recommendation 1: *Establish a system to track BHC grantee involvement in campaigns, and campaign strategies and progress.* The Community Engagement Workgroup disbanded to allow time for the community organizers to attend the other workgroup meetings, now referred to as action teams. From the records provided it is unclear if ALL of the community organizers are attending the action team meetings or the depth to which they are involved in the campaigns. A tracking system will provide a means to track their level of engagement.

Recommendation 2: *Develop clear guidelines for grantees regarding their level of involvement with the action teams, and clearly communicate those guidelines and expectations.* Action team attendance records indicate that some grantees inconsistently attend the action team meetings, or are not attending the action team meetings, while other grantees attend almost every scheduled convening. The action teams are the well-established venues for grantees to work collaboratively to impact systems-level change. Clearly articulated guidelines can provide the means to ensure a consistent level of participation in the action team meetings from all grantees.

Recommendation 3: *Provide a venue for the Leadership Team to make decisions that foster collaboration among action teams and drive the BHC initiative forward.* At this time the Leadership Team meetings largely serve as an informational sharing venue similar to the information shared at the All Grantee Convenings. The Leadership Team is comprised of strategic thinkers and grantees with a long-history of involvement in the BHC initiative. The Leadership Team should transition into making decisions that serve to enhance collaboration amongst the various action teams and begin to sustain the BHC beyond the next five years.

Recommendation 4: *Determine the utility and function of the HUB gatherings.* The number of HUB gatherings held each year has continued to decline. While the HUB gatherings provide a venue for engaging a large number of residents, they are a lot of work to organize and do not result in long-term engagement of those residents. HUB staff should convene a committee of individuals with at least three years of involvement in the BHC initiative to discuss the utility and function of the HUB gathering and determine a path for moving forward.

SECTION 3 BUILDING HEALTHY COMMUNITIES VIA SYSTEMS AND POLICY LEVEL CHANGE

Systems change is not the only way of addressing social problems, but it provides us with a helpful way of understanding them and evaluating them, and sets out principles for achieving social change.²

The South Sacramento BHC Initiative is midway through the funding committed by The California Endowment in 2010, with emphasis on systems and policy level change. Systems change requires a unique combination of awareness and insight, while making allowances for reflection and learning along the way. At its core, systems level change requires: (1) recognition that a social problem is often systemic in nature, that it lives in a dynamic environment; (2) understanding social problems as products of cause and effect; and (3) a commitment of resources and human relationships over a period of time. Systems level change has a lot in common with current thinking in prevention, collective impact, action research, and strategic philanthropy. It requires time and patience, and allowances for a nonlinear journey. Finally, systems level change requires a combination of understanding root causes, relationships, resources, and actions guided by shared values.

The BHC has begun to realize 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. This section provides both an annotated list of those accomplishments, as well as a more detailed summary of highlights from two case studies that were integral to the evaluation of the BHC HUB in Year Five.

3.1 Master List of Examples of Systems and Policy Level Change

Systems and policy level change has been evolving since the BHC implementation began in 2010. In some instances, the funding support from TCE accelerated change that was already underway or was beginning to manifest; BHC grantee funding also opened up opportunities to move plans or visions to implementation, culminating in a variety of individual and collective activities or strategies. Because of the systems level focus from the 2009 planning year (summarized in the South Sacramento BHC logic model), the collective work of BHC grantees has resulted in several examples of systems and policy level change.

There are various ways to present a summary of the systems and policy level changes for South Sacramento, given the TCE defined parameters such as “the 4 Big Result Areas,” “the 10 Priority Outcomes,” and the most consolidated framework known as “the Health Happens” campaigns. The

² Abercrombie, Rob, Ellen Harries, and Rachel Wharton. New Philanthropy Capital. *Systems Change: A Guide to What It Is and How to Do It*. June 2015, Introduction.

following Table 8, Table 9 and Table 10 provide an annotated list of systems and policy level changes with cross references to Health Happens, the 4 Big Result Areas,³ and the 10 Priority Outcomes.⁴

3.1.1 Health Happens with Prevention

Systems level changes for primary prevention have focused on *improving access* by reducing institutional barriers to both healthy lifestyle and healthcare. One of the early BHC prevention activities was the creation of a network of Health Navigators who could work with Southeast and Hispanic immigrants to better understand and use the existing health care system. The Health Navigators were a systems level change in practice, designed to improve access to primary care and to improve communications between healthcare professionals and individuals whose first language was not English. Communications and cultural barriers were identified in the BHC plan, resulting in the development of a strategy to mitigate those barriers to health care and maintenance of chronic conditions.

Prevention strategies also addressed barriers to accessing healthy food, with a focus on consumer behavior. In 2010 the BHC funding supported corner store conversions and the opening of a farmer’s market in the BHC area. One of the byproducts of the farmers’ market initiative was the introduction of and electronic benefits transaction (EBT) for purchase of healthy food at the market, thereby helping families who relied on food stamps purchase fresh produce that was newly available to them. Though these were also neighborhood level changes, they illustrated how prevention begins with having access to healthy food in order to advance healthy eating and/or change food consumption behaviors.

Finally, in 2014 the BHC Health Access Action Team focused on both promoting healthcare enrollment via the Affordable Care Act (ACA), followed by a local campaign to restore healthcare for families and individuals whose care was not covered by the ACA. This resulted in a coordinated campaign to advocate for county funding to be allocated to support healthcare for undocumented individuals.

³ Four Big Result Areas

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

⁴ Priority Outcome Areas

- 1 All children have health coverage
- 2 Families have improved access to a health home that supports healthy behaviors
- 3 Health & family-focused human services shift toward prevention
- 4 Residents live in communities with health-promoting land-use, transportation & community development
- 5 Children & their families are safe from violence in their homes & neighborhoods
- 6 Communities support healthy youth development
- 7 Neighborhood & school environments support improved health and healthy behaviors
- 8 Community health improvements are linked to economic development
- 9 Health gaps for boys & men of color are narrowed
- 10 California has a shared vision of community health

Table 8 - Matrix of Systems and/or Policy Changes: 2010-2015

Health Happens with Prevention

Health Happens Here... with Prevention	4 Big Results	10 Priority Outcomes	Policy	System	Description of the change...
	2	3, 8		BHC	Corner market conversion
	2	3		BHC	Farmer’s Market (Oak Park) and EBT accessibility
	3	2		BHC	Health Navigators to facilitate immigrant use of health care system, and to advocate for prevention, medication management
	3	1, 2		BHC	Cover the Kids, outreach and insurance enrollment via WIC, CalFresh
	3	1,2,3		County	Budget approval to support reinstatement of healthcare for undocumented residents

The ACA was coming into its own just as the BHC began in 2010. California proceeded during the ongoing debate about ACA legality, and began developing its own benefits exchange. By 2014 healthcare enrollment throughout California had begun via an extensive network of state (California Covered) and local (Sacramento Covered) information and education resources, systematic and widespread outreach, and outlets for enrollment (both face to face and online). In the second year of implementation the Health Access Action Team then organized and advocated for health care funding to support the remaining unserved population in Sacramento County, coming to fruition in 2015.

3.1.2 Health Happens in Schools

Public schools have provided a platform for numerous and varied projects and systemic changes. The Sacramento City Unified School District (SCUSD) has several schools within or adjacent to the BHC target area, and has been a partner to the BHC since the planning began in 2009. There have been numerous projects funded by TCE, featuring systems level change with regard to: (1) school and student safety; (2) school climate; (3) health promotion via healthy eating and active living; (4) reducing absenteeism and increasing attendance; (5) and facilitating connections between health and mental health resources, families and students. This wide variety of projects and activities has culminated in systems level change along multiple dimensions. Given the depth and breadth of the BHC grants impacting the school district, Section 6 includes highlights from a 2015 case study “meta-analysis” of the collective BHC funded initiatives that have impacted SCUSD and its campuses and students. The changes within SCUSD extend though the system of 81 schools, about 25 percent of which are physically located in or near the BHC.

Table 9 - Matrix of Systems and/or Policy Changes: 2010-2015

Health Happens in Schools

Health Happens Here... in Schools	4 Big Results	10 Priority Outcomes	Policy	System	Description of the change...
	4	5, 6	SCUSD		Adoption of Anti-bullying policy, following planning process and identification of need and potential responses (e.g., CASEL grant, Challenge Days, Peer Mediation)
	2	7	SCUSD		Universal standards and curriculum for physical education, including training and data collection on students (FitGram)
	2	7		SCUSD	Creation of Healthy Foods Task Force
	2	7		SCUSD	Introduction of salad bars in all school cafeterias
	1	6,7	SCUSD	SCUSD	Adoption of positive school climate and school discipline policies to reduce suspensions & expulsions
	4	5, 6, 7, 9, 10	State		Adoption of revised school discipline policy to reduce suspensions and expulsions
	2	7		SCUSD	School gardens, integration of science and nutrition hands-on education (5 sites)
	3	1,2,3, 7		SCUSD	Establishment of The Connect Center, a centralized resource for health and mental health services
	4	9		SCUSD	Launch of Men’s Leadership Academy, targeting boys at risk for not graduating high school
	4	7		SCUSD	Establishment of Chronic Absenteeism Learning Collaborative
	3	3,7		SCUSD	Establishment of first local school based health center at Hiram Johnson High School
	1	7		SCUSD	Creation of Assistant Superintendent of Equity and Access position
4	5,7	SCUSD		Adoption of policy that clarifies guidelines and protects transgender and gender variant students.	

3.1.3 Health Happens in Neighborhoods

Recognition that “Place Matters” has guided the South Sacramento BHC to identify ways to improve the quality of life by addressing transportation via pedestrian safety and walkability, enhancing land use, producing healthy food, and improving the infrastructure and public safety in the BHC area. Many of the neighborhood level changes have required partnering with or advocacy toward city and county decision makers and elected officials, resulting in changes that extend well beyond the boundaries of the BHC target area. Section 6 presents highlights from a 2015 case study “meta-analysis” of the BHC funded initiatives that have improved access to healthy food for the BHC area and beyond.

Table 10 - Matrix of Systems and/or Policy Changes: 2010-2015

Health Happens in Neighborhoods

Health Happens Here... in Neighborhoods	4 Big Results	10 Priority Outcomes	Policy	System	Description of the change...
	2	4		BHC	Denial of conditional use permit to build a double drive-thru McDonald’s adjacent to a residential neighborhood
	3	4		BHC	Prevention of new underground gas storage in residential area (AGENA protest) (Elder Creek/Glen Elder/Avondale)
	2	2, 4, 7	City		Community gardening ordinance (allows privately held vacant lots to be used for community gardens)
	3	3, 4	City		Passage of ordinance to permit raising chickens in urban area
	1	5, 6, 9		BHC	Project Ceasefire, task force and community organizing “Sacramento Safe Community Partnership” to reduce gang violence in the BHC neighborhood Oak Park, and in Mack Road and Del Paso Heights
	2	4		County	Establishment of Neighborhood Livability Initiative
	2	4	City		Adoption of Urban Agriculture Ordinance
	2	4, 8	City		Designation of Urban Agriculture Incentive Zone
		4, 8	County		Dedication of funding to support Affordable Housing Fund
	2	4, 8	County		Updating of Design Guidelines to promote active living and healthy communities
4	4, 6	City		Regional Transit route 51 increased service delivery so students could get to school on-time	

SECTION 4 TRENDS FOR RESIDENT AND 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 11.

Table 11 - TCE Drivers of Change, Goals and Community Capacities

1 Resident Power

- 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

2 Youth Leadership

- 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

3 Changing the Narrative

- 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

4 Leveraging Partnerships

- 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

5 Collaboration

- 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*. The logs used to collect data from the South Sacramento BHC grantees 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
- *Media Coverage Log*: To record information about the media coverage received by a grantee program or event
- *Resources Generated Log*: To report funding and other resources that grantees are acquiring and/or leveraging in connection with BHC work
- *Production and Distribution of Information/Educational Materials Log*: To collect data on the educational and informational materials produced by grantees
- *Workgroup Attendance Log*: To record grantee Action Team meeting attendance

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

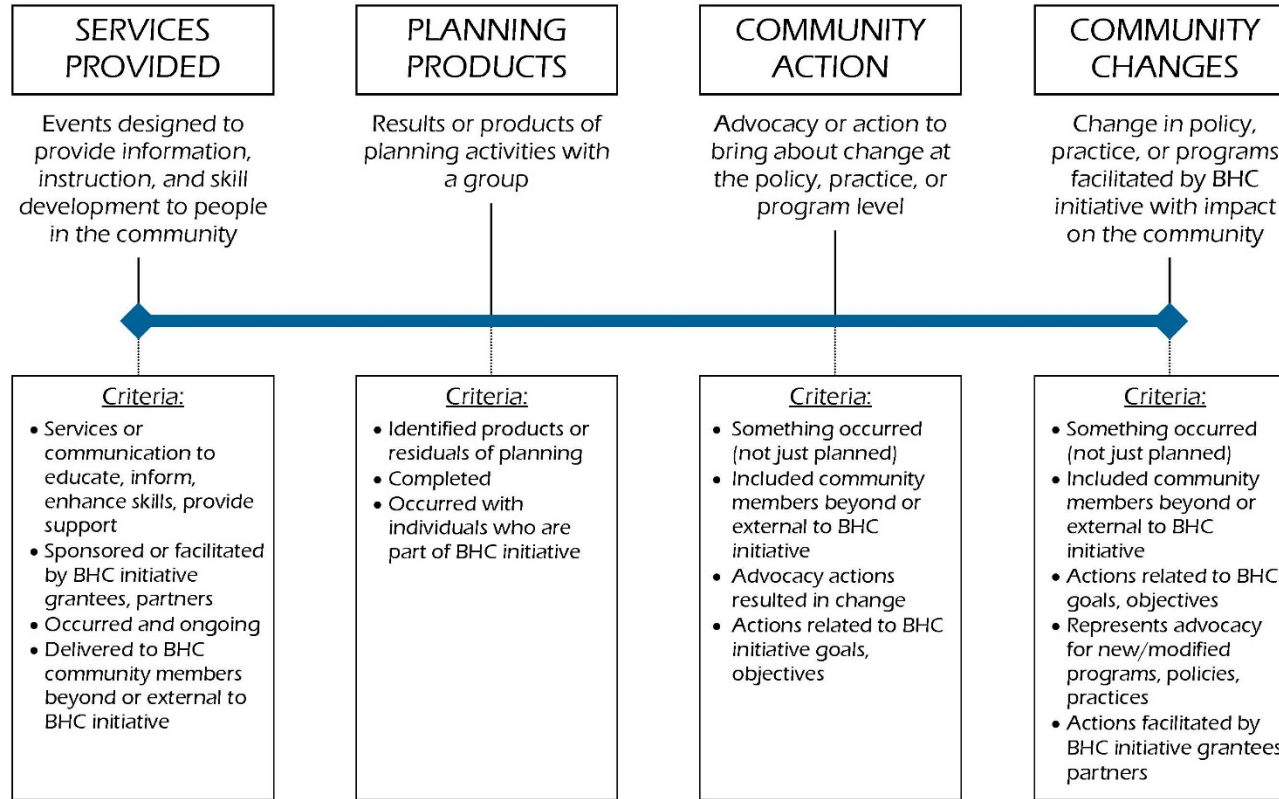
change; residents must be encouraged to utilize those capacities and advocate for the community changes they desire. The initiative must include activities that serve to assist residents with moving beyond skill building into the application of those skills. Resident engagement is necessary at all levels, 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 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.



CONTINUUM OF RESIDENT & YOUTH ENGAGEMENT

BHC Initiative, South Sacramento



4.2 Proportionate Representation of Residents and 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 clients⁵. Data presented in Figure 7, Figure 8, Figure 9, and Figure 10 only include the data for activities where grantees reported the number of residents involved in activities by age. Figure 11 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 helps 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, service referrals, classes, or food distribution. During year five a total of 1,912 service provision activities occurred, which is a decrease from the year four total of 2,285 activities. Examples of services provided as part of the BHC initiative are as follows:

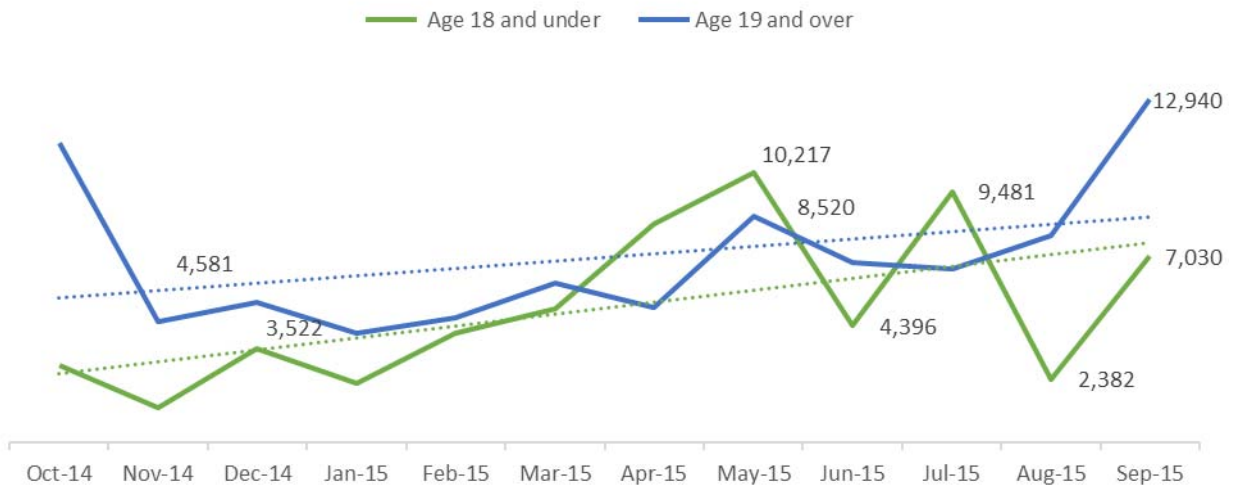
- *HealthCorps* provided a variety healthy lifestyle lessons to students at Hiram Johnson, American Legion, and Sacramento High Schools.
- *La Familia Counseling Center* provided Social Emotional Learning and youth empowerment classes.
- *916 Ink* held a Boys and Men of Color book release party.
- *Food Literacy Center* operated Food Literacy Classes in five BHC schools.
- *Sacramento Covered* provided health navigation and enrollment services target zip codes.
- *Foreign Native* hosted open-mic and spoken word events.

⁵ 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.

- *NeighborWorks* held its weekly Oak Park Farmers’ Market, featuring weekly specialty crops and food demonstrations.
- *Harvest Sacramento* conducted food gleaning and redistributed citrus within BHC neighborhoods and to Food Bank clients.
- *People Reaching Out (PRO)* engaged with youth and connect with SCUSD in school climate activities.

Figure 7 illustrates the number of youth and adult residents involved in **Service Provision** activities.

Figure 7 - Number of Youth and Adult Residents Engaged in Service Provision Activities



The number of youth involved in service provision activities peaked in May (10,217) and experienced a cycle of drops and increases until September 2015. The rise and fall of youth involved during that timeframe was in part due to a Summer of Service Block Party held by The Center, and a HealthCorps coordinated health fair at Hiram Johnson High School. The number of adults reached through service provision activities peaked in May (8,520) and again in September of 2015 (12,940). These increases were in part due to Sacramento Food Bank & Family Services mobile food distributions, and Capitol Health Network outreach events respectively. The figure illustrates that the total number of adults (83,752) outpaced the number of youth (60,858) engaged through service provision activities for the majority of the year five timeframe.

4.2.2 Planning Products

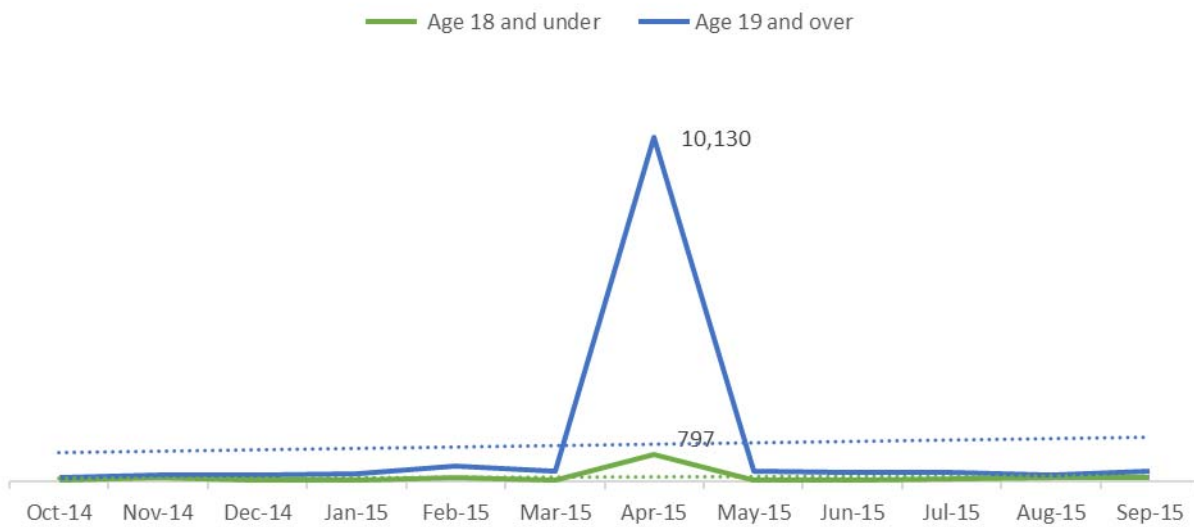
Planning Products are the result or products of planning activities within a group and generally serve to guide the initiative. Planning products can include hiring of staff, establishing a committee or task force, or adopting a strategic plan. For October 2014 through September 2015, there were 300 different instances of adult and youth residents being involved in planning pursuits. Examples of South Sacramento BHC planning products include:

- *Organize Sacramento* participated in coalition planning meetings for the Raise the Wage Sacramento campaign.

- *East Bay Asian Youth Center* held study sessions with various community partners, envisioning a Sacramento Children’s Budget.
- The Youth BMoC Planning Summit convened to plan the next summit.
- *The Capital Region Organizing Project* met to discuss challenges with Regional Transit, and the quality of transportation and other options for people with disabilities.
- *The Center for Community Health and Well-Being* held discussions and planned actions for the Girls on the Rise Annual Leadership Conference.

Figure 8 below demonstrates the number of adult and youth residents involved in **Planning Products**.

Figure 8 - Number of Youth and Adult Residents Engaged in Planning Product activities



As shown in the figure, the number of youth involved in planning activities remained relatively stable throughout Year 5, with a small peak in April. The number of adults engaged experienced a similar trend throughout the year, with a significant peak (10,130) in the month of April. This increase was in part due to events held by Organize Sacramento with regard to the Raise the Wage campaign and a community Earth Day Celebration. The figure also illustrates that more adults (12,986) than youth (1,600) were engaged in planning related activities in year five of the initiative.

4.2.3 Community Action

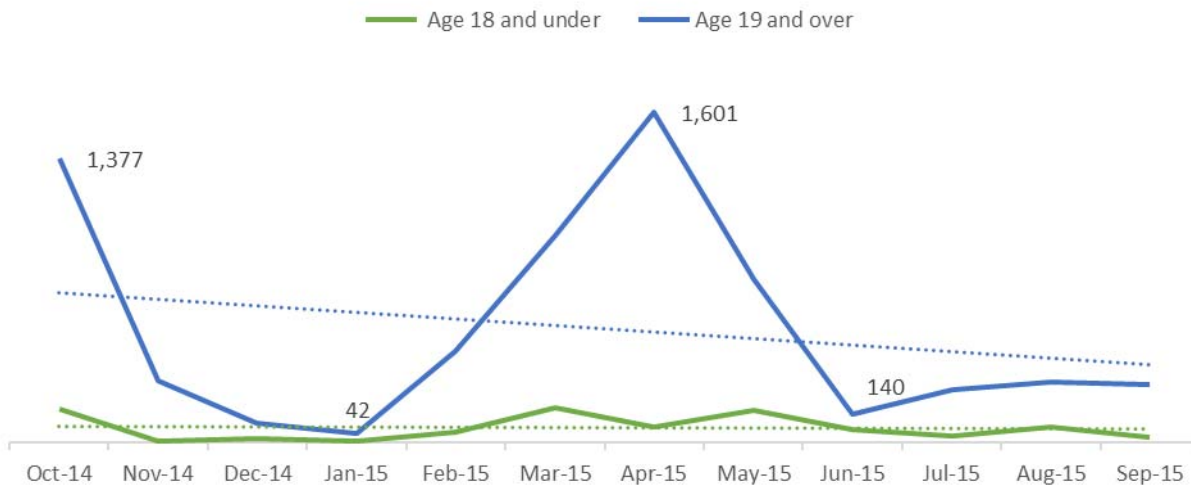
Activities that fall under the **Community Action** category include actions to bring about new or modified program, policy, or practice related to any of the 10 BHC priority outcomes. Folks involved in these types of activities are acting directly to bring about changes in the community. From October 2014 through September of 2015 grantees logged 166 different community action events and activities. Examples of community action activities include:

- Residents developed and maintained a garden in Central Oak Park.
- Youth and adults participated in income inequality rallies at the State Capitol.
- Youth presented at the Sacramento Metropolitan Arts Committee to advocate for more art in their community

- Residents attended a Vision Zero Steering Committee meeting and discussed education, and encouragement and engineering for safer streets.
- Youth and residents testified about shared solution focused testimony, and how to improve community relationships with police officers.

Figure 9 illustrates the number of residents ages 18 and under and 19 and over who participated in **Community Action**.

Figure 9 - Number of Youth and Residents Engaged in Community Action



The cumulative number of adults (6,617) involved in the BHC initiative through community action activities oscillated throughout year five, with sharp rises and falls in participation. The peaks in October 2014 (1,377) and April 2015 (1,601) in adult engagement was a result of community rallying at the State Capitol and City Hall for the Raise the Wage Campaign supported by Sacramento ACT, and community events supporting food literacy and nutrition initiated by Food Literacy Center. The number of youth involved at the community action level remained relatively low but stable throughout Year 5. Youth numbers stayed within the range of 6 active youth (January 2015) and 168 (March 2015).

4.2.4 Community Changes

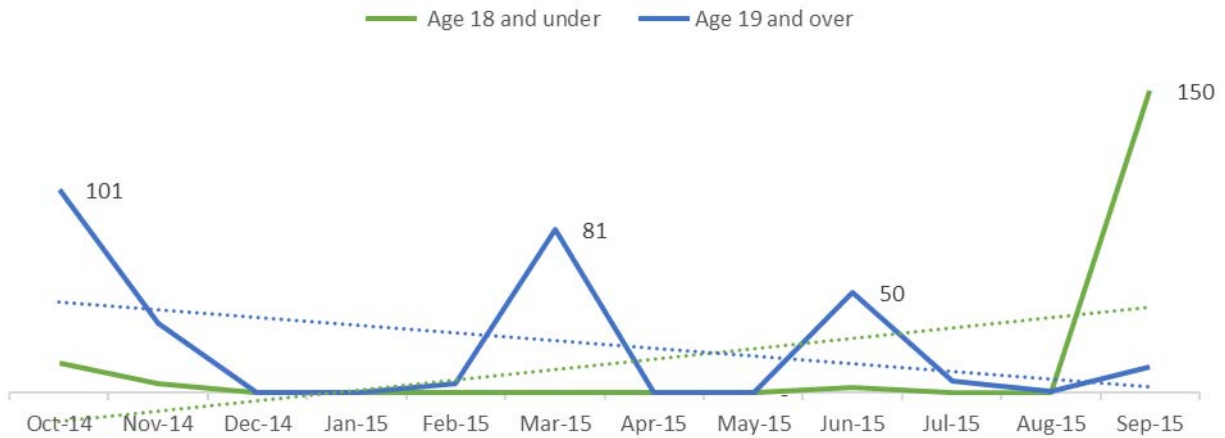
Community Changes are new or modified programs, policies, or practices facilitated by the initiative and related to the goals of BHC. Community change activities are: (1) early evidence that the BHC initiative is moving closer to achieving the identified goals; and (2) evidence of what can be accomplished 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, ten resident-driven community changes affiliated with the BHC initiative occurred in year five; the ten community changes are as follows:

- Residents transformed a once blighted lot in Central Oak Park into a community-managed garden.

- Regional Transit Executive Board voted to begin EIR/Title VI studies and approved a funding structure for Bus 8. Additional service and route changes approved.
- Voter turnout increases over 40% in precinct 45216 of the BHC target area.
- As a result of resident and community support, Prop 47 passes, significantly moving funds from prisons to schools.
- The City of Sacramento passes the Urban Agricultural Ordinance to allow residents to develop urban farms, and sell produce onsite through urban farm stands, regardless of the land use designation of the parcel to be used.
- In addition, the City passes the Urban Agricultural Incentive Zone which provides a property tax incentive for property owners of vacant, unimproved, or blighted property converted to agricultural use for five years.
- The Planning Commission made changes to the Mixed Income Housing Ordinance, moving adaptive reuse projects to the zero-dollar fee category, and including an annual review of the revenue raised by the ordinance.
- Family Market underwent a corner store conversion, a process to advance increased stocking and sale of fresh fruits and vegetables.
- The Sacramento City Unified School District Superintendent committed to a new LCAP process for English-Language Learners.
- The staff and students at Nicholas Elementary School created a Wellness Policy that staff, students, families, and regular day programs adhere to in order to sustain a healthier campus community.

Figure 10 below demonstrates the number of adult and youth residents involved in **Community Change**.

Figure 10 - Number of Youth and Residents Engaged in Community Change



The number of adults engaged in community change activities oscillated throughout year five, peaking in October 2014 (101), and March (81) and June 2015 (50). Youth numbers remained low in year five of the initiative, with the exception of high youth engagement in September 2015 (150) as a result of the Wellness Policy developed by students and staff at Nicholas Elementary School.

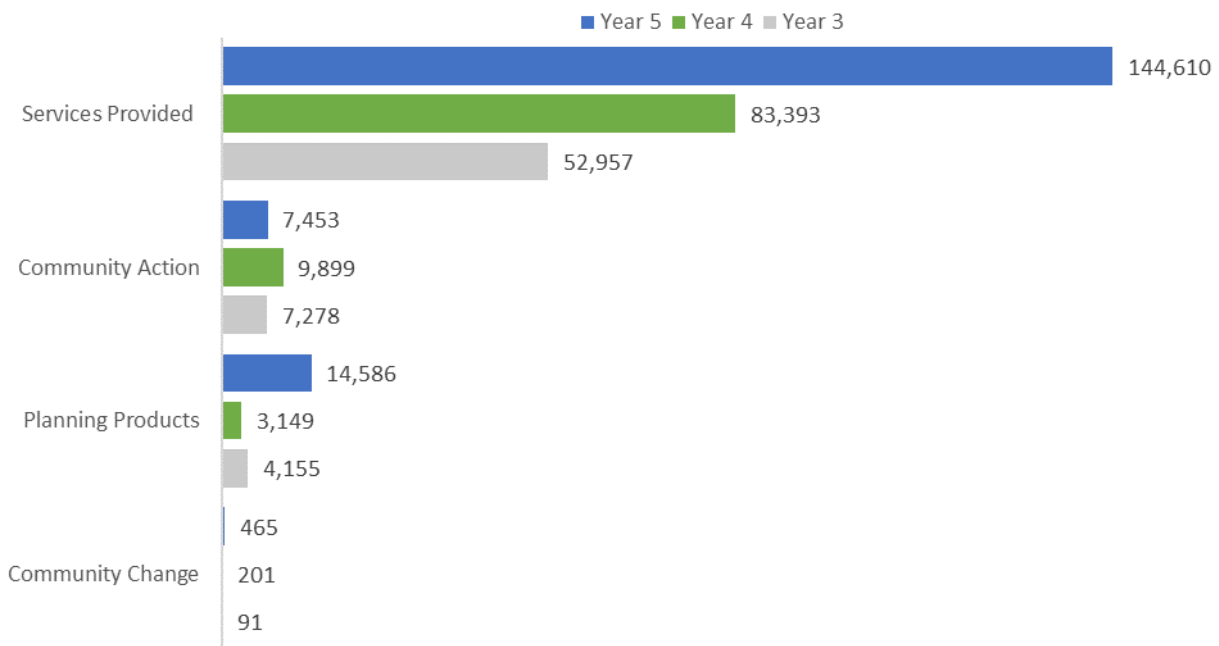
4.3 Changes in Levels of Participation

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 four to year five. 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 five are addressed in three distinct questions, summarized in the following sections.

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

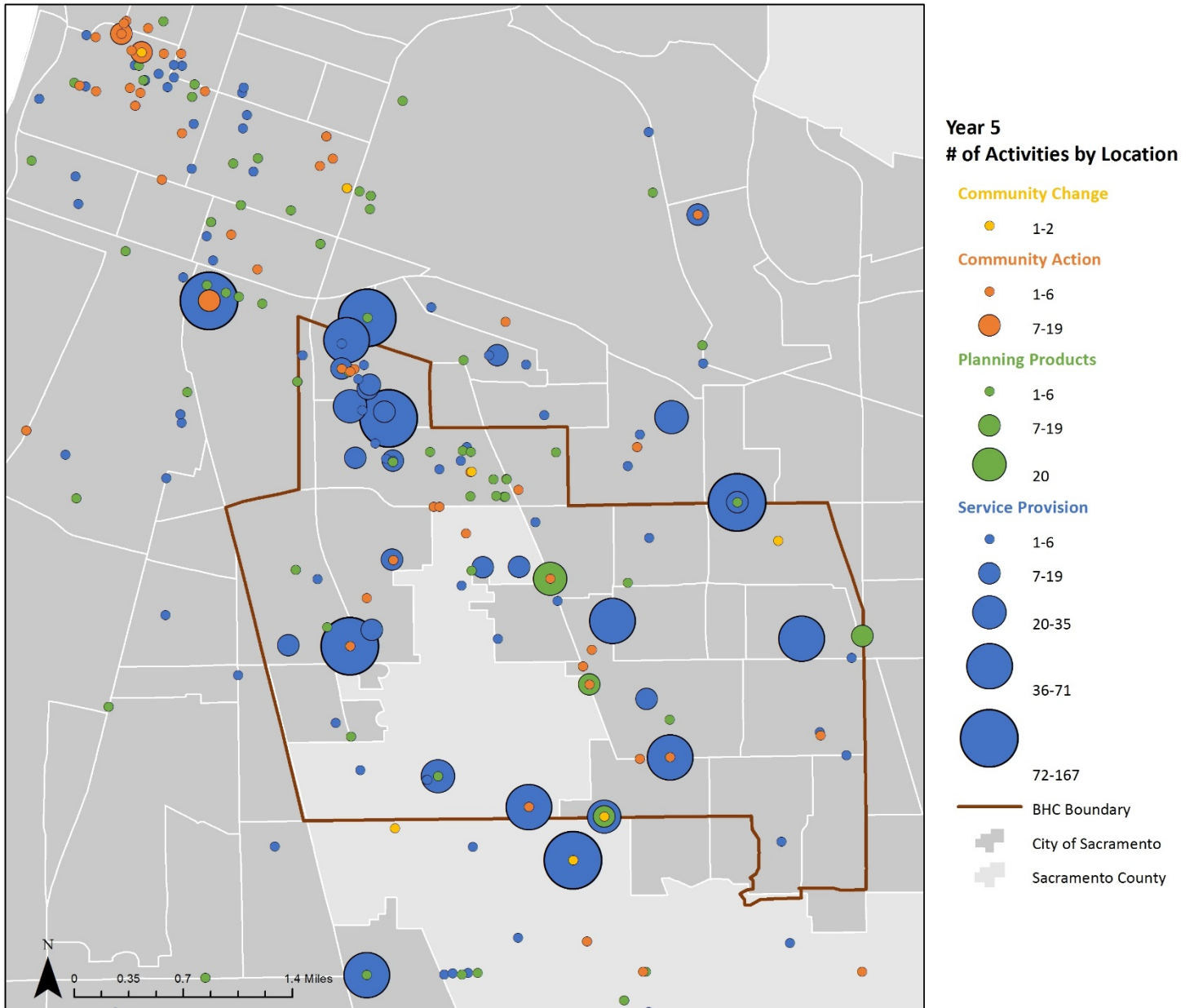
Five years into the initiative residents are active in community change, community action, planning products and service provision activities. The data reveals that overall a higher number of residents were involved in BHC related activities in year five (167,114) in comparison to year four (96,642) and year three (64,481). Figure 11 illustrates the total number of residents involved in the four different activity types during years three through five of the initiative

Figure 11 - Total Number of Residents Involved in the Initiative in Years Three through Five



The map on the next page (Figure 12) 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 12 - Location of South Sacramento BHC grantee events, programs and services



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

Five years into the initiative residents were 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 five of the initiative, see Figure 13. The number of youth involved in the initiative in year five (63,467) increased by and 136 percent from year three (26,922). Of the 63,467 youth engaged in year five, 96 percent were involved in the BHC initiative through service provision activities, compared to 95 percent in year four, and 94 percent in year three.

Figure 13 - Number of Youth Engaged in BHC Activities Years Three through Five

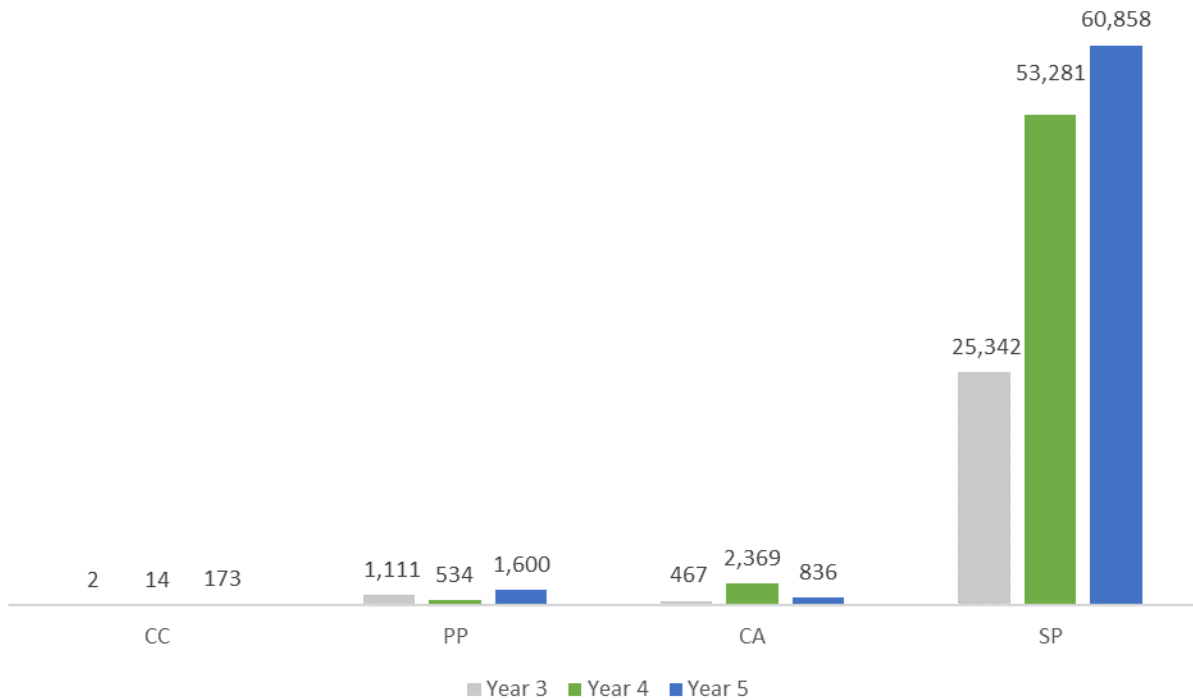
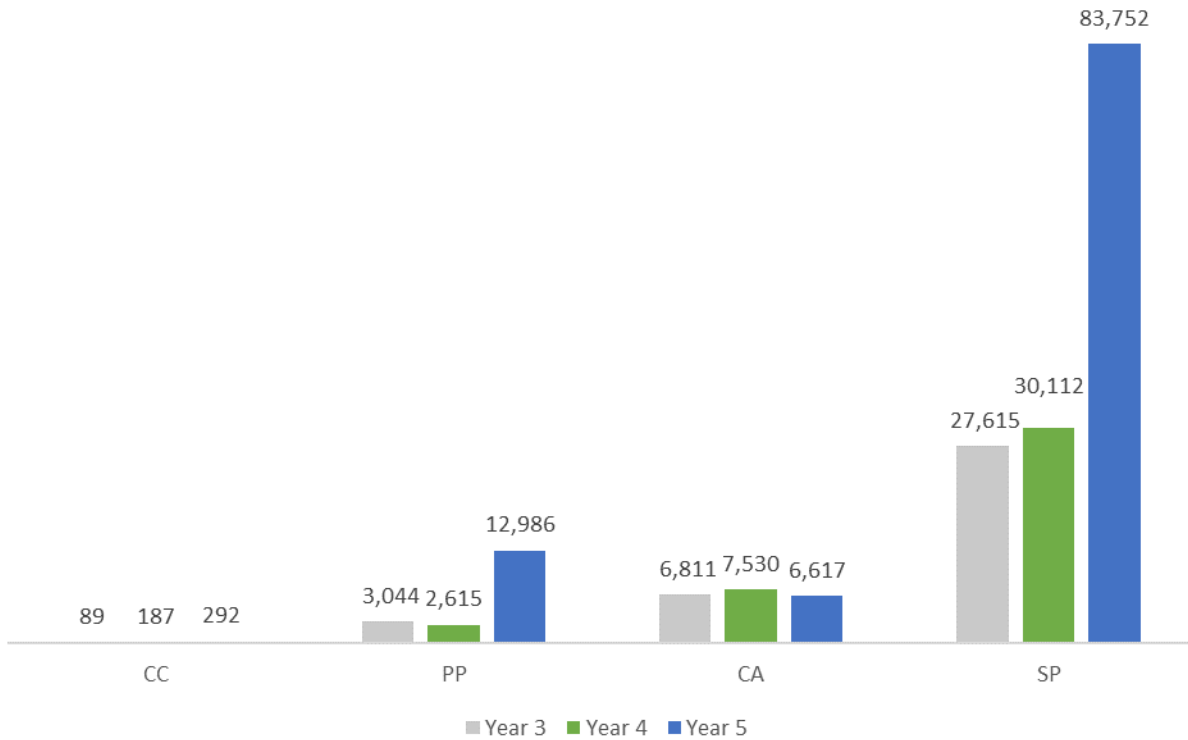


Figure 14 shows data related to the number of adults involved in BHC activities for years three through five of the initiative. The number of adults reached in year five (103,647) increased by 176 percent from year three (37,559). Similar to youth, the largest percentage of adults involved in the initiative in year five (81%), engaged through service provision activities, an increase from 74 percent in both years three and four. Generally, service provision is a gateway to engagement, as youth and adults become involved in the BHC as beneficiaries of services. These experiences are a likely precursor to higher levels of participation.

Figure 14 - Number of Adults Engaged in BHC Activities Years Three through Five



As the 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 12 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 12 - South Sacramento BHC Drivers of Change Progress

Driver of Change	Goals and Status	Progress
<p>People Power</p>	<p><i>Goal: Increase by 30% the number of residents actively organizing on health issues.</i> Status: Looking specifically at planning products and community action activities – which are indicative of ‘residents actively organizing’ – while the number of active youth decreased by 16 percent from year four to year five, the number of adults increased by 93 percent.</p>	<p>●</p>
	<p><i>Goal: Develop community organizing efforts that engage at least 200 adult residents in public decision-making processes in support of BHC.</i> Status: In year five, 6,617 adults engaged in community action activities.</p>	<p>●</p>
<p>Youth Leadership</p>	<p><i>Goal: Engage 1,000 more young people in organizing on health issues.</i> Status: The number of youth organizing on health issues decreased from 2,903 in year four to 2,436 in year five.</p>	<p>○</p>
	<p><i>Goal: Form healthy advocacy teams of at least 50 youth to bring youth voice to policymakers in each of the 14 sites.</i> Status: The Youth Leadership Team is comprised of approximately 15 youth. Additionally, while there is not an advocacy team of 50 youth, 836 youth participated in community advocacy activities in year five.</p>	<p>◐</p>

● = Met ◐ = In Progress ○ = Needs Work

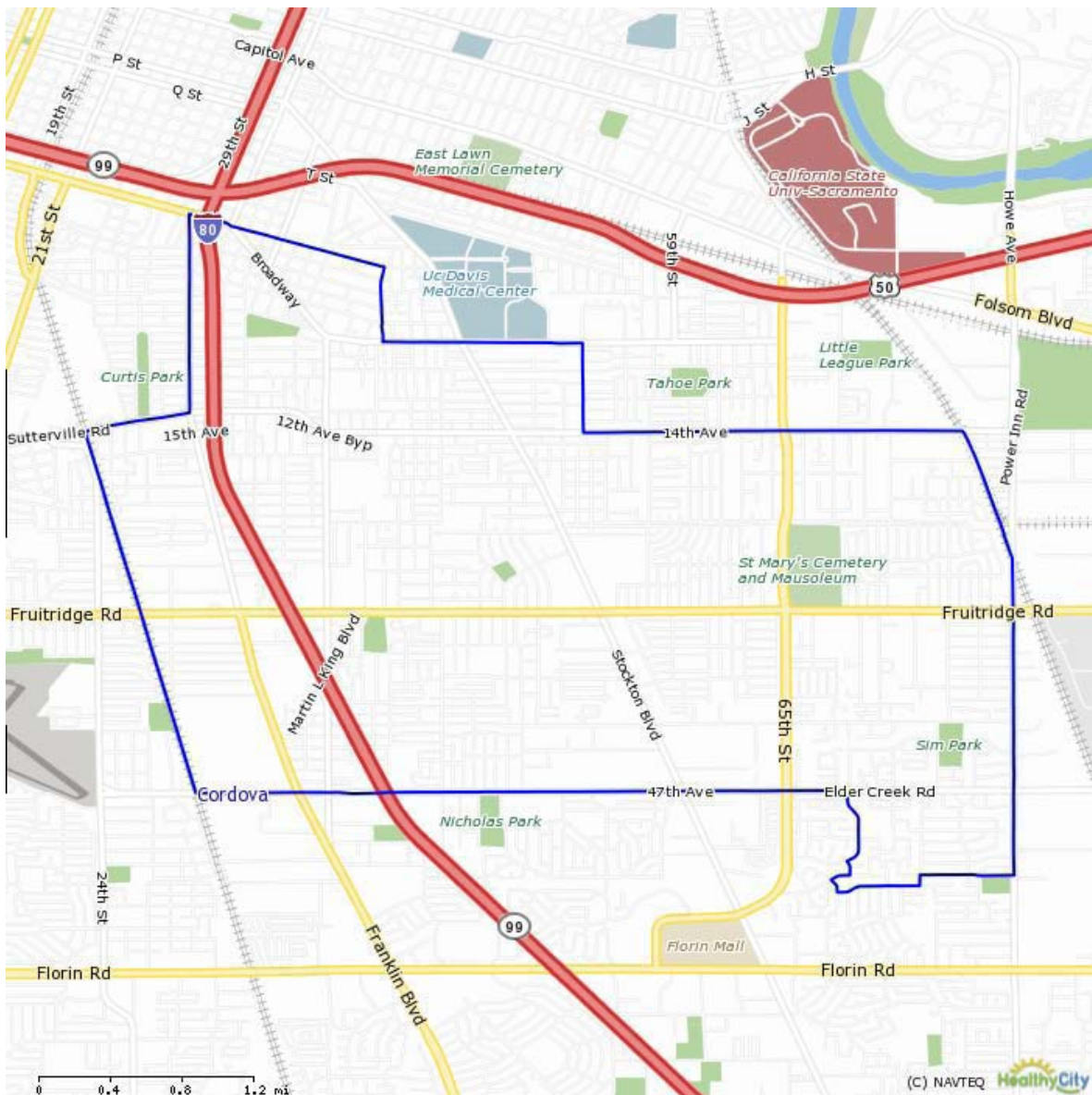
SUMMARY

Sacramento showed marked progress this year, by achieving several goals affiliated with the People Power and Youth Leadership BHC Drivers of Change. The annual log data reveals that most residents are involved in the initiative through the provision of services. 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, and mentoring for young men of color. Through the BHC initiative, The California Endowment is also funding grantees that are changing institutional practices through service provision activities that are not captured in the evaluation logs – The Connect Center and Men’s Leadership Academy. 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 15 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 15 - South Sacramento BHC Target Area

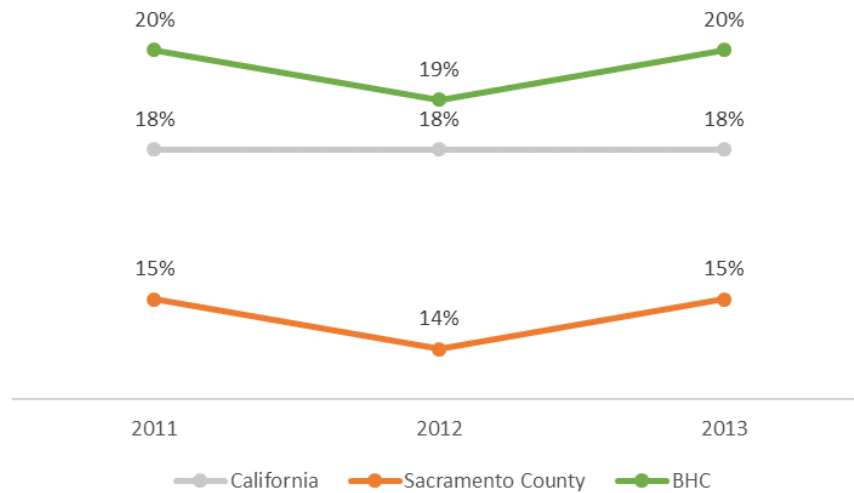


Similar to the Year 4 BHC HUB Evaluation Report, this annual report provides a summary of community and health indicators. The selected indicators represent those identified by BHC Action Teams as measures to track and mark changes toward a healthier community. Although some indicator data is not updated every year, the data presented in the following sections presents a combination of baseline and emerging trends, which will be updated annually as it becomes 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 16. Conversely 81 percent of the BHC population is insured.

Figure 16 - Comparison of Rates for Insured Population



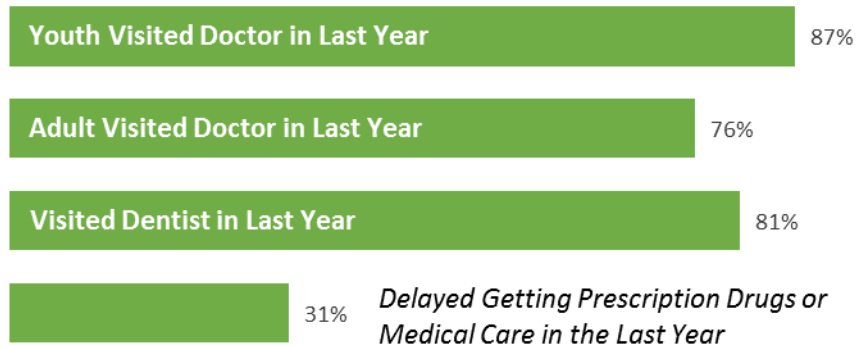
**Source: 2008-2012 American Community Survey 5-Year Estimates (n=78,075)*

Figure 17 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.

- 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); will update with new CHIS survey data and oversampling in BHC target area;
- 81% of all CHIS survey respondents in the BHC have visited a dentist in the previous year; will update with new CHIS survey data and oversampling in BHC target area;
- 31% of all CHIS survey respondents in the BHC delayed getting prescription drugs or medical care in the previous year; and

- 14% of BHC residents visited an emergency room in the previous year.

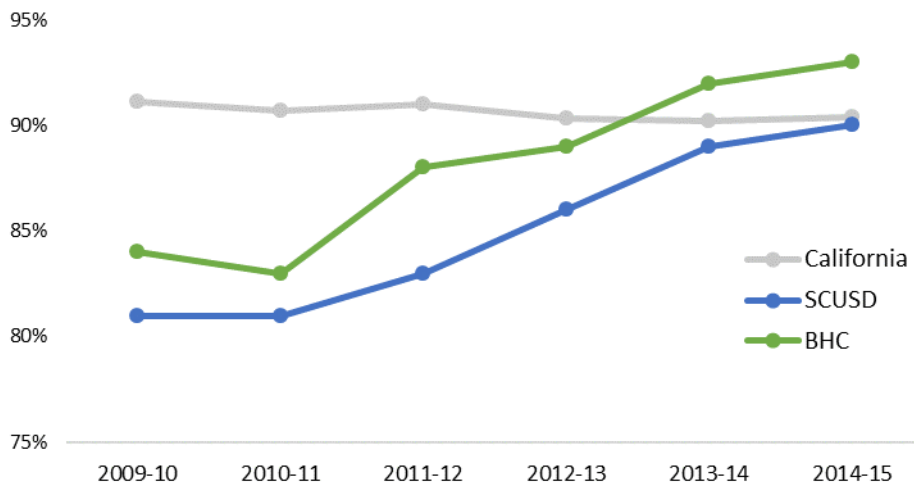
Figure 17 - Access to Healthcare (Health Home)



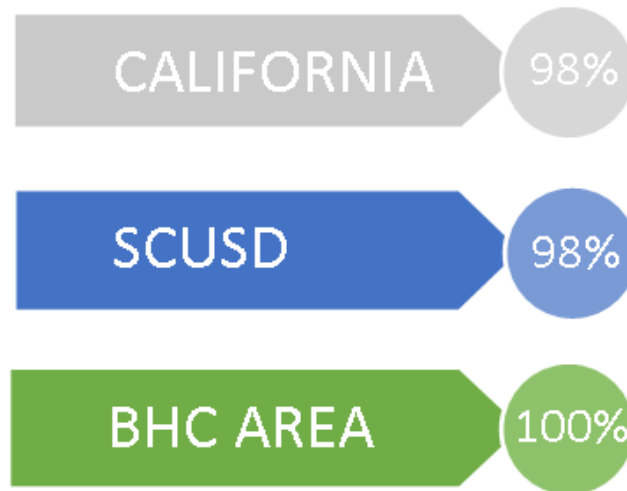
**Source: 2009 California Health Interview Survey*

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 2014/15, there have been impressive gains for both SCUSD and BHC children entering kindergarten, both of which began between 80-85 percent. The BHC schools reported vaccination rates approaching 95 percent in 2014/15, with SCUSD not far behind at 90 percent (as shown in Figure 18).

Figure 18 - Comparison of Kindergarten Immunization Rates



Furthermore, the BHC had achieved full vaccinations for 7th graders by 2014/15 compared to slightly lower rates (98%) for SCUSD and California 7th graders.

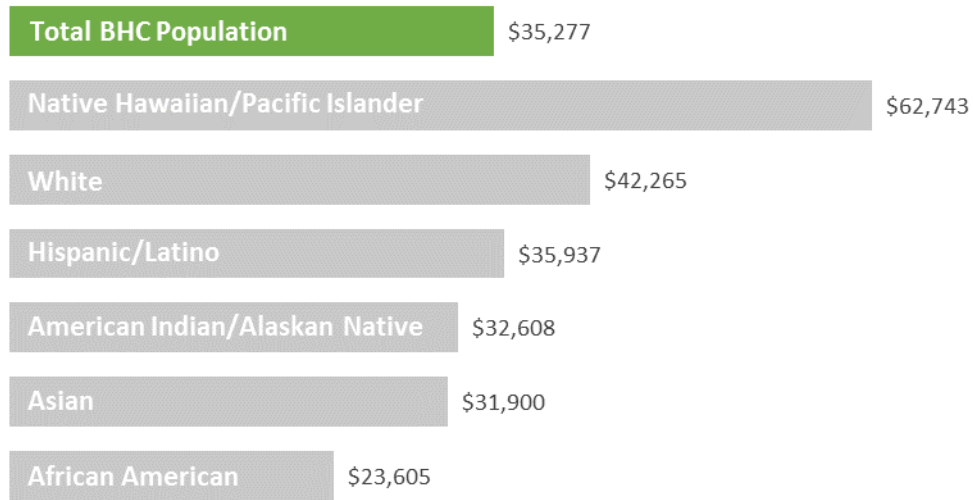
Figure 19 - Comparison of 7th Grade Immunization Rates (2014-15)

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 20 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 only began to level off at about 18 percent in 2012 and 2013.

Figure 20 and Figure 21 presents a summary of Income and Employment (five-year average, no trends over time yet), as summarized below:

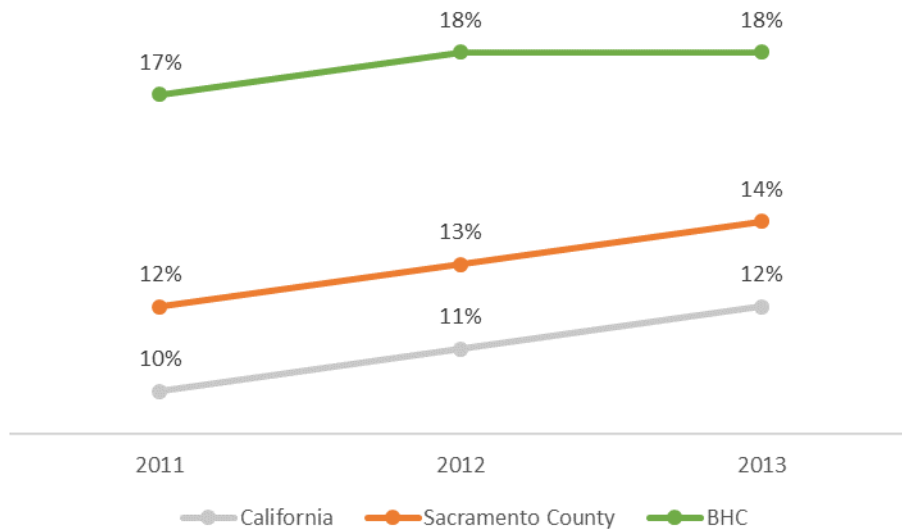
- \$35,277 was the median household income for BHC residents (2008-2012);
- Native Hawaiian/Pacific Islander and White residents had higher average incomes, \$62,743 and \$42,265 respectively;
- Hispanic household incomes on average were slightly higher than the overall BHC area, at \$35,937;
- \$23,605 was the average annual household income for African American residents of the BHC, followed by Asian households (\$31,900) and American Indian/Alaskan Native households (\$32,608).

Figure 20 - Median Income of BHC Area Residents



Source: US Census Bureau, 2008-2012 American Community Survey

Figure 21 - Comparison of Unemployment Rates



Source: US Census Bureau, 2008-2012 American Community Survey

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

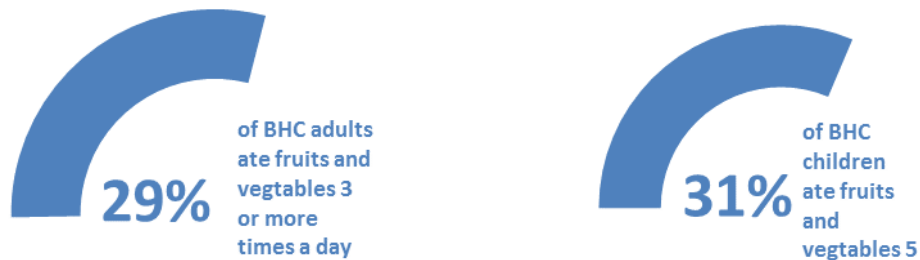
5.2 Healthy Food for All Action Team (Health Happens in Neighborhoods)

The 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 (Figure 22 and Figure 23) and fast food consumption. 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:

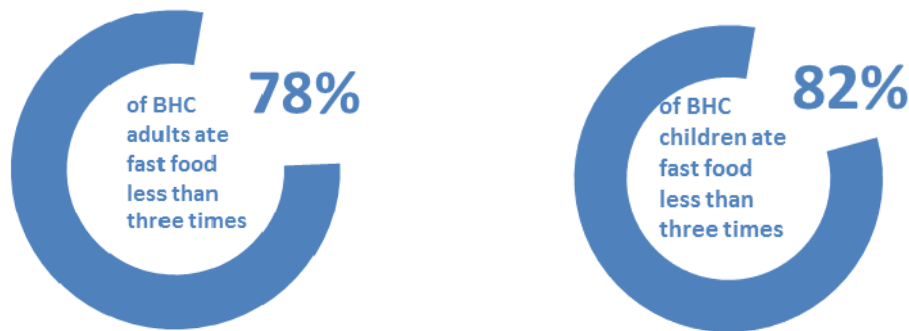
- 29% of BHC adults consumed fruits and vegetables 3+ times a day
- 31% of BHC children consumed fruits and vegetables 5+ times a day
- 78% of BHC adults ate fast food less than 3 times a week
- 82% of BHC children ate fast food less than 3 times a week

Figure 22 - Fruit and Vegetable Consumption of Adults and Youth in the BHC Area 2009



Source: 2009 California Health Interview Survey

Figure 23 - Fast Food Consumption (Last week) of Adults and Youth in the BHC Area 2009



Source: 2009 California Health Interview Survey

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

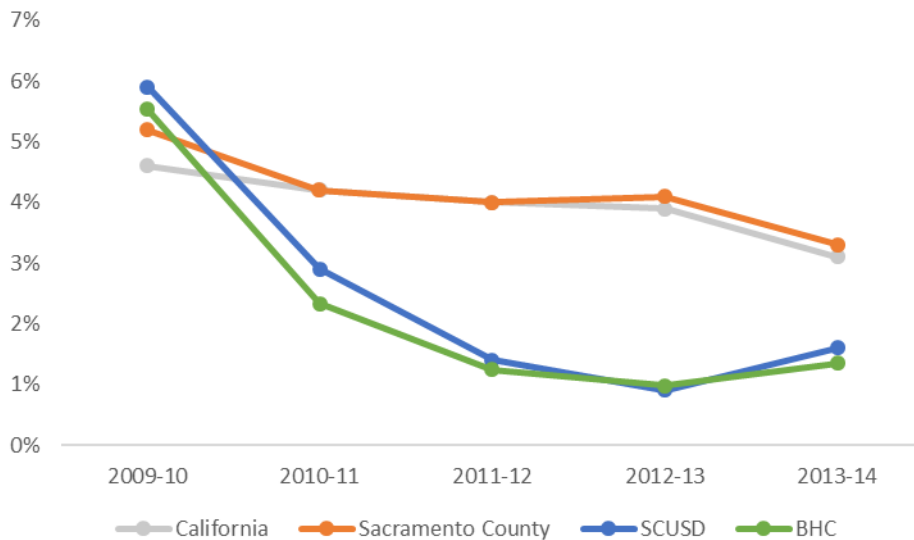
There are several indicators that reflect both the general health of students and the overall climate of the schools, which has a direct impact on student connection to and participation in school. Since the BHC initiative began in 2010 Sacramento City Unified School District and its community based 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 24 through Figure 26 provide recent trends related to drop out and graduation rates for the schools in the BHC service area, for all schools in the SCUSD, and throughout both Sacramento and California as a basis for comparison. Figure xx 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 California. There was a slight uptick in 2013/14 for SCUSD and BHC schools.

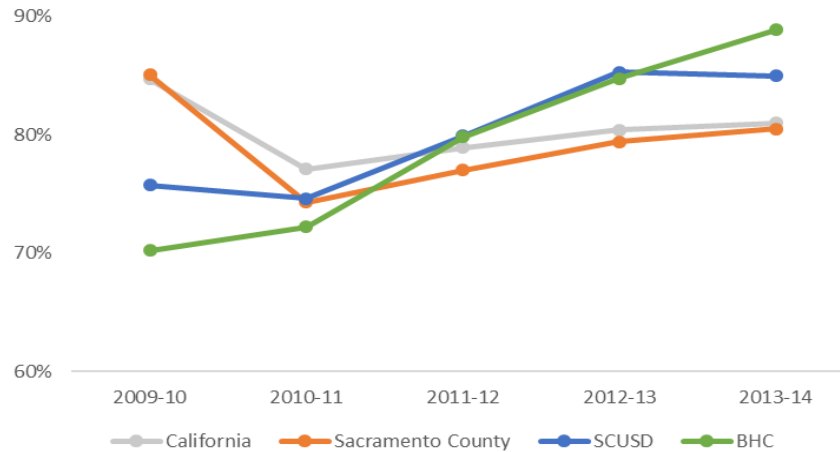
Figure 24 - Comparison of Adjusted High School Dropout Rates



**Source: California Department of Education*

Figure 25 provides an overview of the inverse measure, graduation from high school, for BHC, SCUSD, Sacramento County, and California schools. Like dropout rates, graduation rates appear to be improving over the last five school years. And both BHC and SCUSD graduation rates have improved more than have either Sacramento or California rates, having started lower and exceeded county and state rates. Because the schools that serve youth from the BHC represent schools with historically high drop out and low graduation rates their improvement has impacted the rates for the SCUSD at large. By 2013/14 90 percent of the high school seniors in BHC schools graduated, up from about 70 percent five years earlier.

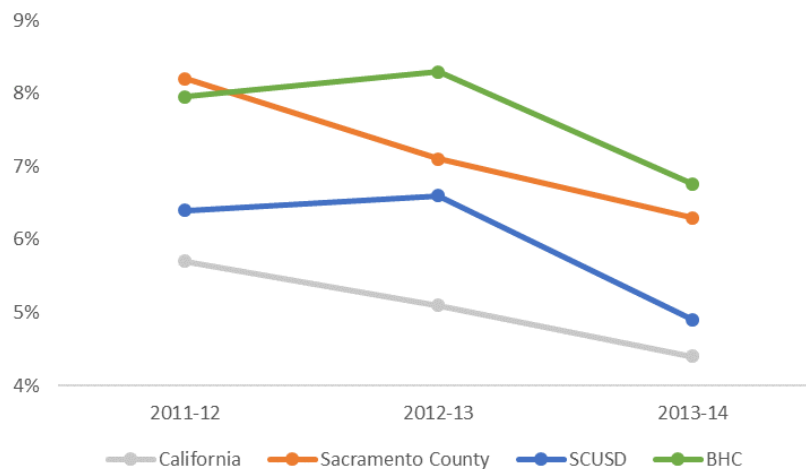
Figure 25 - Comparison High School Senior Graduation Rates



**Source: California Department of Education*

Expulsion and suspension rates have a direct impact on school attendance, drop out 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 26 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 has declined to just below 7 percent in 2013/14. And SCUSD’s overall rate of suspensions has declined from about 6.5 to 5 percent. Given the recent changes in District and State suspension policies, these trends are likely to continue to improve. And these improvements will translate into reduced 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 manifest in improved rates of attendance.

Figure 26 - Comparison High School Suspension Rates

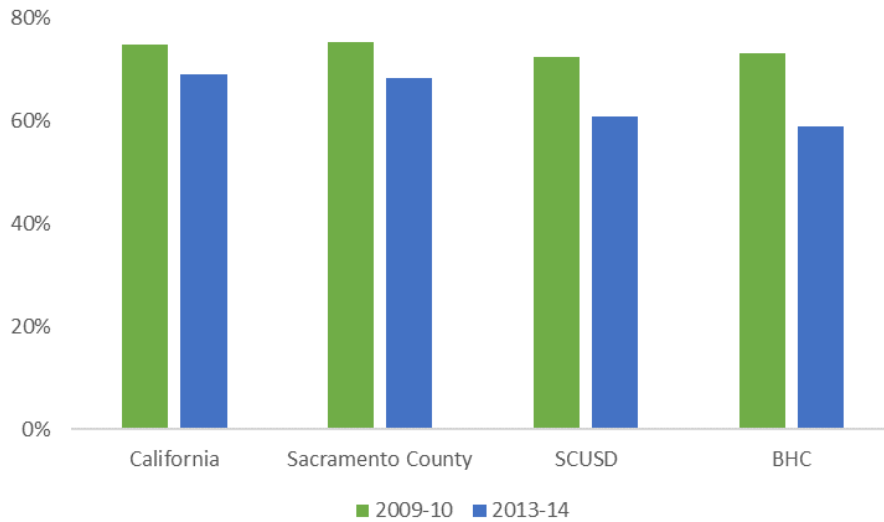


**Source: California Department of Education*

5.3.2 Student Health Indicators

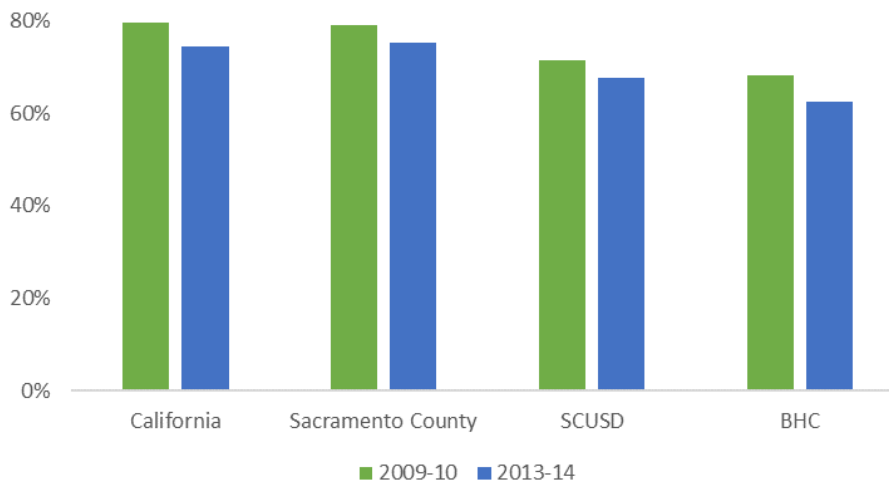
BHC schools are also targeting changes to student health with a revival of physical education minimum standards and programming. Figure 27 and Figure 28 present rates for 5th and 7th grade students who met 4 or more physical fitness standards at two points in time, prior to BHC implementation and four years into the initiative. The trends for California, Sacramento, SCUSD, and BHC schools suggest that physical fitness has actually declined since 2009/10, though baseline rates for BHC and SCUSD schools were slightly better compared to both County and State rates. For 2013/14 both SCUSD and BHC schools lost ground with regard to measures of student fitness for both 5th and 7th grade students.

Figure 27 - Comparison of 5th Grade Students Meeting 4 or More Physical Fitness Standards



**Source: California Department of Education*

Figure 28 - Comparison of 7th Grade Students Meeting 4 or More Physical Fitness Standards



**Source: California Department of Education*

Land Use Action Team (**Health Happens in Neighborhoods**) The community indicators for the Land Use Action Team remain unchanged from the Year 4 report and will be updated and presented for Year Six, based on the expectation for this Action Team to reconvene.

5.4 Resident Advisory Group (Health Happens in Neighborhoods)

The community indicators for the Resident Advisory Group will be addressed with this relatively new group, and reported in the Year Six evaluation report.

SECTION 6 META-EVALUATION CASE STUDIES

In 2015 the evaluation study added two case studies to illustrate systems and policy level changes that had evolved since 2010. For the last three years the evaluation study has selected two areas for targeted examination to showcase stories about the BHC initiative. By year five these stories are beginning to achieve prominence as they garner media coverage, provide opportunities to mobilize community driven change, and align with more far reaching local, regional, and state policy agendas. Since the 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.

The evaluation team selected two areas to review and describe in collaboration with the TCE Program Officer and the BHC HUB Manager. By focusing on two substantive areas of TCE funding support, the 2015 case studies would feature: (1) changes designed to enhance school climate for SCUSD as a root cause for a variety of student issues; and (2) changes to enhance access to healthy food as well as promotion of fresh produce and healthy eating. The case studies represent a “zoom lens” examination of the collection of grantee projects to promote the school climate and healthy food access agendas, and an assessment of systems and policy level changes to advance healthy communities. The approach was primarily qualitative and relied on interviews and focus group discussions to elicit reflective input. The rationale for taking a closer look at two examples of systems and policy level change was to view these in the context of a collective impact framework.

- **School Climate:** The 2015 case study of school climate initiatives served as a synthesis of the existing program knowledge/evaluation findings and began to document how the program activities and outcomes are intersecting within SCUSD. This case study identifies the ways in which BHC sponsored initiatives are being leveraged throughout the district in terms of the Drivers of Change. The findings would provide both TCE and SCUSD with a comprehensive summary of the collective impact of multiple initiatives, and reinforce the complementary value and interrelationships among projects.
- **Healthy Food Access:** Since the beginning of the BHC initiative in South Sacramento, there have been several grantees engaged in a variety of efforts to expand and enhance access to healthy food in the BHC target area. Although some of these grantees are engaged in evaluation studies of their individual and collective work, there are others that do not have any evaluation perspective, and many of these BHC grantees are working with other policy and systems change projects that reach beyond the BHC. The case study in 2015 will provide an opportunity to describe their work and accomplishments to date.

The following case studies present findings from interviews and analysis of observations, insights, and reflections on these two illustrations of collective impact.

6.1 Healthy Food for All Coalition: Improving Access to Healthy Food

Among the more visible (and visual) signs of change for the BHC area are multiple grantee projects to expand and improve access to healthy food to the target communities and the greater Sacramento region. Based on recommendations that emanated from the planning process in 2009/10 and TCE's priority outcomes, advocacy for food access became a prominent component of the BHC initiative in South Sacramento. Several emerging leaders and nonprofit organizations in the region participated in the planning process and were among the first grantees to receive funding in support of the BHC initiative. They immediately began working collaboratively in formal contractual relationships as well as in less formal partnerships to advocate with a collective voice. Several of these grantees developed a variety of community-based projects which provided the basis for engaging residents of the community and introducing innovative and highly visible examples of healthy food coming to the BHC area.

Since 2010 TCE has provided funding support for several organizations to elevate awareness and provide new opportunities to change consumer behavior: (1) to bring community and residential gardening to the BHC; (2) to facilitate and enhance access to healthy food via a seasonal farmers' market; corner store conversion to replace "junk food, soda and tobacco" with fresh produce; mobile markets; and food gleaning and redistribution of citrus each winter; (3) to reform school cafeteria offerings by introducing salad bars and more healthy food options; and (4) to integrate school gardens with classroom education at selected school campuses. Education and awareness have been integral elements of these projects, designed to reinforce healthy eating and to complement Sacramento's "Farm to Fork" identity.

In addition to the variety of "on the ground" projects in and around the BHC area, there have been systems level shifts in both practice and policy to further advance the food access agenda. Collaboration has been a feature of all food access work to date, illustrated by the Healthy Food for All Coalition (aka BHC Food Access Action Team) which is comprised of multiple food and farming community based organizations; the Healthy Food Task Force of the SCUSD; the Sacramento Regional Food System Collaborative; and the Sacramento Urban Agriculture Coalition. At the outset of the BHC initiative most of the CBOs engaged in this work were relatively small operations that recognized the opportunity that collaborative work would present. They were able to work in complementary relationships, to develop a vision and a voice for change, and to advocate for policy and systems change through relationships developed and enhanced by the BHC initiative.

Several policy and systems level changes have evolved since 2010, some of which were percolating prior to the BHC initiative. Other changes gained traction as "on the ground" projects became more visible and more prolific. Decision makers were seeking partners in the food access community to advance the healthy eating agenda. And a series of small victories (e.g., passage of ordinances to permit backyard chicken coops, to permit vegetable gardening in front lawns, and to facilitate urban farming in community gardens) culminated in passage of Sacramento's Urban Agriculture Ordinance and incentivizing urban agriculture. Regionally, a Food Charter passed and the Sacramento Urban Agriculture Ordinance will be advanced to Sacramento County.

The systems and policy changes related to food access have been multiple and varied, with considerable support from key champions on the Sacramento City Council and in the neighborhoods where there are emerging “layers” of food access projects and activities. These changes demonstrate the power of collaboration and continuous communications, common agenda, and mutually reinforcing activities components of the Collective Impact framework. And though BHC has been a mobilizing influence for the food access grantees, other organizations have stepped up to provide the backbone infrastructure to large scale activities, such as Soil Born Farms (for the BHC Food Access Action Team and Valley Vision (for the Sacramento Regional Food System Collaborative). Importantly, BHC funding has provided support to staff and coordinate the collaborative efforts that are influencing systems and policy change.



6.2 Meta-Evaluation of School Based Initiatives within SCUSD

Since 2010 the BHC initiative has funded 21 grants through the SCUSD, totaling just over \$3 million dollars, including seed money to support the substantial Health Career Pathways program (\$780k) and the Connect Center (\$932k). In addition to the funding that has supported District projects, programs, and services, an additional \$3.5 million has funded community based organizations that work in tandem or partnership with SCUSD and individual school sites that serve the BHC area. Because of the high volume of BHC activity that is directly or indirectly linked to schools, the evaluation in 2015 included a review of these activities from a systems perspective. The BHC service area includes about one quarter of the SCUSD schools, and many of the policy and systems level changes for the District will extend far beyond the BHC area.

District projects have addressed (1) school climate, (2) student wellness, and (3) comprehensive supports for students and their families. The concentration of resources directed toward students at all grade levels recognizes both the importance of reinforcing the healthy development of youth, and the needs of students in this target area. Projects are addressing root causes, social emotional learning, and school climate to engage and support youth from the BHC. Major District outcomes include:

- **2010:** Adoption of an evidence-based physical education curriculum, with training and technical support;
- **2011:** Adoption of an Anti-Bullying Board Policy;
- **2011:** Opening of the Connect Center, a resource center co-located at the District administration site, to provide access to health and mental health services for students and their families;
- **2012/13:** Introduction of salad bars and healthier menus for cafeterias in all SCUSD schools; and
- **2013, 2015:** Policy revision to outline physical education requirements

In a series of interviews with District, school site, and CBO grantee staff in 2015 the evaluation made the following key findings:

- **BHC support has made a significant impact in SCUSD**, with several policy changes, expanded supports for students, and integration of healthy eating and active living in daily school life. Several efforts address the root causes for absenteeism and dropping out of school, as populations most at risk receive additional support via policy and practice. Consistent with systems change features, many of these actions are the byproduct of collaborative work in task forces, coalitions, and partnerships.
- **Collaboration looks different across BHC grantees**, with the primary distinctions between perceptions of District staff and CBO grantees. The SCUSD is a large bureaucracy and collaboration among its staff often focuses on internal collaboration, just to get all of the relevant parties from within the District participating. Among CBOS the perception of collaboration is broader and reaches both within and outside the District. Collaboration is valued, though it remains a challenge within the District; even

pursuit of grant funding may test the collaborative spirit within the District. And change is slower to evolve within the District, while CBOs are nimbler and responsive to change via collaboration.

- **Leadership and ownership are vital to sustainability** of systems level change. Support from high level leaders within the District make a huge difference for implementing systems and policy change. This begins with the District Superintendent, and transcends school site leadership among principals. Turnover at both levels may impede progress, or open up opportunities to gain momentum. The degree to which the leadership is aligned with BHC priority outcomes and strategies will “make or break” the potential for systemic change.
- **Grantees want more oversight, communication, and coordination** with the District. Within SCUSD there were varying levels of awareness about the BHC initiative or TCE as a funding source. Although most high level administrators were aware of the BHC and TCE funding, line level staff were unaware of the linkages between site-specific projects and BHC/TCE funding support. CBO partners experienced frustration that the primary venue for communication among grantees and school partners was the Action Teams, though this did not align with school-based grantees. There was a recommendation for SCUSD to assume greater leadership for coordination and oversight of all BHC funded efforts that impact SCUSD, and for TCE to take a stronger role in both the communication among and oversight of all school based BHC efforts. Improved communication, coordination, and oversight would enhance the capacity to leverage existing and pursue new resources for SCUSD and its students.

A detailed timeline with all SCUSD grants is provided below.

Building Healthy Community Grants Supporting Student Health: 2010-2015



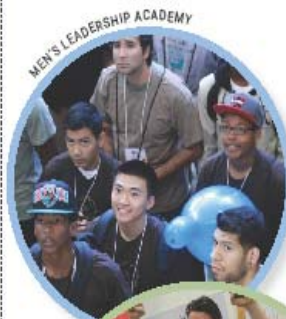
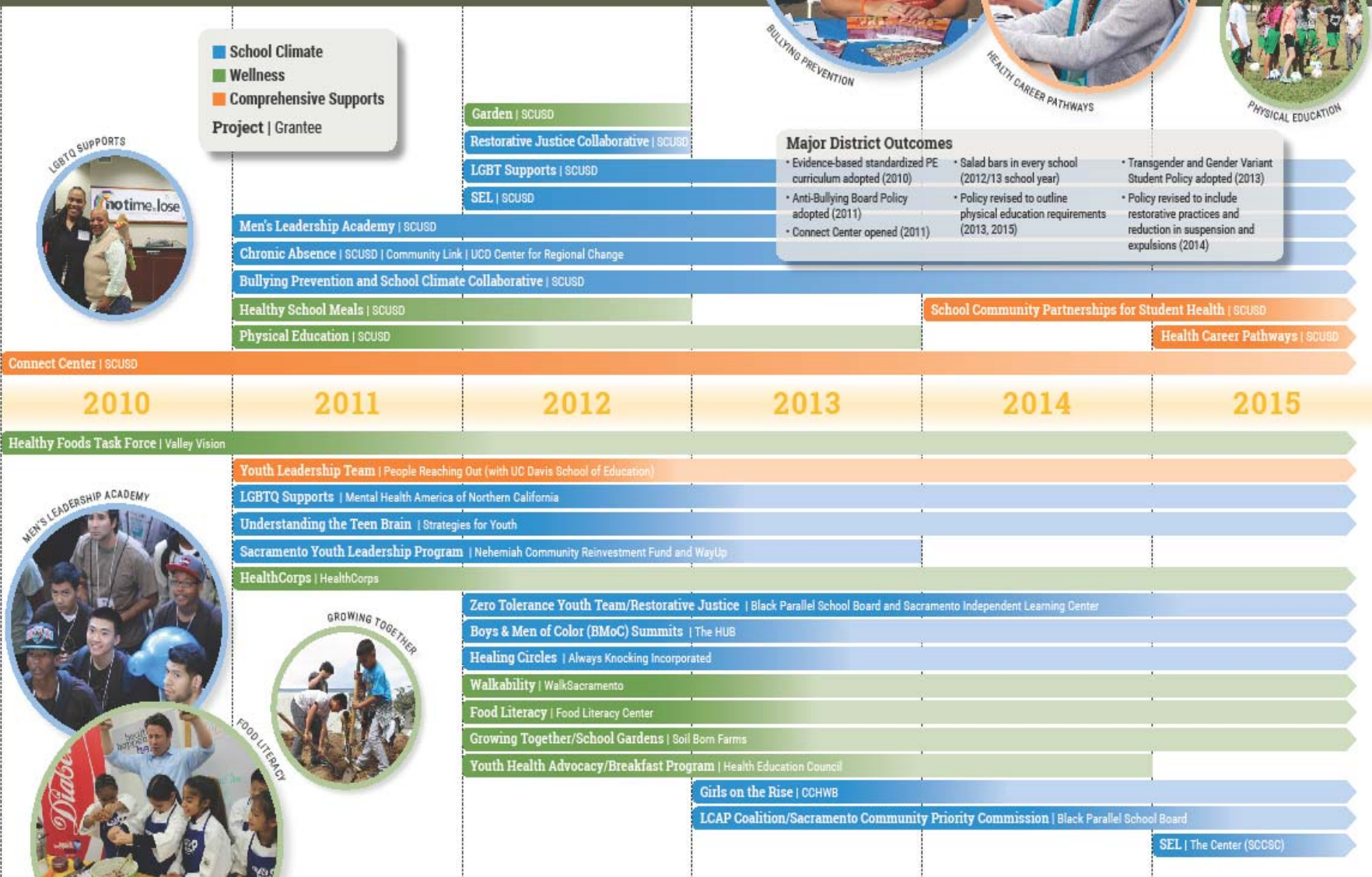
■ School Climate
■ Wellness
■ Comprehensive Supports
 Project | Grantee

Major District Outcomes

- Evidence-based standardized PE curriculum adopted (2010)
- Salad bars in every school (2012/13 school year)
- Transgender and Gender Variant Student Policy adopted (2013)
- Anti-Bullying Board Policy adopted (2011)
- Policy revised to outline physical education requirements (2013, 2015)
- Policy revised to include restorative practices and reduction in suspension and expulsions (2014)
- Connect Center opened (2011)

SCUSD: \$3,153,750

CBOs: \$3,470,810



The accomplishments over the past five years have begun to engage more adult residents and youth, and are giving momentum to more initiatives to address systems and policy level change. Much of the systems change to date has demonstrated key principles of action such as: developing collective solutions, building a learning culture, not over-relying on top-down leadership; and both mobilizing and leveraging resources. Systems are complex, with boundaries, interdependent and connected parts, and causes and effects. These systems function in existing complex environments, rather than in silos or isolation. These systems are composed of multiple components like people, resources and services, relationships, values, culture, history, and perceptions. Systems Change is an ongoing process of innovation, reflection, and learning to bring about change.

Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people's attitudes as well as in the ways people work. Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures, and values.⁶

SUMMARY

The BHC initiative has been in “implementation” since mid-2010 when TCE began to fund individual grantees, based on findings and recommendations from the planning year for the South Sacramento BHC. The first five years have provided considerable opportunity for grantees to begin innovative projects, to develop new collaborative relationships, and to gain traction to mobilize for change in systems like SCUSD as well as local level policy. Systems and policy change have been focused on reducing barriers to innovation and change, on community education and awareness, and on engagement of residents and youth in partnership with the CBOs funded to carry out the BHC work. Systems and policy level change are hallmarks for sustainable change. And the BHC support has provided resources and support to nurture the infrastructure for systems change via the core components of collective impact: common agenda, mutually reinforcing activities, continuous communication, shared measurement systems, and a backbone infrastructure that starts with TCE and the BHC HUB, and continues with action teams comprised mostly of BHC grantees.

⁶ Abercrombie, Rob, Ellen Harries, and Rachel Wharton. New Philanthropy Capital. *Systems Change: A Guide to What It Is and How to Do It*. June 2015, p.9.

SECTION 7 EVALUATION PLANS FOR YEAR SIX

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 five years, and this report marks the halfway point for this initiative. Year 5 was a year of reflection and celebration as grantees proceeded from “start up” to maintenance and growth. 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.

In year six 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, and launch a Social Networking Analysis to better document and describe the shifts in relationships among grantees that are a function of the BHC work. We will present two new case studies, featuring an assessment of systems and policy level change as it relates to health access and youth engagement, based in large part on the efforts of the grantees who participate in the Health Access and Youth Engagement Action Teams. 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.

7.1 Maintain Resident and Youth Engagement Logs

During the second year of the initiative LPC Consulting Associates introduced a series of evaluation 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 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.

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.

7.2 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, Land Use, and Resident Engagement. The evaluation in year 6 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 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.

7.3 Launch Social Networking Analysis

The evaluation will introduce a survey to collect data from BHC grantees 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 social networking analysis will take a hindsight view of relationships between and among grantees prior to the BHC compared to now, as well as identify examples of resource leveraging whether in terms of increased revenue or heightened visibility and voice in community planning and decision making.

7.4 Systems Level Change: Grantees at Work!

The focus on systems and policy level change will continue in the Year 6 evaluation. By agreement with the TCE Program Officer and the BHC HUB Manager, the evaluation will feature two case studies. One will address the work of the Health Access Action Team, now entering its third year of ACA enrollment, and having scored a huge victory in the reinstatement of funding allocated by Sacramento County to support healthcare for undocumented residents. That case study will also examine how individual grantees are changing systems by introducing new ways to engage residents in primary health care.

The second case study will take a broad view of youth engagement, both via the Youth Engagement Action Team and its collective work, and through outreach to grantees that are not actively participating in the Youth Engagement Action Team, but work with on or behalf of youth. This case study will solicit the youth voice from the perspective of youth who are engaged in the BHC work, in an effort to examine new opportunities to expand youth engagement.

The two case studies for Year 6 will conclude with summaries of the process and findings as standalone deliverables, with highlights presented in the annual evaluation report.

7.5 Tracking Indicator Trends

The Year 6 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.