

## IMPACT STUDIES SUMMARY REPORT

# Pathways to Power: The Impact of Building Healthy Communities

March 2022



**CORE**

Center for Outcomes  
Research and Education

**CONTACT**

Monique Gill, PhD, MPH  
Monique.Gill@providence.org

Maggie Weller, MS, PMP  
Margarette.Weller@providence.org

## Acknowledgements

We would like to thank the CORE team members and external organizations and stakeholders who supported and contributed to this work.

*CORE Team* - CORE resourced an expansive team of researchers, policy experts, data analysts, and project managers who pushed this work to completion. Contributors include: Claire Devine, Taylor Doren, Ritu Ghosal, Monique Gill, Ben Gronowski, Megan Holtorf, Natalie Kenton, Roxanne Marsillo, Maggie Weller, Bill Wright, and Chia-Hua Yu. Additionally, former CORE employees Jannate Ahmed, Mary Gray, Ka Her, Laura Jacobson, Kayla McMenamin, Elliott Moon, Alison Ryan, and Michael Sutcliffe contributed significantly to this report.

*Other Partners* - CORE also worked closely with other evaluators contracted by The California Endowment (TCE) to establish and provide context to our measurement and evaluation strategies. These include: Julia Coffman & Albertina Lopez (CEI), Selena Chavez, Frank Farrow, Sarah Morrison & Anand Sharma (CSSP), Lynne Cannady & Michele Darling (LPC Consulting), Gigi Barsoum, Prue Brown, Tom David, Danfeng Koon, Jennifer Ito, Jewlya Lynn, Tia Martinez, Tom Pyun, and Veronica Terriquez.

*Data* - We would like to acknowledge all the organizations and individuals who did the hard work of coordinating and collecting the data utilized for this report, most of which is secondary to CORE. Due to the efforts of the following organizations and individuals, CORE had access to rich data sources and context for our analyses:

- TCE Grants Management System (GMS) Team
- TCE Learning & Evaluation Advisory Group
- Staff of all 14 BHC sites
- TCE's Local (L&E) Evaluators
- The CA Department of Education and WestEd
- University of California Berkeley School of Law
- UCLA Center for Health Policy Research
- Centers for Disease Control & Prevention
- United States Census Bureau

Finally, we would like to acknowledge that this report was commissioned by TCE's Learning & Evaluation Team. Many thanks to Hanh Cao Yu and Janine Sanders for their continued guidance and support.



### *Caveats & Disclaimers for TCE Funding*

The Building Healthy Communities (BHC) Initiative involved the work of multiple partners, local leaders, and community residents. The power building efforts and outcomes discussed in this report are the result of their work, combined with the work of others in the BHC communities and across California.

TCE conceived of the BHC approach and provided funding to support grantee partners in some of their activities, engaged other funders to support the initiative, and encouraged collaboration and action among local stakeholders using the BHC brand, though not necessarily with TCE funds, to advance health-promoting policies in the BHC sites. Participating stakeholders used non-TCE funds for lobbying and any other activities that could not be conducted with TCE funds.

# Pathways to Power: The Impact of Building Healthy Communities

## EXECUTIVE SUMMARY

### Linking Community Power & Health Equity in BHC

Building Healthy Communities (BHC) was a 10-year comprehensive community initiative launched by The California Endowment (TCE) and designed to improve health in 14 California communities. BHC was a massive and complex initiative, consisting of over 10,000 distinct grants or investments, hundreds of diverse community partners, and approximately \$1.8 billion in funding. BHC represents one of the largest place-based health initiatives ever undertaken and offers an invaluable learning platform to help build evidence around best strategies for addressing health and health equity.

Early in the initiative, BHC partners highlighted the key role of community power in efforts to improve health equity. This recognition meant shifting from *setting priorities* to *supporting communities in achieving their priorities*; ultimately, BHC embraced a theory of change that **investing in community capacity builds power, which in turn changes policies and systems to create healthy environments.**

### Measuring the Impact of BHC's Power Building

Multiple evaluation reports have supported BHC's focus on community power, examining different dimensions of the work through a wide array of methods and approaches. Building on this strong foundation of evidence, CORE's *BHC Impact Studies* represent the **first effort to systematically connect data on BHC's specific power building investments to data and indicators that measure aspects of community power.** Findings from these studies may have important implications for TCE's strategic direction – driving future investment priorities and informing strategies to monitor, evaluate, and optimize the impact of those investments.

Each of the BHC impact studies addresses a key question about how BHC's power building investments contributed to community outcomes in one of the four major campaigns:

IMPACT STUDY	KEY QUESTION	KEY OUTCOMES
 <b>VOICE, POWER, AND VOTING</b> <i>Building Voice &amp; Power</i>	<i>Did BHC investments in community power building result in measurable increases in civic engagement by community members?</i>	<ul style="list-style-type: none"> <li>• Voter Turnout</li> </ul>
 <b>AGENCY AND BELONGING IN SCHOOLS</b> <i>Health Happens in Schools</i>	<i>Did BHC investments in school-based initiatives and activities help impact measures of agency and belonging in BHC schools?</i>	<ul style="list-style-type: none"> <li>• School Connectedness</li> <li>• Meaningful Participation in School</li> <li>• Caring Adult Relationships</li> </ul>
 <b>HOUSING AND TRANSPORTATION</b> <i>Health Happens in Neighborhoods</i>	<i>Did BHC investments in housing, land use, and related domains help lead to gains in key health-enhancing neighborhood attributes?</i>	<ul style="list-style-type: none"> <li>• Housing Burden</li> <li>• Household Overcrowding</li> <li>• Distance Traveled to Work</li> </ul>
 <b>HEALTHCARE ACCESS</b> <i>Health Happens with Prevention</i>	<i>Did BHC investments in coverage and accessibility of preventive care help drive improvements in key health outcomes?</i>	<ul style="list-style-type: none"> <li>• Usual provider</li> <li>• Delayed care due to cost</li> <li>• Self-reported health</li> </ul>

## Key Quantitative Findings

In each of the four impact studies, we found at least some evidence that BHC investments in that area helped drive improvements in the key outcomes or indicators for which data were available.

---



### Pathway 1: Voice, Power, and Voting

- Investments were **significantly and positively associated with voter turnout**, even after adjusting for demographic and socioeconomic characteristics of geographies across the state.
  - The effect of investments differed across elections in the BHC period; for example, impact was **larger in primary elections** compared to general.
  - Many **other types of civic engagement and exercised community power** were described in BHC documents and policy and systems changes; while turnout is a measurable indicator, it does not capture all facets of this type of work and is just one dimension of civic engagement and participation.
- 

- At schools serving low-income families, we observed a **positive relationship between investments and the two outcomes conceptualized as “belonging” in schools: caring adult relationship and school connectedness**, but we did not see evidence of clear impact on “agency.”
- It is important to note that **investments were mostly made to organizations that work with districts rather than directly to schools**. Reliance on secondary data sources leaves us with outcome measures that may be imperfect fits for fully capturing the impact of BHC’s work in schools.



### Pathway 2: Agency and Belonging in Schools



### Pathway 3: Housing and Transportation

- **Investments were associated with improvements in household overcrowding**; this effect was even stronger in census tracts with a high proportion of immigrants.
  - Qualitative analysis suggested that many successful BHC activities related to affordable housing and displacement were targeted at **preventing specific community-level changes that might exacerbate the existing problem**.
  - No impact of investments was observed on housing cost burden or severe housing cost burden, suggesting that the larger structural factors driving the housing crisis will require continued partnership to address.
- 

- Previous analyses of BHC efforts have looked primarily at coverage; this analysis goes a step further to look at other dimensions of access, like having a usual provider and not delaying care due to cost, and at a measure of general health.
- **Investments were associated with fewer people delaying care due to cost and improvements in self-reported health**.



### Pathway 4: Healthcare Access

## What Did Investments Look Like?

Because power and power-building looked different across the 14 BHC communities, we used investments data alongside BHC documents and reports of policy and systems changes to understand what investments actually looked like – the types of activities and strategies supported – with the goal of providing a fuller picture of BHC efforts and contextualizing quantitative findings. These activities and strategies included:

### VOICE, POWER, & VOTING

- ❖ **Setting agendas:** Promoting resident leadership through institutes, training, and retreats, supporting community advisory processes and committees, youth councils.
- ❖ **Shifting public discourse:** Community-building events, forums, resource fairs.
- ❖ **Influencing decision-makers:** Communicating with elected officials, presenting at council meetings, storytelling.

### HOUSING & TRANSPORTATION

- ❖ **Affordable housing:** Housing elements in general plans, transit-oriented development, affordable housing and mixed-income housing units.
- ❖ **Substandard conditions:** Water quality and filtration, housing codes, overcrowding.
- ❖ **Narrative change:** Communicating with elected officials, presenting at council meetings, storytelling.

### AGENCY & BELONGING IN SCHOOLS

- ❖ **Disciplinary reform:** Restorative justice, zero-tolerance alternatives, addressing the school-to-prison pipeline.
- ❖ **School climate:** Positive behavioral interventions & support, social-emotional supports, limited role of school police, anti-bullying.
- ❖ **Student & parent engagement:** Increased participation in shared decision-making, leadership training, school budget training, LCFF awareness campaigns.

### HEALTHCARE ACCESS

- ❖ **Expanded insurance:** MediCal expansion, Health Care exchange, extended coverage of preventative care services, coverage regardless of immigration.
- ❖ **Outreach & enrollment:** Community education and enrollment assistance, enrolling reentry populations, providing services for undocumented immigrants.
- ❖ **Health centers:** School-based health centers, new clinics, integrated services such as housing or job placement, medical-legal partnerships.

## For More Information

This executive summary serves as a high-level overview of CORE's findings. Please refer to the full report for more on findings in each pathway, as well as discussions of limitations and recommendations. In addition, the related Technical Appendix provides a detailed summary of data sources, analytic methods, and supplemental analyses.

## Table of Contents

Introduction .....	8
The BHC Impact Studies .....	11
Impact Study Methods.....	12
Pathway 1: Voice, Power, and Voting .....	14
Pathway 2: Agency and Belonging in Schools.....	19
Pathway 3: Housing and Transportation .....	24
Pathway 4: Healthcare Access.....	30
Conclusion.....	34
References .....	38

## Introduction

Building Healthy Communities (BHC) was a 10-year initiative launched by The California Endowment (TCE) to build community power, advance policy, change dominant cultural narratives, and transform 14 California communities with significant health equity challenges into places where all people have an opportunity to thrive. BHC's locally driven, place-based efforts were designed to integrate with its state-level policy and systems work in ways that complement and enhance one another. Through BHC, TCE has made an unprecedented investment of resources to advance health equity.



### CONNECTING COMMUNITY POWER AND HEALTH EQUITY

**Upstream of the Upstream.** Social determinants of health, or the conditions in which people live, learn, work, and play, have been widely accepted as key drivers of health inequities. More recently, however, efforts to address health disparities are focusing even further upstream, on the systemic racial, economic, and social structures and policies that are the ‘causes of the causes’ of health inequities. These drivers are sometimes referred to as “political determinants of health” and speak fundamentally to the way power is distributed and administered in society.<sup>1</sup>

**BHC – Linking Community Power & Health Equity.** BHC itself has undergone its own transformational journey: a growing recognition that the “distribution of power in a society [is] at the center of explanations of health equity and inequity,”<sup>2(p5)</sup> and a corresponding shift of resources towards building community power as a means to improve health equity. Since community power is intrinsically contextual and place-based,<sup>3-8</sup> place-centered initiatives like BHC are well-positioned to support power building, foster strong community leadership and engagement, identify shared goals, and build on complementary strengths and resources.<sup>7,8</sup> Integral to the development and evolution of BHC has been the “core belief [...] that those most impacted by health inequity should be the ones driving change.”<sup>9</sup> BHC thus represents a profound disruption in how philanthropic partners address health inequity, moving explicitly away from supporting *programs and interventions* and instead investing in the *capacity of communities* to design, advocate, and deploy policies and systems that are genuinely responsive to their own lived experiences and needs.

#### Defining Community Power

*“The ability of communities most impacted by structural inequity to develop, sustain and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions, and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity.”* <sup>10(p29)</sup>

## POWER AND THE BHC THEORY OF CHANGE

**An Evolving Lens.** The central premise of the BHC theory of change is that *investing in community capacity builds social, political, and economic power, which in turn changes policies and systems to create healthy environments.* However, power and community building were not always at the center of the theory of change. BHC’s initial focus was on supporting communities in achieving a set of defined outcomes using a more prescribed set of strategies: four big results and ten outcomes through five Drivers of Change.<sup>11</sup> Abundant feedback from BHC partners made it clear TCE needed to shift from *setting priorities to supporting communities in achieving their priorities.* With this adjustment, TCE saw community power building emerge as a main driver to advance policy and systems change.

**The Pivot to Power.** As the initiative progressed, TCE began to concentrate increasingly on grassroots organizing, base-building, and resident voice and representation as both key drivers of success and as essential *outcomes* of the initiative. This “*pivot to power*,”<sup>11</sup> represents a profound shift in the relationship between philanthropic organizations and communities. The “*pivot to power*”<sup>11</sup> was reinforced by new BHC frameworks created in the latter half of the initiative – the North Star Goals and Indicators (NSGIs) and later the Three Bold Ideas, which reflected the central role of “People Power” in achieving health equity.

**Understanding the ABCs.** As TCE looks to the future and builds upon the work of BHC, community power remains as important as ever. The BHC theory of change can perhaps be most succinctly summarized through *the ABCs – Agency, Belonging, and Change in Conditions.* The ABCs are a fundamental lesson of BHC and demonstrate how power-building expresses itself at the community level, fostering agency and belonging in service of changing community conditions. Within the ABCs, power is both a driver (a means) and an outcome (an end) in the struggle to achieve health and racial equity in California and across the nation.

### CONNECTIONS

#### What Other BHC Evaluations Have to Say

BHC was supported by a rich, diverse, & interconnected evaluation ecosystem. The effects of the *pivot to power*<sup>11</sup> are captured in several reports. Key insights include:

- The pivot was especially reflected in the growth of investments that supported *youth representation, voice, & power.*
- The percent of BHC investments awarded to BIPOC-led organizations increased over time, including over half of all Healthy Communities investments.
- BHC work at the state and local levels helped contribute to 1,715 distinct policy and systems changes. Nearly half (45%) were directly linked to at least one other, an indicator of momentum and “movement building.”

**Sources:** CORE’s Issue Brief 1: A Review of BHC Grants & Investments [Nov 2020] and Issue Brief 3: Policy, Systems, and Physical Changes [Feb 2021].



## MEASURING COMMUNITY POWER IN BHC

**A Complex Challenge with Imperfect Tools.** Measuring community power is highly complicated because of its complex and intersectional nature. Assessments that focus solely on achieving a single policy or campaign goal are too narrow, capturing specific outcomes but failing to adequately address the systematic building of collective capacity required to achieve them. Measurements of community power should address not just its outcomes, but how power is developed, operationalized, and systematized, as well as the impacts these processes ultimately produce at different levels.<sup>2</sup>

**Multiple Measurement Approaches.** BHC’s focus on community power was supported by multiple evaluation reports examining different dimensions of the initiative, including analyses of data from the California Health Interview Survey (CHIS), analyses of WestEd’s student, staff, and parent surveys, and a number of qualitative reports and case studies providing reflections and reviews of the entire initiative, as well as outlining



### CONNECTIONS

#### *What Other BHC Evaluations Have to Say*

BHC’s rich, diverse, & interconnected evaluation ecosystem led to valuable insight into how community power was prioritized, built, and exercised during the initiative. Key examples include:

- Coffman et al. used a case study approach to explore the cyclical nature of power building – distinguishing between advocacy that prioritizes accomplishing a specific change and advocacy that prioritizes power building itself.<sup>17</sup>
- USC ERI’s “There’s Something Happening Here” report highlighted BHC’s approach to place as an outcome – improved conditions in the community – and as a strategy for building capacity, relating to the central BHC idea of community power as both a means for change and an outcome itself.<sup>14</sup>
- Barsoum & Farrow examined power on the organizational level by describing the structure of the power building ecosystem that centers community and grassroots organizing and forms an infrastructure to facilitate information sharing, collaboration, and joint action.<sup>19</sup>

local or statewide accomplishments.<sup>12–16</sup> Reports have also addressed BHC’s power building and racial equity efforts,<sup>11,17,18</sup> and begun to map and assess capacity within the power building organizational ecosystem BHC has helped to support.<sup>19–21</sup> Taken as a whole, these evaluations and reports provide valuable insight into how community power was prioritized, built, and exercised during the BHC initiative (see examples in the sidebar).

**Measuring the Impact of Power Building.** Building on this strong foundation of evidence, CORE’s *BHC Impact Studies* – summarized in this report and the related Technical Appendix – represent the first effort to systematically connect data on BHC’s specific power building investments to data and indicators that measure aspects of community power. Taken together, the *BHC Impact Studies* are designed to empirically test the theory of change, exploring the extent to which BHC helped build people power and ultimately led to improvements in community health and wellness. While BHC may be winding down, findings from these studies may have important implications for TCE’s strategic direction – driving future investment priorities and informing strategies to monitor, evaluate, and optimize the impact of those investments.

## The BHC Impact Studies

**Overview of the Studies – Testing the Effect Pathways.** The BHC Impact studies occupy a unique place in the BHC evaluation ecosystem: they are designed to quantitatively assess the effects of BHC’s core power building investments on a variety of outcomes of interest. Because the initiative was well underway before the studies commenced, the CORE team primarily relied on mapping secondary data sources – like existing survey or administrative datasets – to the BHC theory of change. We initially identified 40 potential data sources and several hundred measures across numerous domains relevant to BHC, then relied on partner feedback and the literature to narrow that list to those most salient to BHC’s key campaigns. Our intent was to test four “pathways” through which BHC may have helped drive change in partnering communities, and to begin building a portfolio of evidence on power building and its impact across social, political, and economic domains.

**The Studies.** Each of the BHC impact studies addresses a key question about how BHC’s power building investments contributed to community outcomes in one of the four major campaigns. Taken together, the studies being to tell the story of BHC’s key campaigns and their impact.

IMPACT STUDY	KEY QUESTION	KEY OUTCOMES
 <p><b>VOICE, POWER, AND VOTING</b></p> <p><i>Building Voice &amp; Power</i></p>	<p><i>Did BHC investments in community power building result in measurable increases in civic engagement by community members?</i></p>	<ul style="list-style-type: none"> <li>• Voter Turnout</li> </ul>
 <p><b>AGENCY AND BELONGING IN SCHOOLS</b></p> <p><i>Health Happens in Schools</i></p>	<p><i>Did BHC investments in school-based initiatives and activities help impact measures of agency and belonging in BHC schools?</i></p>	<ul style="list-style-type: none"> <li>• School Connectedness</li> <li>• Meaningful Participation in School</li> <li>• Caring Adult Relationships</li> </ul>
 <p><b>HOUSING AND TRANSPORTATION</b></p> <p><i>Health Happens in Neighborhoods</i></p>	<p><i>Did BHC investments in housing, land use, and related domains help lead to gains in key health-enhancing neighborhood attributes?</i></p>	<ul style="list-style-type: none"> <li>• Housing Burden</li> <li>• Household Overcrowding</li> <li>• Distance Traveled to Work</li> </ul>
 <p><b>HEALTHCARE ACCESS</b></p> <p><i>Health Happens with Prevention</i></p>	<p><i>Did BHC investments in coverage and accessibility of preventive care help drive improvements in key health outcomes?</i></p>	<ul style="list-style-type: none"> <li>• Usual provider</li> <li>• Delayed care due to cost</li> <li>• Self-reported health</li> </ul>

**What We Can and Can’t Know Yet.** These impact studies are not the sum total of BHC; the initiative encompassed thousands of individual grants and investments, each with its own successes, challenges, and lessons learned. The outcome measures available to us for analysis are drawn from secondary data sources that were not designed to assess BHC impacts, and often fit imperfectly with the true intent of BHC investments or the scope of BHC geographies and activities. Even when the measures are better fits, they are not always available at the right time periods or level of granularity to capture the nuances of the initiative’s true impact on members of BHC communities. And the true work of BHC is generational – investing in power and changing systems over decades of sustained effort. Thus, these impact studies are perhaps best seen as early directional evidence of what can help TCE refine its approach and take the key lessons of BHC forward into the next phase of its work.

## Impact Study Methods

**An Integrated, Mixed Methods Approach.** Power building efforts across the 14 BHC communities were as diverse and distinct as the communities themselves, and TCE worked hard to be responsive to local energy rather than directive. As a result, evaluating the impact of power building in BHC necessitated an integrated, mixed methods approach, combining qualitative document coding of thousands of narrative grant descriptions with quantitative analysis of survey and administrative databases containing important indicators of community power and its potential impacts. Sources included in this analysis:

---

<b>TCE GRANTS MANAGEMENT SYSTEM (GMS)</b>	GMS holds information from all grants distributed over the course of BHC. Descriptions were coded to capture the what, where, when, who, and how much of BHC investments.
<b>BHC DOCUMENTS</b>	CORE received and coded approximately 1,500 documents, including case studies, reports, memos, and other materials, to summarize the key activities BHC supported.
<b>POLICY, SYSTEMS, AND PHYSICAL (PSP) CHANGES</b>	Starting in 2015, TCE collected descriptions of policy & systems changes at the state and site level. Data were coded to identify and analyze policy and systems impacts.
<b>CALIFORNIA OFFICIAL REDISTRICTING DATABASE</b>	California’s statewide redistricting database merges voter registration and election data to census data and includes information on all statewide elections going back to 1994.
<b>AMERICAN COMMUNITY SURVEY (ACS)</b>	ACS data at the census tract level were used regarding housing, employment, language, race/ethnicity, and other information necessary to compare geographies to each other.
<b>CALIFORNIA HEALTHY KIDS SURVEY (CHKS)</b>	CHKS is a statewide survey assessing school connectedness, climate and safety, and other key outcomes, and was analyzed to assess BHC impacts on school outcomes.
<b>BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)</b>	The CDC’s BRFSS is a survey of U.S. residents regarding health-related behaviors and conditions. BRFSS data was used to assess potential health impacts at the county level.

---

**CORE’s Universal Coding Framework.** To help connect these disparate data sources, CORE developed and applied a *universal coding framework*. The coding framework allowed pieces of information to be connected to one another through common coding; for example, a narrative grant description could be coded to determine what activities it supported, what outcomes domain it was intended to impact, when it started, and which geographies it impacted; these coding tags could allow that narrative data to be connected to discrete and relevant outcomes data collected from surveys that were fielded in the relevant place and time period. For more information on the universal coding framework and how it was applied to create a connective structure between data on BHC activities and investments (which were mostly narrative) and data on BHC outcomes (which were mostly discrete data drawn from surveys and other datasets), please see the Technical Appendix.

**Analytic Approach.** Each impact study “pathway” examines the relationship between a set of relevant investments and the key measures identified as the best available outcomes indicators for that campaign. In each case, we compare data over time between BHC communities and non-BHC communities, using statistical techniques to adjust for differences at baseline between those communities. Since BHC communities varied in terms of their local priorities and efforts, we also examine variation *within* BHC communities to provide the richest possible picture of impact. For more information about the statistical methods used in this report, please see the Technical Appendix.

## **LIMITATIONS**

**Reliance on Secondary Data.** CORE acknowledges that there are inherent limitations in our quantitative and qualitative analyses. As external evaluators, we relied on secondary data, documents, and literature reviews that cannot possibly capture the richness and complexity of the communities participating in the BHC initiative.

**Proxies for Power.** A challenge inherent to measuring the impact of power building is that the evidence of power in communities, particularly when tied to systemic change, can take years to materialize as observable changes. Given this reality, we identified several different pathways, outcomes, and data sources which provide information at different points of time across the initiative by acting as proxies for the rich and complex work taking place across the initiative. While this provides valuable information, it should be noted that these analyses are an incomplete snapshot of impact and should be interpreted alongside other evaluations of the initiative as a whole.

**Association Rather than Causation.** In addition, our analyses focus on an aggregated assessment of total investments within each pathway and do not explore which specific activities or tactics might be the most important drivers of overall impact, or how various pathways may build on each other. These analyses do not include data on investments made by other organizations, both within and outside BHC sites during this same time period, though we acknowledge that the outcomes are undoubtedly impacted by these external factors. Finally, the complexity of statewide and local efforts coupled with funding leveraged from multiple sources, including those outside of BHC, make it impossible to determine a direct causal relationship; results of this analysis should be interpreted only as measures of association.

Additional limitations specific to various data sources are discussed in the Technical Appendix.



## Pathway 1: Voice, Power, and Voting

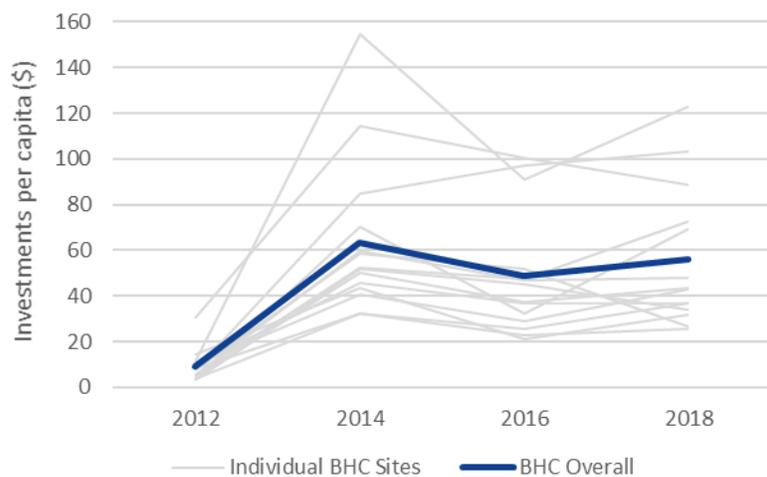
In the first pathway, we explored the relationship between investments in community organizing and power building and a key indicator of civic engagement: rates of voter turnout. We compared results over time in BHC communities to non-BHC communities, and also examined the variation in results between BHC communities based on when and how they invested in resident organizing and base building. Using this approach, we were also able to estimate the average “yield” of investments in power building in terms of percentage increases in voter turnout.

Key Outcome	Primary Independent Variable	Covariates
<b>Voter Turnout</b> , tracked by election type (primary or general) across eight elections during the BHC period.	Total amount invested in <b>resident organizing, voting rights &amp; voting engagement, increasing community voice, and representation in positions of power</b> during the two years leading up to each election.	<ul style="list-style-type: none"> <li>• Percent Unemployment</li> <li>• Percent Homeownership</li> <li>• Percent BIPOC</li> <li>• Percent Limited English</li> </ul>

Note: For additional information on variables and analytic methods, see the Technical Appendix

**Summary of Investments.** Overall, \$229,818,540 was invested in voice, power, and community engagement and participation during the BHC period, an average of \$44 per capita in the BHC communities. BHC ramped up rapidly in this area – investments per capita in these subdomains grew between 2012 and 2014, then appeared to remain largely stable after 2014 (Exhibit 1.1). There was considerable variation across the initiative in terms of how much different sites focused

Exhibit 1.1. Investments in Voice, Power, and Community Engagement and Participation



on this domain, and this variation is a rich source of information that can help us assess the impact of BHC investments on the key outcome of voter participation.

**Broad Reaching Strategies.** BHC investments in the community power domain were designed to support a broad range of efforts. Some BHC efforts supported voter education and integrated voter engagement work, but a careful review of coded grant descriptions, policy and systems changes in BHC communities, and BHC documents showed that a large portion of community power-related BHC activities actually fit into one or more of three broad categories often used to describe the dimensions of community power<sup>22</sup>:

- (1) **setting agendas**, or efforts to promote leadership among residents and youth, including representation on boards and committees, and to support community advisory processes and youth councils;
- (2) **shifting public discourse**, or grants that supported community-building events and education, forums, and resource fairs; and
- (3) **influencing decision-makers**, or support for communication with elected officials, presentations at council meetings, and community storytelling.

Overall, the review highlighted that BHC investments and activities were part of much broader strategies to foster community engagement and community power, with voter participation as just one aspect of increased community capacity. For more detailed exploration of the types of grants in each category described here, see the Technical Appendix.

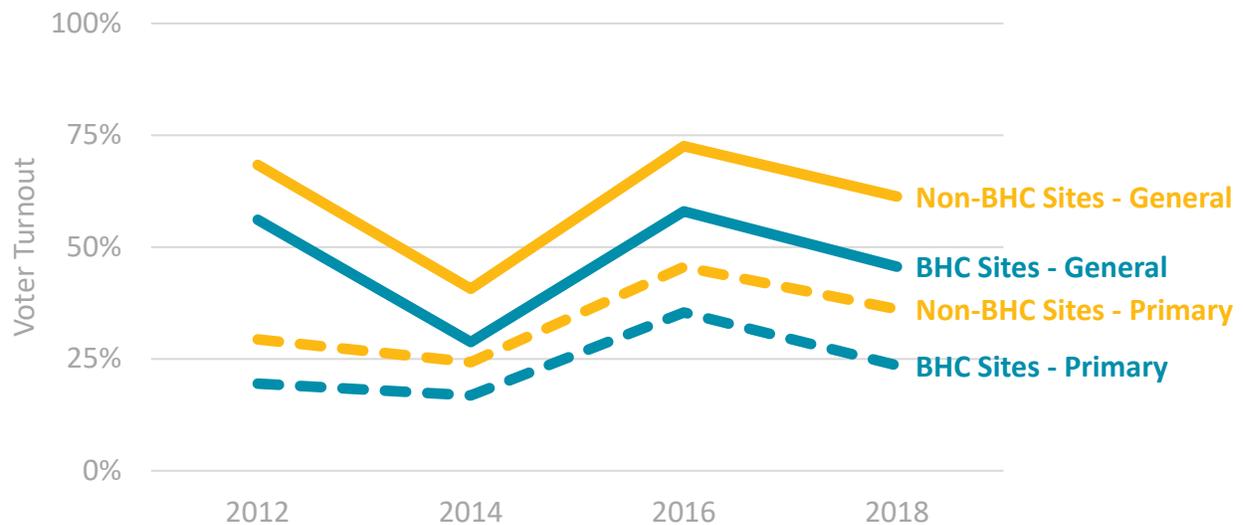
**What did investment in community power look like?**

Setting Agendas:	Shifting Public Discourse:	Influencing Decision-Makers:
<p>Promoting resident leadership through institutes, training and retreats, supporting community advisory processes and committees, youth councils.</p> <p><b>Grant example:</b> To send a team of emerging Latino leaders to a leadership institute to increase their capacity to build partnerships that advance, health, safety, and environmental justice in Monterey County.</p>	<p>Community-building events, forums, resource fairs.</p> <p><b>Grant example:</b> For sponsorship of an event that will provide candidates for the California State Superintendent’s race a fair and balanced opportunity to discuss their position on the challenges facing the California public education system and student health outcomes.</p>	<p>Communicating with elected officials, presenting at council meetings, storytelling.</p> <p><b>Grant example:</b> To support the participation of youth leaders from California in a national cultural arts exhibit that highlights their stories in using the arts as a tool for healthy development and advancing positive social change.</p>

**Limits of Measurement.** It is clear that BHC investments included support for broad-reaching strategies designed to foster community engagement and community power in many ways other than voting. Unfortunately, few secondary data sources were available to capture a more nuanced set of indicators of community power building and civic engagement. Although voter participation is only one dimension of civic engagement, it remains an important indicator that can at least tell us whether BHC investments in power building helped move the needle on a tangible and widely used measure of engagement.

**Patterns of Voter Turnout in BHC vs Non-BHC Communities.** Voter turnout rates in BHC and non-BHC sites followed expected patterns, with turnout tending to be higher in general elections compared to primaries, and higher in presidential election years compared to midterm election years. BHC site turnout was consistently lower than that of non-BHC sites (Exhibit 1.2); a fact that is not terribly surprising given that BHC sites were selected because they faced significant social and health inequities which often create structural barriers and challenges related to voting.

Exhibit 1.2. General and Primary Election Voter Turnout in BHC and non-BHC Sites



**KEY FINDING: Per capita investments were significantly associated with higher voter turnout.** We used a multivariate hierarchical linear model to estimate the impact of BHC investments on voter turnout while adjusting for the effect of community-level covariates like racial/ethnic composition and other socioeconomic indicators. We found evidence of a positive and statistically significant association between BHC investments in community power building and voter turnout (Exhibit 1.2), even after adjusting for differences within and between BHC and non-BHC communities (see the Technical Appendix for more detailed results).

**Magnitude of Impact.** We also found evidence that the effect of investments differed across elections in the BHC period (Exhibit 1.3). An increase of \$50 in per capita investments in the community power domain (which included supporting any of the activity areas described previously) was associated with differing levels of increase in voter participation in the next election:

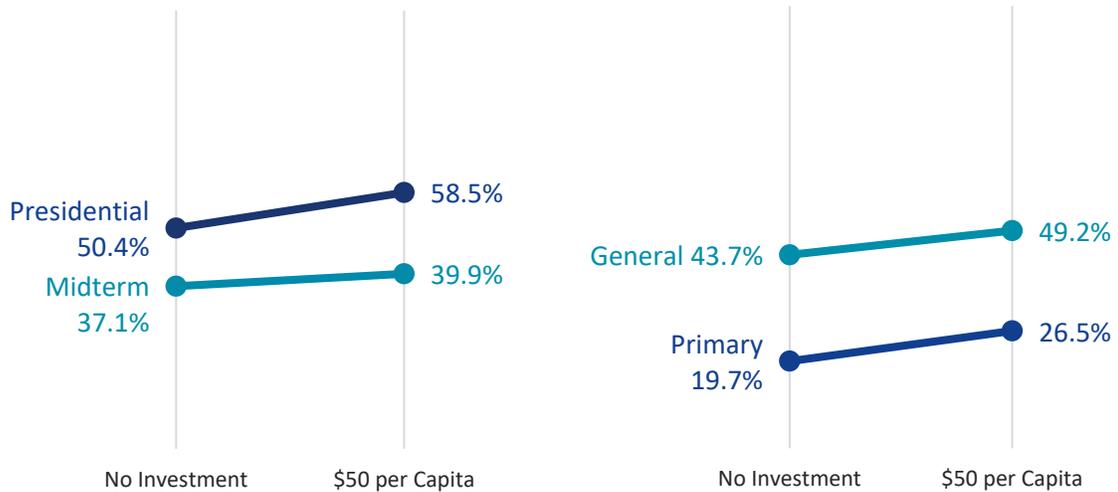
- ❖ In midterm elections, \$50 additional per capita was associated with a 2.8 percentage point increase in turnout, or an average of 951 more voters, compared to an 8.1 percentage point increase in presidential elections (average of 2,898 more voters).
- ❖ In primary elections, \$50 additional per capita was associated with a 6.8 percentage point increase in turnout, or an average of 2,390 more voters, compared to a 5.5 percentage point increase in general elections (average of 2,002 more voters).

#### Why might specific elections matter?

Some BHC-supported work was focused on specific elections or ballot measures, which may have affected turnout in those years. For example, youth and community organizing groups campaigned for **Prop 30** in 2012 regarding funding for schools. Similarly, **Prop 47** for justice reform and reinvestment seemed to be of particular interest to many of BHC partners, although TCE grants specific to this ballot measure usually supported the implementation of the measure.

Note: Participating stakeholders used non-TCE funds for lobbying and any other activities that could not be conducted with TCE funds.

Exhibit 1.3. Impact of Investments on Voter Turnout by Type of Election



Note: Across all 14 sites and eight elections encompassed within the BHC period, an average of approximately \$44 per capita was invested in relevant topic domains. Accordingly, \$50 per capita was used in the above figures to demonstrate average impact.

### LOOKING BEYOND VOTER TURNOUT

**A Broader Lens.** Although the purpose of this quantitative analysis was to measure an effect on voter turnout, BHC-funded activities were designed to achieve community power and civic engagement outcomes far beyond voting. The policy and systems change data, for example, qualitatively showcase a wide array of resident engagement accomplishments supported by BHC partners, and content analysis of BHC documents indicates that the majority of the work done to support community power during the BHC initiative was focused on activities that fostered resident engagement and leadership rather than specifically supporting voter turnout efforts, although voter education, signature collection, canvassing, and integrated voter engagement (IVE) work were also described in the reports. In fact, IVE is about much more than voting – its very goal is to connect with community members between, as well as during, election years through education, outreach, and mobilization, prioritizing movement building through grassroots organizing and campaigns over transactional “wins,” and with elections being just one “milestone” along the way.<sup>23</sup>

**A Focus on Youth.** Many BHC-funded activities focused specifically on increasing youth power and voice in order to engage and transform the electorate. This work included introducing youth to civic engagement, leadership skills, and advocacy as building blocks of organizing.<sup>23</sup> For example:

- Youth established the West Contra Costa Unified School board candidate forum.
- The Youth Organizing Project developed leadership and advocacy skills that led to marches, community forums, canvassing.
- Youth advocates provided testimonies to local elected officials about the importance of recreation and parks for healthy development to successfully fund a neighborhood skatepark.

- The Khmer Girls in Action conducted youth-led surveys on constituent needs and interest and used data to engage with city council members and increase youth power and voice.

**A Focus on BIPOC Populations.** BHC’s IVE efforts have focused on Black, Hispanic or Latina/o/x, and Asian Pacific Islander populations because of racial and ethnic disparities in voter turnout. Supporting these communities is critical for activating voters who are traditionally overlooked in campaigns, and transforming the demographics of who votes is critical to ensuring that voices and concerns are heard.<sup>23</sup> For example:

- Million Voters Project alliance of alliances increased voter outreach to specific constituencies, including people of color.
- Sons & Brothers promoted civic engagement and community organizing in boys and men of color through leadership training, storytelling, policy advocacy training.
- Community-driven district mapping in BHC sites increased representation for communities of color.

**Pathway 1 in Summary.** Overall, we found that BHC investments in community power building were associated with tangible increases in at least one indicator of civic engagement: voter turnout. It is important to note, however, that voter turnout is just one dimension of civic engagement and participation. BHC efforts were aimed at a more comprehensive, ecosystem-focused engagement strategy that sought to help build and support enduring community organizing capacity over single-issue or election advocacy or turnout. Despite that key limitation, findings from the analyses in this pathway do provide evidence that funding community engagement and organizing efforts to support community power and base building can help ‘move the needle’ on at least one key indicator of civic engagement – an important step in testing the overarching theory of change around which BHC was organized.

## CONNECTIONS

### *What Other BHC Evaluations Have to Say*

USC ERI’s comprehensive IVE report highlights specific lessons learned from civic engagement and resident organizing efforts during the BHC decade: why IVE is a critical a power-building strategy, what can be accomplished by groups that employ IVE as part of their movement building, and how these groups implement IVE.<sup>23</sup> While the authors underscore the importance of voter turnout in terms of power-building, they also discuss other types of civic and voter engagement that are key to building power among communities. Ultimately, voter turnout in addition to organizing, transforming who votes, fostering civic participation among excluded populations, and engagement with voters year-round all have an impact upon how power is built within communities.

*For more on BHC’s IVE work, including its work with youth and BIPOC populations, visit the [report](#) prepared by USC Dornsife’s Equity Research Institute (formerly PERE).<sup>23</sup>*



## Pathway 2: Agency and Belonging in Schools

In the second pathway, we explored the relationships between investments in school-related issues, such as those made to support fair discipline and address school climate, and indicators of agency and belonging in BHC schools. We compared results over time in BHC community schools to non-BHC community schools and examined variations within BHC communities as well to better understand the types of work supported and their ultimate impact on student outcomes.

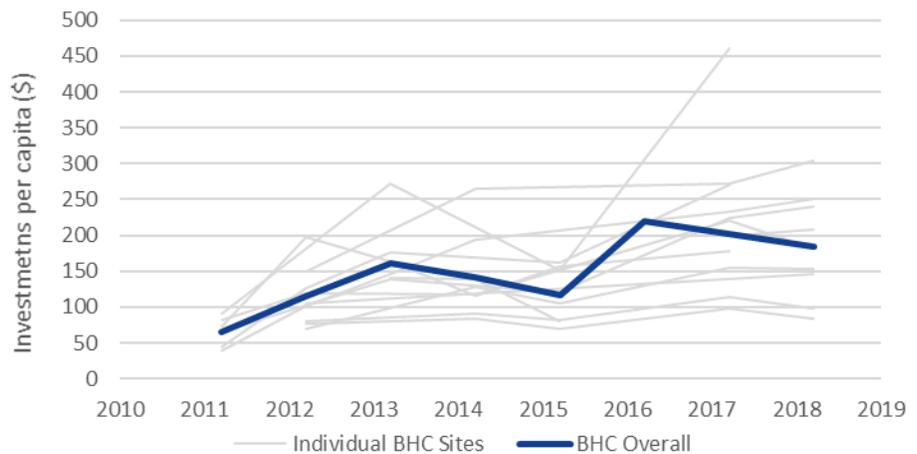
Key Outcomes	Primary Independent Variable	Covariates
<ul style="list-style-type: none"> <li>• <b>Caring adult relationships in school</b></li> <li>• <b>Meaningful participation in school</b></li> <li>• <b>School connectedness</b></li> </ul> <p>Each scale was dichotomized into “high” and “low” scores.</p>	<p><b>Total amount invested in addressing absenteeism, achievement in schools, school climate, safety, &amp; connectedness, and fair discipline</b> during the two academic years prior to the year in which the outcome was measured.</p>	<ul style="list-style-type: none"> <li>• Free/Reduced Price Meal Eligibility</li> <li>• School Type</li> <li>• School Size</li> <li>• Race/Ethnicity</li> <li>• Sex</li> </ul>

Note: For additional information on variables and analytic methods, see the Technical Appendix

### Summary of Investments.

Overall, \$785,356,532 was invested in school climate and student achievement-related subdomains during the BHC period, an average of \$44 per capita in the BHC communities. There was a general upward trend in investments per capita in these subdomains between 2011 and 2018; for the overall initiative, investment per capita peaked between 2016 and 2017 (Exhibit 2.1).

Exhibit 2.1. Investments in School-related Issues Over Time



**Broad Reaching Strategies.** BHC investments in schools were designed to support a broad range of efforts. A review of coded grant descriptions, policy and systems changes, and BHC documents indicated that many of the BHC-supported efforts in schools focused on reforming harsh school discipline, including suspension and expulsion practices that are part of the school-to-prison pipeline. Much of this reform was driven by students, with BHC grants supporting youth in these efforts. BHC activities also focused on implementing restorative justice practices and increasing positive school climates. While the work was varied, efforts often fell into three broad categories:

- (1) **disciplinary reform**, or efforts to introduce restorative justice practices and other zero-tolerance alternatives to harsh school discipline;
- (2) **school climate**, or grants promoting positive school environments by providing social-emotional supports for students, supporting youth-led anti-bullying programs, and redefining the role of school police or using trauma-informed practices; and
- (3) **student and parent engagement**, or efforts to increase youth capacity to organize and advocate for changes in schools, strengthen relationships among parents, youth, and educators, and develop processes for community input into school district local control accountability plans.

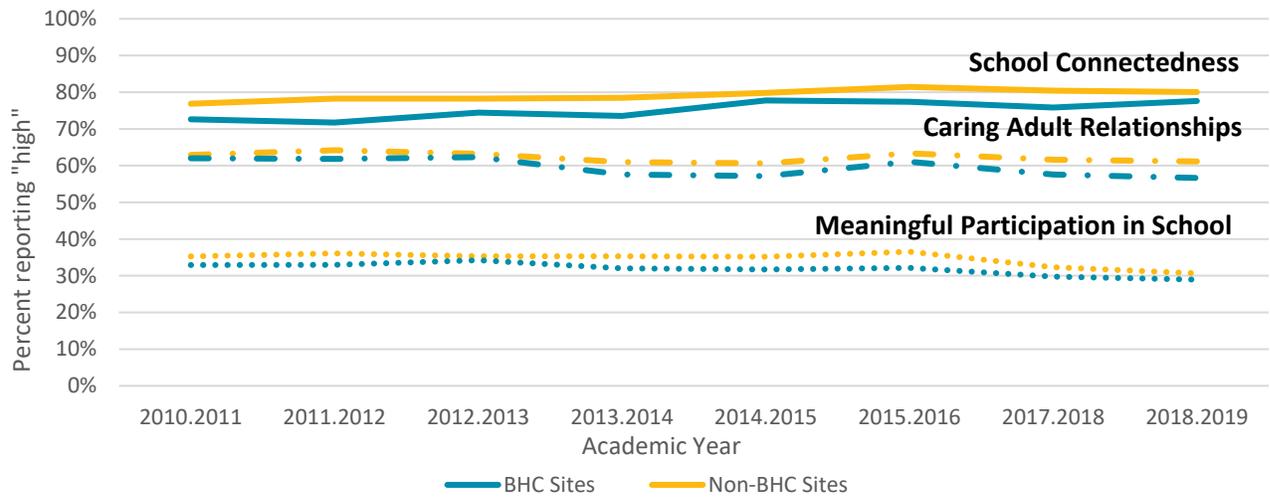
Overall, the review highlighted that BHC investments and activities were part of a broad strategy to foster agency and belonging in school, focusing on improvements to school climate as just one step in the process towards improved student outcomes. For more detailed exploration of the types of grants in each category described here, see the Technical Appendix.

### What did investment in school climate and student success look like?

<p><b>Disciplinary Reform:</b> Restorative justice, zero-tolerance alternatives, addressing school-to-prison pipeline.</p> <p><b>Grant example:</b> To provide training and technical assistance for restorative justice and diversion programs in Richmond, Santa Ana, City Heights, and Long Beach in order to improve community health and safety.</p>	<p><b>School Climate:</b> Positive behavioral interventions &amp; support, social-emotional supports, limited role of school police, anti-bullying.</p> <p><b>Grant example:</b> To provide healthy, safe school counseling that includes bullying prevention programs, and drug and alcohol abuse prevention programs for children in the Palos Verdes School District.</p>	<p><b>Student &amp; Parent Engagement:</b> Increased participation and shared decision-making, leadership training, school budget training, LCFF awareness campaigns.</p> <p><b>Grant example:</b> To build the capacity of BHC partners in South Kern County to engage in school budget advocacy as a means of supporting parent involvement and increasing public investment in the health and well-being of students.</p>
---	--	--

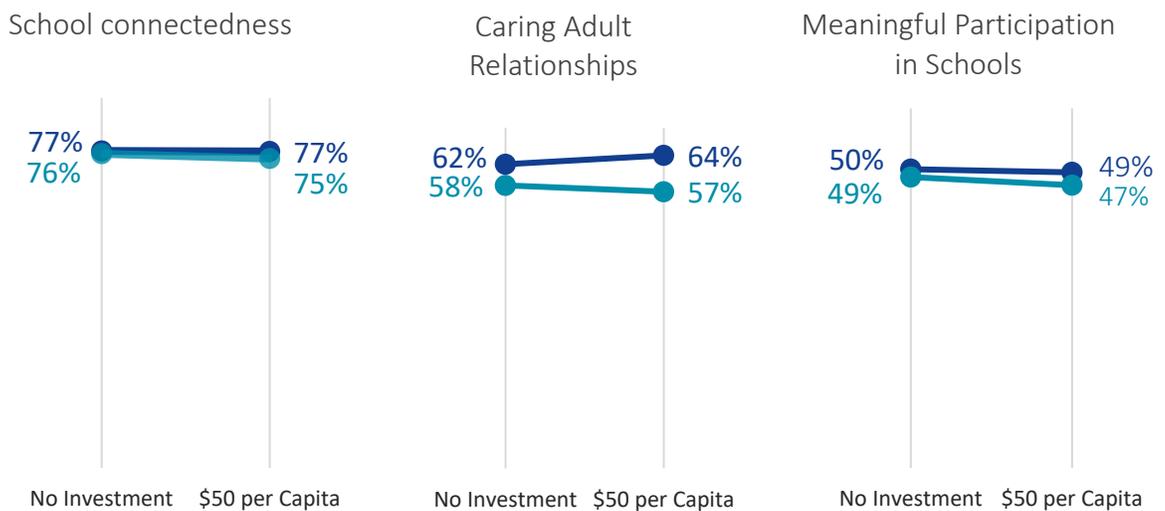
**Patterns of Student Outcomes in BHC vs. Non-BHC Schools.** In general, the percent of students reporting a “high” level of caring adult relationships, meaningful participation in schools, and school connectedness was slightly lower in BHC community schools (Exhibit 2.2). Of the three outcomes, meaningful participation in schools had the lowest percent of students reporting a “high” level; on the other hand, about three-quarters of students in BHC community schools reported “high” school connectedness. Looking at these outcomes over time, school connectedness appears to have trended slightly upward during the BHC period, while the other two outcomes seem to have trended slightly downwards.

Exhibit 2.2. Student Outcomes Over Time in Schools in BHC and non-BHC Sites



**Key Finding: In some schools, per capita investments were significantly associated with higher caring adult relationships and school connectedness.** We used a series of multivariate, hierarchical models to estimate the impact of BHC investments on each of the three student outcomes. We used interaction terms to explore whether the impact of investments differed in lower- and higher-income schools – and it did (Exhibit 2.3). In lower-income schools, defined as those where over 80% of students qualified for free or reduced-price meals, investments were associated with a higher probability of students reporting a “high” level of caring adult relationships, and a slightly higher probability of students reporting a “high” level of school connectedness. This impact was either negative or non-significant for higher-income schools. On the other hand, regardless of school socioeconomic status, we found that investments were associated with a lower probability of students reporting meaningful participation in school.

Exhibit 2.3. Impact of Investments on School Outcomes by School-level Socioeconomic Status



● High Eligibility for Free/Reduced Price Meals

● Low Eligibility for Free/Reduced Price Meals

## DISCUSSION & CONSIDERATIONS FOR FUTURE RESEARCH

**Evidence of Fostering Belonging in BHC Community Schools.** Overall, there is some evidence of a small level of positive impact of school-related investments on student outcomes in BHC community schools, specifically related to caring adult relationships and school connectedness which we conceptualized as possible proxies for feelings of “belonging” in school. The negative finding related to our proxy for “agency” – meaningful participation in school – was not surprising given that student agency in schools is more closely tied to pedagogy than to school climate, and frequently operates at the classroom-level rather than school-level, resulting in varying experiences across students in different classes.

**Targeting Investments Strategically.** Impact of investments seemed to be strongest in schools where a large majority of students are low-income (as measured by their eligibility for free or reduced-price meals), and in schools that are fairly diverse (results shown in Technical Appendix). This is important given BHC’s focus on communities facing significant social and health inequities. These findings suggests that additional investigation is needed to understand why investments are more impactful in some schools, and how the racial/ethnic composition and socioeconomic characteristics of schools contribute to the distribution of power and the ability to build and exercise power, as well as experience agency and belonging.

**Limits of Measurement.** CORE’s qualitative analysis of grants, documents, and policy and systems changes highlighted that a large portion of BHC investments supported efforts related to disciplinary reform. While data limitations precluded the inclusion of disciplinary outcomes in CORE’s quantitative impact analysis, other BHC evaluators have documented the effects of this work, including the WestEd reports described in the sidebar. In particular, the California School Discipline Study, which used a qualitative comparative case study method to examine the impact of TCE’s BHC grantmaking strategies upon disciplinary reform outcomes, found mixed results regarding school disciplinary reform across the state.<sup>26</sup> In addition to case studies, Koon et al. explored data from CHKS and found that when examining key school climate indicators, such as meaningful participation in school, there was a decline in students reporting favorable feelings even as other related outcomes, such as feelings of school connectedness and the presence of caring relationships, remained stable or improved.<sup>26</sup> The mixed findings from that report align with much of what was found in the

### CONNECTIONS

#### *What Other BHC Evaluations Have to Say*

Beyond CORE’s analyses, additional research has made comparisons between schools located within BHC community boundaries and matched comparison schools outside of BHC with regard to key school and health outcomes.

In 2018, WestEd conducted two separate evaluations using CHKS, the same survey used in CORE’s impact analysis, and identified key outcomes related to school climate, school wellness, comprehensive supports, and school discipline.<sup>24,25</sup> The first of WestEd’s two reports, which focused on youth health and wellness, utilized 12 key outcomes from the CHKS that aligned closely with TCE’s North Star Goals and Indicators.<sup>24</sup> CORE’s three key outcomes selected for analysis in this pathway were identified in part through our review of WestEd’s analyses.

WestEd’s analyses just after the midpoint of BHC had similar findings to CORE’s impact analysis in that BHC students reported more favorable outcomes regarding caring adult relationships.<sup>24</sup>

*For more on the additional nine school-related BHC indicators examined by WestEd in 2018, please view their report.<sup>24</sup>*

current analysis and highlight the complicated nature of school disciplinary reform and investments made to support this work. In addition, the effect sizes observed in these analyses was small; it is likely that our reliance on secondary data sources leaves us with measures of belonging or agency that are imperfect fits with the BHC initiative.

**Pathway 2 in Summary.**

Overall, we found that BHC investments in schools were associated with improvements to indicators of student belonging in schools serving communities that BHC was designed to support. Because most school-related TCE investments are made to organizations supporting schools rather than to schools and districts themselves, there is an opportunity for future evaluations to separately

examine the impacts of investments made to advocacy organizations, service organizations, and directly to districts. In addition, school-related BHC efforts across the 14 different sites happened at different points within the 10-year BHC period; some examples related to the timing of similar school climate bills of rights are shown in the image above. In this example, youth in the Los Angeles Unified School District and the San Diego Unified School District were involved in advocated for restorative justice alternatives to punitive school discipline. While the efforts and changes were similar, they occurred around five years apart. Collaboration across TCE community and evaluation partners could help pinpoint “arcs” of school-related or school- and district-specific BHC efforts to dig deeper into timing of investments, related efforts, and the subsequent impact of that work.

**School Climate Bills of Rights**





### Pathway 3: Housing and Transportation

In the third pathway, we explored the relationships between investments in housing-related issues, such as access, affordability, and displacement, and housing outcomes. We compared results over time in BHC communities and non-BHC communities and examined variation within BHC communities to better understand the types of work supported and their ultimate impact on housing.

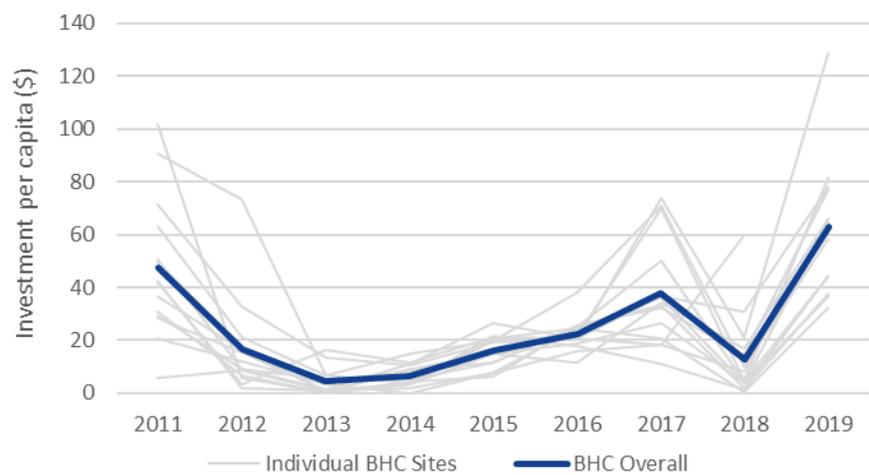
Key Outcome	Primary Independent Variable	Covariates
<ul style="list-style-type: none"> <li>• <b>Housing cost burden and severe housing cost burden</b></li> <li>• <b>Household overcrowding</b></li> <li>• <b>Travel time to work</b></li> </ul>	<b>Total amount invested in housing access &amp; affordability, resident displacement, and jobs, wages, &amp; economic development</b> during the five years prior to a given measurement of the outcome.	<ul style="list-style-type: none"> <li>• Poverty Rate</li> <li>• Percent BIPOC</li> <li>• In-Mobility Rate</li> <li>• Percent foreign-born (i.e., percent of residents who are immigrants)</li> </ul>

Note: For additional information on variables and analytic methods, see the Technical Appendix

#### Summary of Investments.

Overall, \$254,582,860 was invested in housing and displacement-related subdomains. Investments per capita in housing and displacement efforts decreased in the first few years of the initiative, but ultimately increased between 2015 and 2019 (Exhibit 3.1). In 2015, an average of \$46 was invested per capita in housing affordability, gentrification and displacement,

Exhibit 3.1. Investments in Housing and Displacement Over Time



and jobs, wages, and economic development, compared to \$89 per capita in 2019. These average per capita investments are similar to investments in power and voice-related subdomains and school-related subdomains used in the previous two pathways.

**Broad Reaching Strategies.** Within BHC’s “Health Happens in Neighborhoods” campaign, investments related to housing and economic development were one aspect of a broader strategy to address health equity in neighborhoods. Much of this work, particularly in Bay Area and Los Angeles BHC sites, was driven by California’s housing crisis (see sidebar, next page). A detailed qualitative review of BHC-supported efforts around housing affordability and anti-displacement revealed that a variety of work was done to fund affordable housing for homeless and low-income populations, help vulnerable populations find affordable housing, and support program-enriched housing that incorporated health

screenings, childcare services, and after-school programs. BHC activities, as seen in grant descriptions, PSP changes, and BHC documents often focused on three general categories:

- (1) **affordable housing**, or grants funding multi-family, affordable housing development near transit options as part of anti-displacement, community stabilization efforts, and support for affordable, program-enriched housing;
- (2) **substandard conditions**, or efforts to improve housing by reducing overcrowding, addressing water quality and other health hazards in rental housing and mobile parks, and engaging in community and tenant education on health and housing; and
- (3) **narrative change**, or efforts to communicate with elected officials, support leadership institutes to increase capacity for resident representation on boards and commissions, and strengthen resident organizing and advocacy for health-promoting land use and affordable housing.

For more detailed exploration of the types of grants in each category, see the Technical Appendix.

### California's Housing Crisis

Over the course of the BHC initiative, California faced (and continues to face) a profound affordable housing shortage.<sup>27</sup> Zoning laws that made it difficult to build in urban areas and supported single-family homes, as well as property tax laws that favored commercial development, left California with far fewer housing units than its population requires;<sup>27</sup> affordable housing construction has remained insufficient in recent years.<sup>28</sup> The lack of sufficient housing has resulted in extremely expensive home prices and rents.<sup>28</sup> Because of the shortage, California has high rates of homelessness; in addition, a large number of families and residents that are housed have high housing cost burdens, increasing their risk of homelessness.<sup>28</sup> The homelessness crisis is particularly severe in California's urban centers, such as San Francisco and Los Angeles, although it extends to many suburbs and rural areas,<sup>29</sup> as well, and disproportionately affects community members of color.<sup>30</sup> Moreover, the homelessness crisis is exacerbated by the fact that an extremely large proportion of homeless residents in California are unsheltered.<sup>31</sup>

Overall, the housing crisis in the state is so extreme (a 2016 study estimated that the state needs 3.5 million new homes by 2025 to close the housing gap),<sup>31</sup> that an incredible amount of investment – from numerous public and private sources – will be necessary to tackle the problem.

### What did investment in housing and displacement look like?

#### Affordable Housing:

Housing elements in general plans, transit-oriented development, affordable housing and mixed-income housing units.

**Grant example:** For sponsorship of an annual fundraising event to support affordable housing, accessible transit, job opportunities for youth and the most vulnerable residents to improve health and well-being in Oakland.

#### Substandard Conditions:

Water quality and filtration, housing codes, overcrowding.

**Grant example:** To support financial modeling and analysis of revenue options to increase affordable housing production as a strategy to reduce overcrowding and improve resident health in Long Beach.

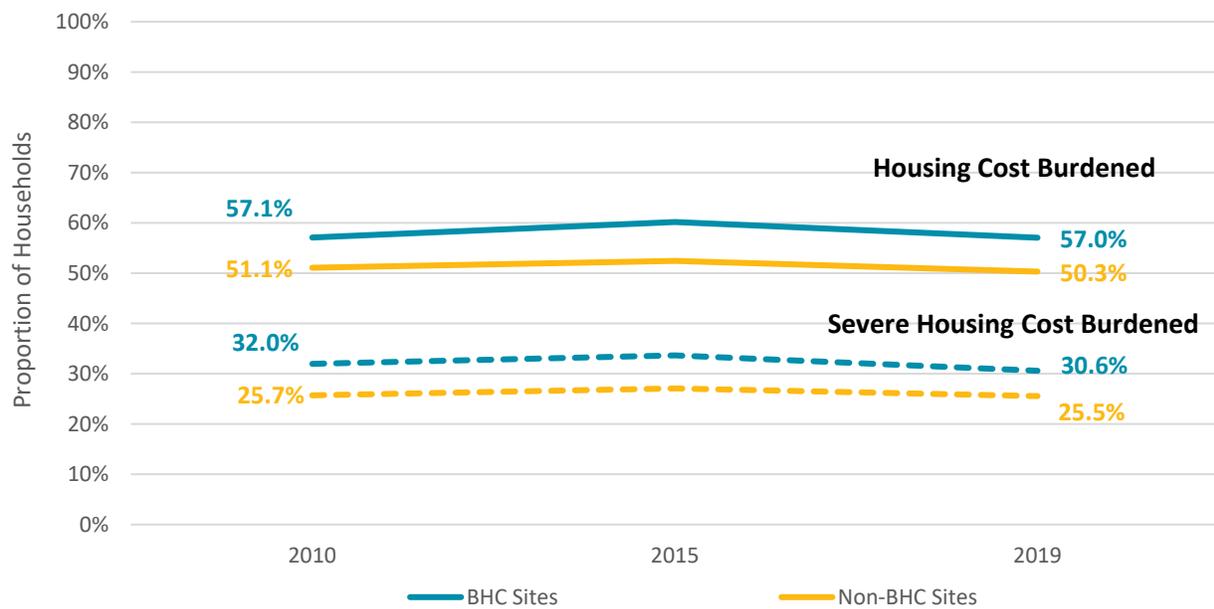
#### Narrative Change:

Communicating with elected officials, presenting at council meetings, storytelling.

**Grant example:** To support initial outreach, education and planning work with residents in East Oakland in preparation for formation of a neighborhood congress that will address issues related to displacement and health equity.

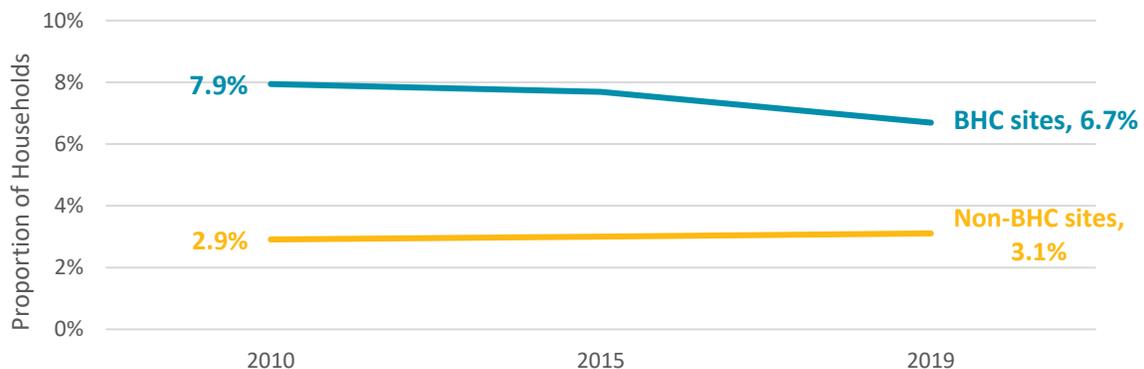
**Patterns of Housing Outcomes in BHC and Non-BHC Communities.** The proportion of residents experiencing housing cost burden, severe housing cost burden, and overcrowding was higher in BHC sites compared to non-BHC sites for all three years examined (Exhibits 3.2a and 3.2b). For the commute-related outcome, however, non-BHC sites had a slightly higher proportion of residents with a travel time of more than 60 minutes than did BHC sites (Exhibit 3.2c). The proportion of residents with this commute time also increased across over the three time points (Exhibit 3.2c). In contrast, housing cost burden, severe housing cost burden, and overcrowding, either stayed the same or slightly decreased between 2010 and 2019 for BHC sites (Exhibits 3.2a and 3.2b).

Exhibit 3.2a. Housing Cost Burden Over Time in BHC and non-BHC Sites



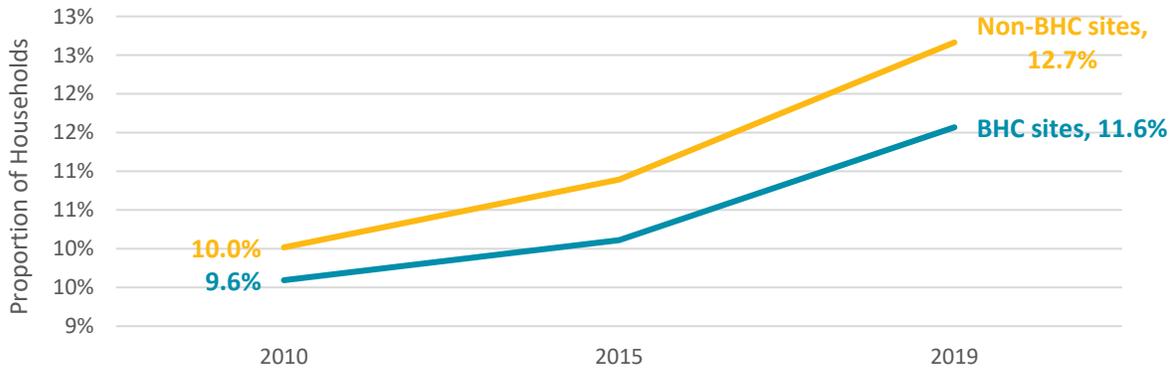
Note: Housing cost-burdened households reported paying more than 30% of income on housing costs. Severe housing cost-burdened households reported paying more than 50% of income on housing costs.

Exhibit 3.2b Household Overcrowding > 1.5 Over Time in BHC and non-BHC Sites



Note: Household overcrowding was defined as a condition where the number of occupants of a household exceeds 1.5 persons per room (PPR).

Exhibit 3.2c. Average Travel Time to Work >60 Minutes Over Time in BHC and non-BHC Sites

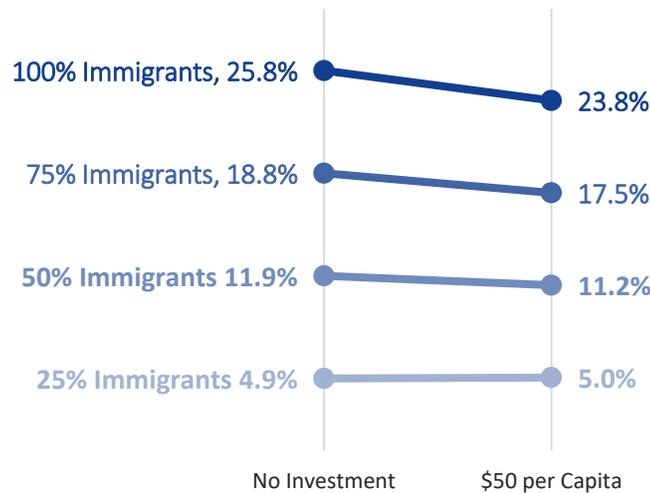


Note: Travel time to work was defined as the percent of commuters reporting commuting 60 minutes or longer to work, on average.

**Key Finding: Per capita investments were significantly associated with a decrease in household overcrowding; this effect strongest in census tracts with a high proportion of immigrants.** The significant interaction between investments and the percent of immigrant residents suggests that per capita investment in housing and economic development-related activities was particularly beneficial in sites with a high percent of immigrants (Exhibit 3.3).

**Achievement in addressing household overcrowding**  
 An example of a systems and practice change accomplished by BHC partners during the initiative included a Farmworker Housing Study that highlighted the critical overcrowding in farmworker households on the Central Coast. **As a result of the study, multiple counties and cities committed to producing an additional 3,500 units over the next five years in the Salinas and Pajaro Valley regions.**

Exhibit 3.3. Impact of Investments on Household Crowding by Nativity Rate



Note: Household overcrowding was defined as a condition where the number of occupants of a household exceeds 1.5 persons per room (PPR). Across all 14 sites and within the BHC period, an average of approximately \$45 per capita was invested in relevant topic domains. Accordingly, \$50 per capita was used in the above figures to demonstrate average impact.

**Housing cost burden:** Investments per capita were not significantly associated with either housing cost burden or severe housing cost burden. Null results for these models are unsurprising, given that the effects of investments in housing and displacement would likely take a while to affect this measure. In addition, qualitative analyses show that many BHC activities related to affordable housing and displacement were targeted at preventing specific community-level changes that might exacerbate the existing problem; these models cannot fully capture what would have happened within a community had these potentially harmful changes been made.

Where might investments have prevented worsening conditions?

The proposal of the Berkeley Global Campus at Richmond caused concern among residents and BHC partners that the development might exacerbate the effects of gentrification and displacement in the community. One of the accomplishments by BHC partners was the list of recommendations developed by the Berkeley Global Campus Working Group to ensure the development benefited Richmond residents. While the development was eventually halted due to budget cuts and other factors, these efforts are an example of BHC-related activities designed to prevent or mitigate potentially harmful effects of specific development projects.

**Travel time to work:** This model showed that increased investment is associated with a higher proportion of households traveling more than 60 minutes to work. While this result is not what we

hypothesized, the outcome itself is complicated and may be affected by a variety of structural factors, as the reason for a long commute can vary. The model does not capture whether households with high travel times are in more rural areas, or in areas where commute time is related to more to congestion and traffic patterns than an indicator of displacement or a lack of local economic opportunity. Using a different dependent variable to measure the impact of investments on transportation, displacement, and local opportunity may yield different results, or restricting the model to areas where transportation and travel times were specific targets of investment.

## CONNECTIONS

### *What Other BHC Evaluations Have to Say*

Additional research conducted by the UCLA Center for Health Policy Research leveraged findings from the California Health Interview Survey (CHIS) to contribute to insights on progress made in BHC communities in the first five years of BHC on various outcome measures, including those related to housing, land use, and physical improvements. These included measures of community stability, neighborhood social cohesion, and local access to healthy foods.<sup>32</sup> The findings from this report, and its supplemental analysis,<sup>33</sup> demonstrated that BHC communities showed improved residential stability “despite a concurrent decline among residents of the comparison communities and in California as a whole.”<sup>33(p34)</sup> They also found that residents within BHC communities were able to maintain their address over the first five years of the BHC initiative.<sup>32,33</sup> While CORE’s impact analysis examined different outcomes and linked them to specific investments, taken together, these findings support the idea that the BHC initiative had an effect across a diverse set of outcomes.

*For more on the BHC midpoint analysis of CHIS data, please view the reports written by the UCLA Center for Health Policy Research.*<sup>32,33</sup>

## **DISCUSSION & CONSIDERATIONS FOR FUTURE RESEARCH**

### **Complex Outcomes and Mixed Findings.**

While the quantitative results of analyses in this pathway were mixed, these findings are nonetheless promising based on what is

known about specific BHC efforts, context within some BHC sites, and the limitations of the outcome measures examined. BHC's efforts in the "Health Happens in Neighborhoods" campaign spanned a wide variety of community issues, with housing and displacement being just one. While there is evidence of some impact on improving household overcrowding, the mixed findings overall point to the ongoing and significant housing challenge faced by many residents, particularly in Los Angeles and the Bay Area, and a continued need to focus on the larger structural factors driving this housing crisis.

**Pathway 3 in Summary.** The key finding of this pathway—that per capita investment in housing and economic development-related activities was particularly beneficial in sites with a high percent of immigrants—suggests that BHC's place-based approach fostered positive outcomes in communities that are often marginalized. This finding was specific to household overcrowding; additional follow up would be needed to understand whether longer-term impact on housing cost, commute times, or other relevant housing, displacement, and economic development outcomes are observed.



## Pathway 4: Healthcare Access

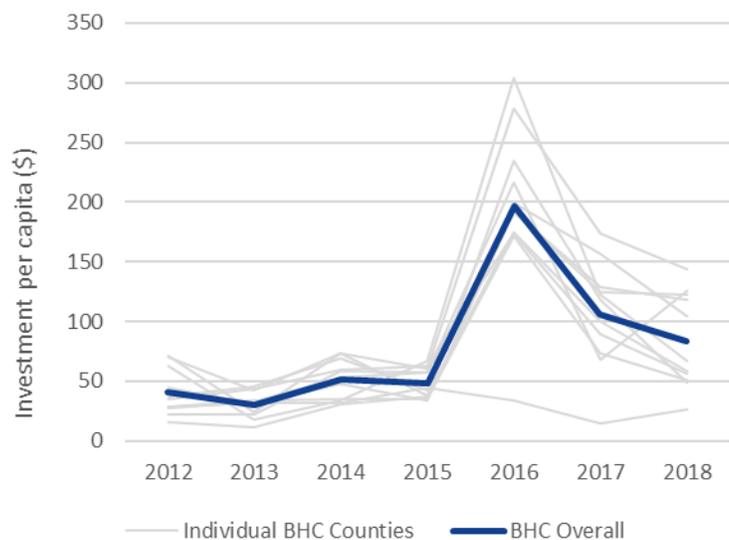
In the fourth pathway, we explored the relationships between investments in health and healthcare-related issues and access to healthcare in BHC communities compared to non-BHC communities.

Key Outcome	Primary Independent Variable
<ul style="list-style-type: none"> <li>• Usual provider</li> <li>• Delaying care due to cost</li> <li>• Self-reported health</li> </ul>	<p>Total <b>amount invested in health insurance enrollment, continuity of coverage, increased healthcare access, community health &amp; wellness centers, and school-based health centers</b> during the two years prior to a given measurement of the outcome.</p>

Note: For additional information on variables and analytic methods, see the Technical Appendix

**Summary of Investments.** Overall, \$767,095,225 was invested in healthcare access and insurance enrollment subdomains during the BHC period. Per capita investments in the relevant areas were relatively stable from 2012 to 2015, then peaked in 2016 and 2017 (Exhibit 4.1). Investment trends were fairly consistent across all BHC counties, although Los Angeles County did not exhibit a similar peak in 2016. Across all BHC counties and the seven years encompassed in the analytic period, an average of approximately \$80 per capita was invested in healthcare access and insurance coverage. This is a relatively high amount compared with investments in Pathways 1 and 2, and slightly more comparable to the investments made in housing and economic growth in Pathway 3.

Exhibit 4.1. Investments in Healthcare Access Over Time



Note: While the ACA overspend increasing funding in this area beginning in 2014, the peak in 2016 is driven by program-related investments (PRIs) made to all BHC counties with the exception of Los Angeles.

**Broad Reaching Strategies.** BHC investments in health and healthcare-related issues were designed to support a broad range of efforts to improve coverage and access to care. A qualitative review of BHC-supported efforts indicated that a large proportion of activities occurred at the state level rather than the local level (i.e., were accomplished by the H-Cal statewide team), which suggests that passing statewide policies to support health and healthcare systems was a priority during the initiative. The review also showed that many activities focused specifically on expanding insurance enrollment and access to care, often through community outreach and enrollment efforts. Community education on health care coverage and health reform often involved community health workers and youth trained to

be peer and community advocates. In addition to generally focusing on uninsured and underinsured populations, BHC activities also were designed to help children and families, undocumented immigrants, and reentry populations. The review of grant descriptions, policy and systems changes, and BHC documents showed that many BHC activities fell into the following categories:

- (1) **expanded insurance**, or efforts relating to Medi-Cal expansion and increased insurance coverage, as well as work that supports preventative health care access and prevention-oriented health systems;
- (2) **outreach and enrollment**, or support for community education around health care coverage, access, and community health issues, through news and other media, community health workers, promotoras, and trained youth advocates; and
- (3) **health centers**, or grants that supported primary care clinics, health homes, and medical-legal partnerships, including efforts that used community health centers to support outreach and health education, civic engagement, and health career pathway programs for youth.

For more detailed exploration of the types of grants in each category, see the Technical Appendix.

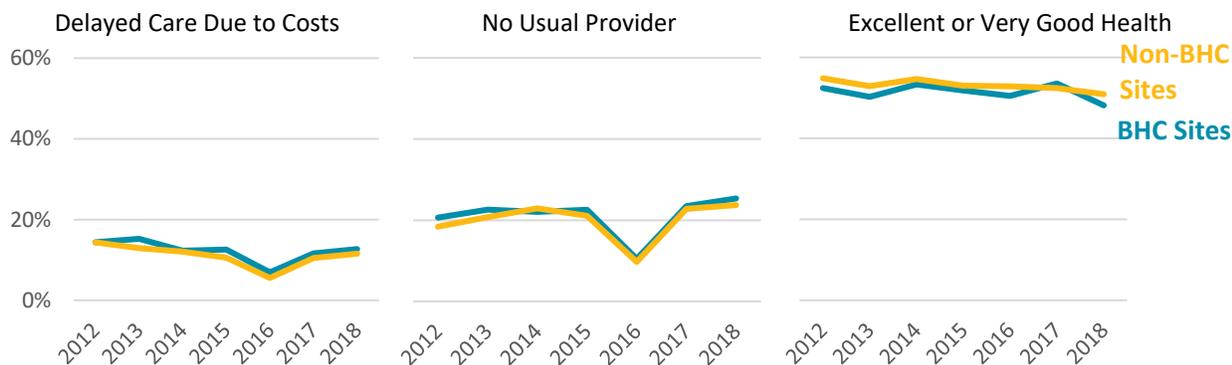
### What did investment in healthcare access and insurance coverage look like?

<p><b>Expanded Insurance</b> MediCal expansion, coverage of preventive care services, coverage regardless of immigration, expand coverage occurred both statewide and locally.</p> <p><b>Grant example:</b> Health coverage for children: to expand enrollment and support premiums for underserved children and youth in Del Norte County to ensure their continued connections to a health home and access to preventative health care.</p>	<p><b>Outreach and Enrollment:</b> Community education and enrollment assistance, focus on certain populations: enrolling reentry populations, providing services for undocumented immigrants.</p> <p><b>Grant example:</b> Expanding health coverage access and advocacy for Health4All: to support health coverage outreach and enrollment support and Health4All advocacy in Southwest Merced/East Merced County.</p>	<p><b>Health Centers:</b> School-based health centers, new clinics, integrated services such as housing or job placement, medical-legal partnerships.</p> <p><b>Grant example:</b> To support community health centers in identifying and implementing alternative financing strategies to advance prevention-oriented health care in Alameda County.</p>
---	--	---

**Patterns of Access and Self-Reported Health in BHC vs. non-BHC Communities.** The healthcare access and self-reported health measures fluctuated over time, with both access measures at their most positive level around 2016. In general, trends in non-BHC counties followed the same patterns as BHC counties (Exhibit 4.2). The percent of BHC county residents without a usual provider was lowest in 2016, although it slightly increased overall between 2012 and 2018 (Exhibit 4.2). Similarly, the percent of residents reporting they delayed care due to cost was lowest in 2016 (Exhibit 4.2). Interestingly, 2016 is also when per capita investments in BHC communities peaked. Since this pattern was observed in both BHC and non-BHC counties, it is possible that investments were related to statewide efforts that positively affected these outcomes across the state as a whole. Self-reported health did not follow the

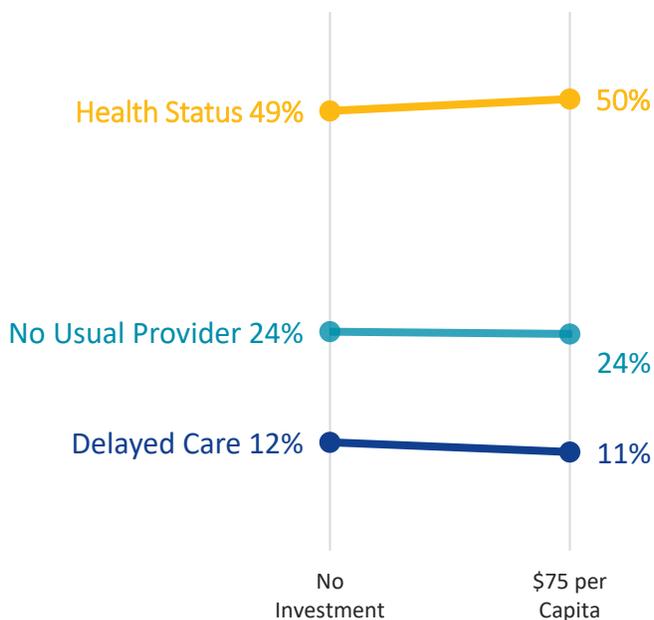
same trend; overall, the percent of residents in BHC counties reporting excellent or very good health declined between 2012 and 2018 (Exhibit 4.2).

Exhibit 4.2 Healthcare Access and Self-Reported Health Over Time in BHC and non-BHC Sites



**Key Finding: Investments per capita were associated with significant improvements in two outcomes: delaying care due to cost and self-reported health.** Investments were associated with a significantly lower proportion of residents who delayed care due to cost and a significantly higher proportion of residents who self-reported their health as “excellent” or “very good” (Exhibit 4.3). The relationship between investments per capita and the proportion of residents with a usual provider was not statistically significant.

Exhibit 4.3 Effect of Investments on Healthcare Access and Self-Reported Health



**Alignment of state and local efforts**

BHC efforts by the statewide team to expand healthcare access to all residents, regardless of documentation status, often overlapped with and were deliberately leveraged by local teams working to accomplish the same goal. For example, in Sacramento, BHC partners successfully campaigned to stop the county from cutting funding to the Medically Indigent Services Program. The county-level advocacy efforts were supported by the statewide #Health4All campaign in multiple ways, including by garnering public support for health care for undocumented immigrants and by hosting communications workshops and trainings.

## DISCUSSION & POSSIBLE DIRECTIONS

**From Coverage to Access.** The current analysis sought to go beyond coverage alone to begin looking at whether changes related to access and general health were observed. Because statewide policy changes obviously impact the state as a whole, we used this analysis to explore whether additional benefits were observed in BHC sites where investments were targeted at moving the needle on health equity.

**Considerations for Future Analyses.** This analysis could be strengthened by adding additional qualitative analysis and thinking more about the timing of particular health-related activities within specific BHC sites and across the initiative. In addition, this analysis looks at the direct effect of investments on the selected outcomes. Future analyses could examine the extent to which impact is mediated by indicators of community power; however, this type of analysis would require indicators available at the same units of analysis and time. This is possible within some, but not all of the current data sources used. Nonetheless, understanding the direct impact of investments is an important first step in any subsequent mediation analysis.

## CONNECTIONS

### *What Other BHC Evaluations Have to Say*

Previous evaluations of BHC efforts have pointed to successes around increasing healthcare coverage, a finding that is also reflected in the statewide PSP changes related to healthcare and health systems. Research that was conducted by the UCLA Center for Health Policy Research leveraged findings from the California Health Interview Survey (CHIS) to contribute to an assessment of the health and well-being of BHC communities compared to non-BHC communities at the midpoint of BHC.<sup>32</sup> This evaluation, and the supplemental analysis completed a year later,<sup>33</sup> found that BHC communities showed improvement relative to non-BHC communities in multiple areas of healthcare coverage, particularly ‘insurance by private/employer coverage’ and the ‘uninsured rate.’<sup>32,33</sup>

Similar to the current analysis, the supplemental analysis conducted in 2018 also found that there was no significant difference between BHC and non-BHC communities when it came to participants’ usual source of care.<sup>33</sup> Nonetheless, the findings in UCLA’s report and supplemental analysis support that overall, BHC communities were able to improve access to healthcare coverage during the first five years of the BHC initiative.<sup>32,33</sup> Although these findings assessed slightly different measures than CORE’s impact analysis, together this research provides vital information for understanding the overall impact of investments made to support health and healthcare during the BHC initiative.

*For more on the BHC midpoint analysis of CHIS data, please view the reports written by the UCLA Center for Health Policy Research.<sup>32,33</sup>*

## Conclusion

**Testing the Theory of Change.** CORE's Impact Studies were designed to leverage existing data sources to conduct the most rigorous possible empirical tests of BHC's theory of change. Relying on a mix of available secondary data sources and measurements created by coding available narrative data, the studies break the theory of change down into a series of testable questions about the initiative, each centered on one of its primary campaigns:



1. **Building Voice & Power Campaign:** Did BHC investments in community power building result in measurable increases in civic engagement by community members?
2. **Health Happens in Schools Campaign:** Did BHC investments in school-based initiatives and activities help impact measures of agency and belonging in BHC schools?
3. **Health Happens in Neighborhoods Campaign:** Did BHC investments in housing, land use, and related domains help lead to gains in key health-enhancing neighborhood attributes?
4. **Health Happens with Prevention Campaign:** Did BHC investments in coverage and accessibility of preventive care help drive improvements in key health outcomes?

### **VOICE & POWER – BHC INVESTMENTS HELPED IMPROVE VOTER TURNOUT**

Coding of BHC investment data suggests this area of work included support for activities designed to promote youth and resident engagement, leadership development, and community-grounded organizing and base building designed to shift public discourse or build skills to influence decision makers. One key measure of community power available for quantitative analysis is *voter turnout* – although it represents only one dimension of a nuanced and multifaceted phenomenon, voter turnout data has the advantage of being available across all California geographies, allowing us to compare trends within and between BHC communities over the course of the initiative. A multivariate, hierarchical analysis of voter turnout data showed that BHC investments were **significantly and positively associated** with increases in voter turnout, even after adjusting for the demographic and socioeconomic characteristics of geographies across the state. We found that the effects of investments were especially salient during primary elections, when many communities see natural drop-offs in turnout compared to general election cycles.

#### POWER-RELATED INVESTMENTS

- ❖ **Setting agendas:** Promoting resident leadership through institutes, training, and retreats, supporting community advisory processes and committees, youth councils.
- ❖ **Shifting public discourse:** Community-building events, forums, resource fairs.
- ❖ **Influencing decision-makers:** Communicating with elected officials, presenting at council meetings, storytelling.

## SCHOOLS – BHC HELPED IMPROVE BELONGING, PRIMARILY IN THE HIGHEST-RISK SCHOOLS

Coding of BHC investments data suggests this area of work included support for disciplinary reform, school climate work, including positive behavioral interventions and anti-bullying campaigns, and student-parent engagement and shared decision-making work, among others. We were able to combine coded data on these investments with multiple indicators of *agency* and *belonging* in schools derived

### SCHOOL-RELATED INVESTMENTS

- ❖ **Disciplinary reform:** Restorative justice, zero-tolerance alternatives, addressing the school-to-prison pipeline.
- ❖ **School climate:** Positive behavioral interventions & support, social-emotional supports, limited role of school police, anti-bullying.
- ❖ **Student & parent engagement:** Increased participation in shared decision-making, leadership training, school budget training, LCFF awareness campaigns.

from the statewide California Healthy Kids Survey (CHKS) to test the association between BHC investments and school climate outcomes. We initially found that BHC investments did not seem to impact school climate outcomes, but a closer look showed significant variation in outcomes according to the school’s economic profile: BHC’s school-related investments were **significantly associated with improvements** to student indicators of “belonging” in schools where most students are **low-income**. We did not see evidence of clear impact of BHC investments on measures of “agency” in schools, though it is possible our reliance on secondary data sources leaves us with measures of belonging or agency that are imperfect fits with the BHC initiative.

## NEIGHBORHOODS – BHC HELPED REDUCE OVERCROWDING, BUT HIGH COSTS REMAIN A CHALLENGE

Coding of BHC investments data suggests this area of work included support for affordable housing and overcrowding work, transit and transportation planning, land use, and environmental health. We were able to combine these coded data with data on key housing indicators, including overcrowding and housing cost burden, derived from American Community Survey (ACS) data, which were widely available across California geographies. Results suggest that BHC investments in improving housing conditions were **significantly associated with reduced**

**overcrowding**, especially in census tracts with a high proportion of immigrants. Despite this improvement, we did not see evidence that BHC investments had a significant impact on the general challenge of housing prices – measures of the overall housing cost burden remained a significant challenge even in communities that saw significant BHC investment, suggesting that the larger structural factors driving the affordability crisis in housing will require perseverance and continued partnership to address.

### HOUSING-RELATED INVESTMENTS

- ❖ **Affordable housing:** Housing elements in general plans, transit-oriented development, affordable housing and mixed-income housing units.
- ❖ **Substandard conditions:** Water quality and filtration, housing codes, overcrowding.
- ❖ **Narrative change:** Communicating with elected officials, presenting at council meetings, storytelling.

## HEALTH – BHC HELPED IMPROVE CARE ACCESS, & SUBJECTIVE HEALTH SHOWS PROMISING RESULTS

Coding of BHC investments data suggests this area of work included support for insurance expansion and enrollment, especially during the initial ACA implementation years, efforts to increase coverage in specific populations, including immigrant communities, and integration of health services with other

### HEALTH-RELATED INVESTMENTS

- ❖ **Expanded insurance:** MediCal expansion, Health Care exchange, extended coverage of preventative care services, coverage regardless of immigration.
- ❖ **Outreach & enrollment:** Community education and enrollment assistance, enrolling reentry populations, providing services for undocumented immigrants.
- ❖ **Health centers:** School-based health centers, new clinics, integrated services such as housing or job placement, medical-legal partnerships.

partners such as schools, legal providers, or housing and employment agencies. We were able to combine coded data on these investments with data from the Behavioral Risk Factor Surveillance System (BRFSS) to assess the impacts of BHC investments on key health outcomes. We found that BHC investments in this area were associated meaningful impact measures, including **fewer residents delaying care due to cost and more residents reporting good overall subjective health.** We did not have uniform access to data on objectively collected or clinical measures of health, such as rates of chronic condition prevalence or common health indicators such as blood pressure, cholesterol, or obesity; the promising results in subjective measures of health do suggest the potential to seek and analyze such data in a future analysis.

## CONNECTING THE DOTS IN THE THEORY OF CHANGE

The analyses presented here showcase key results for each of the four BHC campaigns: Building Voice & Power, and Health Happens in Schools, in Neighborhoods, and with Prevention. In each case, we found at least some evidence that BHC investments in that area helped drive improvements in the key outcomes or indicators for which data were available. However, a true test of the theory of change should also examine the role of *voice and power* as a driver of change – to link community power building directly to outcomes like improved health. To do that, we would need to analyze whether indicators of community power acted as *mediators* or *moderators* of our other outcomes – for example, if places where our *voice and power* indicators increased the most were also where we saw the best *school, neighborhood, or health* outcomes. Unfortunately, our reliance on secondary data sources that were not designed to address these questions make such an analysis impossible at this time, because the data are not uniformly available across the same units of analysis and time. Nonetheless, understanding the direct and distinct impact of BHC investments within each campaign is an important first step in assessing the theory of change quantitatively, and it is still possible, with the right foresight and a well-designed measurement strategy in place at the outset, to position the next generation of TCE’s work for such an analysis.

## BHC’S IMPACT & THE WORK TO COME

Overall, the findings of these analyses offer promising evidence for the impact of BHC’s theory of change – which, despite BHC itself coming to an end, continues to inform and enrich the work of TCE and other foundations and partners within the community health and power building ecosystems. They also have

important implications for TCE's strategic direction – both in terms of investment priorities, and in underscoring the need to systematically monitor these investments, capture data on what work is completed in response to them and create a measurement and evaluation infrastructure designed to directly assess the theory of change and build a strong portfolio of evidence linking community power building to tangible improvements in health and health equity. Such an evidence base could do far more than transform health in a set of targeted communities – it could spark a larger transformation in how health and health equity are addressed by a wide range of philanthropic and systems partners, placing the ABCs (Agency, Belonging, and Change in Conditions) at the very center of a common, unified strategy for helping build a healthier, most just world.

## References

1. Dawes DE. The future of health equity in America: addressing the legal and political determinants of health. *J Law, Med Ethics*. 2018;46(4):838-840.
2. Speer PW, Gupta J, Haapanen K, Balmer B, Wiley KT, Bachelder A. *Developing Community Power for Health Equity: A Landscape Analysis of Current Research and Theory*. Vanderbilt University; 2020. Accessed July 22, 2021. <https://www.lead-local.org/measuring-community-power>.
3. Amobi A, Plescia M, Alexander-Scott N. The business case for investing in place-based public health initiatives. *J Public Heal Manag Pract*. 2019;25(6). doi:10.1097/PHH.0000000000001059
4. Dankwa-Mullan I, Pérez-Stable EJ. Addressing health disparities is a place-based issue. *Am J Public Health*. 2016;106(4). doi:10.2105/AJPH.2016.303077
5. Dupre ME, Moody J, Nelson A, et al. Place-based initiatives to improve health in disadvantaged communities: cross-sector characteristics and networks of local actors in North Carolina. *Am J Public Health*. 2016;106(9). doi:10.2105/AJPH.2016.303265
6. Khullar D, Chokshi DA. Moving to action on place-based health. *JAMA*. 2020;323(8). doi:10.1001/jama.2019.22153
7. Pies C, Barr M, Strouse C, Kotelchuck M. Growing a Best Babies Zone: lessons learned from the pilot phase of a multi-sector, place-based initiative to reduce infant mortality. *Matern Child Health J*. 2016;20(5). doi:10.1007/s10995-016-1969-1
8. Reid A, Abraczinskas M, Scott V, et al. Using collaborative coalition processes to advance community health, well-being, and equity: a multiple-case study analysis from a national community transformation initiative. *Heal Educ Behav*. 2019;46(1\_suppl). doi:10.1177/1090198119838833
9. Tamber PS. *Building Community Power to Dismantle Power-Based Structural Inequity*.; 2021. DRAFT. Received from author August 2021.
10. Pastor M, Ito J, Wander M. *Leading Locally: A Community Power-Building Approach to Structural Change*. USC Equity Research Institute; 2020. Accessed July 22, 2021. [https://static1.squarespace.com/static/5ee2c6c3c085f746bd33f80e/t/5f98a9a4cd172a172549dcce/1603840428427/Leading\\_Locally\\_FULL\\_Report\\_web.pdf](https://static1.squarespace.com/static/5ee2c6c3c085f746bd33f80e/t/5f98a9a4cd172a172549dcce/1603840428427/Leading_Locally_FULL_Report_web.pdf)
11. Ito J, Pastor M, Lin M, Lopez M. *A Pivot to Power: Lessons from The California Endowment's Building Healthy Communities about Place, Health, and Philanthropy*. USC Program for Environmental and Regional Equity; 2018. Accessed July 22, 2021. <https://dornsife.usc.edu/per/tce-organizing-evaluations>.
12. Pyun T. *Ten Years of Building Community Power to Achieve Health Equity: A Retrospective*. 2020.
13. Farrow F, Rogers C, Henderson-Frakes J. *Toward Health and Racial Equity: Findings and Lessons from Building Healthy Communities*. Center for the Study of Social Policy; 2020.

14. Pastor M, Ito J, Perez A. *There's Something Happening Here: A Look at the California Endowment's Building Healthy Communities Initiative*. USC Program for Environmental and Regional Equity; 2014. Accessed July 22, 2021. <https://dornsife.usc.edu/pere/tce-bhc>.
15. David T, Brown P. *Foundation Role and Practice: Building Healthy Communities 2010-2020*. Center for the Study of Social Policy; 2020.
16. Jordan A, Teng S. *Sustaining Power-Building Momentum: Final Recommendations*. Center for the Study of Social Policy; 2020.
17. Coffman J, Barsoum G, Lopez A. *Advocacy That Builds Power: Transforming Policies and Systems for Health and Racial Equity*. Center for Evaluation Innovation; 2021.
18. Lynn J, Kathlene L. *Narrative Change for Health & Racial Equity: Exploring Capacity & Alignment*. 2020.
19. Barsoum G, Farrow F. *An Ecosystem to Build Power and Advance Health and Racial Equity: A Report for the California Endowment*. Center for the Study of Social Policy; 2021.
20. *California Health and Justice for All: Power-Building Landscape Assessment*. USC Program for Environmental and Regional Equity; 2018. Accessed July 22, 2021. [https://dornsife.usc.edu/assets/sites/1411/docs/Defining\\_the\\_Ecosystem\\_2019\\_web.pdf](https://dornsife.usc.edu/assets/sites/1411/docs/Defining_the_Ecosystem_2019_web.pdf).
21. Terriquez V. *The California Endowment's Youth Power Infrastructure: An Overview of Youth Serving Organizations and Intermediaries It Supports*. 2019.
22. Lukes S. *Power, Second Edition: A Radical View*. Second. Palgrave Macmillan; 2005.
23. Lin M, Ito J, Wander M, Pastor M. *Vote, Organize, Transform, Engage (VOTE): New Frontiers in Integrated Voter Engagement*. USC Program for Environmental and Regional Equity; 2019. Accessed July 22, 2021. [https://dornsife.usc.edu/assets/sites/242/docs/USC\\_Oct\\_2019\\_VOTE\\_REPORT\\_9-26\\_v4.pdf](https://dornsife.usc.edu/assets/sites/242/docs/USC_Oct_2019_VOTE_REPORT_9-26_v4.pdf).
24. Nakamoto J, Dietsch B, Cerna R. *Research Brief: A Comparison of Key Health Indicators in Building Healthy Communities and Matched Comparison Schools from 2009-11 to 2015-17*. WestEd; 2018.
25. Nakamoto J, Cerna R, Dietsch B. *Research Brief: A Comparison of Suspension Rates in Building Healthy Communities and Matched Comparison Schools from 2011-12 to 2016-17*. WestEd; 2018.
26. Koon D, et al. *California School Discipline Study Final Report*. 2021.
27. Buhayar N, Cannon C. How California became America's housing market nightmare. *Bloomberg*. Published online 2019. Accessed January 20, 2022. <https://www.bloomberg.com/graphics/2019-california-housing-crisis/>.
28. Johnson H, Lafortune J, Mejia MC. *California's Future: Housing*. Public Policy Institute of

- California; 2020. Accessed January 20, 2022. <https://www.ppic.org/wp-content/uploads/californias-future-housing-january-2020.pdf>.
29. Smith O. California's homelessness crisis: how are those suffering managing to survive? *ZuMedia*. Published online 2021. Accessed January 20, 2022. <https://zunews.com/2021/02/californias-homelessness-crisis-how-are-those-suffering-managing-to-survive/>.
  30. Ono N. California's housing costs widening the wealth gap for communities of color. *California Forward*. Published online 2021. Accessed January 20, 2022. <https://cafwd.org/news/report-californias-housing-costs-widening-the-wealth-gap-for-communities-of-color/>.
  31. Rosalsky G. How California homelessness became a crisis. *NPR*. Published online 2021. Accessed January 20, 2022. <https://www.npr.org/sections/money/2021/06/08/1003982733/squalor-behind-the-golden-gate-confronting-californias-homelessness-crisis>.
  32. Jans M, Becker T, McLaughlin K, et al. *Assessing Changes in Community Health over the First Five Years of BHC: Insights from the California Health Interview Survey*. UCLA Center for Health Policy Research; 2017.
  33. Becker T, McLaughlin K, Wang Y, Yu H, Hughes T, Ponce N. *Assessing Changes in Community Health over the First Five Years of BHC: Supplemental Sensitivity Analyses*. UCLA Center for Health Policy Research; 2018.

## **CORE** | Center for Outcomes Research and Education

The Center for Outcomes Research and Education (CORE) is an independent team of scientists, researchers, and data experts with a vision for a healthier, more equitable future. Based in Portland, Oregon, we partner with changemakers and communities to take on today's biggest barriers to better health. Through research, evaluation, and analytics, we provide insights that help shape and sustain healthier systems, policies, and programs.

**5251 NE Glisan St.  
Portland, OR 97213**

**(503) 215-7170**

**[ProvidenceOregon.org/CORE](https://ProvidenceOregon.org/CORE)**

**Evidence for Change**