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Investing in community power building to increase civic engagement through voting: lessons from the Building Healthy Communities initiative

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ABSTRACT

The objective of this study was to examine the impact of investments in community organizing made as part of a 10-year comprehensive community initiative focused on community power building in California. Data from multiple sources were used to examine the relationship between investments and one measure of civic engagement, voter turnout. Comparisons were made over time (2010–2019) and between intervention and propensity-weighted comparison sites. Analyses determined that investments by the funder were positively associated with turnout; this effect differed across elections and was largest in 2012. Broad investments to support community engagement, organizing, and base building had a positive impact on voting, an important indicator of civic engagement. In historically marginalized or underserved communities, investing in power building can yield benefits despite structural barriers that result in inequities. As restrictive electoral reforms grow across the country in the wake of the 2020 election, initiatives designed to build power may support proactively organizing against these changes or provide the infrastructure to understand and navigate them. Investing in community power building is a promising strategy for philanthropic organizations, organizers, and policy makers.

KEYWORDS


Community power; civic engagement; health equity; voter turnout

Introduction

Problem statement

The factors that create and perpetuate health and other social inequities are not naturally occurring but instead are rooted in underlying policies and political decisions. For example, political determinants of health are defined as the “systematic process of structuring relationships, distributing resources,

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and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities” (Dawes, 2020, p. 44; Erdelack, 2020). In the 1990s, the California legislature enacted several policies to restrict access to the relationships, resources, and distribution of power needed to advance health and social equity. These included laws that implicitly or explicitly targeted historically marginalized communities, including a “Three Strikes” law, allowing children to be criminally tried and sentenced as adults, blocking undocumented Californians from accessing public benefits, banning bilingual education in schools, and ending affirmative action (Lin et al., 2019). By the early 2000s, the political landscape of California was described as one of distrust and political apathy, where registered voters often did not participate, eligible voters often did not register, and noncitizens were ineligible to participate, resulting in a situation where “an alarmingly small percentage of California residents decides a local election” (Hajnal et al., 2002, p. iii). Structural barriers, political apathy, and reforms that disproportionately impacted historically marginalized communities combined to further repress turnout and limit opportunities for Californians to build and exercise power to increase equity.

In response to this context, there was a surge of grassroots work and philanthropic investment in California in the early 2000s designed to support the voice and influence of historically marginalized communities, including the growing block of immigrant voters in the state (Lin et al., 2019). The California Endowment’s *Building Healthy Communities* initiative (BHC) was one such effort: a ten-year, comprehensive community change initiative designed to improve health through local power building in 14 distinct California communities. BHC was a massive and complex undertaking, representing 10,615 distinct grants or investments, hundreds of diverse community partners, and approximately \$1.8 billion in funding across a 10-year period. 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 (Center for Outcomes Research and Education [CORE], 2022; Ito et al., 2018; Pastor et al., 2014).

The value of BHC as a learning engine is about far more than just its scale: it also represents a fundamental shift in theory about how philanthropic efforts might best support community health. Rather than funding specific health programs or services designed to be delivered within at-risk communities, BHC focuses on investing in *community organizing and power building* as the key lever for equitably improving health and well-being by addressing the underlying social and political determinants of health. Investments in community organizing and base building were designed to help communities build upon and amplify existing local energy and wisdom, advocate for policies and

solutions that best fit their own needs and social-historical context and achieve the kinds of structural and systems changes necessary to address the fundamental drivers of health disparities (Baum & Fisher, 2014; Minkler & Wallerstein, 2011).

BHC investments were focused on 14 specific communities in California selected because they faced significant social and health inequities, including low rates of homeownership, high rates of unemployment, and racial and linguistic disparities. Thousands of individual grants were distributed to a diverse array of community-based organizations for activities supporting BHC's theory of change, including significant investments in organizations working to increase local community engagement and civic participation. These investments included efforts to promote resident leadership, support community advisory processes, strengthen community building events, and develop communication and storytelling skills (Table 1). BHC's efforts also included collaboration with regional funders and support for statewide alliances and infrastructure to amplify investments made at the local level.

Literature review

BHC grants were designed to address the distribution of power, which lies at the very heart of health equity (Speer et al., 2020). Community power has been defined as the ability of communities to develop capacity for setting agendas, influencing decision makers, and shifting public discourse (Han, 2020; Speer et al., 2020). These abilities can be fostered through community organizing or “the collective action by community members drawing on the strength of numbers, participatory processes, and indigenous leadership to decrease power disparities and achieve shared goals for social change” (Staples, 2004, pp. 1–2, 2012). Without these capacities, the ability of communities to effectively address health disparities will invariably be restricted by structural and policy barriers that prevent them from addressing the root causes of poor health outcomes.

Though the BHC initiative did not endeavor to narrowly change only one measure of community organizing or civic engagement through its investments, one way to conceptualize community members' potential to exert their influence is through civic engagement. Civic engagement is defined here as residents' participation in community life to improve its conditions, either via formal channels such as electoral participation or informal forms such as volunteerism or participation in community organizations and activities (Adler & Goggin, 2005; Staples, 2012). While civic engagement does not directly capture the distribution of power in a community, it does increase human and social capital, which lays the necessary groundwork for the kinds of fundamental systems change necessary to address structural inequities and the root drivers of health disparities (Apaliyah et al., 2012). Civic engagement

Table 1. Examples of BHC community organizing grants, by theme.

Theme	Grant Examples
Promote leadership among residents through training, retreats, and institutes	<ul style="list-style-type: none"> ● Leadership development courses for community members ● Education and trainings for local leaders on health-related topics and other issues to increase advocacy capacity ● Leadership capacity-building for parents to increase engagement with their children's schools ● Leadership institutes to increase representation of communities of color on boards and commissions ● Leadership retreats for youth to provide positive environments, support healing, build advocacy capacity, and foster intergenerational leadership ● Mentorship and life skills training to build leadership capacity of youth
Support community advisory processes, committees, and youth councils	<ul style="list-style-type: none"> ● Training for community members to serve as advisors on health research projects affecting the community ● Support for community advisory boards to provide advice and direction to public health departments ● Technical assistance and support for the development of youth councils ● Support for youth peer networks promoting health and well-being education in their communities
Promote community-building events, forums, and resource fairs	<ul style="list-style-type: none"> ● Events that bring together community leaders and stakeholders from multiple sectors to support collaboration ● Forums for community health workers to build the capacity to influence health systems and policy development ● Community trainings and forums to address health and racial equity ● Community forums to enhance awareness of health reform benefits ● Regional forums to identify priorities for health and social equity ● Activities in local parks to increase engagement with youth and their families
Support communication and storytelling	<ul style="list-style-type: none"> ● Trainings for youth in digital multimedia to create and share videos that support community activism ● Citizen journalist and youth journalist projects ● Community theater projects to support youth storytelling ● Local documentaries about the stories of resident-led advocacy in the community ● Intergenerational storytelling projects to support culturally-rooted healing ● Convenings for youth and advocates to share visual storytelling projects depicting community challenges ● Healing circles with law enforcement and city officials and community youth ● Annual public forums where residents and elected officials discuss opportunities to improve community conditions

thus offers important insight into a community's potential energy for transforming the power systems that generate health disparities.

Civic engagement may be linked to health at both the individual and community levels. Individually, informal types of civic engagement (through community service participation, civics education, and social association membership) have been shown to be associated with increased more formal types such as voting and political participation (Hart et al., 2007; Kwak et al., 2004). Evidence from multiple countries suggests that voting and volunteerism are associated with better self-reported physical health (Ard et al., 2016;

Brown et al., 2020; Islam et al., 2006; Kim et al., 2015) and improved mental health (Ballard et al., 2019; Landstedt et al., 2016), with effects that may persist across the life course (Landstedt et al., 2016). At the community level, civic engagement through voter participation may influence political leaders and shape policy decisions that profoundly impact health by incentivizing leaders to support policies that address the health needs of constituents (Apaliyah et al., 2012; Ehlinger & Nevarez, 2021; Mattila et al., 2013). And the relationship may be bidirectional and self-reinforcing: voting affects health by impacting who is in power and what policy decisions are made (Brown et al., 2020), while health affects how likely someone is to vote. Indeed, studies have shown that poor health acts as a barrier to political participation, which further reduces the likelihood of beneficial policies being enacted (Denny & Doyle, 2007; Mattila et al., 2013; Ojeda, 2015). As Brown et al. (2020) argue, “taken together, a cycle can develop of poor health and political disempowerment” (p. 18). In other words, voting and good health can be cyclical and reinforce one another, ultimately resulting in lack of engagement in the absence of health.

Despite these important linkages between voting and health, the work of actually turning out voters is extremely complex, and effective strategies to do so have been debated across fields for decades. For community organizers, electoral participation is part of an ongoing cycle of integrated voter engagement, mobilizing, and base building. Voter engagement efforts, such as “get-out-the-vote” (GOTV), door-to-door canvassing, and phone banking, that are integrated with ongoing organizing are viewed as more effective than efforts connected to a short-term or one-time election cycle (Lin et al., 2019). However, even when integrated with broader movement building work, voting itself represents an important milestone in the process, and there is a need to better understand the link between organizing and voter turnout (Grumbach et al., 2022; Lin et al., 2019).

While voting is an individual behavior, research has suggested that rates of voter participation can be affected by community-level factors. For example, while individual-level unemployment rate or economic adversity depresses voter turnout, studies have shown that community-level unemployment rates are associated with greater voter turnout (Burden & Wichowsky, 2014; Cebula, 2017; Rosenstone, 1982). Studies have also shown homeowners are more likely to vote than renters, and that home foreclosure rates are negatively associated with community-level turnout (Estrada-Correa & Johnson, 2012; Jiang, 2018; Manturuk et al., 2009; Shah & Wichowsky, 2019). Racial and ethnic homogeneity of a neighborhood can also affect voter turnout; racially homogenous block groups situated in areas that reflect their racial composition have higher voter turnout, while an increase in the proportion of racially dissimilar neighbors depresses individual turnout (Barber & Imai, 2014; Schlichting et al., 1998). Finally, while language

barriers in general can depress voter turnout, communities with a high proportion of limited English-proficient citizens may benefit from the language provisions of the Voting Rights Act, which require language assistance during elections in jurisdictions where population and literacy requirements are met (Barreto, 2005; U.S. Census Bureau, 2022).

In this paper, we examine whether the investments in community organizing, through grants to promote resident leadership, support community advisory processes, strengthen community building events, and develop communication capacity, made under the BHC umbrella were associated with increases in a specific indicator of civic engagement: voting participation. We examine the impact of these investments in both primary and general elections over the course of the 10-year initiative, making comparisons over time and between intervention and propensity-weighted comparison sites. Given their demonstrated impact in previous research, we also controlled for community-level factors that could contribute to differing rates of voter participation, including rates of employment, homeownership, racial/ethnic composition, and English proficiency. In addition, we used interaction terms to explore whether, and the extent to which, any effects differed by year or type of election. We hypothesized that the magnitude of the effect might differ by year because voter participation often looks different in primary, general, midterm, and presidential elections. The time period examined in our analysis included primary and general elections during presidential election years with and without an incumbent candidate (2012 and 2016, respectively) and during midterm election years in a Democrat and Republican presidency (2014 and 2018, respectively). Testing for moderation helps to explain different patterns of impact and suggests whether community organizing may be more or less effective in certain circumstances.

Although BHC did not seek to drive voting behavior or advocate for specific electoral outcomes, it *did* seek to energize and amplify the ability of communities to act on issues and opportunities that were important to their residents – to build community capacity to create policy and systems change. Voting is just one potential objective measure of that capacity building, and we recognize that it is not without limitations in terms of who it inherently excludes (e.g., minors, noncitizens, and currently and formerly incarcerated individuals) and how it can be manipulated to further exclude potential voters (e.g., through voter roll purges, gerrymandering, inadequate translation of materials for those with limited English proficiency, and other efforts to further limit registration and participation). Voting was just one part of a larger effort to support community organizing and power building, as BHC's theory of change underscores. But at the same time, voting is a critical measure of community power since it represents one of the most direct ways citizens can participate in policy and systems change at the community level. Whereas other types of civic participation (e.g., direct

engagement with elected officials, attending political meetings) often require or benefit from higher civic knowledge and motivation and strong English language proficiency, voting can in some ways and instances be a more accessible type of civic engagement than others (Dobard et al., 2016). Further, in the absence of additional measures of civic engagement at the local level across the entire state during the entire study period, including data quality issues with voter registration data, voter turnout represented our best available outcome to begin to examine the impact of BHC's community organizing investments.

Methods

Data sources

Our analyses were limited to secondary data sources due to the nature of the BHC initiative and the timing of our study. We relied on data from multiple sources:

The California Endowment's (TCE's) Grants Management System (GMS): This system includes information and descriptions of all 10,615 grants and investments distributed over the course of the BHC initiative (2010–2019). Data on every grant was coded to capture the *who*, *what*, *where*, *when*, and *how much* of each investment. Written descriptions of each grant's activities were coded using a nested, universal coding framework including general topic domains describing the overall goal of each grant (e.g., representation, voice, and power) and the specific activities that were supported to achieve those goals (e.g., resident organizing). Coding was not mutually exclusive as some grants supported multiple types of activities across multiple domains. Coding was performed manually by members of the research team, and regular meetings were held with all coders to ensure consistency in application of codes. This data source provided the basis for our independent variable, per capita investments, and was restricted to grants coded as supporting community organizing through the following domains: resident organizing, voting rights, voting engagement, increasing community voice, and increasing representation in positions of power.

Voting & Redistricting Data: The redistricting database for the State of California, known as the Statewide Database, merges voter registration and election data with census data and includes information on all statewide elections across local, state, and federal levels going back to 1994 (Database, n.d.). These data were used to assess voting participation longitudinally across BHC geographies and compare with statewide trends.

American Community Survey (ACS) Data: Lastly, ACS five-year estimate data at the census tract level were used for information regarding housing, employment, and other demographics. Census tract data were mapped to

BHC geographies. These data were used to create propensity-weighted comparison sites and as covariates in our models.

Key measures

Our key outcome of interest was voter turnout, tracked by election type (primary or general) across eight elections during the BHC period (2010–2019). Voter turnout numbers are aggregated by voting precincts in the database (McCue, 2011).; Voter turnout rates were constructed by matching voting precincts to census tracts using the centroid of the voting precinct. Voter turnout was calculated as the total number of voters in an election and census tract divided by the total population registered for that election within the same census tract. Voter turnout was used as our outcome of interest, rather than voter registration, due to inconsistencies in California’s registration data from one year to another.

Our primary independent variable was BHC’s per capita investment in the following key activity domains from our universal coding framework: resident organizing, voting rights, voting engagement, increasing community voice, and increasing representation in positions of power. Because elections occurred every two years, investments for the fiscal year (defined as April 1 to March 31) of each election and the previous fiscal year were summed based on the idea that the previous two years of organizing work would “set the stage” for voter turnout in each election. Because BHC sites varied greatly in geographic and population size, per capita amounts were calculated using the total adult population of the site to standardize investments across BHC sites.

Unemployment rate, homeownership rate, racial/ethnic composition, and language were included as covariates, as they are hypothesized to be relevant to voter turnout rates (Burden & Wichowsky, 2014; Cebula, 2017; Manturuk et al., 2009; Rosenstone, 1982). Estimates for each were constructed at the census tract level using ACS data. Unemployment rate is defined in ACS as the proportion of civilians above age 16 in the labor force who self-report being unemployed. Homeownership rate was defined as the proportion of households that are reported as owner-occupied. Racial/ethnic composition was defined as the proportion of individuals who self-report as any race/ethnicity other than Non-Hispanic White, the same definition used in the Social Vulnerability Index (SVI). Finally, language was also defined as in the SVI, or the percent of individuals over age five in a census tract who report speaking English “not well” or “not at all.”

Analyses

To account for nesting of census tracts within BHC sites, we used hierarchical linear modeling to explore the association between per capita community

organizing investments and voter turnout while adjusting for covariates including unemployment, homeownership, race/ethnicity, and language. Models made comparisons (1) over time within BHC sites, and (2) between BHC and non-BHC communities. BHC census tracts were defined as those which overlapped with a BHC community boundary by 10% or more. Non-BHC communities encompass all other census tracts in California. Propensity score weighting was used to minimize the differences between BHC and non-BHC communities (Rosenbaum & Rubin, 1983). To perform the weighting, a logistic regression model was used to estimate the probability of a census tract being selected into a BHC community. The variables included in the model were based on the criteria originally used to select BHC communities and are provided in Supplemental Table 1. The probability of selection defined by the logistic regression model was then used to construct a weight to adjust for differences between BHC and non-BHC sites, with census tracts more similar to BHC communities weighted up and those more dissimilar weighted down. The final propensity score model reduced standardized mean differences (SMD) of baseline characteristics between BHC and non-BHC communities from 1.005 to 0.044. With a SMD of less than 0.1, we felt confident that differences between the two groups were minimized (Stuart et al., 2013). Absolute standardized differences for baseline characteristics comparing BHC to non-BHC communities before and after balancing are shown in Supplemental Figure 1.

A series of hierarchical linear models were used to examine whether investments were associated with voter turnout. We used a model-building approach commonly used in hierarchical modeling, starting with a null model (not shown) that allowed us to examine how alternate explanatory factors affected model fit. An unadjusted model (Model A) was built using the primary independent variable (investments) and an indicator for each

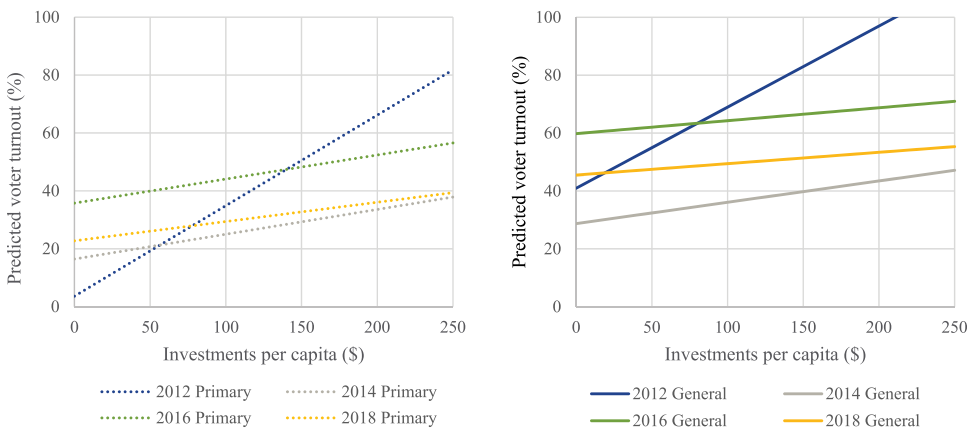


Figure 1. Trends in predicted voter turnout for primary and general elections: California, 2012–2018.

election in the dataset. Next, an adjusted model (Model B) was built by adding relevant covariates (unemployment rate, homeownership rate, racial/ethnic composition, and language). Last, in Model C, interactions between per capita investments and elections were tested to explore whether the effect of investments on voter turnout differed by election year and/or election type (i.e., primary or general).

Results

Table 2 compares the general characteristics of BHC sites, non-BHC comparison sites, and California overall along dimensions relevant to our analysis. Over \$229 million was invested in voice, power, and community organizing through BHC, which is an average of \$44 per capita across the 14 BHC communities. Amounts varied from site-to-site and election-to-election, but investments in organizing generally grew until 2014 and then remained largely stable thereafter (data not shown). In general, census tracts associated with BHC had a high percentage of Black, Indigenous, and people of color (BIPOC) residents (64%, vs 45% in California overall), a higher percentage of residents with limited English proficiency (15%, vs. 7% overall), higher unemployment rates, and lower rates of homeownership than non-BHC census tracts. This

Table 2. Description of voter turnout and sociodemographic characteristics within and outside of BHC sites in California, 2012–2018.

	Census Tracts in BHC Sites (n = 325) ¹ , % or \$ (SE)	Census Tracts in Non-BHC Sites (n = 7,445) ¹ , % or \$ (SE)	Census tracts in CA Overall (n = 7,770) ¹ , % or \$ (SE)
<i>Primary Election Voter Turnout (%)</i>			
2012	19.49 (10.40)	29.37 (11.88)	28.96 (11.98)
2014	16.84 (9.62)	24.26 (10.64)	23.95 (10.70)
2016	35.39 (9.97)	45.56 (10.44)	45.13 (10.62)
2018	23.57 (10.83)	36.12 (12.20)	35.59 (12.40)
<i>General Election Voter Turnout (%)</i>			
2012	56.11 (11.76)	68.39 (10.76)	67.88 (11.07)
2014	28.78 (11.81)	40.68 (13.40)	40.19 (13.54)
2016	57.99 (11.91)	72.57 (10.19)	71.96 (10.68)
2018	45.62 (11.91)	61.32 (12.48)	60.66 (12.85)
<i>Investments (\$ per person)</i>			
Investments per capita ²	44.31 (33.65)	- (-)	- (-)
<i>Control variables (all elections)³</i>			
Unemployment rate (%)	12.75 (6.18)	9.56 (5.25)	9.69 (5.33)
Homeownership rate (%)	37.94 (20.01)	56.11 (23.51) ¹	55.35 (23.65)
Percent Minority (%)	64.10 (39.75)	43.99 (35.22)	44.83 (35.64)
Percent Limited English Speaking (%)	15.17 (12.87)	7.09 ² (12.85)	7.42 (12.95) ³

1. Due to missing data, some summary statistics were calculated with smaller sample sizes than reported.
 2. Summary statistics for investments were calculated at the site level (14 BHC sites) averaged across all eight elections.
 3. Summary statistics for control variables were calculated as the average across all eight elections.

Table 3. Linear model results for voter turnout, investments per capita, and sociodemographic factors: California, 2012–2018.

	Model A B (95% CI)	Model B B (95% CI)	Model C B (95% CI)
Constant	18.82 (15.67, 21.97)	15.23 (12.86, 17.60)	13.53 (10.90, 16.16)
Investments per capita	0.05 (0.04, 0.05)	0.04 (0.03, 0.04)	0.31 (0.24, 0.39)
Election (ref. 2012 primary)			
2014 Primary	−3.56 (−3.73, −3.38)	12.89 (12.37, 13.42)	12.82 (12.30, 13.35)
2016 Primary	15.93 (15.76, 16.11)	32.17 (31.64, 32.70)	32.15 (31.62, 32.69)
2018 Primary	3.20 (3.02, 3.38)	19.08 (18.54, 19.62)	19.10 (18.56, 19.64)
2012 General	37.23 (37.06, 37.40)	37.24 (37.08, 37.41)	37.27 (37.10, 37.44)
2014 General	8.62 (8.45, 8.80)	25.07 (24.55, 25.60)	25.06 (24.53, 25.58)
2016 General	39.76 (39.59, 39.94)	56.01 (55.48, 56.54)	56.13 (55.60, 56.67)
2018 General	25.82 (25.64, 26.00)	41.70 (41.16, 42.24)	41.84 (41.30, 42.38)
Investments per capita*Election (ref. 2012 primary)			
2014 Primary			−0.23 (−0.29, −0.16)
2016 Primary			−0.23 (−0.29, −0.16)
2018 Primary			−0.25 (−0.31, −0.18)
2012 General			−0.03 (−0.10, 0.03)
2014 General			−0.24 (−0.31, −0.17)
2016 General			−0.27 (−0.33, −0.20)
2018 General			−0.27 (−0.34, −0.21)
Unemployment rate		−0.16 (−0.17, −0.15)	−0.16 (−0.17, −0.15)
Homeownership rate		0.13 (0.13, 0.14)	0.13 (0.13, 0.14)
Percent minority		−0.21 (−0.22, −0.21)	−0.21 (−0.22, −0.21)
Percent limited English proficiency		0.11 (0.10, 0.12)	0.12 (0.11, 0.13)
<i>Variance components</i>			
Site level	35.81 (7.69, 63.93)	19.86 (4.31, 35.42)	24.11 (5.21, 43.01)
Census Tract level	50.20 (47.48, 52.91)	25.45 (24.00, 26.89)	25.43 (23.98, 26.88)
AIC	545359.5	538162.9	538043.5

reflects the initiative's focus on communities that have experienced longstanding structural and systemic factors like racism and segregation.

Table 3 presents results of the hierarchical linear models used to investigate associations between *per capita investments in community organizing* and *voter turnout*. Per capita investments in community organizing were significantly and positively associated with voter turnout in both the unadjusted and adjusted models (Models A and B, respectively). In Model C, the interaction between per capita investments and elections was significant, suggesting that the effect of investments varied across elections in the BHC period: investments were most strongly associated with increased turnout in the 2012 primary and general election, a result we further illustrate in Figure 1. The strong effect of investments observed during the 2012 election can also be seen in Model C, where a substantial increase in the effect size of the investment parameter is observed following the addition of the interaction term. In 2012, each dollar of per capita investment was associated with an increase of 0.31 (95% CI 0.24–0.39) points in voter turnout; however, while this relationship was strongest in 2012 (i.e., the reference year for the interaction term), it was significant and positive for all years and types of elections examined (Model C). In general, higher unemployment in a census tract was associated with lower turnout (−0.16 voting rate per percentage point increase in

unemployment, 95% CI 0.15–0.17), as were those with higher BIPOC residency (–0.21 voting rate per percentage point increase in BIPOC status, 95% CI –0.20–0.22).

Discussion

In this comparative, retrospective longitudinal study, we found that BHC investments in organizing, base building, and related activities were significantly and positively associated with increased voter turnout which is a key indicator of civic engagement. This represents a critical first step in assessing the BHC theory of change, which is predicated on the idea that philanthropic investments in support of community organizing and base building will result in improved civic engagement, which will in turn lead to policy and systems changes that help reduce health disparities and improve overall community health, especially in historically marginalized or underserved communities like those in the BHC initiative.

In general, the effects of community organizing investments differed by election; effects were positive even in primary and midterm elections and were surprisingly larger in primaries than in general elections. Given that primary and midterm elections tend to see lower turnout but often contain important choices for local offices and initiatives, they may represent a key opportunity for an organized, activated set of community partners to exercise power to the benefit of their own health interests. Previous authors have noted that primary elections create opportunities for meaningful participation in competitive races even in locations where general election results are noncompetitive, encourage critical candidate appraisals, and help determine the future course of the party (Hirano & Snyder, 2019), all of which can encourage further civic engagement and impact community wellbeing. Studies have also found that young adults and recent movers are particularly unlikely to participate in midterm elections, and in California, racial disparities in election participation intensify in midterm elections (Dobard et al., 2016).; Investments may help youth, more mobile residents, and communities of color identify and overcome barriers to participation (Jackson, 2000). Ultimately, increased participation can lead to greater community representation in determining local measures that significantly impact communities' wellbeing and opportunities to be healthy.

The observed effect of investments on voter turnout was found to be greatest in 2012. While there are multiple possible explanations for variation by year, it appears that initial grants made between the start of the initiative and when investments largely plateaued in 2014 were particularly impactful in increasing voter turnout due to their novelty, resulting in an initial boost in voter turnout that translated into smaller increases in subsequent years. Investments may have stimulated new approaches by grantee organizations,

or the novelty of these new initiatives may have helped to engage residents. On the other hand, it is possible that later years of the initiative saw increases in other, unmeasured types of civic engagement that could be important precursors to subsequent increases in voter turnout. Because organizing work seeks to integrate electoral participation into broader community base-building, future studies should consider how participation in these broader efforts can be measured alongside changes in voter turnout. For example, while we were unable to assess the impact of investments on voter registration rates due to data limitations, these same investments likely had a positive impact on voter registration, which can act as the seed for subsequent engagement and participation.

Our analysis also confirmed that some communities may face significant barriers to civic engagement. These barriers were particularly relevant in BHC communities and were part of the reason these communities were invited to participate in the initiative. We found that voter turnout tended to be lower in census tracts with higher unemployment, a higher share of BIPOC residents, and lower rates of homeownership. Previous studies have reported mixed findings regarding the impact of community-level unemployment and racial/ethnic homogeneity on voting outcomes (Burden & Wichowsky, 2014; Cebula, 2017; Rosenstone, 1982; Schlichting et al., 1998), but largely validate our finding of higher turnout in communities with more homeownership (Jiang, 2018; Manturuk et al., 2009). Homeownership can act as a proxy for socioeconomic status and may foster political participation due to residents' commitment to the neighborhood and/or motivation to protect long-term equity, regardless of neighborhood conditions. Similarly, higher turnout in communities with a higher proportion of limited English-proficient citizens may be explained by language assistance provisions of the Voting Rights Act in areas where minimum thresholds for the number of limited English-proficient citizens are met (U.S. Census Bureau, 2022). Additionally, lower turnout in communities with higher percentages of BIPOC residents may relate to structural barriers faced by communities of color, including over policing and the resulting demobilization and disenfranchisement of formerly incarcerated individuals (White, 2019). Regardless, our results make it clear that communities similar to those selected for BHC may face substantial barriers to building civic engagement. Despite such barriers, our findings also suggest that investments in community organizing and base building may yield higher rates of voter turnout.

Overall, the results of this study demonstrate that deep investment in supporting a range of community engagement and organizing efforts by fostering resident leadership, community advisory processes, community building events, and communication skills can result in increased electoral participation (Table 1). Efforts designed to strengthen the community's general organizing infrastructure have the benefit of building change capital that

can be deployed in a variety of contexts that align with the community's natural needs and interests. As described previously, this broader approach to building advocacy networks is known as integrated voter engagement because it de-emphasizes single-issue campaigns and instead prioritizes movement building and connections between community members during *and between* elections through year-round organizing and leadership development (Lin et al., 2019). A number of integrated voter engagement efforts in California have been led by coalitions of organizations and supported by BHC, including Mobilize the Immigrant Vote and the Million Voters Project, comprised of California Calls, People Improving Communities through Organizing (PICO) – California, Asian Pacific Islanders for Civic Empowerment, Orange County Civic Engagement Table, Power California, Coalition for Humane Immigrant Rights of California, and Alliance of Californians for Community Empowerment (Lin et al., 2019). The success of these coalitions, and our principal finding that broad investments in community organizing and base building represent an opportunity for philanthropic funders across the country to consider a paradigm shift in their approach to community power building. This approach to community power building is increasingly being adopted by other foundations operating in California, such as the East Bay Community Foundation and the San Francisco Foundation, among others (East Bay Community Foundation, n.d.; San Francisco Foundation, n.d.). When philanthropic partners invest in community-led power building over multiple years rather than limiting efforts to election periods alone, communities can mobilize reactively and proactively, organize and defeat harmful initiatives or policies, and develop and pursue their own bold visions to transform their communities. This is just one way that foundations can foster civic engagement, but in this way, philanthropic support for power building is not just a means to an end, but a valuable end in itself (Farrow et al., 2020).

Limitations

This study has several limitations to consider when interpreting results. First, voter turnout was used as a proxy for two interconnected and multi-dimensional constructs, civic engagement and community power. While voting is just one component of civic engagement, which is in turn one part of community power, it is a crucial element in promoting health equity and represents a dimension of these constructs that is easily measurable over time (Ard et al., 2016; Brown et al., 2020; Kim et al., 2015). However, voting as a measure of community power is exclusionary in ways that other measures of civic engagement are not, both in terms of who it can exclude and who it inherently excludes. Through voter roll purges, strict voter ID laws, disenfranchisement of individuals convicted of felonies, gerrymandering, and

efforts to limit registration and participation, voter turnout as a measure of civic engagement can fail to account for other ways that community members engage and participate civically (Civic Engagement and Population Health Initiative, 2021). And by its very definition, minors, noncitizens, and individuals convicted of felonies are excluded as well, three groups that the BHC initiative targeted in its efforts to foster community power. These same investments may have supported community power building and civic engagement in ways not captured here, such as increasing community trust, rates of volunteering, organizational membership, collective action, or contacting elected officials or the media, among other possible outcomes.

This study relied on secondary data that likely does not capture the richness and complexity of the communities participating in the BHC initiative. While much of the investment data was manually coded, gaps may still exist given that grant activity descriptions may not have fully encompassed all the work conducted as part of that grant. In addition, our analysis focuses on an aggregated assessment of total investments in community power building and does not explore which specific activities or tactics might be the most important drivers of overall impact. The impact of some investments may also have been broader than a single BHC site; we used hierarchical regression models to account for spillover effects into adjacent areas within the same county but were not able to accurately map the likely effect footprint of each BHC grant. It was also not possible in the current analysis to connect individual level demographic data to election data; as such, this study did not explore whether the effect of increased voter turnout was evenly distributed across the population. Finally, this study did not include any data on investments made by other organizations both within and outside BHC sites during this same time period, which undoubtedly impacted voter turnout.

Conclusions & implications

This study focuses on one foundation's investments in community power building and the impact of those investments on voter turnout, but it arrives at a time when voting has become an even further politicized issue in its own right. During the BHC decade, California saw multiple large-scale electoral reforms related to vote by mail, same day registration, and other aspects of the electoral process (Conditional Voter Registration: Provisional Ballots, 2019; Elections: Vote by Mail Ballots, 2016, 2018; Vote by Mail Ballots and Election Result Statements, 2014). Electoral reforms continue across the country in the wake of the 2020 election, and in many cases these changes are restricting rather than expanding ballot access (Brennan Center for Justice, 2021). BHC was about improving community health by supporting communities' efforts to address the systemic drivers of health inequities, not supporting any specific policies, electoral outcomes, or voting behaviors. However, restricting ballot

access is a fundamental threat to communities' ability to address those drivers because voting is a critical mechanism by which communities exercise power in their own interests. Investing in power building initiatives may be an important strategy to help marginalized or excluded populations organize against changes that could impede their power and agency. Such investments may also provide the infrastructure necessary to help residents understand and navigate exclusionary changes to election law.

The BHC initiative “bet big” on a specific theory of change: that investing in community power would position communities to improve their own health by amplifying the impact of their work to address the key drivers of poor health and health disparities. The first step in assessing that theory of change is to determine whether investments in power building resulted in tangible increases in civic engagement as demonstrated by a more activated and engaged citizenry ready to act in service to their own health interests. In this analysis, we find that the broad investments BHC made in supporting community engagement, organizing, and base building had a positive impact on at least one critical indicator of civic engagement. Voting represents one way of many that this engaged citizenry could exercise its power; these findings should not be considered exclusionary to other forms of civic engagement but rather complementary given BHC's holistic approach to power building and its theory of change. Philanthropic organizations, organizers, and policy makers working to help communities build the capacity to address their key challenges should consider moving beyond campaign-specific, get-out-the-vote style investments and toward deeper investments in community power building.

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