





SOUTH SACRAMENTO BUILDING HEALTHY COMMUNITIES (BHC) INITIATIVE

YEAR THREE EVALUATION REPORT

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-and-

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SECTION 1: INTRODUCTION AND OVERVIEW OF YEAR 3

The South Sacramento (S.Sac) Building Healthy Communities (BHC) has completed three years of operation, consisting of an organizational structure and processes, numerous grantees who are receiving funding for a variety of strategies, and an emerging culture of program development through networking at the local level and cross-site learning at the state level. Although the first three years have featured strategies that address five of the original ten priority outcomes proposed by The California Endowment (TCE), the work of S.Sac BHC grantees is evolving and encompassing all ten priority outcomes. The third year included a review and revision of the original logic model, and a side-by-side comparison would clearly show the alignment with five and then ten outcome areas.

Grantees and the BHC Hub Steering Committee remain vigilant in the quest for creating and expanding opportunities for resident and youth engagement, so that the legacy of the BHC will authentically represent the needs and priorities for change as expressed by the target community. In addition, the cross-site learning among all 14 BHC grantees has been a source of input and inspiration from other BHC sites, as well as the forum for developing ways to "tell the story" of changes that are occurring throughout the state.

The third year report represents a time period of September 2012 through August 2013, more or less. Grantee funding is staggered, and site level activities do not adhere to 12 month cycles. Thus, the report presents an overview of key elements of process and developmental changes that are emerging for the S.Sac BHC. It also sets the stage for the next phase of development, based on a foundation three years in the making. Section 1 provides a summary update of the BHC organizational structure; a review of the grantees currently funded; and an introduction for the remainder of the report.

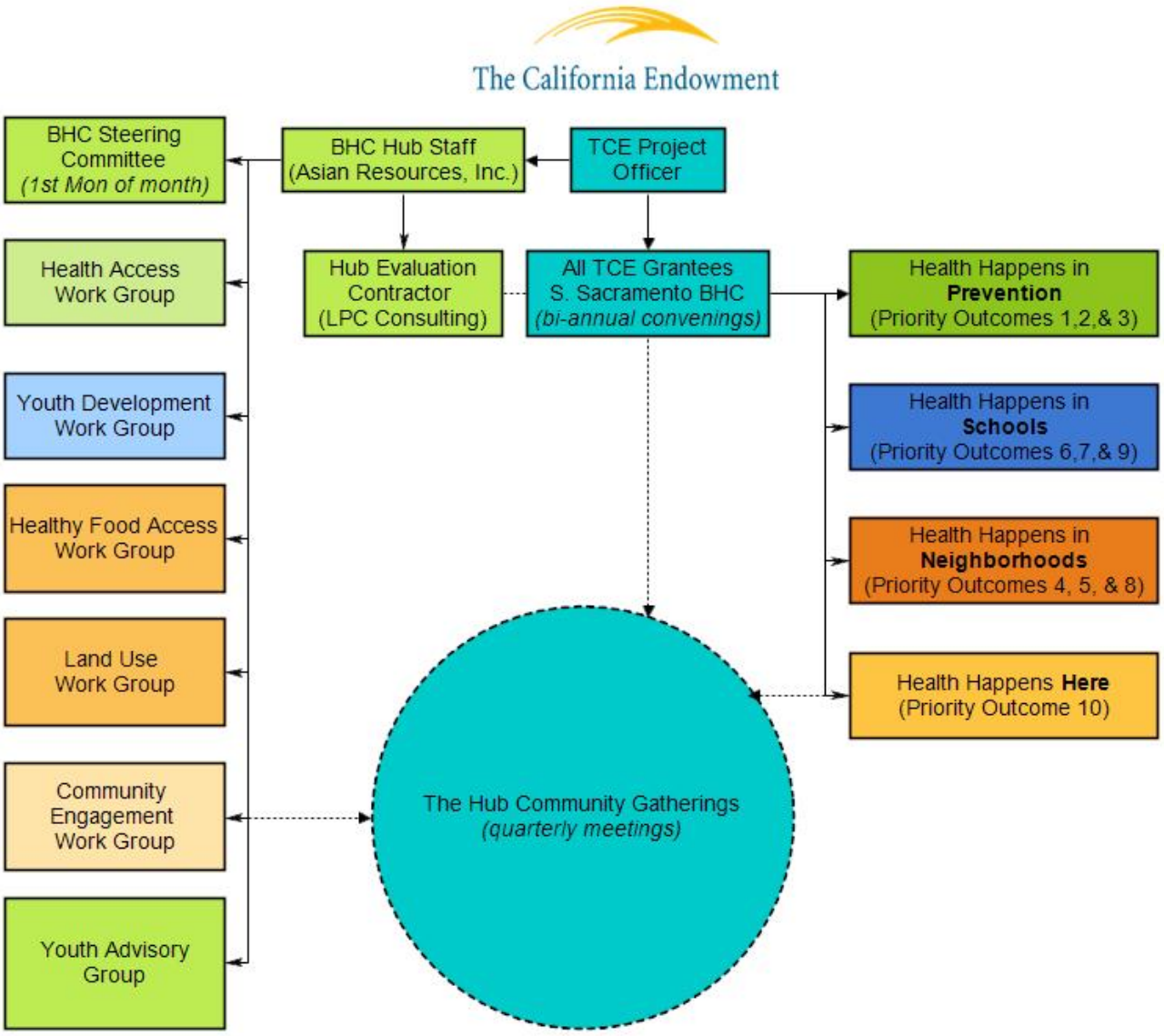
1.1 Organizational/structural changes

The S.Sac BHC has retained elements of the organizational structure that facilitated the planning process in 2009/10. In year one, the primary work groups and committees emerged to provide a structure for meetings among partners and grantees. The BHC Steering Committee became a forum for monthly check-ins among grantee workgroups and adult and youth residents of the target area. Work groups evolved from a focus on planning to a regular venue for grantees to network and mobilize resources. The work groups that have remained consistent since the planning year are: Health Access, Healthy Food Access, and Youth Development. The Land Use and the Community Engagement work groups emerged in year three to focus on specific strategies. The Youth Advisory Work Group has also evolved as a more consistent youth voice for the BHC Hub, yet there is ample opportunity to link the youth voice throughout the BHC organizational structure.

In April 2013 the BHC Steering Committee produced goals and objectives, a byproduct of their annual retreat. The purpose of the Steering Committee is "We provide guidance to TCE on funding, identify best practices among grantees, support grantees and community stakeholders, and ensure consistency with BHC strategic vision." Goals for 2013 were to raise community engagement, increase visibility and presence of the BHC in the community, and increase grantee support and accountability.

The other "new" element of the organizational structure is the recognition of grantees by strategic areas and priority outcomes. TCE and the S.Sac BHC are reinforcing the use of messages developed by TCE to promote the BHC initiative and to provide a way for grantees to identify their work in the larger BHC context. The four "health happens" campaigns provide this additional framework, illustrated in Figure 1.

Figure 1 – S.Sac BHC Organizational Structure, Year Three



The BHC continues to host HUB community gatherings on a quarterly schedule. In year three these meetings were at school sites, and even provided a community forum for the community to meet with officials from Sacramento City Unified School District (SCUSD) in response to an announcement that several schools in the BHC area were designated for closure due to under-enrollment. This forum provided a venue for venting and a healthy dialogue between parents and the District, though it occurred after school sites had been selected for closure. Following the meeting one of the resident attendees at the Hub gathering submitted recommendations to the Community Partners Transition Support Committee which the District had created to provide oversight related to the school closure process. The Committee adopted the recommendations as "best practice" and integrated those recommendations to the recommendations to the school Board.

1.2 S.Sac BHC Grantees by Health Happens Campaign Area

The third year of the BHC initiative in South Sacramento (S.Sac) culminated in the work of nearly 50 grantees with numerous projects and activities that support the *Health Happens . . .* campaigns in *Prevention, Schools, and Neighborhoods.*[1] The following tables present a list of programs funded in year three and the grantees.

Table 1 is a list of programs and 12 grantees that are addressing prevention, primarily focusing on healthcare enrollment in the wake of healthcare reform under the Affordable Care Act (ACA). Related grants are supporting activities to reach underserved populations by addressing systemic and institutional barriers to health. A more detailed description of the Health Navigator Program is featured in a case study in Section 7.

Table 1 – Health Happens with Prevention Grantees

Program Description	Grantee(s)
Streamline health coverage applications and referrals of other social service programs	Sacramento Covered, *formally Cover the Kids*
Advance culturally appropriate healthcare by recruiting community volunteers to help residents navigate the system	Capital Community Health Network (sub-contractors: Hmong Women's Heritage Association, Southeast Asian Assistance Center, La Familia Counseling Center)
Provide diabetes and hypertension education for African American women and their daughters	The African American Women's Health Legacy
Improve communication and coordination among health navigators working with Latino communities	Health Education Council
Empower residents and congregation leaders of South Sacramento to improve health care	Sacramento Area Congregations Together
Assist residents on legal issues, including access to health care	Legal Services of Northern California
Increase capacity of community leaders from the Sacramento BHC to advocate for increased access to health homes	ACCE
Develop a pilot program geared towards engaging African American congregation leaders in healthy eating and active living	CA Black Health Network

Table 2 presents a list of programs and six (6) grantees that are focusing on a variety of strategies to advance health in schools. For students who attend Sacramento City Unified School District (SCUSD) schools, health promotion includes providing increased opportunities for physical activity and healthy nutrition; implementing bullying and violence prevention activities; improving school attendance; addressing school policies about suspension and expulsion; and promoting healthy activities and healthy nutrition among students and at home. The Health Happens in Schools activities address health directly and indirectly, affirming the synergy between the "whole student" and a healthy school climate.

[1] These three areas also appear in the revised Logic Model. In addition, the S.Sac BHC Logic Model includes Health Happens Here to address capacity building strategies that transcend prevention, schools, and neighborhoods. In the lists presented in this section, the Health Happens Here strategies are integrated in the Prevention listing.

Table 2 – Health Happens in School Grantees

Program Description	Grantee(s)
Develop and expand youth led violence, harassment and bullying prevention programs	Sacramento City Unified School District
Partnership between the Sacramento Kings, TCE and SCUSD to educate students, their family members and the community on the importance of maintaining a healthy lifestyle through physical activity and healthy eating	Sacramento City Unified School District
Create a template for schools and the district that identifies students who are chronically absent and then develop strategies to focus on health and health-related resources in high need areas and identify potential systematic changes	Sacramento City Unified School District (with Community Link)
Strengthen the infrastructure of the district to increase school attendance and safety in schools by becoming a portal for health, wellness and human services for students and their families	Sacramento City Unified School District
Support youth in their efforts to develop an education and advocacy campaign on school suspension and expulsion	Sacramento Independent Learning Center/Black Parallel School Board
Support a health education and peer mentoring program at Hiram Johnson and American Legion High Schools to inspire students and their families to become neighborhood ambassadors for healthy eating and active living	Healthcorps
Implement a comprehensive, capacity-building project to expand officer skills for working with youth and promoting best practices for preventing, intervening and reducing school violence	Strategies for Youth
Build the capacity of youth to implement an advocacy campaign to reduce sugar sweetened beverages consumption and improve school food service menu offerings	Health Education Council
Examine and revise school “push out” policies related to suspensions and expulsions, in context of restorative justice.	Men’s Leadership Academy, Sacramento City Unified School District
Create platform for expanding school gardens at 5 elementary schools	Soil Born Farms with Shannon Hardwick and Bill Maynard

Table 3 presents a list of programs and 36 grantees that are advancing health throughout the BHC target neighborhoods. These strategies include a heavy focus on improving access to healthy food and facilitating urban gardening; advancing healthy land use through changes in transportation, housing, and green space; community safety and violence prevention; youth development through leadership development and advocacy; resident leadership development and advocacy. A more detailed description of one violence prevention initiative, the Mayor’s Gang Prevention Task Force, is in Section 7.

Table 3 – Health Happens in Neighborhood Grantees

Program Description	Grantee(s)
Food Access	
Facilitation of the Regional Food Systems Collaborative	Valley Vision
Create a food system that supports more local food consumption and healthy food education for South Sacramento residents. Development of a how to manual for school gardens and curriculum for incorporating school gardens into multiple academic subject areas	Soil Born Farms (with Ubuntu Green, Asian Resources, Alchemist CDC, Sacramento Food Bank)
Strengthen the capacity of residents, youth and community organizations in South Sacramento to advocate for greater access to locally grown, healthy food	Pesticide Watch
Fostering youth to create youth-run businesses that deliver fresh fruits and vegetables to the BHC target area	Fresh Producers
Expand and further develop the Oak Park Farmers Market and Crop Swap	Neighbor Works
Increase consumption of healthy food in healthy disparity "hot spot" communities through youth leadership development, skill workshops, community actions, and communal dinners	Freedom Bound Center / Sol Collective
Train youth and residents on environmental justice with an emphasis on urban agriculture	Freedom Farms
Door to door grassroots canvassing in BHC target area around food access	Western Services Workers Association
Train 15-20 individuals on a food curriculum targeting school age children & youth from limited resource communities	California Food Literacy Center
Land Use and Transportation	
Strengthen the capacity of residents and youth in South Sacramento to advocate for health promoting land use, transportation and community development policies	California Capital Development Corporation (with Ubuntu Green, WALKSacramento)
Support the Coalition on Regional Equity's work around regional policy in the areas of transportation, hunger, regional planning and environmental health	Sacramento Housing Alliance
Convene and facilitate community pedestrian safety meetings to prioritize road improvements needed in the Stockton/Fruitridge area	WALKSacramento
Strengthen and expand mechanisms for linking individual health, housing and transportation problems in South Sacramento to policy and systematic changes in the local Sacramento area and statewide	Legal Services of Northern California
Increase capacity of community leaders from the Sacramento BHC to advocate for land use improvements such as permanent traffic/stop lights, repairs to street lights and traffic control signage near schools	ACCE
Safety	
Empower residents and congregation leaders of South Sacramento to develop campaigns to reduce youth violence	Sacramento Area Congregations Together
Build up the capacity of the Mayor's Gang Prevention Task Force	City of Sacramento (with Sacramento

Program Description	Grantee(s)
	Employment and Training Agency)
Youth Development	
Coordination of Summer Youth Leadership Program to create a healthy South Sacramento neighborhood environment that supports children and young adults from elementary school to early adulthood	WayUp (with Youth Development Network)
Through the LBGTQ Youth Collaborative build the capacity of youth-serving organizations and youth to work together to improve and enhance support to LGBTQ youth and their families in South Sacramento	Mental Health America of Northern California
Build the capacity of youth from high risk, underserved populations in South Sacramento to become leaders and advocates for reductions in youth violence and increased safety	La Familia Counseling Center
Work with a group of youth to develop an advocacy / action plan	People Reaching Out (with UC Davis)
Improve the literacy of youth through creative writing programs	916 INK
Promote positive, social, emotional and educational opportunities for young men and boys	Always Knocking
Leadership Development (non-issue specific)	
Convene a Sacramento Boys and Men of Color summit	Asian Resources / BHC HUB
Train a core group of API residents to better engage local stakeholders and decision-makers about issues and needs specific to the API communities	Asian Resources Inc.
Build the capacity of the Hmong, Mien, and Lao communities to strengthen their relationships with each other and to work with government agencies to improve health outcomes and prevent youth violence in their communities	Hmong Women's Heritage Association (with United Iu-Mien Community, Inc., Sacramento Hmong Mediation Inc., Sacramento Asian American Minority, Inc.)
Increase the representation of communities of color and low income communities on boards and commissions in the Sacramento region	Sacramento Housing Alliance
Expand the Leadership and Empowerment Institute for Girls and Young Women and work with other agencies to put on a conference for girls and young women of color	Center for Community Health and Well Being
Doing door to door grassroots canvassing in BHC target area around health access	Western Services Workers Association
Empower residents and congregation leaders of South Sacramento to improve health care	Sacramento Area Congregations Together
Strengthen the capacity of residents, youth and community organizations in South Sacramento to advocate for greater access to locally grown, healthy food	Pesticide Watch
Increase capacity of community leaders from the Sacramento BHC to advocate for increased access to health homes	ACCE
Resident Tools	
Direct media productions to develop a more coordinated & unified effort to highlight Sacramento BHC accomplishments	Center for Multicultural Cooperation

1.3 Brief update on evaluation focus for Year 3

The evaluation for year three of the S.Sac BHC Hub builds on the findings presented in reports for years one and two, featuring updates on existing components and introducing new or modified strategies. Year three seems to mark the point at which specific strategies have taken hold or stabilized, there is increased emphasis on developing venues and opportunities to engage residents and youth, and TCE has introduced a modest roster of data collection activities and tools to "lift up" lessons from all 14 BHC sites, focusing on the drivers of change that result in changes in systems and policies and practice.

The highlights from year three are:

- Relatively stable organizational structure, with retention of the BHC Steering Committee and the core work groups;
- Introduction and/or strengthening of a Community Engagement Work Group and a Youth Advisory Group;
- Revision of the Logic Model for S.Sac BHC;
- Updated trends for resident and youth engagement;
- Introduction of TCE Cross-Site Learning Tools and data collection protocols; and
- Selected case studies for the Health Navigator Program and the Mayor's Gang Prevention Task Force.

Approximately one third of the way through the 10 year initiative, the S.Sac BHC has established a core of strategies that address all 10 priority outcome areas and represent vivid illustrations of the Health Happens . . . messaging campaigns. Grantees are increasing interest in and willingness to partner outside and beyond their traditional areas of expertise, to mobilize for larger systems level changes, and to share resources, like resident and youth leaders.

Year four will mark the first year of introducing all of the Cross-Site Learning tools for data collection from grantees, primarily. It will also mark a critical turning point, with renewed emphasis on systems change and resident and youth engagement. The evaluation will revisit community indicators for tracking trends over time, with individual work groups and other key stakeholders. And there may be new opportunities to identify and track other measures of change within systems or in policy and practice that emerge as a byproduct of the cross-site learning.

1.4 Organization of the Year Three Evaluation Report

This report is the culmination of grantee activity and selected evaluation tasks, introduced in the Overview in Section 1. Sections 2 and 3 describe developments in the infrastructure of the S.Sac BHC, presented in a summary of capacity building activities for the year (Section 1), followed by a status report on Hub activities that foster community engagement (Section 3). Section 4 provides an update on the trends for resident and youth engagement as documented in logs submitted by BHC grantees throughout the year. Section 5 presents the revised Logic Model and summarizes the process for reviewing and updating the original Logic Model. Section 6 features case study descriptions of two projects funded through the BHC, the Health Navigator Program and the Mayor's Gang Prevention Task Force. Section 7 introduces the Cross-Site Learning component of the BHC, and Section 8 provides conclusions and recommendations from three years of an ongoing evaluation of the S.Sac BHC.

SECTION 2: CAPACITY BUILDING OPPORTUNITIES AND EXPERIENCES

The California Endowment (TCE) has engaged consultants from a variety of areas of expertise to support the work of the 14 BHC sites. These resources range from a growing web-based library of documents and tools developed by and for BHC sites, several specific providers of training and technical assistance on request, and training at statewide convenings, on site, and online. Nationally known consulting groups like FSG Consulting have been integral partners in the provision of support to the BHC sites; individual consultants with specific areas of expertise are among the resources made available to sites on request; and the sites have access to data tools, such as www.HealthyCity.org, where they can select and view community level data on a map of the BHC target area. Table 4 presents an overview of the training and technical assistance resources used by the S.Sac BHC since the first year of implementation (2010).[2]

The S.Sac BHC site has benefitted from training and TA since 2010. Among these are the webinars and conference-like training sessions to learn how to access and utilize www.HealthyCity.org; training for all BHC Hub Program Managers or other staff; training on specific topics of interest, like structural racialization, violence prevention, or community engagement. These resources provide important tools for developing capacity to implement the BHC initiative, focusing on strengthening infrastructure and advancing the drivers of change to impact systems, policy and practice.

> Recommendation 1: Beginning in year 4 the BHC Hub staff and the evaluation team will develop a system for tracking and documenting training and TA for Hub staff and grantees.

At least 200 individuals attended training activities presented in Table 4 (duplicated count) over the last three years. The training offerings listed below are based on recollection and are likely incomplete; shaded cells in the table represent areas where no further details were readily available. However this is an overview that illustrates how many training opportunities have come with the BHC funding, and areas of training emphasis. Collectively these training opportunities have enhanced capacity for resident leadership, youth development, communications and data use.

[2] This is the first report where the evaluation has acknowledged the role of training and technical assistance in developing the capacity of the S.Sac BHC and its grantees. The information presented in the table is a recollection of past events; for year 4 the evaluation team will introduce a more formal tracking process to improve the accuracy and completeness of information related to training and technical assistance requested and received for this site.

Table 4 – Overview of Training and Technical Assistance for the S.Sac BHC Site

Date of TA Training	Topic	Recipients	Provided By	Number of Attendees
2010	Primary Prevention for Change		Health ExChange Academy (HEA)	
2010	Advocating for Change		Health ExChange Academy (HEA)	
2010	Structural Racialization	BHC Grantees and partners	Jesse Mills	Approximately 50
8/9/11	Advocacy	multiple agencies	Alliance for Justice (AFJ)	8
2012	Community Scorecard	Mayor's Gang Prevention Task Force	Urban Peace (Advancement Project)	NA; community indicator data collection and analysis
10/10/12; 10/11/12; 11/15/12; 11/16/12; 01/24/13; 01/25/13	Violence Prevention	Mayor's Gang Prevention Task Force	Urban Peace (Advancement Project)	37
1/2013; 1/10/13; 1/16/13; 3/11/13, 7/10/13, 11/13/13	Communications - Digital Storytelling, Videography, Site Assessment, Direct Support	BHC Hub Staff (Alberto Mercado, Kim Williams), youth	Ryse Center	9
Various	Community Building, Leadership Development, Marketing	BHC Hub Staff (Kim Williams)	LeaderSpring	1
2/19/13; 2/19/13; 2/19-2/20/13; 2/21-2/22/13; 3/14-3/15/12	Community Building, Leadership Development, Marketing - Youth Exchange, Community Exchange	Youth and adults	National Conflict Resolution Center (NCRC)	70
	Community Building, Leadership Development, Marketing		Urban Habitat	
	Community Building, Leadership Development, Marketing	BHC Hub Steering Committee Chair, Constance Slider	Women's Policy Institute	1
	Immigrant Integration		Southeast Asia Resource Center	
	Technology	BHC Hub Staff (Alberto Mercado)	ZeroDivide	1
11/6/12; 8/20/13	Data Analysis – School Health Data	BHC PM, Christine Tien, SCUSD – 11/6/12; SCUSD – 8/20/13	TCE/West Ed	10
Various	Data Analysis – Health Data Advocacy Training and Assistance	Available to all BHC grantees, staff, consultants	Health DATA Program, *Ask*CHRIS	Various and undetermined (self-selected and opt-in)

Date of TA Training	Topic	Recipients	Provided By	Number of Attendees
* webinars, TA and conferences since 2009;* 11/17/11; 2/16/12; 7/9/12; 10/2012	Data Analysis – Community Engagement, Advocacy, Action	BHC Partners; BHC PM, Christine Tien	Healthy City Program – Community Research Lab	NA; community indicator data collection and analysis
11/20/12; 12/20/12	Data Analysis	BHC Land Use Committee – 11/20/12; Ubuntu Green, LPC, LSNC, WALKSacramento, SHA -- 12/20/12	Human Impact Partners, Ubuntu Green	10
03/19/13	Data Analysis – Regional Analyses	BHC Hub Staff	PERE	2

SECTION 3: BHC HUB OUTREACH AND ENGAGEMENT

Community outreach and engagement are a recurring theme for the S.Sac BHC implementation. Grantees are mindful of the importance of bringing residents and youth into program activities, providing opportunities to foster leadership development, and partnering to advocate for meaningful systems change. Since year one there have been quarterly Hub gatherings and mini-grants; beginning in year two the role of media expanded, and the Hub introduced semi-annual gatherings for the BHC grantee community. This section provides an update on four staples of community outreach and engagement for the S.Sac BHC.

3.1 HUB Gatherings

The BHC has hosted quarterly Hub Gatherings since the first year of the initiative, 2010. The primary purpose of the Hub Gatherings was to bring grantees and the community together, to share information about the BHC and about the projects undertaken by the grantees. This has taken the form of grantee exhibits, entertainment by youth, announcements and information sharing, and a buffet meal for families who attend. In year three the Hub Gatherings were located at school sites in the BHC target area, and were forums for selecting new BHC Steering Committee representatives from the community as well as small group discussions about issues related to community, family, and individual health. Though the "election" of resident representatives to the BHC Steering Committee were mostly symbolic, the planning for each Hub Gathering always revisits how to engage the community in meaningful ways. In 2013 the Hub Gathering provided a venue for an emergent community issue that impacted children and families.

- **October 29, 2012:** Nearly 100 members of the community met with BHC grantees and stakeholders at CB Wire Elementary School, which featured breakout groups to discuss priority issues for the community. Small groups reported they wanted safer neighborhoods, more safe and positive opportunities for children, better businesses and healthy options for customers. The BHC hosted a meal and provided childcare on site so families could attend. Several BHC grantees were present to showcase the work they were doing in the community.
- **March 13, 2013:** The second Hub Gathering for this reporting period was at Pacific Elementary School, attended by approximately 150. In response to the SCUSD's recent announcement to close seven schools in the BHC target area, the focus of the meeting was to provide a venue for learning how the decisions to close specific schools occurred, and how the District planned to integrate students transferring into new schools in the fall. The Hub Gathering also provided an opportunity for residents to provide information about community topics and contact information in an attempt to sustain communication with attendees.
- **September 7, 2013:** An estimated 300-400 attended the third Hub Gathering, a block party co-hosted with BHC grantee, NeighborWorks at the Fruitridge Shopping Center. The theme was "back to school" with promotional materials about the BHC.

Grantees continue to join residents at the Hub Gatherings and present information about various BHC projects and ways to be involved. The atmosphere is celebratory with music, a meal, child care, and presentation of information about the BHC. The Hub Gatherings occur after hours on a week night from 5:30 until about 8:30pm and the attendance usually ranges from 100-200, with a sign in sheet to collect information from attendees for future correspondence.

3.2 Media and Communications

The *Health Happens* campaigns are facilitating the messaging about the BHC, and there are large venues where grantees and/or residents gather with some regularity in the interest of broadening outreach and engagement. The California Endowment sponsored television, radio, and newspaper ads in the Sacramento area highlighting BHC activities and statewide policy work. The Endowment also funded strategically placed billboards throughout the Sacramento area targeting policy makers.

The BHC's media consultant has developed brief videos (up to 2.5 minutes) about specific grantee work, to provide an audio-visual illustration of the work of selected grantees California Food Literacy Project, Harvest Sacramento, Hmong Women's Heritage Association, Freedom Farms, 916 Ink, SCUSD, and La Familia Counseling Center. The videos were shared with BHC partners and also broadcast on the Access Sacramento Cable channel as public service announcements (PSAs) during the last quarter of 2013. The videos are also posted on http://www.youtube.com/user/isaacnewseditor. Furthermore, since January of 2012 Accesslocal.tv has published 315 articles addressing BHC grantee activities or BHC related topics; published 400 original articles by over 25 youth producers; and received over 100,000 page views.

In addition, several BHC grantees appeared in news stories, in both the traditional print and broadcast media for the Sacramento area. Print stories in the Sacramento Bee and broadcast coverage on News 10 websites report daily audiences of 175,000 and 32,000 daily. Access Sacramento was also instrumental in airing documentaries related to BHC interests and priorities, including a Mental Health conference in July 2013, "Willful: A Talk It Out Play," and La Familia Counseling Center's "Let the Eagle Fly."

As with previous years, grantees leveraged the media for coverage of community events and policy activities. Grantee sponsored activities garnered the attention of newspaper (e.g., Sacramento Bee, Sacramento News & Review), television (e.g., KTXL Fox 40, KCRA channel 3) and radio and Internet (e.g., AccessLocal.TV, Sacramento Business Journal) outlets.

3.3 All Grantee Meetings

For the last two years (2012 and 2013) the BHC Hub has convened semi-annual meetings among all of the active grantees. The primary purpose of these convenings has been to facilitate networking among grantees, and to foster interactions between grantees who are working on different aspects of the Health Happens campaigns. For example, there are grantees who are working directly with youth and/or have access to numerous youth (via school settings, for example) and other grantees looking for ways to engage youth in specific strategies. These grantees may be working separately on the campaigns for Health Happens in Neighborhoods or Health Happens in Schools; grantee convenings have provided a venue to raise grantee awareness about the work of all grantees, and to stimulate conversations and potential collaborations to expand on individual and collective work.

In year three there were two all-grantee convenings, one in February and another in June. The following summary of the agendas for each convening provide an overview of the purpose and process:

- **February 5, 2013:** Overview of all Health Happens campaigns and how grantees connect to each one; grantee introductions; overview of the cross-site learning and local evaluation work; review of media opportunities; an invitation to network among grantees; and overview of BHC and TCE activities. Approximately 55 individuals attended, representing as many as 45 grantees.
- **June 20, 2013:** All grantee graphic visioning session, marking the culmination of visioning workshops among the work groups (Health Access, Healthy Food for All, Land Use, and Youth Development). The

purpose was to celebrate the visions created by individual work groups, and to develop a vision for the entire BHC based on the Health Happens campaigns, on the work of individual grantees and coalitions, and to reinforce the ownership of the larger BHC initiative and the sum of all its parts. Over 50 individuals attended, representing more than half of the BHC grantees.

3.4 BHC Mini-Grants

In October 2012 the BHC Steering Committee announced the availability of resources for the 2013 mini-grants, with funding from $250 to $1,000 per request. The grant funding applications were due in November with decisions and awards beginning in December 2012. These resources have been available for three years to enhance the work of grassroots organizations that are working in the BHC target area in ways that complement the Health Happens campaigns.

With a mini-grant budget of $12,500 for the year (September 2012 through August 2013) the recipients of the year three BHC mini-grants are listed below:

Grantee	Proposed Project/Activity	Funding
Alchemist	Purchased equipment for Home Cash market corner store conversion market	$500
American Legion Continuation School	Provided resources for a school garden project on site	$500
GSA Network	Provided scholarships to attend conference from Hiram Johnson, state advocacy day at the Capitol	$500
Tahoe Colonial Collaborative/UC Davis	Sponsored the Community Park Crawl: A Park to Park Family Walk and Run	$1,000
SHINE (southeast Asian organization)	Health and wellness expo at Geo Sims Community Center	$500
Ubuntu Green (on behalf of Melon Man)	Support the Community Garden on MLK Boulevard at 7th Avenue	$1,000
Oak Park Neighborhood Association	National Night Out (5 sites on 8/6/13)	$1,000
Fruitridge Manor Neighborhood Association	Back to School Block Party (Hub Gathering)	$2,000
Order of Olufunmi	Sponsored the Stolen Legacy Exhibit at the 40 Acres Gallery	$1,300

3.5 Summary and Next Steps for Outreach and Engagement

The BHC Steering Committee has recommitted to fully participate in outreach and engagement activities, through the work of individual representatives in the BHC target area, through grantee projects, mini-grant funding, and periodic Hub Gatherings in the community. In addition, every monthly BHC Steering Committee meeting includes a report update from each work group, as well as specific activities in support of community outreach and engagement. Next steps will focus on:

- The development of a curriculum by the Community Engagement Work Group in anticipation of creating a “home grown” leadership development and community organizing workshop for residents;

- Increased focus on how grantees and work groups can expand on outreach and engagement, raising awareness about opportunities for residents and youth to participate in specific projects of the BHC; and
- The Youth Steering Committee which represents a parallel forum for youth who are engaged with the BHC, and seek to continuously expand youth engagement opportunities and training.

Recommendation 2: Continue focus on community outreach and engagement of residents and youth via leadership from BHC Steering Committee, and full participation from work groups and grantees.

SECTION 4: UPDATE AND CONTINUING TRENDS FROM RESIDENT AND YOUTH ENGAGEMENT LOG TRACKING

The Building Healthy Communities (BHC) initiative is a prevention-driven, place based initiative with the goal of creating healthy communities through investments in health care, schools, and neighborhoods. The intent of the initiative is to shift the health narrative of youth and adults living in the BHC area to support health for all Californians. Intrinsic to the BHC initiative is the provision of resources in order for residents to gain the knowledge, skills, and assets necessary to be active change agents and leaders of the healthy communities' revolution. Increasing resident power is one of the drivers of change for systems change. Thus, among the most valuable lessons learned from the BHC initiative are those that relate to the ways in which residents are engaged in the BHC initiative.

While building the individual and collective capacities of residents is an important component of a social change initiative, residents must be encouraged and provided with opportunities to utilize those capacities to organize and advocate for systems change. While BHC grantees play an instrumental role in resident skill building, ultimately community residents must be equipped to apply their individual and collective capacities without grantee assistance.

In January of 2012 during the second year of the initiative LPC Consulting Associates unveiled a series of evaluation logs for documenting and describing the South Sacramento BHC grantee facilitated activities, and the ways in which youth and adult residents are involved in those activities. The data collected via the logs provides a way to assess resident engagement to discern if their level of involvement will achieve the S.Sac BHC vision and priority outcomes identified during the planning phase.

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

- How are youth and adult residents engaged in the initiative?
- Are youth and adults engaged in an appropriate range of activities?
- Do residents have opportunities to gain leadership skills that are applied to community organizing and advocating for systems change?
- Do resident activities align with their vision and work toward accomplishing identified outcomes?
- Are community change efforts being defined and led by community residents?

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

Short-term outcome measures are the community changes affiliated with the S.Sac BHC initiative, and are benchmarks of success. For example, community change activities are early evidence that the initiative is moving closer to achieving the goals; a large or increasing number of community actions indicate that the project is attempting to multiple and varied changes. While long-term outcomes (i.e., achieving priority outcomes) are an important evaluation measure, short-term outcomes are an important part of the evaluation because they illustrate whether or not the initiative is working in advance of achieving long-term outcomes.

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

- Stimulate discussions among those involved in the BHC initiative about the level at which youth and adult residents are included in activities that will ultimately result in attaining the priority outcomes;

- Track and promote awareness of major events and accomplishments; and
- Understand the initiative.

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

4.1 Evaluation Log Description

The evaluation team developed five different logs to collect data from S.Sac BHC grantees. The logs were adapted from an evaluation process described in the Centers for Disease Control and Prevention manual *Evaluating Community Efforts to Prevent Cardiovascular Disease*. The logs used to collect data from the S.Sac BHC grantees include the following:

- *Event Log*: To record those activities occurring on an infrequent basis.
- *Ongoing Services Log*: To gather information about routine and regularly conducted grantee activities.
- *Media Coverage Log*: To record information about the media coverage received by a grantee program or event.
- *Resources Generated Log*: To report funding and other resources that grantees are acquiring and/or leveraging in connection with BHC work.
- *Production and Distribution of Information/Educational Materials Log*: To collect data on the educational and informational materials produced by grantees.

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

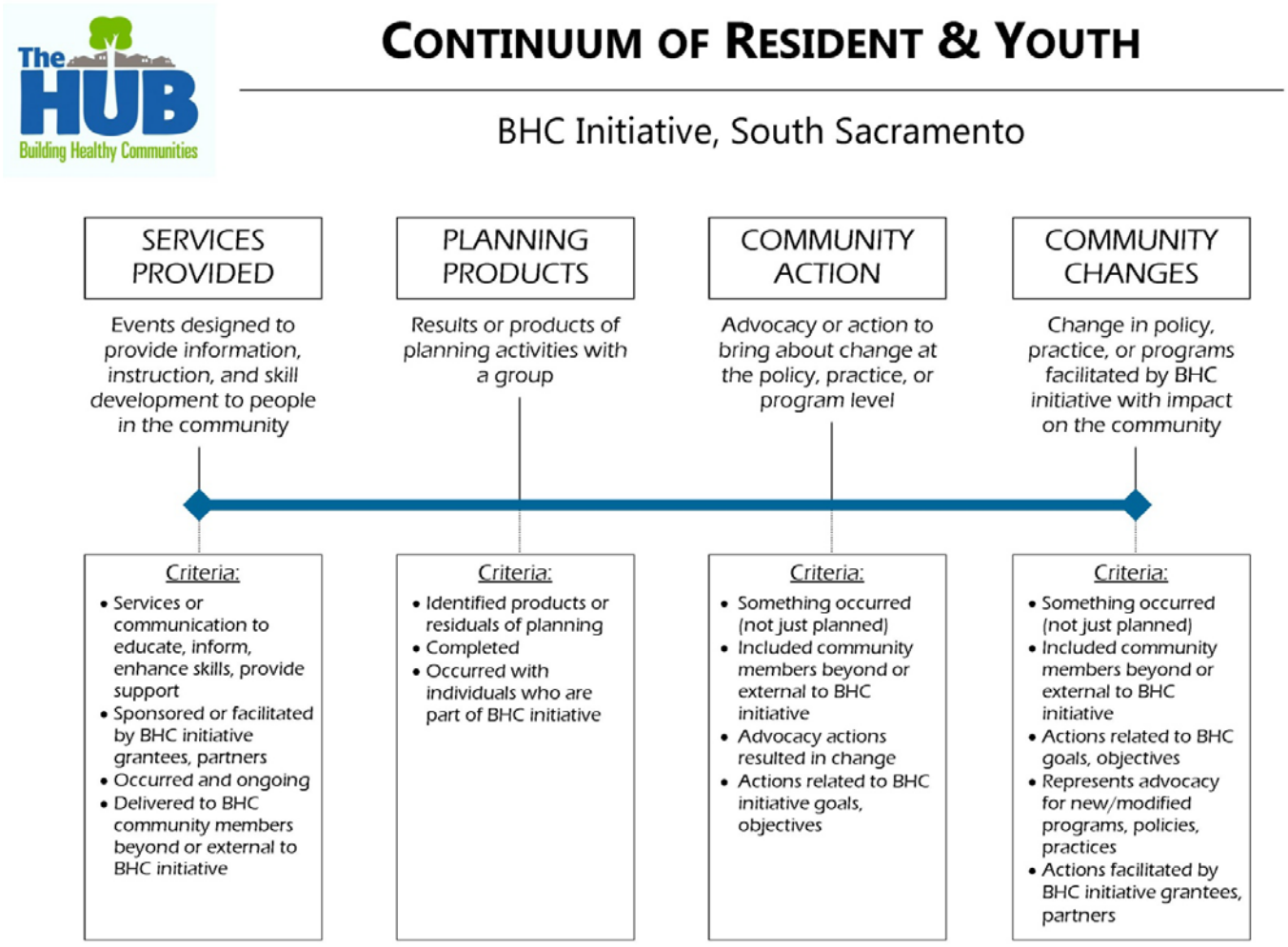
- *Community Change* (CC): New or modified programs, policies, or practices in the community facilitated by the initiative that related to the BHC outcomes.
- *Community Action* (CA): Action taken to mobilize the community, bring about change in the community, or bring about a new or modified program,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

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

As stated above, service provision activities provide information or instruction to develop the skills of residents, whereas community actions are activities that serve to mobilize community members or to bring about community change. While building the individual (e.g., confidence, leadership skills) and collective (e.g., collective identity, representation, voice) capacities of residents is an important component of a social change initiative, it is not the only component necessary to bring about systems change; residents must be encouraged

to utilize those capacities and advocate for the community changes they desire. The initiative must include activities that serve to assist residents with moving beyond skill building into the application of those skills. Resident engagement is necessary at all levels, from skill building to active participation in decision making bodies to ensure community transformation. Hence, the number of youth and adult residents actively involved in service provision, planning, community action, and community change events is a bellwether of the initiative success.

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



4.2 Proportionate representation of residents and youth participation

The data presented herein, pertains only to S.Sac BHC grantee affiliated events and activities. Although most of the grantees submit evaluation logs on a monthly basis, a few grantees did not submit data on a routine basis. For example, the Sacramento City Unified School District receives funding to implement district level changes related to obesity reduction, bullying prevention, and resource referrals. These systems change activities occur district-wide, and the exact number of youth reached through policy change programs is undetermined. Additionally a few grantees provide programs for the same youth and adult residents on a month-to-month basis and the data presented in this report does not account for duplication of clients. While data collection procedures support the ability to track duplication of clients, the evaluation funding impedes that level of analysis. Hence, the numbers reported through the evaluation logs are an imprecise impression of trends. Furthermore, data presented in Figures 2 through 10 only includes the data for activities where grantees reported the number of residents involved in activities by age. At times grantees are unable to differentiate the age of residents receiving services and as a result submit data pertaining to the total number of residents, without differentiating resident attendees by age. Figures 2 and 4 illustrate the data for residents attendees both classified and unclassified resident by age, to produce a total number of residents involved in BHC funded activities, events and services.

While inexact, the data helps address questions related to the initiative with the intent of actively shaping efforts to achieve the S.Sac BHC vision and the ten priority outcomes identified by TCE. It is worth noting that the area where there is potential under-reporting of resident engagement is in the service provision arena. The log data provides a snapshot of the types of grantee facilitated activities occurring and the ways in which youth and adult residents participate in BHC funded initiatives. The following section provides a brief overview of the evaluation log data that pertains to community change, community action, planning products and services provided activities.

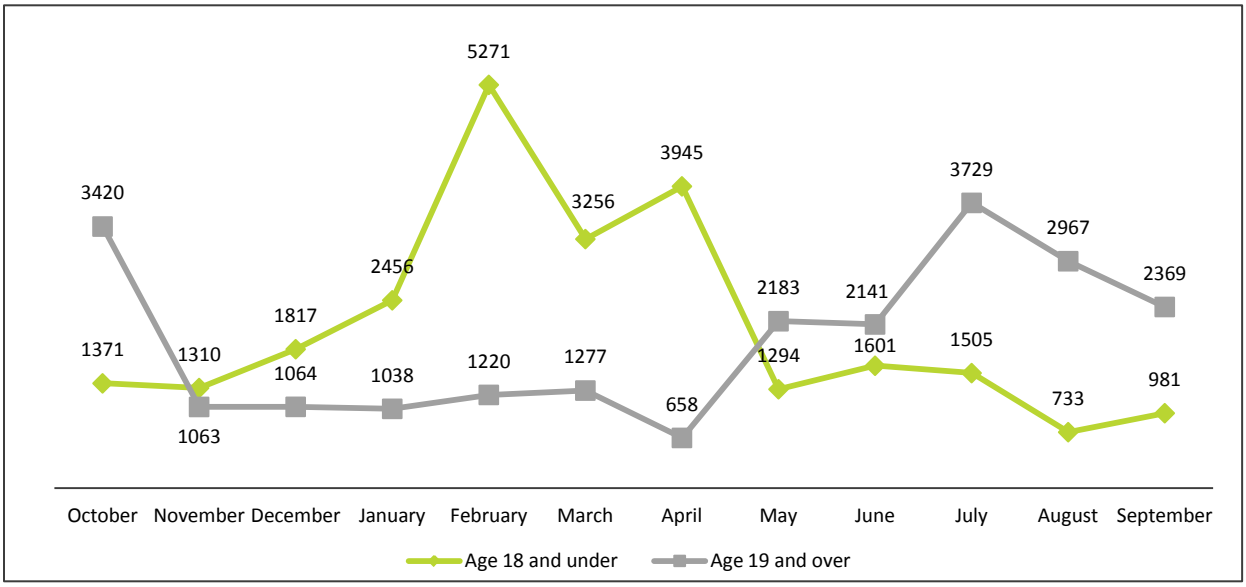
4.2.1 Services Provided

Activities categorized as services provided typically include such activities as health insurance screenings, informational presentations, service referrals, classes, or food distribution. During the October through September time period a total of 1,561 service provision activities occurred, which is an increase from the year two total of 527 activities. Examples of services provided as part of the BHC initiative are as follows:

- HealthCorp provided a variety healthy lifestyle lessons to students at Hiram Johnson and American Legion High Schools.
- California Food Literacy Center launched the Food Literacy Academy.
- The Connect Center provided a range of support services for students and families.
- 916 Ink held a book release party for the *730 Sunsets* publication.
- Health Education Council held its Ventanilla de Salud program to enroll residents in health insurance and receive health services and screenings.
- Fruitridge Manor Neighborhood Association in partnership with the BHC HUB hosted a Block Party at Stockton and Fruitridge.
- Harvest Sacramento conducted food gleaning and redistributed citrus among Food Bank clients, and others.
- Sacramento Youth Leadership Program (SYLP) and People Reaching Out (PRO) engage with youth and connect with SCUSD in school climate activities.

Figure 2 illustrates the number of youth and adult residents involved in service provision activities.

Figure 2 - Number of Youth and Adult Residents Engaged in Service Provision Activities



The number of youth involved service provision activities peaked in the January through April of 2013 timeframe. The uptick of youth involved in that timeframe was in part due to the health fairs organized by HealthCorp at Hiram Johnson High School. Adult activity in service provision activities peaked in October of 2012 and again in July through September of 2013. For roughly the first six months of the 12 month timeframe presented in the graph, the number of youth involved in service provision activities outpaced the number of adults involved. However, towards the end of the 12 month timeframe, as the number of adults participating in service provision activities increased, the number of youth decreased.

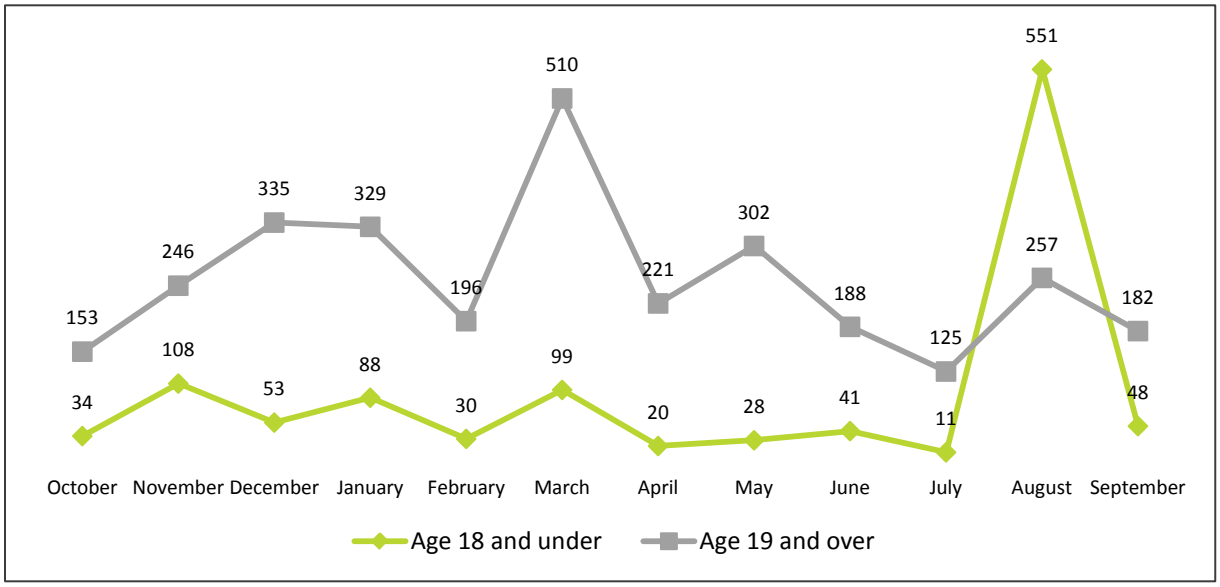
4.2.2 Planning Products

Planning Products are the result or products of planning activities within a group and generally serve to guide the initiative. Planning products can include hiring of staff, establishing a committee or task force, or adopting a strategic plan. For the October 2012 through September of 2013 time frame, there were 365 different instances of adult and youth residents being involved in planning pursuits. Examples of S.Sac BHC planning products include:

- Black Parallel School Board and youth planned a Willful Defiance Hearings rally.
- Valley Vision convened the Food Systems Collaborative Executive, Policy and BHC Steering Committee meetings.
- WALKSacramento met with stakeholders to plan and advocate for a “business walk” along Stockton Boulevard to advocate and promote tree planting on the boulevard.
- Pesticide Watch worked with the leaders of the HUG project at Hiram Johnson to plan their school garden project.

Figure 3 below demonstrates the number of adult and youth residents involved in planning activities.

Figure 3 - Number of Youth and Adult Residents Engaged in Planning Product activities



As shown in the figure, the number of youth and adults involved in planning activities remained relatively stable throughout the October of 2012 through September of 2013 timeframe. However, the number of youth engaged in planning activities peaked in August due to efforts led by the Black Parallel School Board involve youth in planning associated with the Willful Defiance Hearings at the Capital and corresponding rally. The figure also illustrates that generally more adults are engaged in planning related to the BHC initiative in comparison to youth age 18 and under.

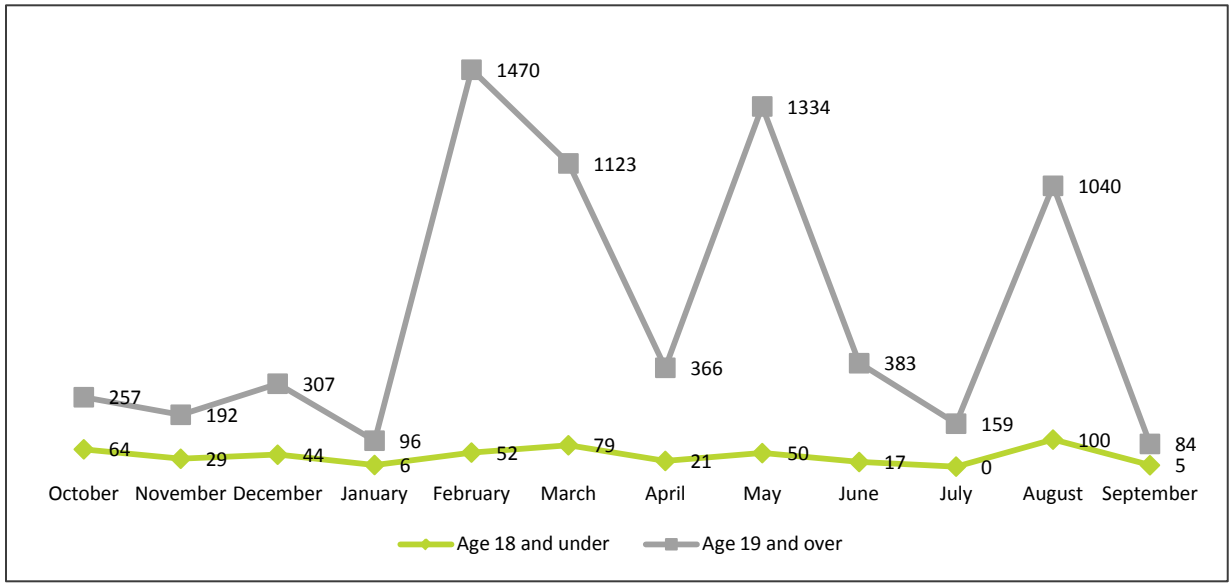
4.2.3 Community Action

Community Action activities include actions to bring about new or modified program, policy, or practice related to the 10 BHC priority outcomes. Folks involved in these types of activities are acting directly to bring about changes in the community. From October 2012 through September of 2013 grantees logged 230 different community action events and activities. Example of community action activities include:

- Sol Collective coordinated the March against Monsanto and a large seed exchange for over 300 people. Youth participated in distributing seeds and explaining the value of growing non-GMO food crops.
- Sacramento Housing Alliance met with council members and Supervisors to advocate for transportation equity.
- ACCE providing one-on-one leadership development training with residents advocating for the preservation of critical health and social services both locally and statewide.
- Western Service Workers Association held advocacy sessions to prevent utility shut-offs and housing evictions.
- Sacramento Area Congregations Together coordinated an immigration reform rally with over 1000 attendees.

Figure 4 illustrates the number of residents ages 18 and under and 19 and over that participated in community action.

Figure 4 –Number of Youth and Residents Engaged in Community Action



The number of youth involved community action activities remained relatively stable throughout the 12 month timeframe, whereas the number of adults fluctuated from month to month. The increase of number of adults taking part in community action activities is a result of immigration and healthcare rallies organized by Sacramento Act.

4.2.4 Community Changes

Community changes are new or modified programs, policies, or practices facilitated by the initiative and related to the goals of BHC. Community change activities are (1) early evidence that the BHC initiative is moving closer to achieving the identified goals and (2) evidence of what can be accomplished in a community when resources are levied to provide residents with leadership skills and the assistance to use those skills to advocate for a healthy community. In total, six resident-driven community changes affiliated with the BHC initiative occurred between October of 2012 and September of 2013; the six community changes are as follows:

- Mayor's Gang Prevention Task Force, in addition to other BHC grantees, successfully lobbied for the passing of Measure U, a temporary ½-cent sales tax to restore and protect city services such as police and fire services, 911 response, park maintenance, gang and youth violence prevention, youth services, senior services, libraries and other programs.
- With assistance from ACCE residents successfully lobbied for the installation of school crossing signs at William Lee College Prep on Stockton Blvd between 8th and 9th Ave.
- Sacramento Area Congregations Together led a community driven effort that successfully lobbied the Board of Supervisors to approve funding for the Neighborhood Livability initiative.
- The City of Sacramento Department of Public Works, Transportation Division installed pedestrian countdown signals and upgraded crosswalks at intersection of Fruitridge and Stockton Boulevard after a resident led effort facilitated by WALKSacramento.
- WALK Sacramento announced the agreement between the City of Sacramento and Sacramento City Unified School District to fund a full traffic signal at the 58th Street and Fruitridge Road intersection.

- Alchemist assisted with a healthy store makeover of Sam's Market and Elder Creek Market (in response to resident interest).

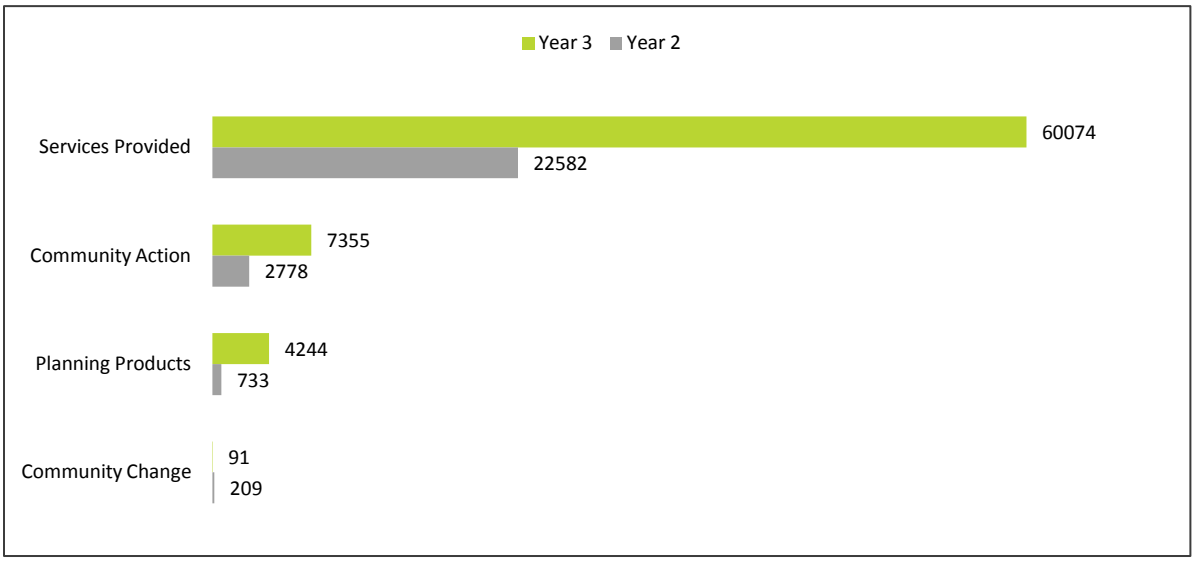
4.3 Rate changes over time by level of participation

The data presented above is a measure for gauging an essential element of the initiative, and comparing the rates of resident participation in the four areas from year to year three. Through the analysis of data and critical dialogue, BHC partners can discern if changes are required to the ways in which youth and residents are involved in the initiative.

1. How are youth and residents engaged in the initiative?

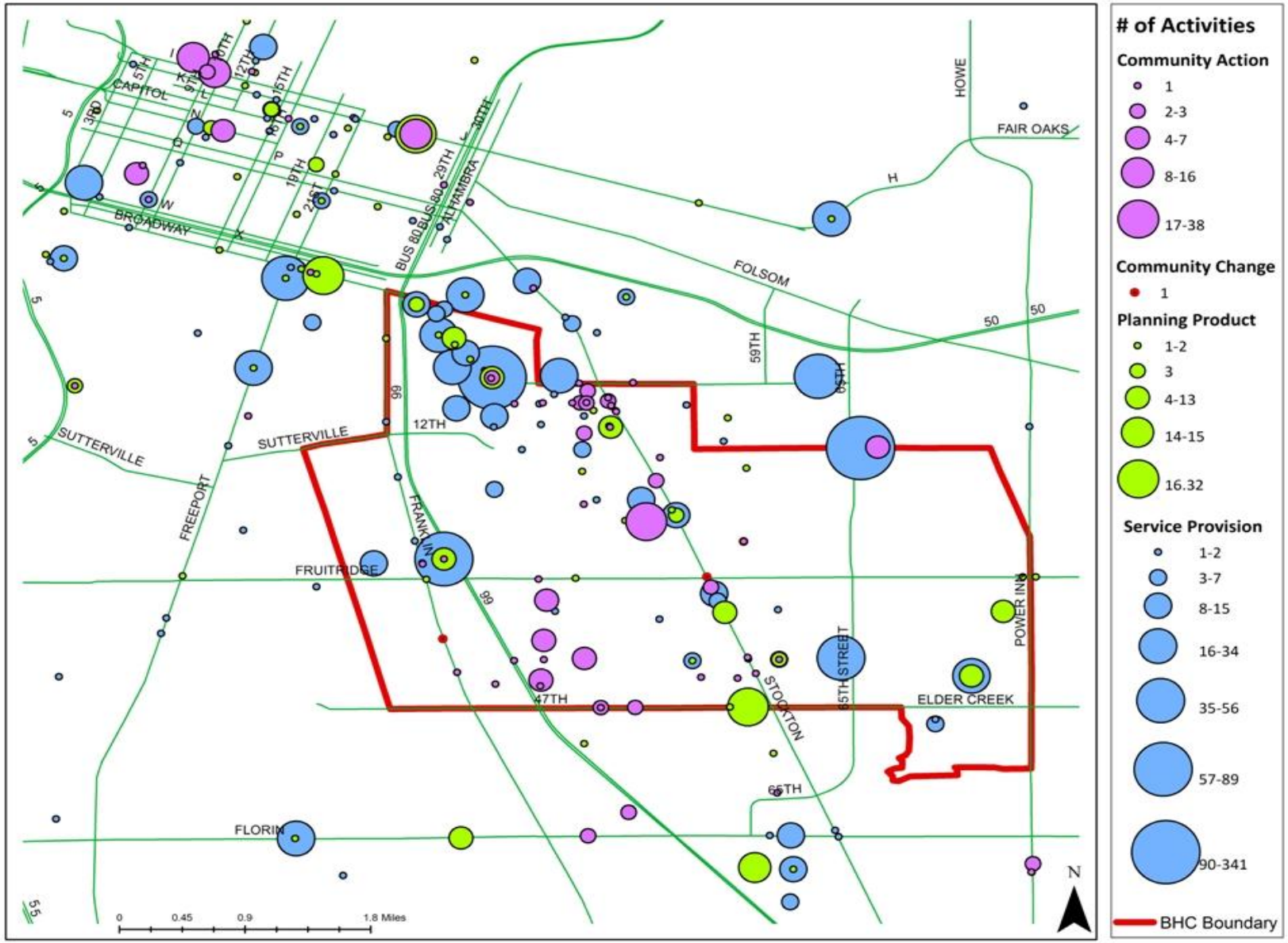
Three years into the initiative residents remain involved in community change, community action, planning products and service provision activities. Figure 5 illustrates the total number of residents involved in the four different activity types during years two and three of the initiative. The data reveals that overall a higher number of residents are involved in BHC related activities in year three in comparison to year two. In addition in year three the majority of residents are involved in the BHC initiative through the provision of services.

Figure 5 – Total Number of Residents Involved in the Initiative in Year Two and Year Three



The map on the next page (Figure 6) illustrates where grantee activities took place in relation to the BHC target area. Activities outside of the BHC boundary include regularly scheduled meetings at grantee offices, residents advocating for community change with policy makers and elected officials, and events targeting the Sacramento community at large, such as health insurance enrollment events.

Figure 6 - Location of South Sacramento BHC grantee events, programs and services



The map includes services provided, planning products, community action, and community change activities. The map provides a means to quickly reflect on geographic areas with high levels of activity, in relation to areas where fewer grantee facilitated activities occurred.

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

Three years into the initiative, youth and residents are engaged in a range of activities, although predominately engaged through service provision. Figures 7 and 8 contrast the number of youth and adults engaged in the four different activity types.

Figure 7 – Youth age 18 and under BHC involvement

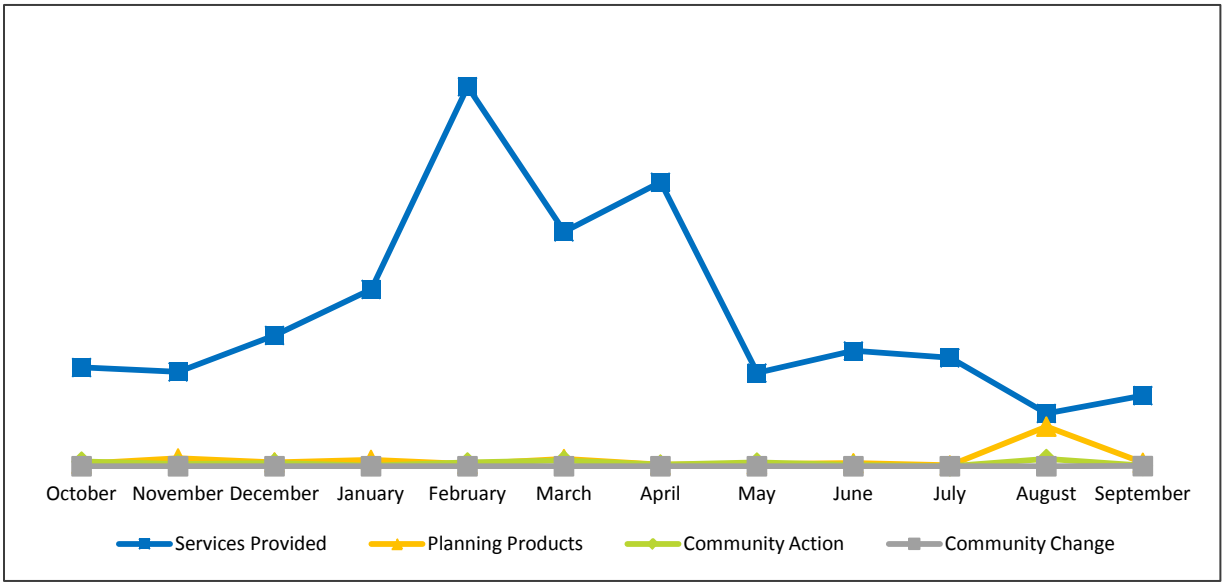
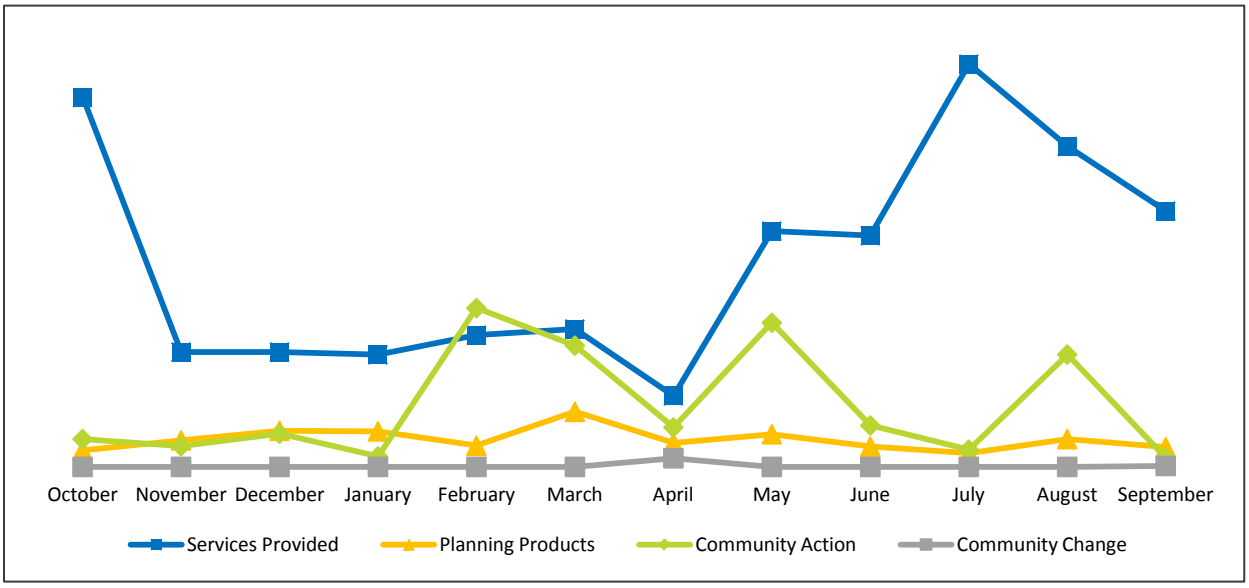


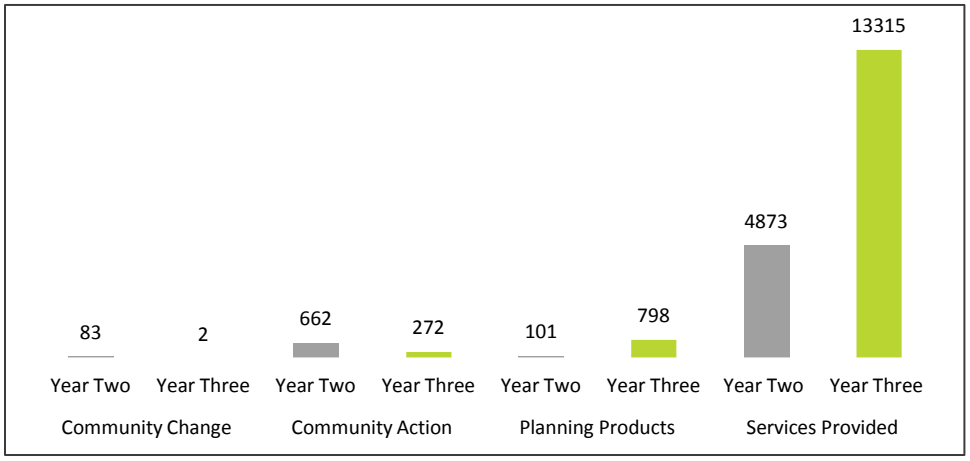
Figure 8 – Adults age 19 and over BHC involvement



The graphs illustrate that the largest number of youth and adult residents are engaged in activities identified as services provided by grantees. In addition adults are involved in community action oriented activities to a larger degree than youth; the number of youth involved in planning products, community action and community change activities remained relatively static and low.

The data tracking also allows for a comparison of the number of youth involved in the four different activity types from year two and year three. Figure 9 includes data for the number of youth involved in year two and year three data to assess the ways in which youth have been engaged in first three years of the initiative.

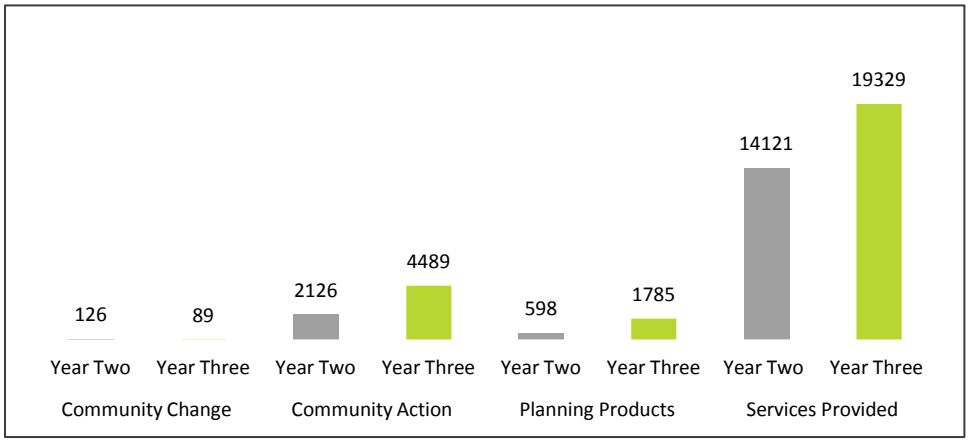
Figure 9 – Number of Youth engaged in Year Two and Year Three BHC Activities



The graph illustrates that although a larger number of youth were involved in the initiative in year three, a smaller number participated in community change and community action activities in year three than in years two. The substantial increase in youth participation was in the areas of planning products and service provision.

Figure 10 shows data related to the number of adults involved in BHC activities for the second and third year of the initiative. Similar to youth, there was a marked increase in the number of adults that participated in year three activities in relation to year two. Unlike youth, adult participation increased in three of the four categories, i.e., community action, planning projects, and services provided.

Figure 10 – Number of Adults Engaged in Year Two and Year Three BHC Activities



As the initiative progresses resident engagement in the initiative and specifically in community organizing and advocacy related activities should increase. The evaluation log data shows that although a larger number of youth and adult residents were involved in the initiative in year three in comparison in year two, a smaller number of youth were involved in activities related to community organizing and advocacy. The increase in year 3 is at least partly attributed to improvements in reporting by BHC grantees.

3. Do youth and resident activities align with their vision and work towards accomplishing identified outcomes?

Resident input obtained in the planning phase of the S.Sac BHC informed the development a logic model and priority outcomes. The funding of BHC grantee activities aligns with the change strategies and resource needs identified in the logic model. In addition to supporting more community action activities, BHC partners need to make concerted efforts to reach out to residents periodically to validate the S.Sac BHC vision.

4. Do residents and youth have opportunities to gain leadership skills that are applied to community organizing and advocating for systems change?

Residents and youth are receiving increasing opportunities to gain leadership skills that are applied to community organizing and advocacy. Those opportunities include:

- Black Parallel School Board and the African Research Institute worked with youth to develop leadership skills and become advocate for school disciplinary policy reform.
- ACCE provided one-on-one training for grassroots leaders who are helping organize their communities around issues such as violence, blight, and code enforcement.
- Ubuntu Green facilitates a monthly meeting off community leaders in The Avenues neighborhood and provides technical support for advocacy around improved code enforcement.

5. Are community change efforts being defined and led by community residents?

Residents living in the BHC area contributed to community change efforts achieved during this reporting period. Residents were involved in the change efforts in the following ways:

- Measure U was passed by voters, and residents continue to lobby city officials with regard to the allocation of tax funds.
- Residents identified the school crossing at William Lee College Prep as problematic and advocated for pedestrian crossings upgrades.
- Resident leaders testified at Board of Supervisors hearings in support of the Neighborhood Livability initiative.
- Youth and adult residents participated in a series of meeting to (1) identify the safety problems with the Stockton and Fruitridge intersection; (2) collect pedestrian, bicycle and car movement data; (3) develop and prioritize intersection safety improvements, and then met with city officials to advocate for intersection improvements.
- A tragic accident at the intersection of 58th and Fruitridge that resulted in the death of in High School student Michelle Murigi led youth and adults to develop a campaign and actively lobby city officials for infrastructure improvements to increase pedestrian safety.

- Residents purchase fruits and vegetables from Sam's Market providing impetus for owners to continue stocking healthy merchandise.

While residents did not initiate all of the community changes, they did play a role in the corner store conversion for the Elder Creek Market. Ultimately, resident engagement and advocacy have been essential components to achieving and/or sustaining change. In addition, with highly visible participation for BHC grantees both direct and indirect resources leveraged through TCE were a factor in the success of each campaign. The above changes are testimony to the initiative that aims to connect residents with organizational resources with the goal of creating healthy communities.

4.4 Summary

The initiative succeeded in getting a larger number of South Sacramento residents engaged in BHC activities. The data also reveals that most residents are involved in the initiative through the provision of services. While the number of adults engaged in community action and planning products in year three increased in comparison to year two, the number of youth involved in community action activities decreased. As the initiative progresses, BHC partners must be mindful of facilitating opportunities for a larger number of resident to be involved in planning products and community action activities. While the provision of services is an essential element of the initiative, action, and change oriented activities provide a mechanism for the application of skills acquired through service provision activities and are necessary for residents to become active change agents to strive for healthy communities.

Recommendation 3: Retain tracking logs from grantees, reducing frequency of reporting to bi-monthly rather than monthly.

Recommendation 4: Provide targeted TA to support grantees in reporting transitions to higher levels of community engagement.

SECTION 5: THE S.SAC BHC LOGIC MODEL UPDATE

During the first half of 2013, the South Sacramento Building Healthy Communities (BHC) partners revisited the original logic model that was created in 2010 as a reflection of the year-long planning process that preceded the 10 year initiative. Asian Resources, Inc. submitted the original 2010 logic model to The California Endowment (TCE) to provide a framework for describing the strategies, targeted changes, resources, and capacities for the next ten years. That original logic model informed the funding decisions designed to advance five of the ten TCE priority outcome areas listed below:

Outcome 2 Families Have Improved Access to a Health Home That Supports Healthy Behaviors

Key Strategies[3]:

Schools become portals to health care and wellness for children and families

- Existing community clinics are enhanced to become health homes for children, families and individuals
- Hospitals actively refer patients, who over utilize emergency room and urgent care, to a health home
- Create a network of health outreach, education, and screening centers based in existing neighborhood institutions (e.g., schools, churches, family resource centers).

Outcome 4 Residents Live in Communities with Health-Promoting Land-Use, Transportation and Community Development

Key Strategies

BHC will increase green and healthy buildings, infrastructure and development.

- BHC will increase usable green space for all residents.

Outcome 6 Communities Support Healthy Youth Development

Key Strategies[4]

Direct intervention strategies for reducing youth and gang violence, harassment, and bullying in schools and in the community

- Increase in youth leadership opportunities (e.g., peer to peer)
- Increase opportunities for outreach, celebration, and support of ethnic, cultural, and identity uniqueness among youth
- Increase youth access to quality employment and workforce readiness
- Expand opportunities to directly engage youth (and parents/guardians) at risk of dropping out or in transition

[3] Community residents are actively engaged in policy and systems change advocacy to promote: universal children's health coverage, adoption of a health insurance coverage enrollment vehicle (such as One-E App), improve access to a health home, shift toward primary prevention, and expand accessible transportation resources. All community engagement strategies are addressed in Outcome 10.

[4] An additional set of strategies generated by this work group related to capacity building, as described in Outcome 10.

- Increase access to and capacity for providing social and emotional support for youth and their families

Outcome 8 Community Health Improvements are Linked to Economic Development

Key strategy(ies):

BHC will promote City and County policies that support growers producing for the local market and an edible city including: urban agriculture, community gardens, edible school yards, landscaping, and home gardens.

- BHC will support creation of a self-sustainable food distribution hub that aggregates produce from small to mid-size growers for distribution throughout the region and offers job training and educational opportunities, especially for youth.
- BHC will develop a common economic development strategy for the target community.

Outcome 10 California has a Shared Vision of Community Health

Key Strategies (described briefly below):

Expanded Engagement for Community Residents

- Expanded Engagement for Youth
- Data Driven Decision Making
- Integration and Coordination Across Systems
- Ongoing Professional Development

Three years later the BHC revisited the original logic model to assess its relevance today, and to cast strategies that will be drivers of change for the next phase of the BHC initiative. This document presents a summary of the process undertaken by the S. Sacramento BHC community to revisit and revise the logic model.

5.1 Narrative Description of the Updating Process and Outcomes

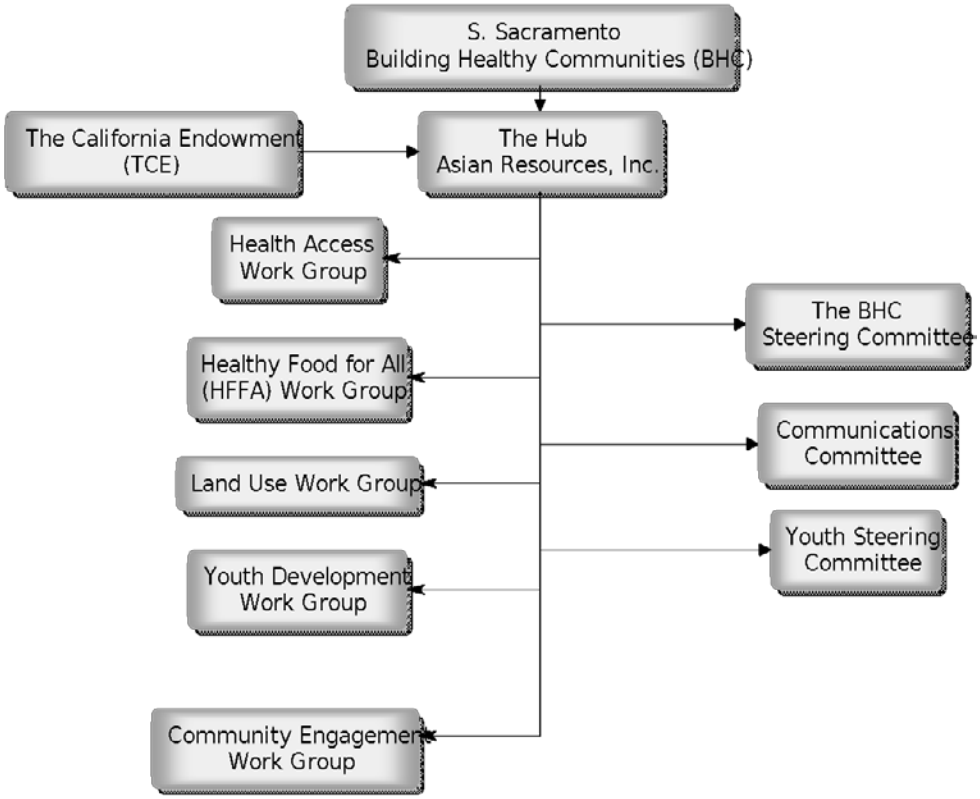
The Evaluation and Learning Specialist (ELS) for the S. Sac BHC provided guidance for the process to update the logic model, with input from both the HUB Program Manager and the TCE Program Officer. The process was relatively straightforward and simple, relying heavily on the most active work groups that represent the organizational structure of the BHC. The process engaged BHC grantees in the review and revision process primarily, for the following reasons:

- Grantees represented the strategies underway, derived from the original logic model. Having been part of the planning process, they were most familiar with the content of the original logic model. They could also speak to the specificity of ongoing strategies.
- Grantees have been the primary point of contact with residents from the community, engaging them in a variety of hand-on activities and projects. Grantees served as a proxy for resident input for the updated logic model.
- Each work group engaged in a graphic visioning process between late 2012 and mid-2013, establishing a foundation for discussing strategies and targeted changes for the new and improved logic model.
- Some work groups have representation from both grantees and residents, or grantees who are also residents.

- Grantees, work groups, and residents have informed the logic model content in many venues, either directly or indirectly.
- The revised logic model used the "Health Happens" campaigns to align with priority outcome areas, and reinforced the branding via those specific campaigns: Health Happens in Prevention (Priority Outcome #2); Health Happens in Neighborhoods (Priority Outcomes #4 and #8); and Health Happens in Schools (Priority Outcome #6).

Figure 11 presents the organizational structure of the BHC, featuring the work groups and related committees as shown. Four of the five work groups graphic visions in 2012/13, which became the basis for revisiting the original logic model. Beginning with the Healthy Food for All Work Group, the other active groups used their graphic vision to inform updates and changes to their respective sections of the logic model. The Community Engagement Work Group (most closely aligned with strategies for Priority Outcome #10) was relatively new in 2013 and will review that segment of the original logic model in late 2013 to update as needed.

Figure 11 – Organizational Structure of the S. Sac BHC



During the first three years of implementation, the alignment with the five priority outcomes selected in the planning process shifted toward the *Health Happens* campaigns as focal points for communicating about the BHC. In addition, the Boys and Men of Color campaigns were beginning to become more pronounced at the site level (Priority Outcome #7) and the differences between the selected and remaining priority outcomes were becoming less distinct. By year three, the S. Sac BHC was engaged in all 10 priority outcomes to varying degrees, more aptly framed by the broader *Health Happens* campaigns.

The ELS, Hub Manager, and TCE Program Officer responded to the request from the work groups to use the visioning process as a prelude to updating the logic model. As a result, the ELS reinforced the product of each graphic visioning exercise and process to affirm elements of the original logic model, or to refine and update other elements to reflect the current state of the BHC. Out of respect for the work groups that had devoted considerable time and energy to the graphic visioning process, the ELS applied elements of the graphic vision to the logic model framework and presented a draft update to each work group. The work groups devoted one of their regular monthly meetings to a thorough, facilitated review of the draft and provided additional and more detailed input to finalize each portion of the logic model as it reflected the priority outcomes.

The updating process relied on the informed input from grantees and partners who participate in the most active work groups, reinforcing the value of their graphic visioning process and the time spent on "process" this year. The ELS streamlined the process and time commitment for soliciting input specifically for the logic model, while remaining true to the intent to vet the final revisions with each work group. The final complete logic model will be submitted to the BHC Steering Committee in the fall of 2013, and the Community Engagement Work Group will address the logic model related to Priority Outcome #10 before the close of 2013.

5.2 The S. Sac BHC Logic Model, 2013

As a result of the logic model review process, the S. Sacramento BHC grantees have revised the content of the original logic model to reflect: (a) ongoing strategies, and (b) current state of resources and capacities. Compared to the original logic model, the updated version is based on the reality of 2013, recognizing the cumulative and aggregate efforts of many grantees and partners working toward similar outcomes. This updated version also reflects shifts in resources (e.g., newly leveraged) and capacities (improved or newly identified needs). The intent and overall content of the updated logic model remains consistent with the original, revised primarily in details that were not available or relevant in 2010. The revised logic model also recognizes the alignment with the three Health Happens campaigns, retaining the original priority outcomes to ongoing discussions of community level indicators for measuring change. The logic model now frames the work through the lens of those Health Happens campaigns, reinforcing the cross-cutting relationships among grantees and strategies. Figure 12 is the revised logic model for 2013.

Figure 12 – Logic Model, Revised 2013

SECTION 6: LEARNING FROM CASE STUDIES: HEALTH NAVIGATORS PROGRAM AND SACRAMENTO MAYOR'S GANG PREVENTION TASK FORCE (MGPTF)

For the last two years the annual evaluation report for the S.Sac BHC Hub has included two case studies to illustrate how selected grantee initiatives are developing and establishing a foundation for systems change. This year the examples included (a) the Health Navigators Program, and (b) the Mayor's Gang Prevention Task Force. The Health Navigator's Program illustrates a modest and promising example of systems changes in the delivery of healthcare services, creating a bridge between underserved populations and healthcare providers. The Mayor's Gang Prevention Task Force illustrates how community advocacy may influence decision making and practice, amid complex bureaucratic structures and systems.

6.1 Summary of Health Navigators Program

During the planning year for the S.Sac BHC initiative (2009), a community survey of more than 5,000 residents in the target community revealed that access to a health home was particularly challenging for populations of immigrants and non-English speaking residents. Even when they have links to healthcare providers, about one third of the community survey respondents indicated they had challenges with language and culture that impede their capacity to seek routine check-ups.[5] Furthermore, culture and language barriers impede the pursuit of primary preventive care, diagnoses and treatment for health conditions, and adherence to prescribed medications as directed.

The residents of the BHC target area represent cultural diversity, with Hispanic (41%), Asian (21%), African American (12%), and other non-white populations (7%). Economic indicators reflect a population that has higher rates than all of Sacramento County for single head of household, living below the Federal poverty line, and renter-occupied housing. In South Sacramento the most prominent of these groups are Southeast Asian and Spanish-speaking immigrants.

Among the recommendations from the Health Access Work Group was " . . . to improve the quality of health care access with culturally and linguistically competent staffing."[6] The strategy to enhance cultural competency featured a cadre of "health navigators" to bridge the gap between the health care provider community and the residents whose primary language was not English. This case study report presents a summary of the experience of developing and implementing a Health Navigator program, marking an important milestone in systems change for the delivery of services to populations that have been marginalized from traditional health care.

6.1.1 Description of the Health Navigators Program

In the summer of 2011 The California Endowment (TCE) awarded a grant to the Capitol Community Health Network (CCHN) to develop and administer a health navigator program for the South Sacramento BHC initiative. CCHN contracted with community based organizations that worked closely with the targeted populations of Southeast Asian and Hispanic immigrants[7] to recruit the navigators who were bilingual, representing Hmong, Mien, Vietnamese, Cambodian, and Spanish. CCHN administered the grant, coordinated the subcontractors, provided training and data collection structures, and convened partners for monthly meetings to optimize opportunities for trouble-shooting and sharing experiences to inform the work. The subcontractors provided

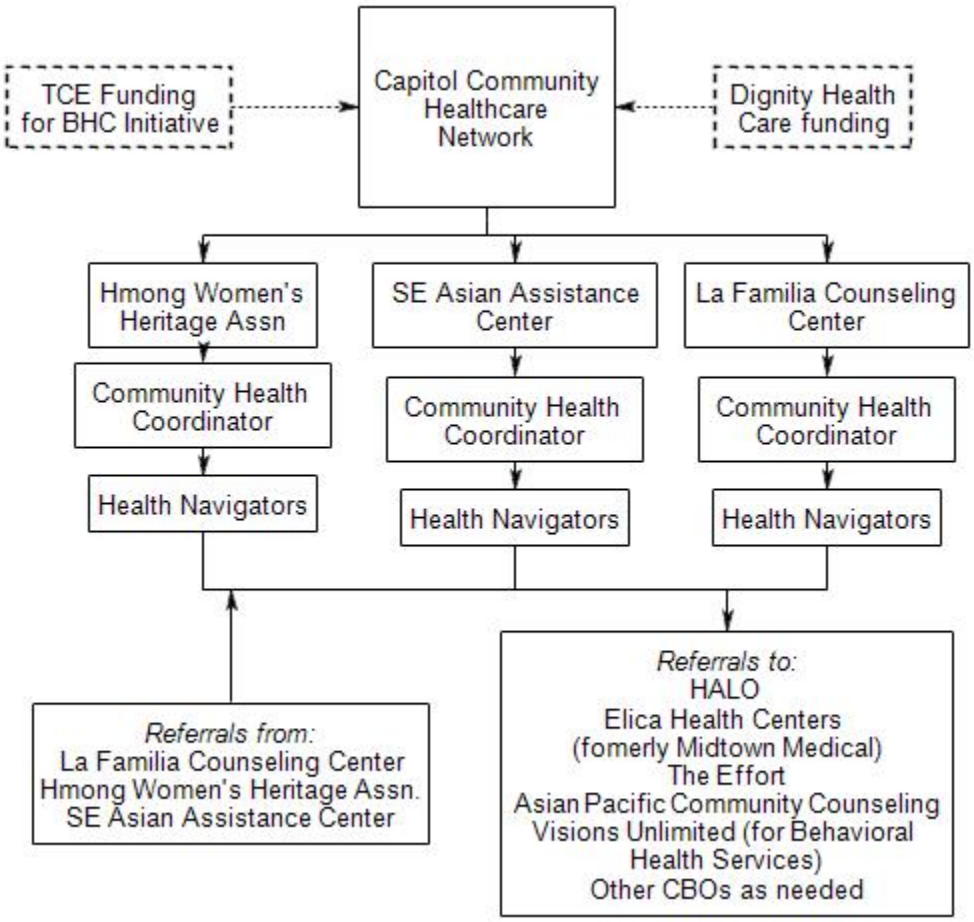
[5] 2009 Community Survey for the South Sacramento Building Healthy Communities initiative. Finding a medical provider "who understands my culture, speaks my language" was the most prominent of all barriers to seeking routine check-ups.

[6] Asian Resources, Inc. *Sacramento Building Healthy Communities. Logic Model and Narrative: Priority Outcomes and Strategies for 2010-2012.* Submitted to The California Endowment, March 31, 2010.

[7] Hmong Women's Heritage Association, Southeast Asian Assistance Center, and La Familia Counseling Center.

staff coordinators for the navigator teams, paid stipends (which evolved to hourly wages in year two), and provided in-kind training and technical support for the navigator teams. Figure 13 provides an overview of the organizational structure of the BHC Health Navigators Program, including links to referral sources and resources.

Figure 13 – Organizational Structure of the BHC Health Navigator Program



The Health Navigator Program is based on the promotora tradition in Latin American culture, where community members with specialized training provide basic health education in their community. In addition to health education, the traditional promotora role also includes guidance for finding community resources. All Health Navigator staff are from the cultural communities targeted for this program, and from the geographic areas within or adjacent to the BHC. They are active liaisons between their communities and the health care providers who serve their clients. The role of the Health Navigator includes outreach, health education, advocacy, translation and interpretation. They are particularly effective at these roles having grown up amidst the very barriers that they are addressing, and having linkages with a variety of other resources in the community, in support of their clients.

6.1.2 Recruitment, Hiring, and Retention of Staff

The contractor partners for the Health Navigator Program are responsible for their own staff recruitment, hiring, and retention. Nearly all of the Health Navigators and Coordinators in the focus group discussions in the summer of 2013 had been with the program for 12-18 months, or for most of the operational life of the program. Navigators described a range of experiences about how they came to the position, all of which reflected a combination of education, work experience, and personal challenges associated with accessing the

health care system. Most staff have college degrees, in subjects like human services, sociology, women's studies, Asian American studies, and community studies. Relevant work experience has included case management, family support services, advocacy, health education, and community organizing. And among the interests of staff are public health, advocacy for their cultural community, healthcare professions, and community level work.

All of the staff who participated in focus group discussions relayed experiences navigating the healthcare system with their own families, often parents who were first generation immigrants. The bi-lingual staff had served as a translator and interpreter for their parents to explain health care, complex western systems for service delivery, and local resources and services. Though they acknowledged that the service access for Southeast Asian immigrants has improved since they were children, there has been no Health Navigator Program until now. Their combined education, life experience, and interests in advocacy and public health make them especially well suited for this role.

Recruitment and hiring was often a function of being at the right place at the right time, working internships, informal networking, and personal relationships with the executive directors of the partner organizations. Thus far, staff retention has been excellent and both the Coordinator/Navigators and the Health Navigators have all been engaged with this program either since its inception in concert with the launch of direct services for Southeast Asian immigrants about six months into the grant period, followed by services for Hispanic clients about six months later.

Although the Health Navigator Program is a gateway to other positions in healthcare and community advocacy work, the current cohort of navigators and coordinators has been stable for about six months or longer. With the advent of healthcare reform the demand for staff with the skills and experiences of the navigators and coordinators will only increase. And there has been turnover with the Program Manager position, as well as among executive directors of two of the three navigation staffing organizations.

Since the Health Navigator Program began, the program transitioned from a traditional stipend for volunteer navigators to paid positions. This shift to a more formal position and compensation is a reflection of the increased professionalism of the experienced Health Navigators, the expansion of the program in response to increased demand, and the recognition of the vital role of navigators for bridging cultural and language barriers and making health care more effective. However, the inclination to create more formal structure is a departure from the original intent of the program as an informal peer support network.

6.1.3 Training and Supervision

The Health Navigator Program includes both formal and informal training. Formal training begins with orientation to the program for all new navigators and coordinators. The Program Manager provides the orientation as needed when new staff join the program. A key component of the program is ongoing training, with as many as 12 in-service trainings per year (both new and refresher). The training content is based on needs that derive from the chronic conditions that the staff will need to understand, as well as emerging needs that staff identify from their own experiences with clients. The following list represents the training topics and resources:

Table 5 – Training Topics for Health Navigators Program

Training Topic	Who Provided Training
ACA Overview	Legal Services of Northern California
Behavioral Health Diagnoses	Turning Point Community Programs
Code of Ethics, core values, competencies, program requirements and expectations, program documentation forms (staff orientation)	Capital Healthcare Network
Diabetes 101	American Diabetes Association (online)
Diabetes and Hypertension (overview, nutrition)	HealthNet
Establishing Boundaries	El Hogar
HIPAA Training	Southeast Asian Assistance Center (SAAC)
Learning Collaborative (care and coordination; disease self-management)	Dignity Health
Medical Interpretive Training	Connecting Worlds and Southeast Asian Assistance Center (SAAC)
SAFE Talk Training (suicide prevention)	La Familia Counseling Center (LFCC)

Some training is ongoing (e.g., understanding the ACA, building deeper understanding of behavioral health and how to interpret for clients). Training may be provided by program partner organizations, as well as other local resources (e.g., ONTRACK, Sacramento County Mental Health, Sacramento County Public Health). Coordinators and Health Navigators identified other areas of training that would be useful for them, including more information about the ACA and behavioral health; protocols for home visitation, goal setting, and case management; use of data tools like Access and Excel; time management; and supporting clients and their families during cancer treatment.

The Health Navigator Program Manager at Capital Healthcare Network is the contractual liaison for this coalition of organizations and staff, providing a direct contact with the Executive Directors of each partner organization. In addition to contractual responsibilities for the grant, the Program Manager provides a higher level of supervision via monthly meetings with the Coordinators and Health Navigators. The community based organizational partners are responsible for direct supervision of the Health Navigators, through their own Coordinators. Monthly meetings provide an ongoing opportunity for peer-based learning, as staff share both positive and challenging experiences ("roses and thorns"), describe success stories among their clients, and identify training needs and opportunities. The monthly meetings provide a modest level of overall program supervision, as well as a venue for developing program practices and protocols, peer learning, and reinforcement of a team approach to the work of health navigation. Team members learn about each others' cultures, how to address health issues, and where to find resources in the community. This has been particularly critical as the Affordable Care Act implementation begins with outreach, education, referral, and enrollment activities.

As the Health Navigator Program enters its third year of operation, the orientation process will become more formalized and documented in a "how to" guide that is under development. Because the original orientation process was based in large part on hypothetical situations and scenarios, the updated and written orientation guide will now have a foundation in two years of operations and direct experience among the Health Navigators, the Coordinators, and the Program Manager. This guide will advance sustainability for this approach to bridging cultural and language gaps for health care access.

6.1.4 Outreach, Networking, and Collaboration

Outreach, networking and collaboration are essential elements of the Health Navigator Program. The program aims to serve clients whose access to traditional healthcare is impeded by language and culture. This requires outreach in two directions, both to bring in clients and to develop linkages with health care providers. It requires networking to open up and sustain partnerships with organizations that share the purpose of mitigating healthcare disparities through targeted services. And it requires collaboration to optimize the use of existing resources, and identification of new resources, both in-kind and financial.

Most *outreach* has been a natural byproduct of the three contractor organizations and their trusted relationships in the communities they serve, representing the populations targeted for the Health Navigation Program. The value of outreach has been to create a pipeline of referrals to the Program to link up clients with one of the three presenting conditions addressed by the Program (diabetes, hypertension or cancer) with healthcare services, resulting in a medical home. In addition to the contractor organizations, the Program Manager has also extended outreach to the Healthy Start Coordinator for Sacramento City Unified School District, and with the Manager of the Connect Center Family Resource Center of SCUSD. The Coordinators and Health Navigators also bring their own family and friend connections to their work, since all of them are integral members of their cultural communities and they are generally well known among the immigrant target populations in the target area. Client word-of-mouth will continue to bring new clients to the program.

Outreach to healthcare providers has been more measured and strategic, recognizing that a one-on-one or case-by-case approach will be more effective than traditional campaigns for a broader reach. For example, the program does not use training per se to bring cultural competency to provider practice. In contrast, the program has engaged one of its BHC partners, Legal Services of Northern California, to facilitate problem-solving for specific client cases with specific providers or provider networks. According to the Program Manager, this approach has been effective for challenges that are related to systemic barriers to services. Gradually, the Health Navigator Program is reaching providers and is facilitating the integration on cultural competency based on one case at a time. This strategic partnership illustrates the "legal-medical" advocacy role that Legal Services has assumed in the BHC.

Networking has been a function of the grant funding from The California Endowment. The Program Manager for the Health Navigator Program is an active participant on the Health Access Work Group where all health access grantees meet on a regular basis (usually monthly). These meetings provide immediate access across grantee lines and permit innovative planning and information sharing to enhance their individual and collective efforts for the Health Happens in Prevention campaign. Other networking has accompanied the staff of the program, as they all came from other community based organizations that serve the target populations, and/or they are informal advocates for members of their respective communities.

Collaboration has been an integral feature of the Health Navigators Program since it was conceptualized in the first year of BHC grant funding. In addition to the working collaboration among the funded partners, the staff and management collaborate with other BHC funded grantees (e.g., Legal Services of Northern California and Sacramento Covered) as needed. Both the past and current Program Managers participated in the Healthy Sacramento Coalition[8] where close to 100 organizations representing a variety of health care and constituent interests meet to plan and implement projects that will reduce health disparities and advance effective health promotion.

[8] The Sierra Health Foundation created this coalition upon receipt of funding from the Centers for Disease Control in support of a Community Transformation Grant. The planning grant of 2011/12 has now transcended to implementation, drawing on experiences of successful programs and practices to extend access to healthcare.

6.1.5 Barriers, Challenges, and Lessons Learned

By definition the Health Navigators Program was designed to address systemic barriers to healthcare services among those with great needs. The healthcare landscape is fraught with challenges related to education and awareness, communication, and understanding. The challenges pertain to both the institutions and individuals who provide healthcare, as well as to the patients and clients who seek or need care. Among the specific barriers and challenges identified in the first two years of the Health Navigators Program are the following:

- **Language and culture** remain the greatest barriers to accessing healthcare, and even challenge the bi-lingual and bi-cultural program staff. Sometimes there is no term in one's native language to facilitate the literal translation. Staff note the importance of differentiating between "translation" and "interpretation" both of which are necessary elements of their work. For example, there is no term in Hmong for diabetes or hypertension, conditions new to the Hmong immigrants when they came to the US as refugees and changed their lifestyles and nutrition. Simple translation is inadequate for the Hmong immigrant with diabetes, who will require more information and education than other patients about causes, consequences, and disease management. Similarly, culture presents challenges in explaining behavioral health and its treatment. Immigrant cultures associate even more stigma with mental illness than do western cultures, and explaining treatment via medication is a challenge without easy translation for "chemical imbalance" or "chemistry."
- **Case closure** is an increasing challenge, as the Health Navigators transition their clients through intentional skill building. "Do for, do with, and cheer on" represents the progression of health navigation, from a high level of client dependency on their Health Navigator (do for), to more support for maintaining healthy behavioral changes (do with), to more client independence to sustain changes and find community resources on their own (cheer on). While navigators remain accessible to clients indefinitely, many clients are now in the "cheer on" stage when navigators need to terminate or release them and make caseload space available for new clients. The objective is to use advocacy to help clients progress naturally from service recipient to advocate of services for others.
- **Affordable Care Act (ACA)** implementation is an enormous undertaking, focusing on the uninsured and underinsured. This initiative is launching its own large scale outreach and public education campaign, including coordination with existing resources and links to the underserved, like the Health Navigators Program. Because the Health Navigators Program is linked to other partners in the front line of the ACA implementation, the staff are facilitating outreach and education for enrollment and learning how to understand and explain healthcare reforms. This education will be ongoing as partners, providers, and clients alike discover its many complexities.
- **Authorization for Services** is another emerging challenge, following the recent introduction informed consent for healthcare services with clients for whom these are new concepts. Due to the need to exchange information among providers, it is important to integrate the principles of HIPAA compliance as it relates to obtaining informed consent to share client/patient health information. The navigators have begun to develop approaches to explaining the program's Authorization for Services Form "in chunks" rather than all at once, in recognition of the absence of anything comparable in the cultures of populations they are serving. Legal and medical terminology are ongoing challenges for the navigators and their clients.
- **Time management and maintaining professional boundaries are** ongoing challenges for Health Navigators. Despite scheduling and planning ahead, client support is very time consuming and often unpredictable. Sometimes one client will consume most of a day, including guidance through public transportation, sitting in waiting rooms, translation and interpretation during and following the appointment, and then completing a variety of types of paperwork. Also, clients learn to rely on their Health Navigator for access to many resources, medical and otherwise. The Coordinators also find it challenging to manage and support a team, as well as back up other Health Navigators.

6.1.6 Early Accomplishments and Next Steps for Program Expansion

> *I have been working with a couple with diabetes and hypertension, who go to their medical appointments together. The wife has acted as a navigator for her husband; she does the translation between her husband and the medical provider, or even with the Health Navigator. She is starting to advocate on her own, to address complications related to other conditions*. Health Navigator, Summer 2013

The Health Navigator Program has been successful in: (a) designing and developing a program based on the principles as the promotora model; (b) reaching the target population of need; (c) staffing the program with individuals who combine a blend of relevant education with life experience; (d) partnering with organizations that are trusted among the populations to be served; (e) bridging language and cultural barriers between clients and systems; and (f) observing a shift from overreliance on emergency rooms as the healthcare of choice toward more health management and better utilization of the healthcare system. These accomplishments have fueled expansion and growth of the Health Navigators Program, advancing its development and reinforcing the tools and practices staff have created. The Program Manager, Coordinators, and Health Navigators shared their suggestions for the Program next steps as follows:

- **Assessment of Cultural Competency:** Though the Health Navigator Program staff share stories of how their clients are learning to be their own advocates, and how they are changing behavior to manage their own healthcare, the Program is planning to solicit direct feedback from clients to assess this progress from their perspectives.
- **Linking clients to providers** whose staffing reflects the languages and cultures represented in the Health Navigator clientele. There have been especially positive reciprocal relationships with HALO and Molina clinics, bridged by the Health Navigators on behalf of clients when other systems were not as responsive.
- **Transition from Direct Service to Systems Change:** To date, most trouble-shooting for clients has been on a case-by-case basis, for specific barriers and challenges as they arise. Health Navigators partner with one another, their Coordinators, the Program Manager, their organizations, and legal experts like Legal Services of Northern California to address one issue at a time. However, with growing experience the program staff and partners are identifying challenges and barriers that are recurring. As these more systemic challenges and barriers surface, the Program will begin to accelerate its advocacy at the level of changing systems or policies that impede access to health care for all.
- **Family Networking:** Because of the language and cultural barriers, Health Navigators often engage other members of a household to reinforce the importance of keeping appointments with healthcare providers, taking prescribed medications, and adhering to medical advice. Working with the client's immediate and sometimes extended family members expands the network of support for a medical home. Adult and adolescent children provide a valuable source of continued support for the client, as well as a resource to the Health Navigator who is aiming to move the client to the "cheer on" phase of service.

The Health Navigator Program staff provided a list of suggestions for "next steps" in the development of this program. Among the recommendations were the following:

- **Add Health Navigators:** The original plan was to start with staff to serve Southeast Asian, then Hispanic, followed by African American and Slavic clients, all of whom have cultural and/or language barriers with the healthcare community. There is also interest in health navigation services for underserved English-speaking Caucasian community members.

- **Leveraging Resources from Healthcare Providers:** The program recently received a grant from Dignity Health which has also expanded their capacity to serve clients with behavioral health issues in addition to physical conditions.
- **Organize Support Groups for clients:** Support groups may be a natural extension of health navigation, particularly among those with the same conditions that require similar management regimens. Provide a venue for clients to share experiences, from which they will learn and empower one another. This would be an asset for sustaining the network of support created by this program, while retaining the informal elements of peer support.

6.2 Summary Case Study of the Sacramento Mayor's Gang Prevention Task Force (MGPTF)

Gang related homicides represented the tip of the iceberg in the context of Sacramento's overall violent crime rate in 2011, second only to Oakland among other California cities. Sacramento achieved a sobering milestone in 2010 with 11 homicides attributed to gang violence, in keeping with a trend of 6 to 14 gang related deaths annually between 2006 and 2011. In addition to gang-on-gang killings, between September and December 2010 gang violence resulted in deaths of individuals who were either mistaken for rival gang members, or were innocent bystanders caught in the gun crossfire. The increasing profile of gang related deaths lead to a community outcry for City leaders to take preventative action. In response, Mayor Kevin Johnson announced the creation of the Gang Prevention Initiative in January 2011, and convened the Mayor's Gang Prevention Task Force (MGPTF) in February.

6.2.1 Community Mobilization and Strategic Planning

The purpose of the MGPTF was to produce a comprehensive gang prevention plan, with input from community organizations, neighborhood leaders, school officials, government, the faith based community, and law enforcement. Table 6 presents a list of the leadership represented on the MGPTF, whose sustained participation was complemented by the presence of the Mayor throughout the planning year. The high level membership roster included elected officials from both the City and County government, administrators from selected agencies of the City and County with emphasis on law enforcement and social services, superintendents from two large school districts, selected nonprofit organizations and the faith community. These were individuals who could make policy decisions and had the power to implement strategy level change.

Table 6 – Representation on the Mayor's Gang Prevention Task Force (MGPTF) Policy Board

Position	Representing
Mayor and Task Force Chair	City of Sacramento
City Manager	City of Sacramento
Chief	City of Sacramento Police Department
Councilmember, District 5	City of Sacramento
Councilmember, District 7	City of Sacramento
Director	Parks & Recreation, City of Sacramento
Supervisor	County of Sacramento
Sheriff	County of Sacramento, Sheriff's Department
District Attorney	County of Sacramento
Chief Public Defender	County of Sacramento
Chief Probation Officer	County of Sacramento
Director, Health and Human Services	County of Sacramento
Director, Human Assistance	County of Sacramento
Superior Court Judge	County of Sacramento
Superior Court Judge	County of Sacramento
Superintendent	Sacramento City Unified School District
Superintendent	Elk Grove Unified School District
Executive Director	Boys & Girls Club
Executive Director	NAACP
Executive Director	Hispanic Chamber of Commerce
Director	Sacramento READS!
Public Affairs Director	Kaiser Permanente
Program Officer	Sierra Health Foundation
Clergy	Sacramento Area Congregations Together (ACT)

Through monthly task force and quarterly policy board meetings, as well as community forums and focus group discussions throughout the City, the MGPTF facilitated a dialogue about gang violence in the North and South areas of the City. The community forums and focus groups actively engaged members of the community, provided information about known gang activity and prevalence, and listened to community members to learn about root causes of gang violence and to articulate strategies for meaningful change. The Mayor chaired the quarterly Policy Board meetings throughout the planning process. All community forums were well attended, averaging 100-200 attendees each:

January 2011	City Hall
February 16, 2011	Oak Park Community Center
April 19, 2011	Pannell Community Center
May 10, 2011	California Cities Gang Prevention Network convening in Sacramento
March 31, 2012	South Sacramento forum hosted by Sacramento Safe Community Partnership (modeled after Boston Ceasefire, implemented by Sacramento ACT)
October 11, 2012	Gang Task Force convening with Mayor Johnson to outline plans for prevention.

High profile speakers presented at two of these forums, including California Attorney General, Kamala Harris (4/19/11) and US Attorney General, Eric Holder (5/10/11).

In November 2011 the Mayor presented the Mayor's Gang Prevention Task Force Strategic Plan 2012-2015, with four action strategies. The work of the MGPTF culminated in a statement of vision, core values, a continuum of four focus areas (prevention, intervention, enforcement, and reentry), as well as four goals. The goals provided four strategies for change: (1) school based approach; (2) community empowerment; (3) workforce readiness; and (4) regional accountability. In October 2012 the Sacramento City Council approved the 2012-2015 Strategic Plan.

6.2.2 Commitment to Action and Prevention Strategies

One of the byproducts of the Strategic Plan was the articulation of four core strategies aimed at preventing gang violence. The core strategies were designed to expand on and optimize existing initiatives and to leverage resources effectively. The framework was based on assumptions about working relationships, the importance of creating positive social environments, promotion of social and economic policies to support positive youth development, and "blending policing efforts with heavy dosage of prevention, intervention, enforcement, and reentry." These strategies aligned with a continuum of prevention shown in Table 7, as framed in the Strategic Plan as follows:

Table 7 – Gang Violence Prevention Strategies

Prevention	*School Based Approach:* Literacy with emphasis on reading enhancement for 3rd and 4th grade students (in response to functional illiteracy rate among incarcerated juveniles, 76%)
Intervention	*Community Empowerment:* 48 hours of training for 30 leaders over 6 sessions, for capacity building related to gang prevention and intervention work
Intervention	*Workforce Readiness:* Paid internships and support for youth at risk of gang involvement, through Summer of Service program with City Hall
Enforcement	*Regional Accountability:* Regional law enforcement strategies with data to monitor and track impact and outcomes

Among the more prominent accomplishments from the Strategic Plan were:

- Training on gang intervention with representatives from schools, faith community, and community leaders (6 sessions for approximately selected 30 leaders); hosted by the Advancement Project and the Urban Peace Academy (made possible through The California Endowment). Attendees included a cross section of the community, service providers, street outreach workers, a Gang Intervention Specialist from SCUSD, counselors from The Effort, faith leaders who were participating in "night walks," business leaders, and representatives from the Mack Road Business Improvement District.
- Gang Prevention and Literacy Program (GPAL): Structured tutoring to support literacy and reading, expanding programs in SCUSD, EGUSD, and Robla school districts. Worked in partnership with *Sacramento Reads* and *Reading Partners*.
- Workforce Readiness: In partnership the Summer at City Hall program, there were additional paid internships for youth for six weeks in the summer. Also, SETA provided some opportunities for paid on-the-job work experience for older and out of school youth.
- Joint Law Enforcement Efforts: Regional accountability depended on the working partnership between Sacramento Police Department and the Sacramento County Sheriff. Because the target area in South Sacramento was a mix of City and County jurisdiction, the partnership needed to include both agencies and sought to identify shared strategies and approaches.

6.2.3 Challenges and Barriers to Implementation

The implementation of any complex, multi-faceted community project is fraught with unanticipated turns, as well as changing partnerships and moving targets for change. Among the challenges associated with the implementation of strategies as outlined by the MGPTF were the following:

- **Multiple Law Enforcement Jurisdictions:** One of the challenges to any initiative that engages multiple law enforcement agencies is that jurisdiction reigns (e.g., who is responsible for which sections of geography?) and organizational philosophies and approaches may vary. For the MGPTF there were two law enforcement agencies involved, a byproduct of the way city and county boundaries are related in the communities and neighborhoods targeted. Though the majority of the geography in South Sacramento is under the jurisdiction of the Sacramento Police Department (City), there are some unincorporated areas (e.g., "peninsulas") embedded in the community that are under the jurisdiction of the Sacramento County Sheriff. This is a factor for many initiatives and for public safety in general, as residents report criminal activity (to which agency?) and as agencies sort out who will respond. In addition to the jurisdiction for reporting and responding, the organizational approaches to law enforcement differ. Though this is based on perception, two well-informed observers noted that the Sacramento Police Department has more direct experience in primary prevention, using strategies like community-oriented policing, and engaging residents in neighborhood level prevention efforts. In contrast, the Sheriff's Department relies more on apprehension and arrests to apply swift and certain consequences for illegal activity. These philosophical differences manifest in very different approaches to law enforcement in the communities they each serve. This may have impeded the ability to present a united voice and find a common approach to the role of law enforcement in the MGPTF.
- **City Leadership:** Another structural challenge was the power and authority of the Mayor in a governance structure that is de-centralized and where each elected City Council Member has their own jurisdiction, constituents, and agendas to serve their electorate. When Sacramento looked to other cities that had implemented similar anti-gang measures, there was an important distinguishing difference in the city settings: Those jurisdictions that were able to galvanize strong unilateral support for any gang prevention or suppression strategies benefitted from a "strong mayor" form of governance. However, it is important to note that this model has also been effective in communities without a strong major structure; in all likelihood, the success of this model depends on a combination of the size and structure of the jurisdiction, as well as the capacity for the key stakeholders and decision makers to work in close collaboration.
- **Non-standardized Policies and Procedures across School Districts:** School policies related to responses to misbehavior, including expulsions and suspensions, differ among the school districts that serve students throughout the City and County. This became a serious impediment to developing a uniform approach for responding to gang related behaviors, or school-site bullying and violence.
- **Community Needs Assessment and Planning Fatigue:** Community leaders expressed frustration that they had been through multiple planning processes, had responded to numerous surveys and inquiries about community issues, and were ready for concrete action and leadership from the City. Community engagement and retention of community leaders and representatives was a challenge since there was history of having been through similar processes without results.
- **Workforce Readiness:** There were challenges related to both the summer internship program and the SETA placements. For the summer interns, it was unclear if the youth recruits were actually the population targeted for Ceasefire. For the SETA placements the gains were short-lived as youth remained closely tied to their neighborhoods and familiar gang lifestyle. It was a perpetual challenge to keep youth placements on the job, to reinforce good work habits, and to compete with old habits and even family traditions.

By the summer of 2013 the MGPTF was no longer meeting with any regularity. The emergent programs (e.g., Project Ceasefire, the literacy program, and work programs) were in hiatus as the gang prevention work of public agencies began to regroup as a coalition for implementing the CalGRIP grant. There were many lessons learned between early 2011 and 2013, based on the challenges that arose and the growing recognition that any response to Sacramento's gang violence must be flexible to the changing community needs. The loss of funding and a disappointing allocation from Measure U revenues have proven yet another impediment to converting plans into concrete and visible strategies and activities in the hardest hit communities of Sacramento. And long term follow up with the participating youth is difficult to implement, particularly when grantees may have been overly inclusive of the youth they included in baseline surveys, many of whom were not really connected for the long term.

Among the accomplishments was the ability of the Mayor to engage high level decision makers and community leaders in forums to create a strategic plan. The California Endowment provided some funding to support the work of the MGPTF, and participated in the planning process as an advocate for developing prevention strategies. A request for $1 million in funding from Measure U (which actually identified gang prevention as a priority) resulted in an allocation of merely $50,000 to support gang prevention efforts. However there is no denying that the absence of funding to support strategies via Measure U has been a major set back to the progress made with rallying community level support.

SECTION 7: TCE CROSS-SITE LEARNING INITIATIVES

Throughout year three of the BHC initiative TCE has mobilized expertise and experience to develop and nourish a cross-site learning approach to understanding the individual and collective efforts of all 14 BHC sites. To develop this collaborative environment, TCE began hosting statewide convenings in early 2012. Throughout year three (September 2012 through August 2013) these meetings continued as Program Managers, local evaluation consultants, Hub staff and constituents, TCE consultants and staff identified opportunities to learn from all 14 sites. Year two focused on identifying common or shared measures to understand the evolution of the drivers of change: (1) Leveraging Partnerships; (2) Collaborative Efficacy; (3) Resident Power; (4) Youth Leadership; and (5) Changing the Narrative. In year three, the convenings focused on developing tools to assess the drivers of change. This section provides a brief summary of each of the tools that were products of the Cross-Site Learning, and the implementation and use of these tools in the S.Sac BHC. Copies of the tools to be used by the S.Sac BHC are in Attachment A.

7.1 Collaborative Self Assessment and "Collab labs"

Because the S.Sac BHC has a history of collaboration that began during the planning year (2009), the evaluation team, BHC Hub staff, and TCE Program Officer agreed that this site would pilot test the Collaborative Assessment tool that was created in 2012. The work groups with the longest and most active participation were the first to complete the Collaborative Self-Assessment. A significant byproduct of that self-assessment was an introspective examination of the purpose and function of each work group, revealed in a debriefing facilitated by BHC consultant from Valley Vision. Valley Vision met with each work group in a "collab lab" to review the responses to the Collaborative Self-Assessment, using the review as an opportunity to identify strengths and directions for change. This review set off a chain reaction for work groups to enlist a facilitator to conduct a graphic visioning process . By the end of year three there were graphic visions for the Healthy Food for All, Health Access, Land Use, Youth Development and BHC in its entirety. The graphic visioning process and products were a stepping stone to the review and update of the logic model.

The Collaborative Self Assessment tool underwent revisions in 2013, based in large part on pilot testing with the S.Sac BHC work groups and other BHC sites. The tool has expanded into three versions, varying in level of detail and administration (e.g., either self-administered questionnaire or guided focus group discussion). In the fall of 2013, the S.Sac BHC partners will complete the short version of the Collaboration Assessment tool. The respondents will be from the BHC Steering Committee, the Health Access, Healthy Food for All, Land Use, Youth Development, and Community Engagement work groups. Valley Vision will conduct a debriefing and review of responses following the survey in October 2013. Data collection will be online and analysis will be by TCE consultants.

7.2 Policy Monitoring

Another tool developed via the Cross-Site Learning process was a survey designed to identify and track progress for Policy and Systems Advocacy. The S.Sac BHC also pilot tested this tool during its development and refinement, with participation from about six grantees whose work had culminated in or was designed to inform policy and systems change. Like the collaboration survey, the Policy and Systems Advocacy tools evolved into two levels of reporting. As many as 14 grantees will be invited to complete the Advocacy Inventory tool in January 2014. Responses to the online survey will be collected and analyzed by TCE.

7.3 Resident Empowerment

The Cross-Site Learning process also created a Resident-Driven Organizing Inventory to better understand how residents are involved across and among the 14 BHC sites. The S.Sac BHC staff and Program Officer have

identified several BHC grantees, who were contacted to elicit their participation on the online Resident-Driven Organizing Inventory. That survey will be disseminated by email from one of the Cross-Site Learning Evaluation and Learning Specialist teams in October and November 2013.

7.4 Retrospective Narrative

The fourth tool developed through the Cross-Site Learning process will be a Narrative Report Template to "lift up" lessons from each site, in large part to better inform the TCE Board and other stakeholders in the work of the BHC Initiative at large. This tool will become available in early 2014, and will likely require input from the Hub Manager, the TCE Project Officer, and the evaluation contractor for completion.

7.5 Longitudinal Youth Study

TCE contracted with the University of Southern California (USC) Department of Sociology to design and implement a survey of youth who are engaged in BHC activities and projects across all 14 BHC sites. The study includes a Youth Program Inventory, and youth surveys for young people aged 13-17 and 18 and older, as well as a longitudinal survey. The initial Youth Program Inventory occurred during the summer of 2013, to gauge the landscape of youth programming across BHC sites. The purpose is to document and describe how organizations are engaging youth in BHC-related programming over time, and to collect information on BHC campaigns involving youth. The survey will be administered via the web annually.

Two youth surveys will be implemented in year four, and the study design is to repeat the survey and follow up with the youth in the sample over time. The purpose is to measure short-term impact of programs on youth leadership, and to identify strengths and areas for development among BHC youth programs. Since this survey has been contracted out to researchers at USC, the Evaluation and Learning Specialists and BHC Program Managers have had less direct involvement in the creation of these tools. However, the sites are facilitating the identification of grantees who are working with youth. The baseline survey will be in the fall of 2013 with follow-up to be scheduled later.

The Longitudinal Youth Survey will assess long time and lasting impacts on a sample of youth, to be conducted via telephone in the fall of 2013 and again in 2016. The sample size is 500 youth who have been active in the BHC for at least six months. The survey questions will address physical health, mental health, and health-related behaviors; civic engagement; and educational attainment. This has already been a challenge for S.Sac BHC, simply because of the transiency of some youth, as they graduate from high school and leave the area for higher education.

Finally, USC will also conduct case studies to "dig deeper into how youth are contributing to community health through organizing and advocacy campaigns." The case studies will be based on interviews and participant observation to occur in 2015/16, and the study design will be informed from the survey responses and findings from the surveys.

7.6 S.Sac BHC Participation in Cross-Site Learning

The evaluation team for the S.Sac BHC have been active participants in the Cross-Site Learning Convenings throughout years two and three, and will sustain involvement in year four as surveys are administered and analyzed, and findings are reported back to the sites. We participated in the development of data collection tools and coordinated pilot testing for two of these tools. We have also developed a plan for implementing various tools over the next year or so, and will provide support to the grantee respondents.

SECTION 8: CONCLUSIONS AND RECOMMENDATIONS

Year 3 of the S.Sac BHC has marked the conclusion of a transition from "start up" to implementation, and the acquired traction and momentum associated with grantees who have made inroads with their respective projects and programs. The grantees are increasingly developing collaborative relationships within the work groups, and are starting to explore opportunities to collaborate across work group areas. The work groups have taken time to "hit the pause button" for reflection about purpose and role, using a graphic visioning exercise to stimulate that reflection. The work groups were also the platform for the review and revision of the S.Sac BHC Logic Model, which is largely based on the implementation of strategies that were merely imagined when the original logic model was developed in 2010.

This year was a year for observing and reporting on increased resident and youth engagement as reported in the monthly logs. Though much of the uptick in engagement volume aligns with "services provided" it is not clear how much of this is a function of reporting habit. Some grantees may not recognize nuances in the shift among their resident and youth partners as they proceed from service provision toward roles in planning, community action, or community change-making. However, TCE recognizes that building a base of community engagement often begins with individuals who are engaged with direct services, before proceeding to other tiers. Therefore, year three marked a milestone for building that base of support, for demonstrating a variety of ways that the BHC grantees are "building a healthy community" with TCE funding.

The evaluator will continue providing technical support to refresh grantee understanding of the differences in the four tiers of engagement, in an effort to reinforce documentation of all forms of engagement and the shifts as they occur. In addition, the frequency of submitting the log data will change from monthly to every other month, in an effort to reduce the burden on grantees. Some grantees will sustain the monthly reporting schedule out of habit or because it is easier to maintain the documentation with that expectation.

Community Engagement continues to dominate discussions among grantees, as many of them recognize the need to build this base of support in the target area. The newly formed Community Engagement Work Group spent year three developing a training curriculum which they plan to launch in early 2014. The members of this work group represent considerable local expertise in mobilizing and organizing residents, and a diverse variety of approaches to this work. Both definitions and strategies are key to their work.

- Recommendation 1: Beginning in year 4 the BHC Hub staff and the evaluation team will develop a system for tracking and documenting training and TA for Hub staff and grantees.
- Recommendation 2: Continue focus on community outreach and engagement of residents and youth via leadership from BHC Steering Committee, and full participation from work groups and grantees.
- Recommendation 3: Retain tracking logs from grantees, reducing frequency of reporting to bi-monthly rather than monthly.
- Recommendation 4: Provide targeted TA to support grantees in reporting transitions to higher levels of community engagement.
- Recommendation 5: Continue to reinforce collaboration among BHC grantees and across work groups to optimize the benefits of networking and resource leveraging; to elevate awareness of individual and collective BHC projects and opportunities; and to promote "health happens here" and the drivers of change.
- Recommendation 6: Continue showcasing at least two BHC grantee efforts in the annual evaluation reports.
- Recommendation 7: Encourage and support grantees to revisit community level indicators of systems change, to identify markers for tracking changes in the S. Sac BHC target area.