Voices of Partners:

FINDINGS FROM THE COMMUNITY/STAKEHOLDER ENGAGEMENT STUDY

Ideas into Action

A Report for The California Endowment

By Frank Farrow and Cheryl Rogers

CENTER FOR THE STUDY OF SOCIAL POLICY | 2017

The Center for the Study of Social Policy (CSSP) is a nonprofit public policy, research and technical assistance organization with offices in Washington, D.C., Los Angeles and New York. CSSP works with local, state and federal policymakers, foundations and community leaders across the country to create new ideas and promote public policies that secure equitable opportunities and better futures for all children and families. CSSP strives to achieve this by focusing on the families facing the most significant barriers – including families living in poverty and those whose lives are affected by discrimination based on race, immigration status, sexual orientation and gender identity. Frank Farrow is the President of CSSP. Cheryl Rogers is a Senior Consultant to CSSP.

Acknowledgements and Appreciation

"Voices of Partners" is the main report produced as part of The California Endowment's Community/Stakeholder Engagement Study of BHC.

Through this process, we have had the pleasure of talking with 175 Californians engaged in, helping to lead, observing or learning from BHC's work.

That has been an inspiration. People are deeply committed to the work, generous with their time in talking about BHC and appreciative of the foundation's invitation to provide candid opinions and recommendations for the future.

It has also been a pleasure to work with the TCE team who guided the Community/Stakeholder Engagement process since its inception and continue to plan how best it can serve the foundation. These leaders had the vision to seek feedback about the component parts of BHC while simultaneously wanting the report to illuminate the big picture questions about what BHC is accomplishing and how it can be even more effective. Chaired by Tara Westman, the team includes Hanh Cao Yu, Leticia Alejandrez,

Ray Colmenar, Alexandra Desautels, Jessica Fuentes, Judi Larsen, and Tida Leagnavar.

We would also like to thank the Study Team assembled for this work, who conducted the interviews and facilitated the focus groups which are the basis for the findings. The team includes Gigi Barsoum, Juan Benitez, Prudence Brown, Chrissie Castro, Julia Coffman, Tom David, Audrey Jordan and Rigoberto Rodriguez, along with CSSP staff Carla Taylor, Anand Sharma, Edith Lopez Estrada, Arthur Argomaniz and Sahare Wazirali.

Finally, thanks to the Board, Dr. Robert Ross and the foundation's executive leadership for the depth of their attention to what partners have to say, to the Learning and Evaluation team who have helped at each step of the way, to the Program Managers and many other staff who have worked to make this process a success, and to the many people whose ideas and voices are represented in this report.

Frank Farrow

Frank Farrow

Cheryl Rogers

Cheryl Rogers

Introduction

The California Endowment (TCE) launched its Community/Stakeholder Engagement (C/SE) process in the fall of 2016 as part of a mid-point review of Building Healthy Communities (BHC). The aim was to learn from a wide range of people involved in or knowledgeable about BHC – including adult and youth residents in BHC sites, other community partners, state advocates and policymakers, evaluators and funders – their perspectives about BHC after its first five years of operation.

TCE is committed to using stakeholders' feedback for several purposes. Their views will help foundation leaders shape BHC implementation between now and 2020. In addition, TCE will use stakeholders' perspectives as one important source of information as the Executive Team and Board consider strategy and investment options after 2020.

TCE's Integrated Team engaged the Center for the Study of Social Policy (CSSP) to conduct an independent Community/Stakeholder Engagement process between November 2016 to February 2017, interviewing individuals and convening focus groups with a diverse array of 175 people engaged in and/or knowledgeable about BHC.

CSSP organized the study around five strategic lines of questioning:

I. *Impact in the first five years:* What do stakeholders perceive as BHC's most significant accomplishments? What could have been done better?

II. *Opportunities looking forward:* What changes can make BHC even more effective between now and 2020?

III. *Alignment of state-local advocacy, policy/systems and narrative change:* How have community and state or regional forces worked together to advance health equity? How can this be more effective?

IV. *Sustaining a movement for health equity:* What alliances, capacities, leadership or other forces should be sustained beyond the period of BHC funding, and how?

V. *Innovation and new directions:*   What areas of opportunity and possible innovation should TCE consider beyond 2020 in the continued advancement of health equity?

This main project report summarizes respondents' views on the first three of these questions. Shorter, specialized reports about the other issues have been shared with foundation staff.

Before turning to the findings, a few overall observations may be helpful to the reader.

The "Voices of Partners" report has a distinctive "Yin and Yang" quality to it, which reflects the nature of the feedback we received. The people we spoke to had strong feelings about BHC, recognizing the initiative as a major force for change in California, and they shared both praise and criticisms. People noted many major accomplishments – and also pointed out things that they thought could have been done better. People credited TCE with extraordinary leadership in guiding Californians to a new discussion of health equity and a new awareness of the social determinants of health – and felt equally free to comment on how TCE's own culture could more fully represent BHC's values. In short, on most lines of questioning in this study, people have compliments, constructive criticism and, more rarely, complaints. In some instances, this results in directly contradictory feedback to TCE, and we have noted these instances in the full report.

Several themes recur in "Voices of Partners." We identify them here as a way of suggesting to the reader some of the issues that TCE and its BHC partners will want to both celebrate and address. The respondents:

• *Credit BHC and partners with many successes and accomplishments.* They recognize and admire TCE's boldness in undertaking this initiative and the foundation's commitment to health equity.

• Appreciate that, through BHC, *the foundation has redefined the conversation around health and health equity in California.*

• *Admire BHC's and TCE's commitment to mobilizing community residents and to community empowerment* as essential ingredients of achieving change in policy and systems that, when altered, can contribute to better health outcomes and health equity.

- *Praise, in particular, TCE's investments in community organizing*, citing it as one of BHC's top accomplishments. At the same time, many of these same people commented on ways in which organizing was (in their view) missing the mark and recommended that, for the future, BHC's organizing efforts provide more consistent support for resident and youth voice and leadership.

- *Urge TCE to listen even more carefully to community priorities*, reflecting a feeling by some respondents that TCE continues to set too many of the priorities in BHC.

- *Recommend that BHC engender a stronger "culture of learning"* if the effects of TCE's investments are to have cumulative impact across the 14 sites and statewide. People recognize how challenging and difficult the work of BHC is and are eager for the knowledge, support and information that comes from more intense learning with peers.

- *Recommend that issues of racial equity and cross-racial and ethnic dynamics be addressed more directly* in BHC as it moves forward.

- *Suggest that TCE's internal operations can better reflect BHC's values*, including greater integration among the parts of BHC; greater coordination within TCE as an organization; a careful assessment by TCE of its power dynamics in relation to sites; an urging that TCE be more humble at times as a partner; and that the foundation have greater transparency and accountability in the funding decisions undergirding the initiative.

The report is organized around the following themes:

- **Section I: People Power**

- **Section II: Policy and Systems Change**

- **Section III: Partnerships and Collaboration**

- **Section IV: Narrative Change**

- **Section V: Leveraging Resources**

- **Section VI: The Challenges of Focus, Coherence and Reach**

- **Section VII: TCE Leadership, Internal Culture and Operations**

A chart summarizing the report's findings and recommendations is attached to this Executive Summary.

I. People Power

"The statement by TCE that community matters, that community engagement matters, that youth engagement matters, is of enormous importance. It is also a model to philanthropy, and the infusion of funds that goes with that is enormously important. And, the fact that it's a ten–year investment – symbolically, I'd say it's very, very important. (STATE ADVOCATE)

Interviewees consistently recognized "people power" and community organizing as one of BHC's greatest accomplishments. In response to the question, "What do you see as the greatest successes of BHC?", the mobilization of community residents to advance health equity was mentioned by 74% of all interviewees. This response came from all types of stakeholders, at both the state and local levels of work, and they noted that BHC's focus on "people power" was especially important now, given what they perceived as a federal policy climate of exclusion and disinvestment.

Alongside the general acclaim for BHC's organizing

efforts, a significant number of respondents criticized current practice and thought that BHC needed to deepen its work in this area. Three types of criticism stood out. The first came primarily from residents and youth who are involved in current organizing efforts, but also from some community partners and state advocates: a conviction that residents and youth were not receiving enough support in their organizing activities. The second was voiced more frequently by community partners and state advocates, who felt that BHC was not using the full range of organizing techniques and methodologies. The third was of a different nature: an urging for more explicit attention to racial and ethnic dynamics within communities, as essential in order to build power across racial and ethnic lines.

Stakeholders said that by 2020 they hoped the foundation would:

- Provide more intensive and consistent supports for resident and youth leaders who are engaged in organizing.

- Expand the number of adult and youth residents who are engaged and consider using a wider array of organizing methods.

- Enable more residents to be engaged in genuine decision-making.

- Put issues of racial equity and cross-racial and ethnic dynamics more squarely on the BHC agenda.

II. Policy and Systems Change

"The California Endowment has been at the forefront of so many of these huge changes that have happened in California, and not just in our communities, but statewide. I think they've made a very big difference in health and education policies in the state. (COMMUNITY PARTNER)

Like "people power," policy and systems changes were frequently and positively cited accomplishments of BHC. In fact, BHC's success in changing policy was often linked to "people power" – that is, it was seen as the result of many BHC activities coming together, including the organizing efforts of adult residents and young people.

While recognizing sweeping successes, though, many stakeholders feel that BHC's efforts to change policies and alter systems are "still a work in progress." They believe that these efforts can be even more effective in the future and call for greater intentionality in the way that community and state-level BHC activities are aligned; less prescriptiveness on the part of TCE in deciding which policy aims are pursued; and much greater attention to implementation.

The specific concerns expressed include:

- Lack of clarity about what's intended in terms of combined community-level, regional and state-level actions and the process for ensuring that these are aligned and effective.

- Tension about priorities. Some people felt the policy and systems priorities were in some cases TCE's priorities rather than the most important items for local leaders and residents.

- Frustration by a few community partners and state advocates about how they are included (or not) in certain BHC policy-related activities. For state advocates, this took the form of confusion about when they could have access to BHC sites and about how they could best contribute to site knowledge and capacity.

Respondents thought that BHC could be even more successful in advancing policy and systems change in coming years if TCE would:

- Develop a more intentional approach to local-regional-state alignment and communicate it more effectively to all BHC partners.

- Create more opportunities for networking among partners to understand issues, recognize different ways of work and build strong relationships so that they're ready when needed.

- Build the resources and capacity of local organizations and leaders to participate in state policy campaigns and activities. For example, this could entail supporting organizational time for this purpose or dedicating staff for these activities.

- Focus much more strongly within BHC on policy implementation in the coming years, as this will determine whether policy wins actually translate into positive impact on people's lives.

III. Partnerships and Collaboration

" In some places partners were chosen who had neither the values alignment, the cultural capacity nor the skill sets required to take on the roles the foundation asked them to. So when you ask a service organization to take leadership in a process that's about voice and power and organizing when there isn't any capacity to lead or anchor a social change process, that's a problem.

(STATE ADVOCATE)

Two-thirds of respondents (68%) identified "partnerships" or "collaboration" as one of the major successes of BHC to date.   They support the premise that individuals and organizations joining together to develop and implement strategies will create a far greater likelihood of achieving BHC's health equity goals than if single organizations or leaders act alone. They credit TCE with setting the stage for collaboration by requiring it in grantee workplans, resourcing it and providing technical assistance to support it.

At the same time, a significant number of respondents thought that TCE had, in some instances, forced unnatural alliances among local actors instead of supporting genuine, often existing collaborations of people and organizations working together on the same goals. They talked about "organic collaborations" as preferable to those dictated by TCE. Going forward, people hoped their collaborations could be less forced, more strategic and more focused on having the "right" partners at the table. They suggested ways to achieve this goal, mentioning:

- Building long lasting strategic alliances.

- Convening and empowering networks and ecosystems of organizations to advance policy and systems change.

- Investing selectively in organizations with the strongest track records to accomplish systems and policy goals.

- Connecting statewide organizations working on BHC even more directly to the organizing infrastructure being developed in BHC communities so that, together, these become an even stronger statewide force.

IV. Narrative Change

> "Their narrative change work is one of the best things that TCE does. It includes their campaign machine and their media savvy machine. The tagline 'Health Happens Here' is brilliant. For anyone working in public health and community health, 'Health Happens Here' helps all of us. It invites the conversation. It changes the chatter around what health is and the fact that it happens here. (FUNDER)

Respondents' comments about narrative change reflected an unusually strong consensus: approximately 80% of the people interviewed thought that TCE's willingness to raise the visibility of health equity and invest in it over a ten-year period was changing the understanding of health in California.

They thought BHC was particularly successful in:

- Providing a stronger focus on equity.
- Gaining recognition for a broader view of health beyond traditional physical health concepts and changing the nature of discourse around social determinants of health, and
- "Changing hearts and minds." Respondents applauded TCE for working to instill in people not only a new conceptual understanding of health, but a deeper understanding that actually changes attitudes and beliefs – and thus leads to action.

The only significant group with some negative observations about their experience with narrative change were young people participating in focus groups. They felt that narratives were sometimes imposed on them, when they would prefer to tell their own stories.

Looking forward, people urged continuation of the narrative change efforts on important health equity issues at both the state and local level. A number of young people asked for more room to create their own messages, hoping TCE will trust them more to articulate their own narratives about their lives and that of others in their community.

V. Leveraging Resources
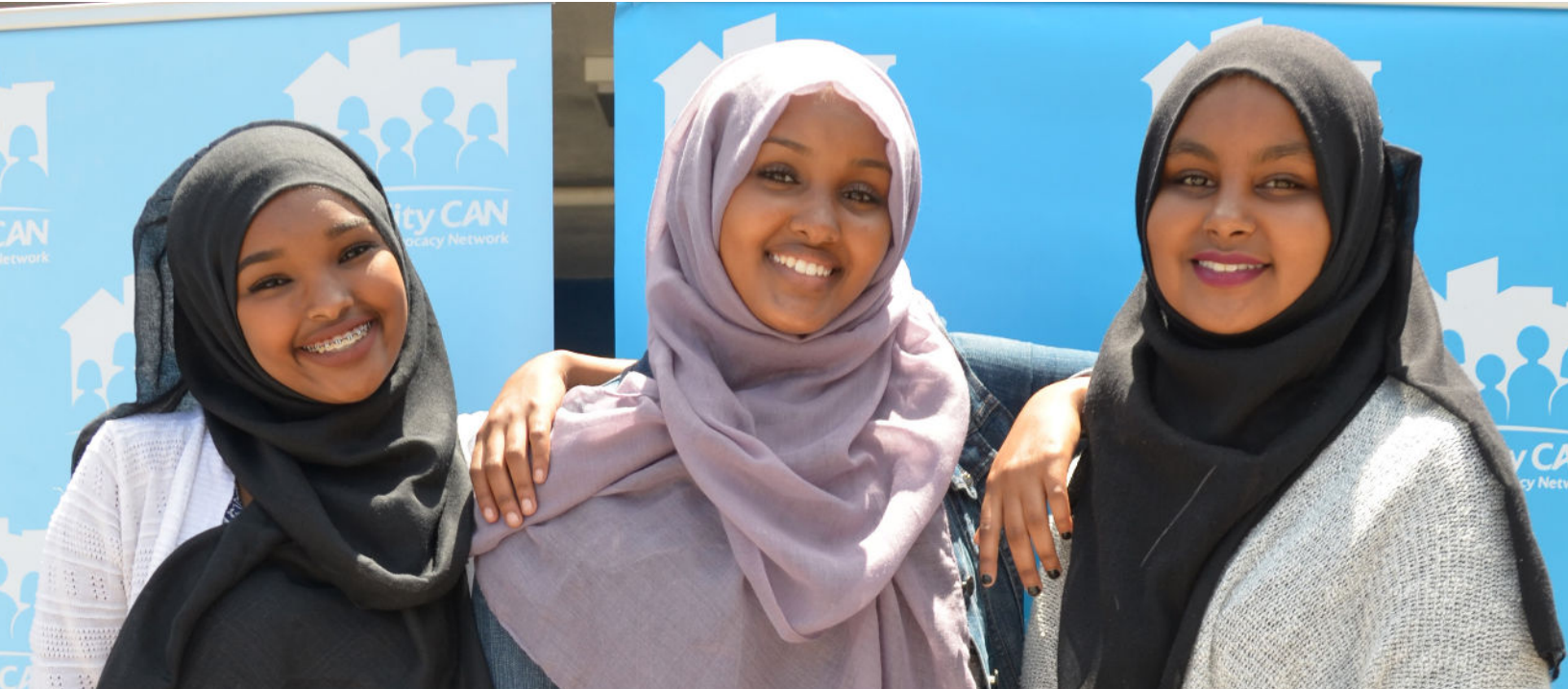
Respondents commended the foundation for putting such a large investment into some of the poorest communities of the State for an extended period of time. Many respondents also talked about the positive benefits of new and expanded resources that had come into communities because of BHC.

Interviewees provided examples of how BHC has, directly or indirectly, attracted additional funding; repurposed existing funding to better meet the needs of low-income communities; accessed previously untapped funding sources; and contributed to the adoption of a framework that views community reinvestment as a solution to health inequity.

Against this praise of BHC's efforts for helping bring more public funds to sites were comments by respondents that BHC had not done enough to expand resources from other foundations. A number of people felt that TCE had failed to attract many additional foundation partners to invest in (or with) BHC long term, and noted a shortfall in coordinating the investments in BHC with other assets – thus achieving the goal of greatly expanding the resource base for BHC activities.

> "So because we've invested so heavily in criminalization and incarceration in communities, we haven't been able to use public resources to support health and human development. The most significant thing that this initiative has done is it helped support communities in beginning the overall reversal of that trend to divest from public investments that compromise community health and wellbeing, and then reinvest those funds in social supports and community capacity to generate health and well-being.
>
> (EVALUATOR)

> **"** I'd like to see BHC focus in on capacity building and perhaps narrow the policy goals – not to make it less impactful or small, but actually to make it more impactful. (COMMUNITY PARTNER)

While people appreciated the breadth of BHC, some expressed concerns about its scope. First, people wondered whether BHC was sufficiently focused to accomplish enough in specific areas and thus be able to prove impact. Second, they expressed concern that BHC had not yet aligned and connected all its separate components in order to drive toward fundamental positive change. Yet other respondents felt that BHC is missing opportunities to address the social determinants that are most critical to health outcomes for residents of BHC communities. Specifically, they continue to urge that BHC address economic opportunity, affordable housing/gentrification and related neighborhood development issues more directly. In the past, TCE has been clear that BHC as an initiative cannot address these issues systematically across all sites, and thus actions on these issues have been locally focused. However, partners continue to raise these as missed opportunities.

Respondents urged TCE to identify the policy and system changes that are most important to BHC and focus the initiative's efforts on those; provide more opportunities for dialogue, specifically to create more connections among sites and to help state and local leaders (including resident leaders) connect all the separate pieces going on under the rubric of BHC; and communicate foundation ideas, positions and guidance to stakeholders and partners in more coordinated, consistent and thus effective ways.

VII. TCE Leadership, Internal Culture And Operations

It was striking how many people wanted to talk about how TCE could improve its leadership of the BHC initiative and also about the foundation's internal culture and operations during the second half of BHC. Seventy-four people (slightly over 40% of total respondents) commented on various aspects of TCE's leadership, culture and operations. The majority of these urged that TCE create more of a culture of learning at the foundation and among the BHC sites and state partners (forty-nine people), and a significant number thought that the foundation needed to be less prescriptive in its working relationships with partners (forty-six people). Some people would like to see TCE move toward delegating more decision-making responsibility to community partners. They felt strongly that the balance between direction and requirements from the foundation, on the one hand, and local decision-making and ownership, on the other, was not yet right.

Stakeholders hoped to see several changes in the next four years, including regional convenings and more frequent communication from the foundation to build out its culture of learning. They also hoped the foundation would consider how it could involve community and state partners more thoroughly in determining initiative priorities and investments, including greater input of community partners and residents into local funding decisions. And, they wished TCE would provide greater transparency, in the form of more communication about the rationale for funding decisions that affect grantees.

A number of respondents commented on the important and difficult role of Program Managers, state and local, in BHC. They mentioned staffing and management issues regarding Program Managers that they had observed and thought deserved more attention going forward. They talked in particular about the challenges of the Program Manager role, recognizing that Program Managers are often on the spot to communicate between the many partners implementing BHC activities and TCE, trying to fully represent priorities and perspectives on "both sides." Some people expressed concern that the role of Program Managers was invested with too much authority by TCE.

People suggested ways in which the challenging Program Manager role could be better supported:

- Assure more community input into Program Managers' funding decisions, with greater communication to partners about the rationale and strategic purpose of those decisions.

- Training or coaching on core skills for Program Managers' difficult role, which could also help reduce the variations of approach and experience across sites.

- Provide additional resources to support Program Managers.

Finally, some people offered their views on how TCE is viewed as a funder and partner and suggested areas where they thought the foundation could be more conscious of its own attitudes and approach to partnering. Seven people, including community partners, state advocates and a funder, said they felt that elements of TCE's approach to partnering contributed to problems in execution and results for BHC staff and partners. Several respondents said they thought TCE could be more open to new ideas and act with more humility in terms of being willing to learn from partners.

Going forward, state and community partners expressed their hope that TCE would reflect on its relationships and continue to take steps to build genuine partnerships with community and state level stakeholders. This seems essential for long term viability and sustainability of this work, they felt, as well as for the ability to build the capacity of organizations and partners to continue this work beyond the foundation's investment.

> They have done a very good job of describing the importance of community organizing, and being invested over the long haul. But at times TCE can act like they've figured it all out and we all just need to follow behind them. Their communication needs a bit more of the humility that comes from their commitment to continuing to be learners.
>
> (FUNDER)

Conclusion

State advocates, community partners, resident and youth leaders, funders and thought partners talked about a wide range of issues when asked what aspects of BHC were most and least successful during BHC's first five years. They were laudatory in their praise while simultaneously candid and even sometimes tough in their critiques about what they felt did not go well.

Judging solely by the numbers of people who mentioned a particular topic, this study shows that people gave TCE the highest marks for BHC's successes in the areas of policy change, people power and narrative change. Of their critiques, people mentioned most frequently their disappointment that BHC had not fully cultivated a robust culture of learning within BHC, that there had been insufficient support of resident leaders and youth and that TCE continued to be prescriptive in areas where it was important to share decisions with

partners and thus continue to instill a sense of broad ownership of BHC.

The possibility of combining all the community, regional and state-level "people power," advocacy and narrative change efforts on behalf of more rapid, more effective policy change – and thus on behalf of better health outcomes and health equity – is a vision that many BHC stakeholders recognize and support. Those involved in successful campaigns or other policy initiatives see the possibilities this holds for a new type of mobilization across California. At the same time, the people we spoke with offered concrete suggestions for changes they hoped TCE would make in BHC in the coming years in order to demonstrate even greater progress toward the goal of health equity. They are eager to use the knowledge they have developed to date for even greater advancement toward positive health outcomes and greater health equity in the years ahead.

Yin & Yang Summary: Community/Stakeholder Engagement Study

VOICES OF PARTNERS: FINDINGS AND RECOMMENDATIONS

Accomplishments	Less Successful Elements	Recommendations for Change
SECTION I: PEOPLE POWER: THE POWER OF ORGANIZED COMMUNITIES		

• **Social justice:** BHC organizing is a strong vehicle for social change.
• **Many achievements:** Organizing has produced multiple benefits
  o Empowered residents
  o "Seats at the table"
  o Stronger policy advocacy
  o Civic engagement
• **Youth are critical:** Youth voices were expanded in powerful ways.
• **Intergenerational organizing:** Intergenerational organizing is powerful, but not widespread.
• **Seeding sustainability:** BHC is creating an Infrastructure for organizing.
	• **Lack of support:** Inadequate support for adult and youth organizing and leadership development.
	• **Framework:** Need to expand BHC's organizing framework to include new groups and methods.
	• **Not enough explicit attention to racial equity:** Disappointment that BHC did not more directly address racial equity issues and help communities move forward on complex cross-racial and cross-ethnic dynamics.
		• **Provide consistent support:** Provide more intensive and consistent supports for adult residents and youth leaders, including additional training, follow-up from events and regular and proactive communication.
		• **Broaden the reach:** Engage more adult and youth residents through a wider array of organizing methods.
		• **Connect community and communication partners:** Forge stronger ties between communications/media, consultants and grassroots groups.
		• **Broaden opportunities for resident leadership:** Get more residents engaged in genuine decision-making within BHC.
		• **Racial Equity:** Put issues of racial equity and cross-racial and cross-ethnic dynamics more squarely on the BHC agenda and help equip local BHC leaders for difficult cross-racial/ethnic conversations.

SECTION II: POLICY AND SYSTEMS CHANGE		
• **State level:** Multiple important state policy victories (itemized in report). • **Local impact:** Considerable local impact of state & local policy wins. • **Ingredients of Success:** The factors that contribute most to BHC's policy influence: (1) communications support, (2) having community members at decision-making tables, (3) strategic use of data, and (4) power of organizing.	• **Uncertainty:** Lack of clarity about what's intended re: state-local alignment aims and methods. • **Whose Priorities?** Tension about whether state and local policy priorities match & whether they are TCE priorities or community ones. • **Lack of clear roles in certain instances:** Frustration by community partners and state advocates about how they are included (or not) in certain BHC activities.	• **Intentionality around state-local alignment:** Develop a more intentional approach to state-local alignment & communicate it more effectively to all BHC partners. • **Connect partners:** Create more opportunities for networking among partners. • **Expand local capacity:** Build the resources and capacity of local organizations and leaders to participate in state policy campaigns and activities. • **Focus on implementation:** Focus more clearly on policy implementation.
SECTION III: PARTNERSHIPS AND COLLABORATION		
• **Multiple benefits:** People particularly note increased access to resources and a more united front in advocacy work. • **TCE created incentives:** TCE effectively created the expectation for collaboration through incentives and requirements.	• **Forcing collaboration:** People thought that TCE too often forced specific collaboratives at the local level: o TCE sometimes decided who should be at the collaborative tables instead of letting local leaders determine who should do what based on strengths, interests and track records.	• **Reexamine collaborative practices:** Ensure that collaboratives are less forced, more strategic and more focused on having the "right" partners at the table. • **Build strategic alliances:** Convene and empower networks united by a common purpose, locally and at the state level. • **Invest in mission-related track records:** People suggest that, in the 2nd half of BHC, investments be made even more selectively in organizations with the best track records for BHC's goals.

VOICES OF PARTNERS: FINDINGS AND RECOMMENDATIONS

Accomplishments	Less Successful Elements	Recommendations for Change
SECTION III: PARTNERSHIPS AND COLLABORATION (CONT.)		
• **Ingredients of Success:** Successful collaboration in BHC happens when: o The work is grounded in community priorities around a common frame. o Relationships are built on trust. o Members have complementary skillsets. o The collaborations bridge the service-advocacy divide. o Collaboratives operate with humility and openness.	o Partners at the table are sometimes not the right ones for the goal, especially when this involves advocacy or changing systems. o TCE is urged to examine its power dynamic in relation to communities, as well as with state advocates, as the foundation forms partnerships.	• **State-local alignment:** Connect state level organizations even more directly to the organizing infrastructure developed in BHC sites.
SECTION IV: NARRATIVE CHANGE		
• **Major successes:** TCE/BHC has given Californians a broader view of health and a stronger focus on health equity. • **Changing hearts and minds:** BHC's narrative change efforts have changed attitudes, beliefs & actions.	• Youth perspectives: o A number of youth felt BHC was imposing its agenda on them rather than supporting them to come up with their own narratives. o Youth hoped BHC would provide the space & support for them to ask public officials hard questions without backing away from the tension that might result.	• **Maintain the focus:** Everyone wanted TCE to continue its successful work on narrative change. • **Develop narratives with, not for, young people:** Youth wished TCE would support them to articulate their own narratives about the most pressing needs of their communities and what they want to do about it.
SECTION V: LEVERAGING RESOURCES		
• **More dollars for communities:** BHC provided seed money that helped secure significant additional public sector investments in health equity. • **Redeployment:** BHC helped repurpose existing funding to meet the needs of disinvested communities. • **Opening up opportunities:** BHC helped to shift resources to developing communities, such as providing access to infrastructure funding not previously tapped.	• **Not enough leveraging of philanthropy:** Respondents wished TCE had brought in more foundation partners from the beginning of BHC. • **Not sufficiently building on other initiatives:** People also wished TCE had utilized and better coordinated existing community assets.	• **Engage philanthropy as part of sustainability:** Proactively seek co-investment from other foundations so financial commitments are shared more broadly and local leaders have financial sustainability options. • **Build on community assets & existing resources in BHC communities.** By partnering with existing efforts that address similar goals under different auspices, BHC can tap into physical, monetary and people assets to expand the effectiveness of its own efforts.

VOICES OF PARTNERS: FINDINGS AND RECOMMENDATIONS

Accomplishments	Less Successful Elements	Recommendations for Change
SECTION VI: CHALLENGES OF FOCUS, COHERENCE AND REACH		
• **The social change ambition of BHC is strongly supported:** The upside of this ambition was mentioned frequently as part of the initiative's successes, particularly its many policy wins and building alliances that had not existed before.	• **Complexity and question of focus:** People characterized BHC as striking in its complexity and in its number of organizations, activities, strategies and aims. Some respondents criticized a lack of focus, viewing BHC as trying to do too many things at once, risking having its impact diffused. • **Difficult to connect the parts of the initiative:** Difficulty connecting the component parts of BHC to build capacity and drive toward lasting change. • **Missed opportunities on social determinants of health:** Some respondents continued to feel BHC must address other social determinants, especially jobs and economic stability, and affordable housing/gentrification	• **Intentionally set priorities, with partners:** In a process that involves partners, identify the policy and system changes that are most important to BHC and focus the initiative's efforts as a whole on those • **Build the network for change more deliberately:** Provide more opportunities for dialogue, specifically to create more connections among sites and to help state and local leaders (including resident leaders) connect all the separate pieces going on under the rubric of BHC. • **Communicate more consistently:** Communicate foundation ideas, positions and guidance to stakeholders and partners in more coordinated, consistent and thus effective ways.

Yin & Yang Summary: Community/Stakeholder Engagement Study

VOICES OF PARTNERS: FINDINGS AND RECOMMENDATIONS

	Less Successful Elements	Recommendations for Change
SECTION VII: TCE LEADERSHIP, INTERNAL CULTURE AND OPERATIONS CONT.		
Expanding the Culture of Learning	• **Not sufficient culture of learning:** BHC needs to be rooted in an even more fully developed culture of learning. There have been too few opportunities for local and state partners to come together, share information and learn from one another.	• **Build the culture of learning through more consistent networking/reflection across sites and more consistent reports of progress against results and what produces results:** o Convene regular (quarterly) regional meetings, across sites, with opportunities to reflect on lessons. o Create regular opportunities for community and state leaders to interact more frequently. o Produce more frequent reflections exploring what hasn't worked and why, and being clearer about BHC's measures of progress.
Foundation Prescriptiveness, Transparency and Accountability	• **Too prescriptive:** For some respondents, TCE has been too prescriptive; the balance between requirements from the foundation and local decision-making and ownership is not yet right. • **Youth perspectives:** Some young people experienced BHC as exercising too much control and direction over their organizing activities and their self-expression. • **Not clear how decisions are made:** BHC lacks transparency and accountability around its funding decisions. • **Not enough input into funding decisions:** People felt that local leaders should have more input into local grant-making decisions (input, not control).	• **Involve partners in priority setting:** Consider how the foundation could involve community and state partners more thoroughly in determining initiative priorities and investments, including greater input of community partners and residents into local funding decisions. • **Be clearer about basis for funding decisions:** Provide greater transparency, in the form of more communication, about the rationale for funding decisions that affect grantees.
Roles and Resourcing of Program Managers	• **Challenging roles:** Recognition that Program Managers have to balance many priorities; concern that there is significant variation in Program Managers' roles across sites. • **Too few resources for the job:** Concern that Program Managers are under-resourced.	• **Better define and support the role of Program Managers:** o Review and clarify roles. o Training or coaching on core skills to reduce the variations of approaches. o Consideration of additional resources to support Program Managers.
TCE as a Partner	• **TCE doesn't always display the values it holds for BHC:** Some respondents thought TCE is not always open to new ideas; needs to act with more humility in terms of being willing to learn from partners; should share credit better with partners who'd been working equally intensely.	• **Act consistently with humbleness and as a genuine partner:** State and community partners hope that TCE will continue to take steps to be respectful and humble in its approach to communities and to build genuine partnerships with community and state level stakeholders.