

Evaluation of the Five-Year Expansion Program of California Healthy Cities and Communities (1998 – 2003)



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EXECUTIVE SUMMARY

The California Healthy Cities and Communities Program is an initiative of the Sacramento-based Center for Civic Partnerships, which is part of the Public Health Institute. With a grant from The California Endowment in 1998, the California Healthy Cities and Communities (CHCC) Program funded 20 communities to engage in community health improvement efforts. Participating communities were funded in three phases, with each receiving \$25,000 in the planning year, and \$50,000 in each of two implementation years. Phase I communities were funded from 1998 to 2001, Phase II from 1999 to 2002, and Phase III from 2000 to 2003.

This program was designed especially for geographically or socially isolated communities and for those with populations “at risk” for inequities in health status. Additionally, it was designed for communities in the initial stages of forming, or in a few cases reconstituting, collaborative partnerships to address issues of community health and well-being. The 20 participating communities spanned the state’s diverse geographic regions and represented varied socio-demographic characteristics.

Evaluation Design

The evaluation was designed to answer two major questions:

1. What is the process of community development in the participating CHCC initiatives?
2. What changes have resulted from communities participating in CHCC initiatives?

Key outcomes were identified to examine: 1) changes in community capacity and 2) changes in the organizational and physical environment of the

communities. Both categories of changes are believed to favorably relate to longer-term community health status. The outcome component of the evaluation was guided by a conceptual framework organized into five levels, with numerous outcomes articulated within each level.

The design for the evaluation was a multiple case study with cross-case comparisons. Data collection involved: review of program documents; participant surveys in Year 1 (n=330) and Year 3 (n=243); 165 in-depth interviews with coordinators, community leaders, sponsoring organization directors and CHCC staff; and 26 focus groups in nine communities selected for site visits (n=176). Many analyses were performed using a “type of community” classification scheme in which communities were categorized as rural region, rural municipality, urban municipality and urban neighborhood, based on population density, proximity to a large metropolitan area, and urban/rural character.

Major Findings Related to the Process of Community Development include:

- Many different kinds of organizations served as sponsors for the local healthy cities and communities (HC/C) initiatives. Their missions included social services, community development, health, municipal government, education and recreation. Eleven communities had a private sector sponsor and nine had a government sponsor.
- The majority of HC/C initiatives used one of two organizational structures for their governance – a committee of the whole or a steering committee linked to a broader coalition.
- Three basic approaches were used to incorporate broad representation into the visioning process: 1) a participatory process that involved a broad cross-section of the community, 2) a broad-based data

- gathering process, with the vision created by the HC/C collaborative or governance team, and 3) an effort to expand representation on the HC/C collaborative or governance team, with visioning done by the collaborative or team.
- Evidence suggests that all communities made at least some use of both assets and needs assessment data, and drew from both primary and secondary data sources.
 - In each community, findings from the visioning activities, assessment process and priority-setting results served as a guide for the content of their action plan.
 - Action plan focus areas and accompanying programs most commonly addressed youth development, civic capacity-building, neighborhood improvement, and lifelong learning. Other topics included economic development, volunteerism, inter-group relations, and recreation.

Major Findings Related to the Outcomes of the Local Initiatives include:

Changes in Individuals

- The majority of participants reported stronger skills in numerous areas of action planning and community-building, including coalition-building, assessment, evaluation, and priority-setting and action plan development, among others, as a result of their participation in the local HC/C initiative.
- Participants in urban neighborhoods were more likely to report significant skill gain in developing and advocating for policy change than participants in other types of communities.
- Coordinators and community leaders generally reported that the experience of participating in local HC/C initiatives contributed to a broader understanding of health, although some also said they had these beliefs prior to their involvement with the HC/C initiative.

Changes in Civic Participation

- During the planning year, 73% of the HC/C governance team members lived in the area served by their initiatives. This proportion

decreased somewhat in the implementation years.

- Governance team involvement in various roles was high, ranging from 46.8% serving as an officer to 91.1% helping to assess needs and/or assets.
- Many communities spoke of the desire to create or strengthen the “voice” of a particular segment of their community, typically recent Hispanic/Latino immigrants, unincorporated rural areas, or neglected neighborhoods within a larger city.
- Approximately 1,100 new civic leadership roles were created across the 20 participating communities, with over 1,500 different people contributing their talents and energy to the efforts.
- Involvement in the local HC/C initiatives did not appreciably increase reported participation in other civic engagement activities among governance team members as a whole, although coordinators and leaders from many communities shared stories about individual participants who developed skills, confidence or connections to become involved in civic leadership activities outside of the HC/C initiative.
- Many communities had success stories that provided clear evidence of progress in gaining attention from government decision-makers and others who control community resources.
- Respondents felt that trust was strengthened among people who were directly involved in the local initiatives, but there was little confidence that trust was built across large segments of the community. No significant changes were observed in social capital as defined and measured through the participant survey.

Changes in Organizations

- A multitude of new programs and services were established, with youth development, lifelong learning, and civic capacity-building programs being the most common.
- On average, each HC/C initiative contributed to four to five changes in organizational policies or practices, most commonly within public institutions; the majority of these changes represented new collaborative practices or fiscal and admin-

istrative policies that improved access to services for populations previously facing major barriers.

- Based on information provided by local coordinators, the CHCC grant provided an average 8.4 fold return on investment, leveraging an estimated \$21 million in financial resources within the three-year grant period. Government allocations provided more than 80% of the total.
- Over 95% of all leveraged funds were one-time allocations.

Changes in Inter-Organizational Relationships

- Many new partnerships and networks were developed or expanded, at least in part, due to the influence of the local HC/C initiatives. Coordinators reported at least one, and more typically six to seven, new or expanded partnerships.
- The largest proportion of new partnerships were formed to operate programs and services and for very limited or specific purposes. Less common was the development of advocacy-related partnerships.
- Most of the participating communities reported moderate or high levels of involvement from 12 of the 14 community sectors examined, with education and community-based organization sectors having the highest levels of involvement and housing and environment sectors the lowest.

Changes in Communities as a Whole

- Most communities reported at least one change in public policy, broadly grouped into those related to restructuring of government, new public financing, and re-prioritization of services or policies. According to coordinators, three-quarters of the 32 reported policy changes were directly influenced by the HC/C initiatives.
- Rural communities achieved more public policy changes than urban communities, with changes occurring primarily in county governments and school districts.
- For the community as a whole, respondents were generally reluctant to credit their local HC/C initiatives with changing community problem-

solving norms, such as valuing diversity and emphasizing assets.

- Respondents felt a sense of community had been strengthened among HC/C participants but less often across the community as a whole. Survey data on sense of community showed a modest but significant increase in the “Influence” dimension of this theoretical construct.
- All participating communities reported at least one change in the physical environment as a result of their HC/C initiative. These fell into several general categories: facilities construction, expansion and renovation; parks and recreational facilities construction and renovation; public utilities and public safety-related changes; and neighborhood and community beautification efforts.

Progress toward Sustainability

- Eight HC/C collaboratives or newly formed organizations incorporated during or shortly after the three-year grant period.
- Coordinators reported good progress in steps toward sustaining their governance team and/or collaborative’s efforts to maintain connections and capacity, a significant indicator of long-term sustainability.
- Long-term planning and funding, additional key steps toward sustainability, appeared to be more challenging.

Major Findings Related to Influencing Factors

- Talented, committed and well-connected coordinators were key to the successes of these HC/C initiatives; difficulties with staffing, especially related to turnover and recruitment, created challenges for many communities.
- The CHCC Program – its grant resources; its principles of collaboration, inclusiveness, and asset-building; its technical assistance and other organizational supports; and finally, its adaptability and responsiveness to issues and needs of grantees as they emerged – played a strong facilitating role in building the capacity of the participating communities.

- Levels of pre-existing community capacity, including prior collaborative or coalition experience and structures, inter-organizational and social networks, a cadre of organizational partners invested in the HC/C initiative, skilled leadership, and a community pool of willing volunteers, was mentioned by many participants as an important influence in their success.
- Community traits related to geography and dispersed populations; racial/ethnic diversity; economic disparities and poverty; resident values such as fear of change, cynicism, independence and privacy; and community history of conflict or neglect presented challenges, especially in fostering breadth of

participation in the HC/C process and in the civic life of the community.

- Local community context had a very strong influence in shaping both the local HC/C process and outcomes. The values that motivated participants; the decisions about how they would organize themselves; the choices of how they would envision and plan and select their priorities; the very activities they undertook and the organizations with whom they collaborated – all of these dimensions were informed and, to a large extent, channeled by the demographics, community history, social dynamics, capacities, and organizational resources available to participating communities.

Overall, the evaluation findings point to a central outcome: participation in the California Healthy Cities and Communities Program fostered development of increased community capacity. Specific aspects of capacity that appeared to flourish in the participating communities included leadership, mechanisms for civic participation, inter-organizational and social networks, skill-building in participants, and the ability to leverage resources. At the same time, local context partially governed the unique set of achievements and results for each and every participating community. This finding suggests that there is not a single path to community health. Programs, like California Healthy Cities and Communities, clearly provide tools that facilitate the unique journey of capacity-building and health improvement that each community takes.



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The Center for Civic Partnerships includes programs and services to promote community and organizational development through technical assistance, consultation, educational programs, publications, resource brokering, and the California Healthy Cities and Communities Network. For additional information on the evaluation, California Healthy Cities and Communities, and the Center, contact us. The Center is part of the Public Health Institute.

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