

Policy Change Ten Years in the Making:
*Evaluation of The California Wellness
Foundation's Decade of Public Policy
Grantmaking*
APPENDIX

December 2014



**PREPARED BY MASTERSPOLICYCONSULTING IN COLLABORATION WITH
FENTON COMMUNICATIONS AND THE CENTER FOR EVALUATION INNOVATION**

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I. Snapshots of TCWF's Grantmaking Portfolios

A summary snapshot of each issue portfolio was developed, which formed the foundation for the cross-cutting analysis. Each snapshot provides an overview of the following:

- TCWF's grantmaking
- The policy environment
- The policy accomplishments
- The state of the advocacy field

It's important to note, however, that these snapshots did not result from a comprehensive review of all public policy-related grants, nor do they reflect the entirety of the public policy changes that have occurred over the last decade. The public policy changes referenced in the snapshots were identified by TCWF's staff and grantees as being associated with each portfolio. That said, as described in the report, TCWF provided core operating support to grantees, and none of the funds were earmarked for lobbying.

A. Diversity in the Health Professions

The diversity in health professions (DHP) portfolio focused on two goals: 1) improving the health and wellness of Californians by improving the quality of, and access to, care, and 2) creating a workforce development strategy for ethnic minorities who are underrepresented in the health professions.

I. Summary and Analysis of TCWF's Funding

From 2002 to 2012, the DHP portfolio made 268 grants. The portfolio had the lowest percentage of public policy grants—13.4 percent—of all the portfolios with a total in funding of \$7.4 million.¹

Figure 1 depicts the range of activities the Foundation funded to raise awareness and build will. A significant element was the public education campaign, which was designed to raise awareness among policymakers and opinion leaders about the need to increase and diversify the health care workforce, as well as to inform minority youth in California about opportunities in health careers. Also depicted is the Foundation's focused funding on regulatory feedback, policy monitoring and implementation, and systems change. In comparison, grantees identified more strategies focused on activities in the action quadrants, including community organizing and mobilization, and coalition building. Figure 2² shows that grantees also reported using more strategies targeting the public.

¹Not reflected in this total, however, were the communications grants. Communications was a significant strategy, occupying more than half of the portfolio's budget over the last decade. Although the strategy was directed, in part, toward policymakers, the grant amounts made up a disproportionate share of the total budget, distorting comparative analysis.

²As described in the report, Figure 2 displays the results of a survey conducted for a TCWF-hosted convening of public policy grantees. Grantees were asked to report on the strategies and tactics they engaged in, irrespective of TCWF's funding.

Figure 1: Diversity in the Health Professions – Funded Strategies

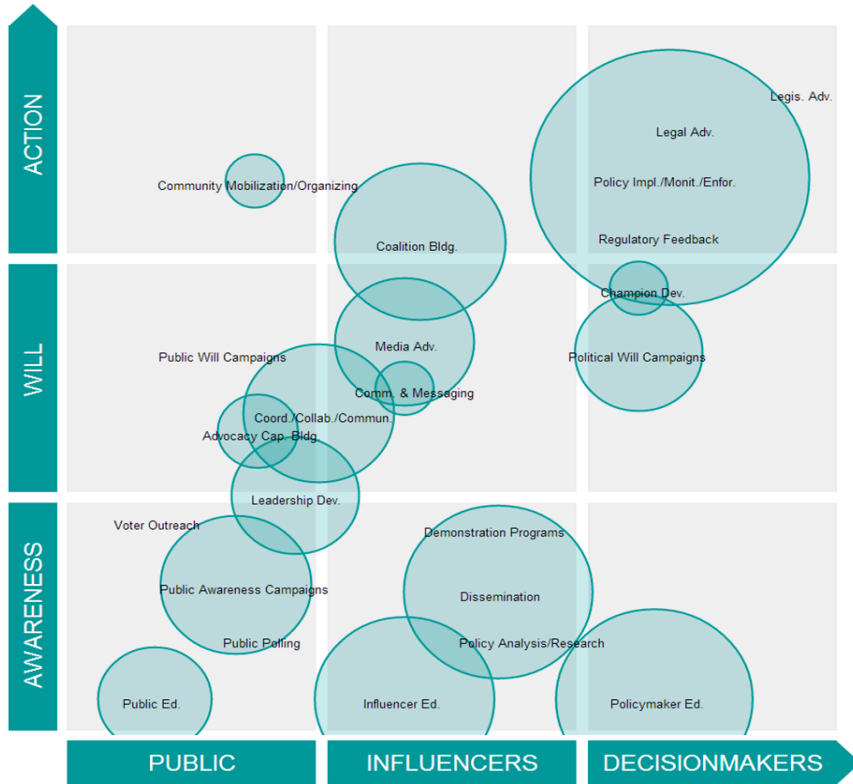
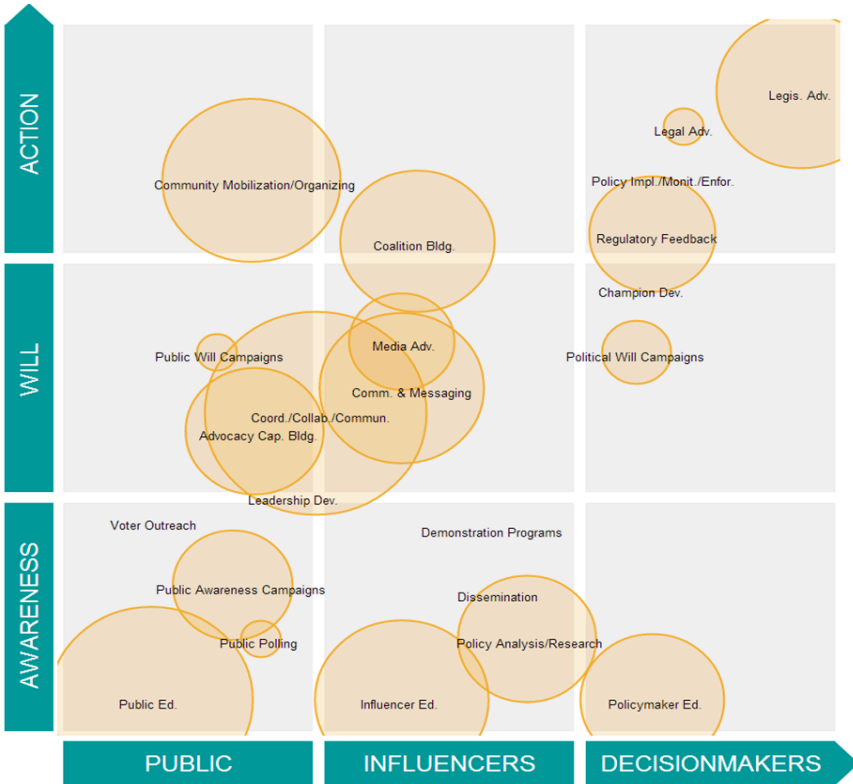


Figure 2: Diversity in the Health Professions – Grantee Reported Strategies



II. External Public Policy Environment

Proposition 209—which passed in 1996 and banned state institutions from considering race, sex or ethnicity, specifically in areas of public employment, public contracting and public education—had a direct impact on diversity in health professions. When the DHP portfolio was started in 2001, medical school admissions of minority students had significantly dropped. Proposition 209 also had a demoralizing effect on organizations and grantees working in this field. At the same time, it catalyzed creative solutions to mitigate Proposition 209 to meet the needs of the community.

On the federal level, the Bush administration severely reduced funding to many programs supported by the federal Health Resources and Services Administration (HRSA), including the Health Careers Opportunity Program (HCOP). HCOP is a university-based program focused on increasing representation of minority and disadvantaged students in the health professions. Although, these policy setbacks served as a galvanizing force for the field, getting the issue on the radar screens of both state and local elected officials was a challenge.

III. Major Policy Change Accomplishments

The DHP portfolio was the most programmatic of all of TCWF's portfolios, mostly grounded in programs and services with fewer policy grants. Because many of the solutions were grounded in health care and higher education institutions, the strategies focused on systems change and regulatory advocacy. Progress in DHP was made in changing the narrative and elevating the issue, for example, by broadening the definition of "diversity" to include race, gender and sexual orientation. In addition, grantees elevated the issue of increasing access to higher education and completion for minority students. There were virtually no major policy victories specifically related to DHP, although there were some policy changes that positively impacted DHP:

- The recommendations for workforce development within the Affordable Care Act (ACA) reflect the goals TCWF's grantees advanced, particularly aligning the workforce with the patient population.
- Gov. Jerry Brown's educational reforms on the college level provide priority enrollment for students of color and improve completion rates by withholding funding to public universities if they fail to improve graduation rates or if they raise tuition.
- SB 1440 and AB 2302 passed in 2010 establishing a streamlined transfer process from community colleges to four-year universities so students have a clear path to a bachelor's degree.
- The Allied Health Initiative signed into law in 2009 by Gov. Arnold Schwarzenegger provided \$32 million to support allied health training programs.
- The passage of SB 953 in 2002 requires all HMOs and PPOs to have language-access services.

IV. The Policy Advocacy Field

A DHP field has emerged over the last decade. The development of this field can be attributed, in large part, to TCWF. TCWF and The California Endowment (TCE) were the only two

foundations in the state to focus on diversity in health professions, although TCE changed direction a few years ago.

This field is developmental and fragile but has proven to be resilient. The ability to survive the HRSA cuts was described by one stakeholder as “really important and not to be underestimated.” In addition, the field’s ability to pivot and take advantage of available Department of Labor workforce development funds represented the evolution of the field to draw down alternative resources.

This field is dominated by, and built on, service providers and programs from across the state, most of which were funded by TCWF. While their work is innovative, their advocacy capacity is still limited both by organizational capacity as well as institutional restrictions. One grantee noted: “Most of us working in this arena are overwhelmed by our own programmatic work ... As a result, while we have passion for this work, it is hard to make the time for it, especially in light of the significant budget cuts we have faced.” Furthermore, educational institutions and pipeline programs are prohibited from advocating by University of California policy.

“Each of us has done what we need to do locally but with the Consortium our voices came together and enabled us to speak at a higher level.”

– DHP Grantee

Legislative advocacy was also very limited. For example, The Latino Coalition for a Healthy California was a leader in legislative advocacy efforts, but the organization fluctuated in stability and shifted focus with leadership changes. Campaign for College Opportunity became a strong advocate in the field. With a focus on college access and completion as a means to improve workforce, with TCWF’s funding it was able to connect with the diversity in the health professions field and better link the two policy issues.

Two entities emerged that served as critical hubs for this work: the California Health Professions Consortium and the California Health Workforce Alliance. The Consortium is a statewide table for the various entities working on diversity and health. It serves to bring groups and programs together to share best practices, as well as work on policy.

The Alliance, an outgrowth of the Consortium and also a statewide table, focuses more broadly on workforce issues in health with a broader membership including employers. The two entities recently merged but have maintained separate names and have created a policy subcommittee—a demonstration of the maturity of the field, reflected one stakeholder.

B. Environmental Health

The environmental health (EH) portfolio worked at the intersection of public health and environmental justice. As described in a Foundation document, environmental health “focuses on aspects of human health that are affected by interactions with physical, chemical, biological and social factors in the environment. Environmental justice is a public health strategy that includes the need to inform and empower members of minority groups and medically

underserved communities who are often exposed to disproportionate levels of environmental pollution and hazardous substances.”³

I. Summary and Analysis of TCWF's Funding

At 62 percent, the EH portfolio had one of the highest percentages of public policy grants of all portfolios. Between 2002 and 2012, 157 grants for public policy work were made, for a total of \$25.8 million.

As seen in Figure 3, the EH portfolio reflected a range of Foundation-supported activities focused on raising awareness and building will, as well as leadership development, policy analysis and research, collaboration and coordination. The Foundation also funded coalition building as a key strategy to advance public policy. Consistent with Foundation-funded strategies, grantees reported the use and importance of coalition building, and coordination and collaboration among groups (see Figure 4).

II. External Public Policy Environment

There was a starkly contrasting policy climate between the federal and state levels during this time period. The federal level was described as a “dismal policy scene” because of deep political polarization. In addition, the primary federal law regulating chemical toxins, the Toxic Substances Control Act, poorly written and weak, provides no power to the Environmental Protection Agency to ban chemicals. This prompted ten states, including California, to collaborate on developing state-level legislation to create laws that will go beyond federal law. Much of California’s work on chemical and green chemistry derives from this goal.

On the state level, California has long been a leading proponent of active environmental policy, as demonstrated in the significant advancements in environmental, climate change and chemical policy. But big business and agriculture continue to be well-funded adversaries, fighting against policy reforms and attempting to roll back or delay implementation of environmental health victories.

III. Major Policy Change Accomplishments

The environmental health field has had many significant policy victories. Landmark policy changes have occurred in air, water and chemical policy, as well as transportation policy. Advocates are building on these victories, at both the state and local levels, and using them to seed more comprehensive solutions.

³ Earl Lui, “Work and Health Eight Year Update,” memo to TCWF’s board of directors (February 24, 2010).

Figure 3: Environmental Health – Funded Strategies

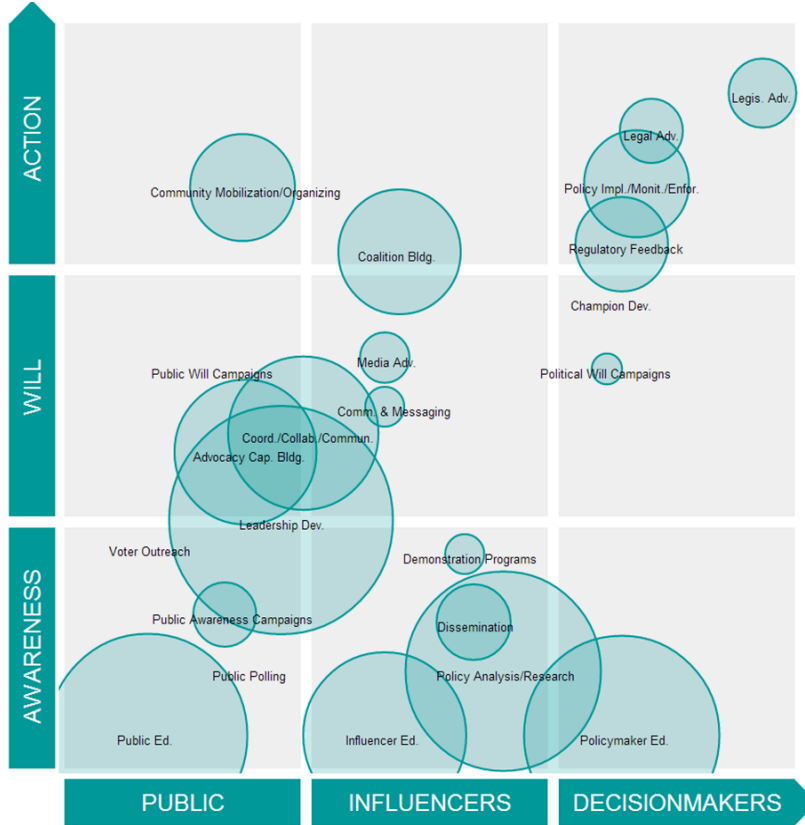
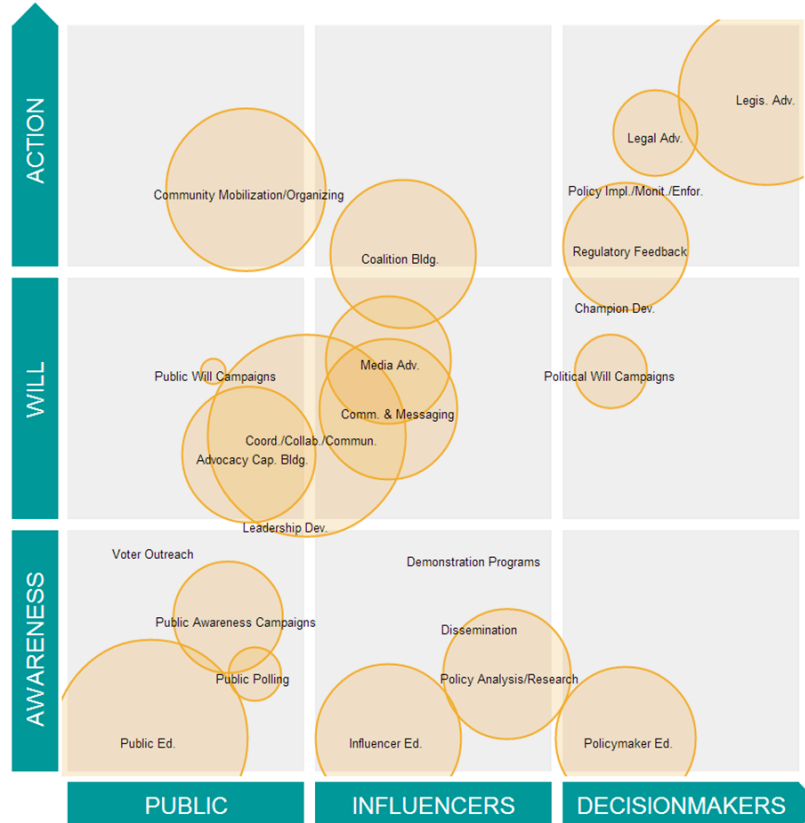


Figure 4: Environmental Health — Grantee Reported Strategies



Moreover, a critical overarching accomplishment has been recognition of environmental factors that influence health and the dose-response relationship. This was described by one grantee as a “giant step forward.” This reframing of environmental issues as public health issues is reflected in many of the policies below:

- The Global Warming Solutions Act (AB 32) in 2006 was one of the most significant policy changes in the field of environmental health and justice. The law set emissions reduction goals for greenhouse gases. It also indirectly regulates other harmful pollutants that frequently impact low-income communities. This is referred to as the “co-benefit” of AB 32.
- Proposition 32, which tried to repeal AB 32, was defeated.
- The California Green Chemistry Initiative was created in 2008 through the passage of two joined bills, AB 1879 and SB 507. AB 1879 increased regulatory authority over chemicals in consumer products, created regulations for assessing alternatives, and set up an Internet database of research on toxins. SB 507 was designed to ensure that information regarding hazard traits, toxicological and environmental endpoints, and other vital data are available to the public, to businesses, and to regulators in a Toxics Information Clearinghouse. These laws marked the biggest leap forward in California’s chemicals policy in nearly two decades and were intended to improve the health and safety of Californians by providing the Department of Toxic Substances Control the authority to control toxic substances in consumer products.
- SB 535 (community benefits fund), passed in 2012, set aside a portion of money (25%) collected through the cap-and-trade program established through AB 32 to mitigate the impact of the cap-and-trade program and direct health effects of climate change in low-income communities.
- AB 121, passed in 2005, banned the sale of lead-contaminated candy.
- AB 1319, passed in 2011, banned bisphenol A (BPA) from baby bottles and sippy cups. The law also required manufacturers to use the least toxic alternative when replacing BPA.
- AB 127, passed in 2013, reduced the use of flame retardant chemicals in building insulation while maintaining building fire safety and encouraging healthy building practices. The goal of the legislation is to make building insulation safer and less toxic, without reducing fire safety for building occupants
- Human Right to Water (AB 685), passed in 2012, was a historic piece of legislation that established a state policy that every Californian has a human right to safe, clean, affordable and accessible drinking water.

IV. The Policy Advocacy Field

California arguably has the strongest environmental health field in the country. The field is relatively mature and includes strong, well-established, statewide and national advocates along with a range of environmental justice and grassroots groups. TCWF has played a critical role in building the infrastructure for the field through four main strategies: 1) “incubating” and building the capacity of local groups and enabling them to engage with mainstream environmental groups; 2) strengthening “hub” or “cornerstone” groups across the state that have either a specific role that supports the field or are the only source of environmental health

support in their regions; 3) building coalitions to promote coordination and collaboration; and 4) promoting connectivity and collaboration, particularly through convenings.

Capacity of the field improved over the years. Organizations became more sophisticated and are finding more opportunities to collaborate. As one grantee observed: “Across the board, and in particular in Southern California, coalition building has been important. There is a real recognition that we need to work across sectors—environmental justice, labor, health, etc. We are ahead of the curve in making these connections. We have worked to break down silos and work in coalition. Environmental legislation has been able to pass because we have done multisector and multiethnic organizing.”

Building power was a recurring theme that was often tied to the growth of the field. In particular, the engagement of grassroots organizations, along with organized labor, with the broader field have been described as an important step to building power and a sign of the growth of the field.

Grassroots and regional organizations have helped to place a spotlight on local environmental health issues. Local organizations are well-positioned to identify issues, as well as their health impacts. Communities are also developing local solutions, demonstrating models for replication in other regions, and informing state and national policy. One grantee reflected on the important role of communities in informing policy: “For us one of the most critical pieces is the involvement of the people who are directly affected in the advocacy—they bring a real understanding of the issue and can speak to it with passion and intimacy that is lost if you are just reading reports and responding to facts. That has been the tipping point for us—having those real life stories. It is really difficult for decisionmakers to be confronted with these individuals and not be touched.”

However, while grassroots capacity has increased, some grantees believe that “there was not enough emphasis on local work and therefore not enough local leadership and as a result also a lack of opportunity.” This speaks to the tensions reported by some grantees between some mainstream environmental groups and the environmental justice (EJ) groups. EJ groups commonly felt they were being overlooked and “sacrificed for the greater good.” Groups also raised concerns about their capacity both in the short term and the long term to fight against well-resourced big business. They noted that while legislative change was important, the long-term battle is monitoring and enforcement to ensure laws achieve their stated intent; they voiced concern that the field did not have sufficient capacity to enable them to do this and to “maintain.”

“I have been doing this for 20+ years. We have fundamentally changed the field of Environmental Health in California over the last 15 years, and you see that makes its way across the country and the world.”

– EH Grantee

Research is critical to informing the policy solutions in environmental health, but concern was raised that there was not a strong enough connection between research and advocacy to inform policy solutions. One grantee described this example: “There need to be more meetings and more focused thought about this. But we are all busy running our organizations and

focusing on different issues. For example, in Southern California, there is a lot of amazing research on environmental health, and they don't talk with the advocates—we don't have a close collaborative relationship with them and we should.” Other communications needs were also identified, including messaging and framing, media advocacy and the use of social media.

C. Healthy Aging

The healthy aging (HA) portfolio was focused on helping seniors stay healthy and remain independent, with an emphasis on clinical preventive services, falls prevention, in-home support, and food and nutrition programs.

I. Summary and Analysis of TCWF's Funding

From 2002 to 2012, 39 grants totaling \$7.1 million were made for public policy-related activities. This represented approximately 15 percent of all HA grants and 18 percent of the funding. The HA portfolio ranked among the bottom three in terms of the amount and percentage of funding dedicated to public policy activities.

The grants supported a range of tactics and strategies, as displayed in Figure 5, including a significant level of leadership development, policy implementation and community organizing. Grantee-reported strategies suggest a greater proportion of community organizing, coalition building and legislative advocacy than the inventory data indicated (see Figure 6).

II. External Public Policy Environment

The major aging-related issues on the national public policy agenda relate to Social Security and Medicare; in California, the transition of seniors and persons with disabilities on Medi-Cal to managed care and the integration of services for the dual-eligible enrollees have received the most attention over the last several years. At the same time, with the persistent state and federal deficits, discretionary funding for aging services—such as meals on wheels and other nutrition programs, education and training, and referral services—has been dramatically reduced.

III. Major Policy Change Accomplishments

The policy accomplishments identified by current and former TCWF program directors and grantees occurred primarily in response to the policy environment. For example, Adult Day Health Care and Medicare Part D implementation were not issues necessarily identified by TCWF or related to its priorities. They were, however, supported by TCWF's grantees through core operating support grants.

In contrast, issues that TCWF staked out early on, such as falls prevention—a total of 19 grants for \$2,755,000 were made for falls prevention from 2002 to 2010 – did not connect with, or result in, a policy agenda that grantees then acted upon.

Figure 5: Healthy Aging – Funded Strategies

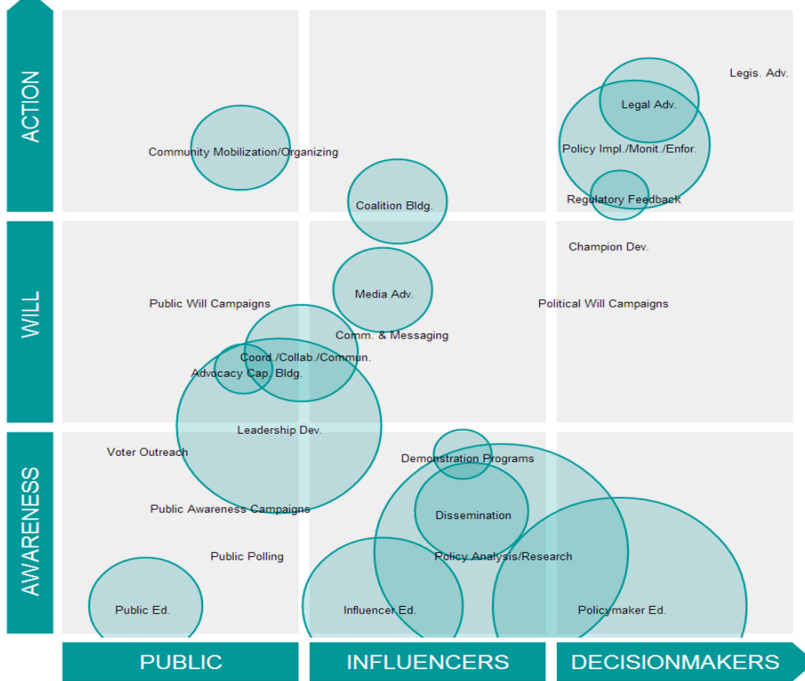
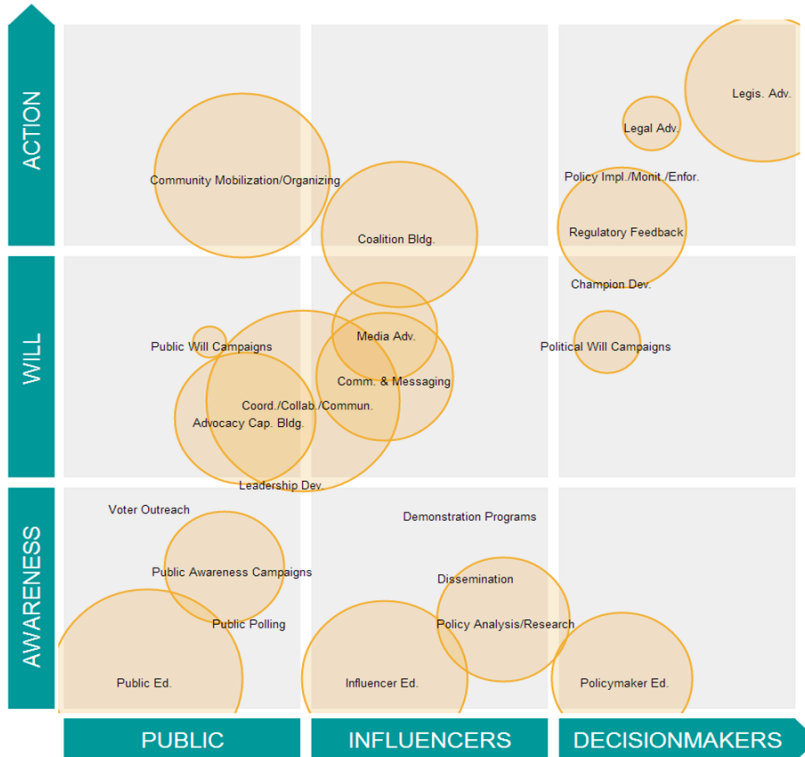


Figure 6: Healthy Aging – Grantee Reported Strategies



The one exception is the Elder Economic Index, an issue that was identified through the Responsive Grantmaking Program, which represented a more upstream intervention to promoting the well-being of seniors. Many of TCWF’s grantees reported that this issue served multiple purposes beyond the policy change in and of itself. It helped to galvanize the field by providing a vehicle that disparate groups could come together around, even in a very challenging policy environment. “What worked about the Elder Index was that it is an issue that no one organization owns. It is not located in one department in state government. It’s not a health issue or social service issue per se but, rather, has broad appeal and impact.”

That law is now being implemented. California’s Department of Aging’s “State Plan on Aging 2013-2017” included estimates of the true cost of living—based upon the actual cost of food, shelter and other basic living expenses—for seniors in all 58 counties.

Major policy accomplishments included the following:

- Federal legislation created a new prescription drug program, Medicare Part D, in 2003. In 2006, when it took effect, it became clear that many seniors might be harmed by the transition from Medi-Cal to the new program. State legislation was enacted to provide emergency prescription drug coverage to these low-income seniors.
- The Affordable Care Act eliminated the so-called “donut hole” in Medicare Part D, as well as copayments for preventive services under Medicare. It also established several demonstration programs to better coordinate care in Medicare and for seniors who enrolled in both Medi-Cal and Medicare.
- SB 138, the Elder Economic Planning Act in 2011,⁴ provided a more comprehensive measure of the cost of living and required the California Department of Aging and all Area Agencies on Aging to incorporate the Elder Index into their planning.
- The Adult Day Health Care program was preserved and transitioned into a new program. The program had been targeted for elimination because of the budget deficit. A settlement to a lawsuit allowed the program to continue until February 2012 and created a new program, the Community-Based Adult Services, to provide similar services that will serve about half of the current beneficiaries with the remaining eligible individuals obtaining care through managed care.
- Seniors and persons with disabilities who receive Medi-Cal transitioned from fee-for-service to managed care. This was included as part of California’s Section 1115 Medi-Cal Waiver in 2010. Advocates were able to secure important protections as part of this transition.

“Wellness has had a concrete impact about how seniors poverty is understood.”

– HA Advocate

⁴ “Case Study: AB 138 The Elder Economic Planning Act – California embraces the Elder Index,” UCLA Center for Health Policy Research and Insight Center for Community Economic Development (2012).

IV. The Policy Advocacy Field

Overall, according to the grantees and thought leaders interviewed, the state of the aging policy advocacy field is weak and fragmented. Nationally, AARP is the “big dog,” but it doesn’t have the same presence in California. One key informant observed: “It’s just not that dynamic a field. There are voices that want to interject new strategies, but the traditional field is very entrenched.”

Of the 39 public policy grants made in the HA portfolio, several were to statewide advocacy organizations, such as California Health Advocates and Health Access Foundation.

TCWF also focused on building grassroots leadership and invested in grassroots organizations. One TCWF grantee was the California Senior Leaders Program. The California Seniors Leaders Alliance spun off to enable participants to lobby—and it has now become an active grassroots network, two-thirds of whom are people of color. The Alliance has also connected with a statewide advocacy infrastructure for seniors and disabled populations that the SCAN Foundation has been supporting to create a more powerful and interconnected coalition of organizations.

TCWF also funded local organizations, including service delivery organizations, to bring different community voices into the policy arena. The Southeast Asia Resource Action Center, the Korean Resource Center and PACT San Jose represent efforts to build grassroots engagement. At the same time, it was challenging to identify grassroots groups to fund. One approach has been to fund an intermediary philanthropic organization—Hispanics in Philanthropy—to seed Latino, community-based organizations to build their advocacy capacity on policies affecting seniors.

D. Mental Health of Transition-Age Youth

The goal of the mental health of transition-age youth (MHTAY) portfolio was to increase stability and independence of transition-age youth through access to safe shelter and essential services. The population—at-risk youth from 16 to 24—was the central focus of this portfolio. Mental health was defined broadly out of recognition that the multiple stresses facing these youth contributed to poor mental health. Therefore, this portfolio included access to education, housing and social supports to enable healthy living for youth within the foster care and juvenile justice systems, as well as those who were homeless and living outside of these systems.

I. Summary and Analysis of TCWF’s Funding

The MHTAY portfolio made 37 public policy grants from 2002 to 2012, less than 15 percent of the total number of grants. It had one of the smallest numbers and lowest percentages of public policy grants of all nine issue areas. The strategies and tactics funded by TCWF, seen in Figure 7, reflected the primary need to bring greater policy attention to both the issue (mental health and social supports) and the population (at-risk youth—those in the foster care system and outside of it), which have been historically overlooked by policymakers and have had few

champions. It particularly focused on supportive housing because of the significant emotional and behavioral issues experienced by homeless youths.

In contrast, Figure 8 shows that grantees reported a more balanced view of what they are doing across the spectrum, from community mobilization to legislative activity, policy analysis and research, and advocacy capacity building.

II. External Public Policy Environment

The last 10 years have seen increased policymaker attention being paid to transition-age youth. Foster care issues, in particular, benefited from a series of legislators in powerful leadership positions who made foster care, including mental health issues, a priority: John Burton, Senate president pro tempore from 1998 to 2004; Karen Bass, speaker of the Assembly from 2008 to 2010; and Darrel Steinberg, Senate president pro tempore from 2008 to 2014. After leaving the Senate, Sen. Burton formed the John Burton Foundation to continue his advocacy on behalf of homeless children, among other issues.

Over the last few years, however, the locus of public policy for transition-age youth, especially those in foster care and juvenile justice systems, has shifted from the state to counties. Implementation at the local level of realignment of child welfare and juvenile justice programs, coupled with ongoing implementation of the Mental Health Services Act, are where the critical decisions are being made regarding allocation of resources, program design and priorities. Although state-level policy will continue to be important, local-level policy and, equally important, systems-change activities will be critical to ensuring that the mental health and other needs of vulnerable youth are met.

III. Major Policy Change Accomplishments

The last ten years have seen real progress in providing greater support for mental health services in general, as well as for improving policy for foster care youth. At the same time, there has not been significant policy progress for youth outside of the system, such as homeless youth, particularly by the federal government. According to one advocate: “The bulk of significant policy is at the federal level. We have the biggest congressional delegation, biggest homeless youth population and, yet, we are MIA in homeless youth policy.”

The most significant policy change affecting this population was enactment of AB 12 in 2010, extending foster care services to youth up to age 21 by implementing a new federal option enacted in 2008. The law, which represents the most significant expansion in an entitlement program in many years to assist this population, also converts the kinship guardianship assistance program into a federally subsidized program, enabling the federal government to pay 50 percent of the costs.

Figure 7. Mental Health of Transition Age Youth – Funded Strategies

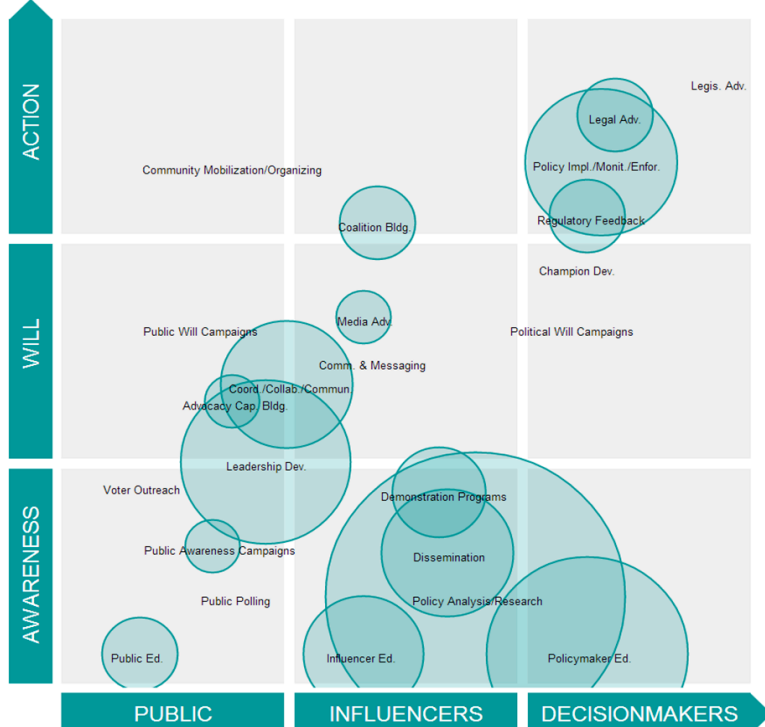
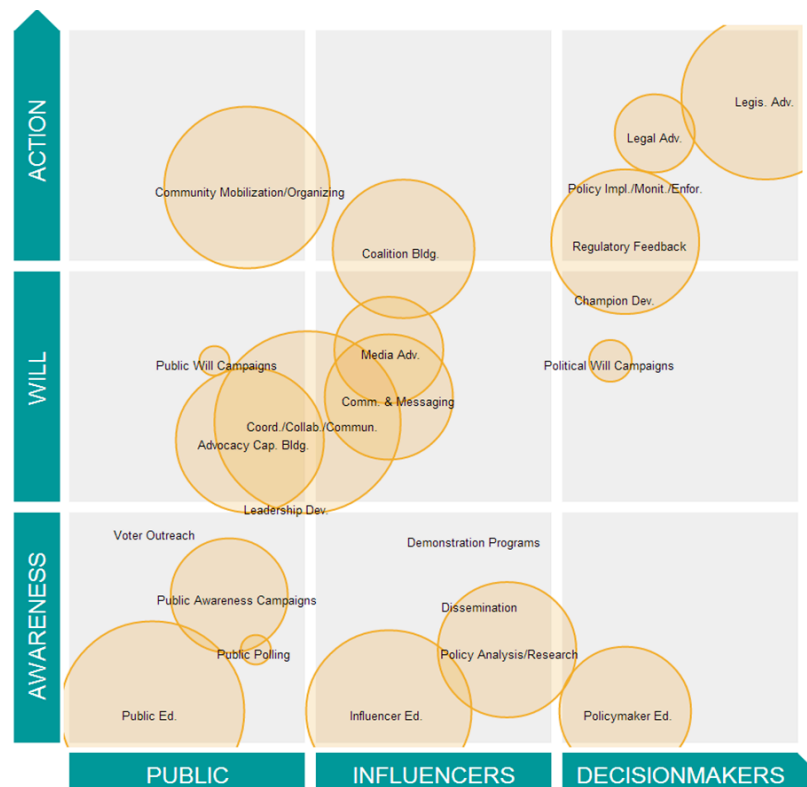


Figure 8: Mental Health of Transition Age Youth – Grantee Reported Strategies



A recent evaluation of the new law states that “California is arguably the most important early adopter of the Fostering Connections Act’s extended care provisions. California has by far the largest foster care population of any state. Moreover, its approach to extending care has been very ambitious, both in the inclusiveness of the process it has used to plan for extended care and the inclusiveness of the eligibility criteria applied to determine whether youth can remain in care past 18.”⁵

Other major accomplishments included the following:

- AB 408 in 2003 required child welfare programs to focus on permanency for older youth, as well as younger children.
- Proposition 63 in 2004 assessed a tax on incomes over a million dollars to pay for a variety of mental health programs, including an explicit focus on transition-age youth. However, as of 2010, most counties have fallen short in utilizing funding programs specifically designed for this population.
- Transitional Housing Placement-Plus expanded in 2006 and 2007 such that, in FY 08-09, 46 counties were participating, and the state budget allocated \$41 million for the program. Key to the expansion was the 2006 budget bill, which included the removal of a 60 percent share of cost for counties.
- The California Budget Act of 2011 “realigned” many state program responsibilities and revenues to local governments, including child welfare and juvenile justice programs.
- AB 1111 in 2011 prohibits the garnishment of wages from persons under the age of 25 who have been issued citations for quality-of-life offenses if the court obtains information that the person is homeless. However, youth have to eventually pay the fines after five years or once they become permanently housed.

IV. The Policy Advocacy Field

The policy advocacy field that works on issues related to transition-age youth, including mental health, is relatively narrow. Beyond child welfare agencies, there are just a few advocacy organizations and policy research centers that focus on this population.

Major holes remain in the advocacy field to represent non-systems-based, transition-age youth. Homeless youth are viewed by policymakers with less sympathy than foster care youth, and they are more challenging to reach and organize. TCWF funded an effort to engage homeless youth providers in policy-related work. Previously, the youth homelessness community was not involved in advocacy to any significant degree—one of the reasons funding for runaway youth has remained flat for the last 20 years. According to the agency that provided the capacity-building support, educating and training the providers was challenging. “They have no idea how hard policy change is ... and then they are really surprised that we weren’t able to make more ground.” With little funding available for homeless youth, and no program to rally around, it’s difficult to organize, making the development of a cohesive field all the more challenging.

⁵ Courtney, M.E., et al, “Providing Foster Care for Young Adults: Early Implementation of California’s Foster Connections Act” (in press).

Nevertheless, TCWF’s funding of the California Research Bureau was one successful strategy that helped shed light on the plight of homeless youth. Although the grant was strictly for research and policymaker education, it resulted in legislation. For example, after interviewing youth about what policies they thought needed changing, the California Research Bureau produced a documentary, and the issue of ticketing for quality-of-life offenses, such as camping or sleeping on the street, came to light. When a youth gets a job, his or her wages are then garnished, making it very difficult to get back on his or her feet. Legislation was subsequently passed, with leadership by the Children’s Advocacy Institute, delaying any garnishment until age 25.

“We’re building new leaders, not just getting policy change.”

– MHTAY Advocate

Elevating the youth voice was a critical strategy of this portfolio, primarily through support of California Youth Connection. They trained youth to engage in the policy development process and testify before legislators. A key informant with experience in the legislature said: “When youth speak, you can hear a pin drop. They tell their story in a compelling way that has impact on the legislature.”

Going forward, local-level advocacy and policy capacity, including coalition building, will need to be increased, particularly since capacity is uneven across the state. “The biggest challenge is with realignment—now decisions are being made in 58 counties. There was some accountability and equity across the counties when it was at the state. That’s no longer the case. Statewide organizations like ours are having trouble keeping up with it,” said one advocate.

Moreover, it’s in the implementation that the practice and systems changes take place. “Culture change takes a long time,” said one advocate. There are concerns about whether the advocacy community is well-positioned or has the resources to engage at the local level in all counties across the state.

Building alliances between the public sector and child welfare advocates is a critical strategy in this field, particularly for policy implementation and systems-change advocacy. In the AB 12 debate, the Stuart Foundation, for example, funded “both sides”: advocates who would press for change and the state agency who needed technical support. This support “helped public and private organizations work through these issues together,” according to the foundation. The coalition of county and state agencies, nonprofits and the Administrative Office of the Courts has continued through the first phase of implementation.

In contrast, homeless youth lack a public sector partner as no public agency has any specific responsibility for this population.

E. Special Projects

The Special Projects (SP) portfolio was designed to be able to respond to opportunities that fit TCWF's mission but were outside of the eight other issues areas. Although over the decade this portfolio supported HIV/AIDS programs, border health and other issues, the majority of the public policy grantmaking was dedicated to supporting health advocacy and organizing regarding health care reform—particularly increasing access to health coverage and health care—and sustaining the safety net.

I. Summary and Analysis of TCWF's Funding

The SP portfolio made the most number of grants and dedicated the highest level of funding to public policy activities—225 and \$35 million, respectively.

As indicated in Figures 9 and 10, the portfolio supported a broad spectrum of strategies—with an emphasis on policy research, leadership development and policymaker education. Unlike most other portfolios, the maps generated by the inventory data and by the self-reported data of grantees align fairly well, with grantees reporting slightly more activity in the action quadrants of the framework. These data are reflective of a mature field deeply engaged in the policy arena.

II. External Public Policy Environment

Section IV on page 52 provides a timeline of major policy and political developments over the last decade, with many of the most significant ones occurring with regard to health care reform. However, for a good part of the last decade, most of what was going on was holding the line against budget cuts and bad proposals.

As described in the timeline, 2007 marked a watershed moment in health care reform in California. Gov. Schwarzenegger, a Republican, declared he was making health care reform a priority of his administration. Although it was ultimately not successful, the year-long debate helped inform and engage a broader range of policymakers, influentials and advocates, laying the groundwork for California being able to respond immediately to the enactment of the ACA. There continues to be significant support for improving and enhancing access to coverage and strengthening the safety net among legislative leaders.

III. Major Policy Change Accomplishments

The most significant law enacted over the last ten years—or, in fact, since Medicare and Medicaid were established nearly a half century ago—was the Patient Protection and Affordable Care Act of 2010. Known as the Affordable Care Act, or ACA, this law is expanding health coverage to millions of Californians. In addition, it established a new Public Health and Prevention Fund, provides billions of dollars to make the health system more effective and

Figure 9: Special Projects – Funded Strategies

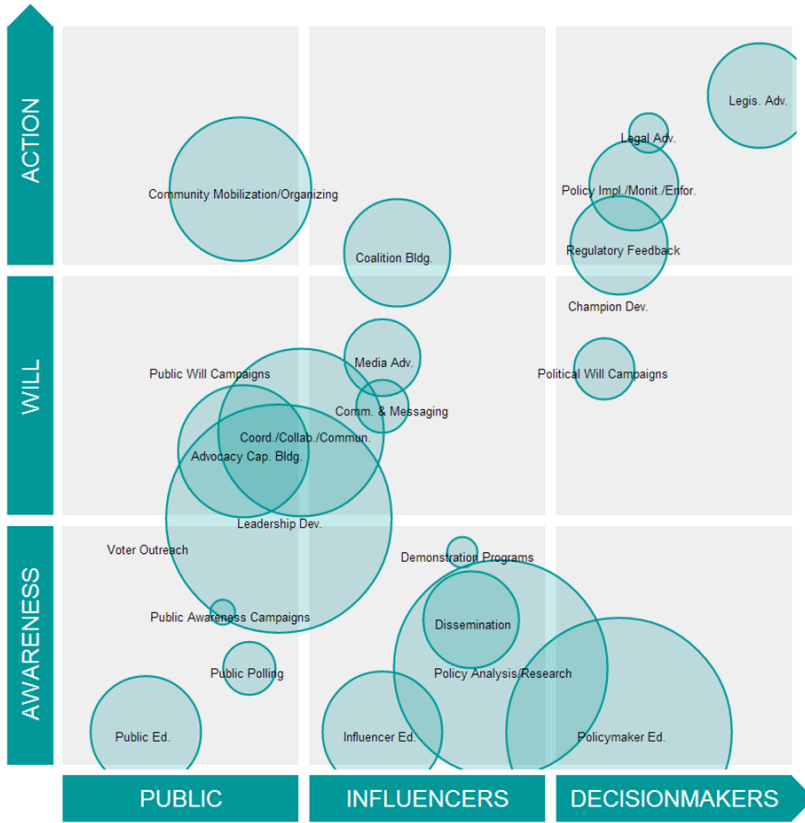
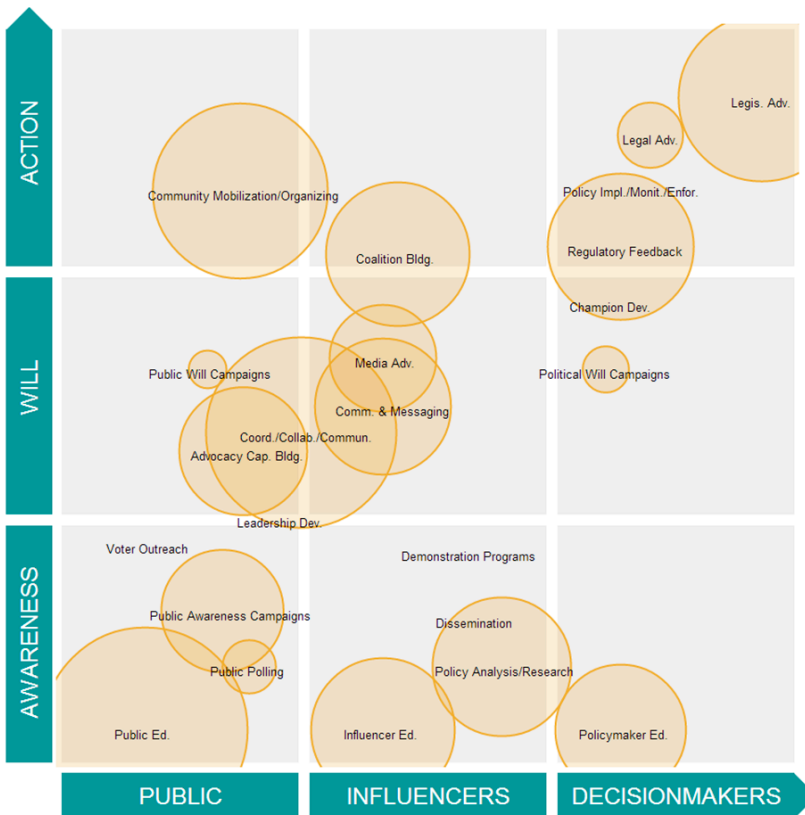


Figure 10: Special Projects – Grantee Reported Strategies



efficient, is closing the “donut hole” under Medicare Part D, ensures that preventive services, including contraceptive care, are provided free or at low cost, and provides enhanced funding for community clinics and health professions training, among numerous other provisions.

Beyond the ACA, the list of consumer protections, health coverage, and safety net laws and regulations that have been enacted over the last ten years are too numerous to specify here. For example, Health Access Foundation identified more than 20 laws that California enacted between 2010 and 2013 related to implementation of the ACA.⁶ Nevertheless, a few laws and policies were highlighted by grantees that are of particular relevance to TCWF:

- AB 356 requires insurers to disclose why persons have been denied coverage, as well as provide 30 days’ notice before a rate increase.
- SB 853, the Health Care Language Assistance Act, requires health plans and insurers to provide their enrollees with interpreter services and translated materials, and to collect data on race, ethnicity and language to address health inequities. This law set the precedent for Covered California.
- Children’s health initiatives were established that provide coverage to all low-income children, irrespective of immigration status, in many counties throughout California.
- The Section 1115 Waiver, the Bridge to Reform, established Low-Income Health Programs in counties through the state.
- Health programs were defended from budget cuts. “For many years, the state budget did not touch health or just in a minor way,” said one key informant.

IV. The Policy Advocacy Field

TCWF was an early funder of advocacy and policy change activities. When TCWF was established in the mid-1990s, there were very few foundations that supported advocacy, and TCWF played a major role in building and expanding the health advocacy field. One key informant commented: “One of the things—and this was, to a large degree, the [former] program director’s vision—is understanding the entire continuum of advocacy funding that needed to be in place. Some of that is research, communications, coalitions and grassroots attached to state organizations. All of those buckets of work were viewed by TCWF as being on the continuum of the policy advocacy funding.”

In contrast to the other portfolios, SP funded a significant number of organizations for multiple years over the last decade. These organizations constituted the core anchors of the health advocacy infrastructure. TCWF also provided advocates with capacity-building supports. One of TCWF’s signature convenings is the Health Advocates Retreat, which helped build connections and cooperation among the advocates, as well as strengthen their various skills, including communications.⁷ As one participant remarked: “I think it’s the only time when I really get to know people who I see in the halls of the capitol. I get to see them and spend time with them in a substantive way. The trust level and collaboration and coordination before and after retreats is really different.”

⁶ “Three Years of the Affordable Care Act: Counting the Benefits, Countdown to Coverage. A Report on ACA Implementation in California” (September 2013): www.health-access.org.

⁷ R. Holton-Hodson and R. Brousseau, “Strengthening a State’s Health Advocacy Infrastructure,” *Health Affairs*, Vol 25:3 (May 2006).

TCWF also explicitly sought to bring new groups to the table, particularly advocacy groups that represented communities of color. In 1999, when the Patient Bill of Rights was enacted, the Department of Managed Health Care (DMHC) was established to regulate health plans. The DMHC formed an advisory committee, and TCWF believed consumers needed a greater voice at the table. It subsequently initiated and funded a collaborative of consumer advocacy groups and specifically brought the newly formed California Pan Ethnic Health Network into the collaborative, along with more established advocacy groups.

Building on the positive experience of the managed care collaborative, TCWF supported a similar collaborative when health care reform was being debated. Although a major coalition, It's Our Healthcare Coalition, already existed, a second coalition composed primarily of organizations representing communities of color, Having Our Say, formed, and TCWF provided it with early support.

Another strategy used by the SP portfolio was to engage faith communities in health work. TCWF sought out, and was an early funder of, PICO and its local affiliates, as well as other faith-based organizations.

That said, there are still gaps in the state's advocacy capacity. Several organizations that represent communities of color are struggling or don't engage in health issues. Latino Issues Forum, for example, no longer exists. Similarly, the Inland Empire and Central Valley are weak despite efforts to build capacity there. As one advocate noted: "We partnered with PICO, California Partnership and others to work at the local level. But we literally also had to go into some of these counties ourselves, with our limited organizing capacity, because there wasn't anybody to work with."

"There is no funder that has funded our individual market work. That has entirely been funded by TCWF. Some funders love Medi-Cal, safety net, or insurance expansion, but I've never gotten a grant that is about individual market reform."

– Health Reform Advocate

With regard to the safety net, one of the most important accomplishments was the development of the clinic consortia throughout the state and their ability to advocate not only on behalf of their own systems but also on behalf of vulnerable populations and the uninsured. The clinics and the consortia's capacity grew by leaps and bounds with Foundation funding—before the consortia, there really weren't policy staff for the clinics. TCWF was the first foundation to support the consortia, and it brought other foundations along.

[F. Teenage Pregnancy Prevention](#)

The teenage pregnancy prevention (TPP) portfolio focused on increasing comprehensive sexuality education programs and ensuring access to reproductive care and contraception services, as well as supporting comprehensive programs for pregnant and parenting teenagers. It was one of two issue priorities that grew out of a strategic initiative begun in 1995.

I. Summary and Analysis of TCWF's Funding

The TPP portfolio was the smallest of the nine issue areas. Out of a total 183 grants, only 28 grants for public policy work were made, for a total of \$5.9 million. A one-time grant of \$4.4 million for a public education campaign, which was part of the initiative, was excluded from the overall data.

The grants supported a broad spectrum of strategies, as displayed in Figure 11. In particular, TCWF supported policy research, leadership development and collaboration, as well as ongoing policymaker and influencer education activities. Grantees reported significant legislative and regulatory advocacy, as well as community mobilization activities, which are reflective of a mature field deeply engaged in the policy arena (see Figure 12). The main distinction between the two figures relates to activities in the action quadrants of the framework.

II. External Public Policy Environment

Beginning with Gov. Pete Wilson in 1992, California has enjoyed long-standing bipartisan support for teenage pregnancy prevention efforts. Although the overall policy climate remains “pro-comprehensive sex education,” like many issues, it has become more polarized over the last decade. Moreover, because of the constant turnover of legislators, developing champions has become more difficult, and the learning curve is steeper as newer legislators are unfamiliar with the history of the issue or what California did to achieve such a significant turnaround in teenage pregnancy rates.

The public policy and political environment for teenage pregnancy prevention also experienced the challenge of maintaining policymakers' interest once the major crisis had been addressed and in the face of repeated budget deficits during the 2000s. “There has been a reduction in the numbers of teenagers giving birth, so people may think the problem is solved,” said one survey respondent. With less attention, the system of programs and policies that helped achieve the reduction has begun to be dismantled, even as there is still a significant issue to be addressed, particularly in more marginalized populations.

III. Major Policy Change Accomplishments

In 1992, when TCWF was established, California led the nation in teenage pregnancies and had a record high teenage birthrate of nearly 71 births for every 1,000 females ages 15-19. By 2013, the teenage birthrate had declined to 28 for every 1,000 females in the same age range.⁸ In 2005, California's teenage birthrate declined by more than 50 percent—far exceeding the national decline of 37 percent over the same period of time.⁹

⁸ California Department of Public Health, “California's Teen Birth Rate Continues to Drop” (July 16, 2013): <http://www.cdph.ca.gov/Pages/NR13-030.aspx>.

⁹ Heather Boonstra, “Winning Campaign: California's Concerted Effort to Reduce Its Teen Pregnancy Rate,” *Guttmacher Policy Review*, Vol. 13:2 (spring 2010).

Figure 11: Teenage Pregnancy Prevention – Funded Strategies

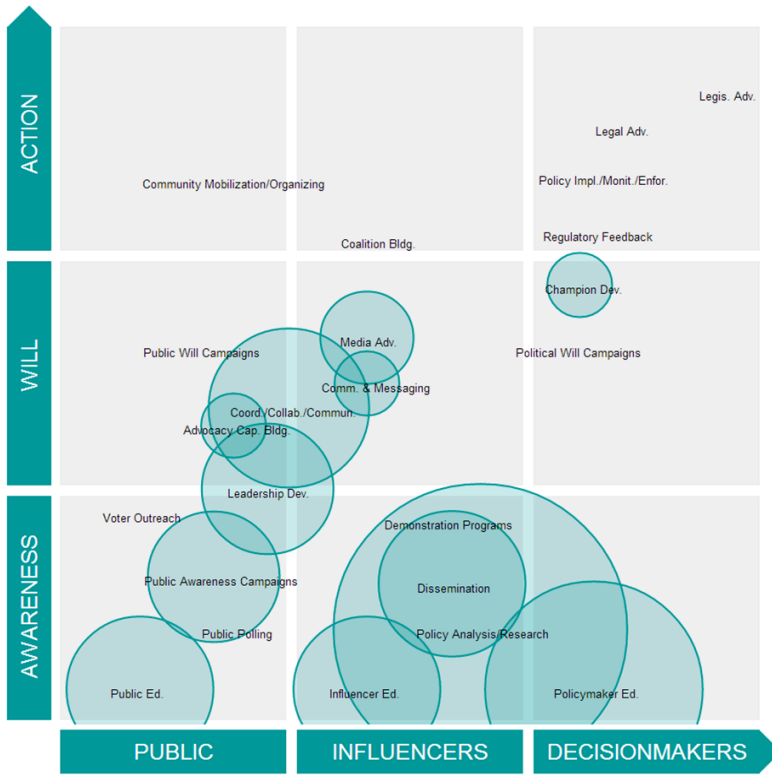
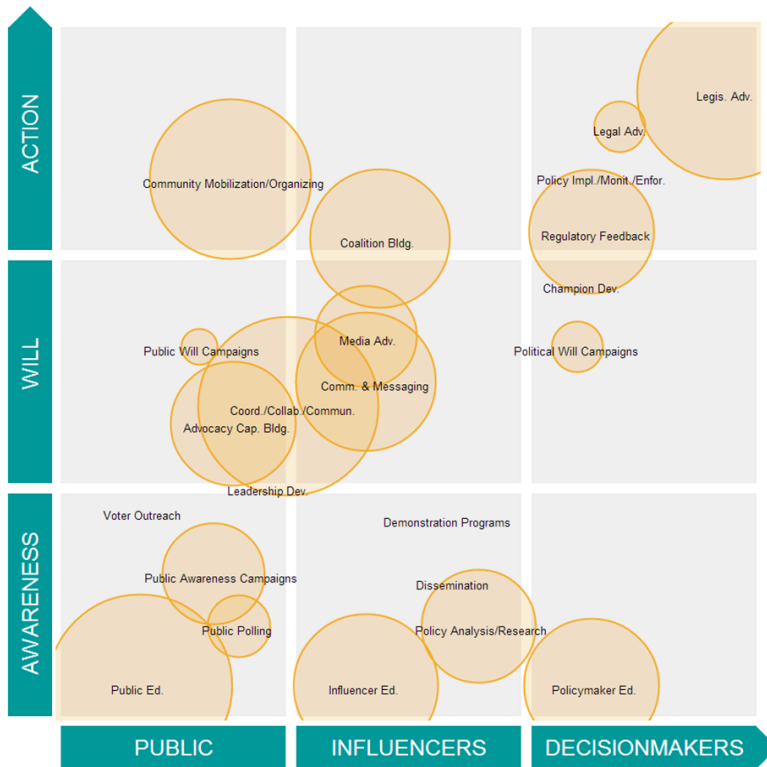


Figure 12: Teenage Pregnancy Prevention – Grantee Reported Strategies



Policy to enhance efforts to prevent teenage pregnancy has experienced significant ups and downs over the last decade. Building on significant progress during the 1990s, much of which was supported by TCWF's Teen Pregnancy Prevention Initiative, California continued its leadership during most of the 2000s. In particular, California led efforts establishing that teenage pregnancy prevention programs must be evidence-based. In 2003, the state enacted SB 71, California Comprehensive Sexual Health and HIV Prevention Education Act, which was designed to unify and enhance the various California sex education and HIV/AIDS prevention statutes and education codes. Critically, SB 71 required that school-based education in California provide accurate information on abstinence, human sexuality, contraception, pregnancy and sexually transmitted diseases in an age-appropriate manner, which statutorily prohibited abstinence-only programs. Several of TCWF's grantees, including the Public Health Institute and Planned Parenthood affiliates, conducted policy advocacy efforts to inform policymakers about effective teenage pregnancy prevention policies and programs. According to the California Department of Public Health, state laws requiring that school-based and other state-funded sexuality education be comprehensive, medically accurate, and age and culturally appropriate is one of the key reasons for California's progress in reducing teenage pregnancy.¹⁰

SB 71 was the primary law that prevented California from pursuing federal abstinence-only funding.¹¹ California's leadership, as the only state never to have taken abstinence-only money, influenced more than 20 other states to eventually drop it. According to one key informant: "California's history of that rejection laid the groundwork, and as more states joined California, it became more and more politically inadvisable to turn that around." In fact, in 2013, a group of nine House Democrats introduced a bill that would end federal funding to states that run abstinence-only programs in public schools, out of recognition that that approach to sex education—which has been supported by \$1.75 billion in federal funding—has failed. California's experience contributed significantly to building the evidence base.

Other notable policy accomplishments included the following:

- Passage in 2007 of SB 94 provided an additional \$3.2 million for family planning services in California by altering the Medi-Cal reimbursement rate, which was an important law for teenage pregnancy prevention. The law, authored by state Sen. Sheila Kuehl, leveraged an additional \$9 million of federal matching funds.
- Passage of AB 629 (Brownley), the California Community Sexual Health Education Act, aligned the standards for state-funded, community-based sexual health education programs with existing standards in the schools.
- Three ballot measures to amend the California constitution to require parental notification and a waiting period before having an abortion were defeated: Proposition 73 in 2005, Proposition 85 in 2006 and Proposition 4 in 2008. Proponents put another ballot measure into circulation in 2012, but it didn't receive sufficient signatures.
- Support for Family Planning Access Care and Treatment (Family PACT) continued by obtaining federal waivers. Created in 1996, Family PACT provides free family planning

¹⁰ California Department of Public Health, "California's Teen Birth Rate Continues to Drop."

¹¹ "Evaluation Findings from The California Wellness Foundation's Teen Pregnancy Prevention Initiative," Philliber Research Associates, SRI International and UCSF (June 2007).

services to all low-income women and men, regardless of immigration status. In March 2011, the federal government approved California's application, which formally integrates Family PACT into the Medi-Cal State Plan.

At the same time, during the 2000s, a number of programs, worth more than \$50 million, dedicated to preventing teenage pregnancy have been eliminated as the state sought to close repeated budget deficits.

IV. The Policy Advocacy Field

TCWF's Teen Pregnancy Prevention Initiative, created in 1992, invested significant resources in developing a strong policy advocacy field. The initiative's policy advocacy program funded 19 organizations in two grant cycles from January 2000 to December 2003.¹² Interestingly, there was very little overlap between the eighteen grantees funded by the policy advocacy program of the initiative and the policy grantees funded through the Responsive Grantmaking Program. However, some of the initiative's policy advocacy grantees may have received continued funding by TCWF, although they weren't coded as policy grants. (California Family Health Council is likely one such organization.)

"California advocates kept the waiver through dark days of the Bush Administration"

– TPP Advocate

Because many of these groups have worked together for many years, there is a strong sense of trust and cohesiveness among the advocates. TCWF's efforts in the initiative to connect the policy research community with the advocates were particularly important to help facilitate relationship building.

At the same time, the field has not broadened significantly, although advocates did participate in the debate on health care reform, developing relationships with more traditional health advocacy organizations. According to TCWF's program director: "Agencies working in the field of teenage pregnancy prevention were victims of their own success. Since 2008, the teen birthrate declined in California, yet at the same time, the state Legislature cut tens of millions out of the general fund to sustain programs that were in the vanguard and part of the solution that led to this significant reduction." While the lead advocates and coalitions work together, they haven't built bridges to any significant degree to other issues or fields, such as mental health or juvenile justice.

[G. Violence Prevention](#)

The Violence Prevention (VP) portfolio focused on preventing injury and death among young people (ages 12 to 24) through services and programs, primarily for at-risk youth, including gang affiliated and previously incarcerated youth.

¹² "Evaluation Findings from The California Wellness Foundation's Teen Pregnancy Prevention Initiative," Philliber Research Associates.

I. Summary and Analysis of TCWF's Funding

The VP portfolio made 73 public policy grants from 2002 to 2012, which constituted more than 25 percent of the total number of grants and almost 40 percent of all funding, placing the portfolio in the middle of all nine portfolios. This portfolio was built on the platform of grantees that were supported during the preceding 10 years as part of the Violence Prevention Initiative (VPI). However, funding for violence prevention public policy efforts was significantly lower during the RGP period than during the VPI period.

Early on, TCWF was known for its public education campaign, which was directed at increasing awareness and redefining violence as a public health issue. Subsequently, the majority of funding was directed toward identifying and spreading promising violence prevention programs, such as after-school programs, gang prevention and intervention, mentoring and re-entry programs (see Figure 13).

A review of all public policy grants indicates that, although policy analysis, research and dissemination received the largest amount of funding, a broad spectrum of activities were also supported, including coordination and coalition building, leadership development and a variety of advocacy activities, such as legal advocacy. Grantee-reported strategies showed significant legislative advocacy and community organizing/mobilization, indicating strong involvement in the action quadrants (see Figure 14).

II. External Public Policy Environment

The public policy and political environment for violence prevention has been mixed. For several decades California has taken an increasingly punitive approach to crime, as expressed through the passage of numerous ballot measures that increased prison sentences, such as the “three strikes” initiative. Policymakers and the public strongly supported a criminal justice approach to violence, and strong champions, such as the prison guard union, successfully advocated for a prison building boom. In 1950, for example, California had four state prison facilities and about 11,500 prisoners. By 2006, at the peak of the state’s prison overcrowding, there were 33 prisons and more than 172,000 inmates, an increase of more than 900 percent.¹³ California, in fact, has the largest prison population in the world.

¹³ “Building the Empire: California’s Prison Building Bonanza,” KQED Public Radio (January 10, 2012).

Figure 13: Violence Prevention – Funded Strategies

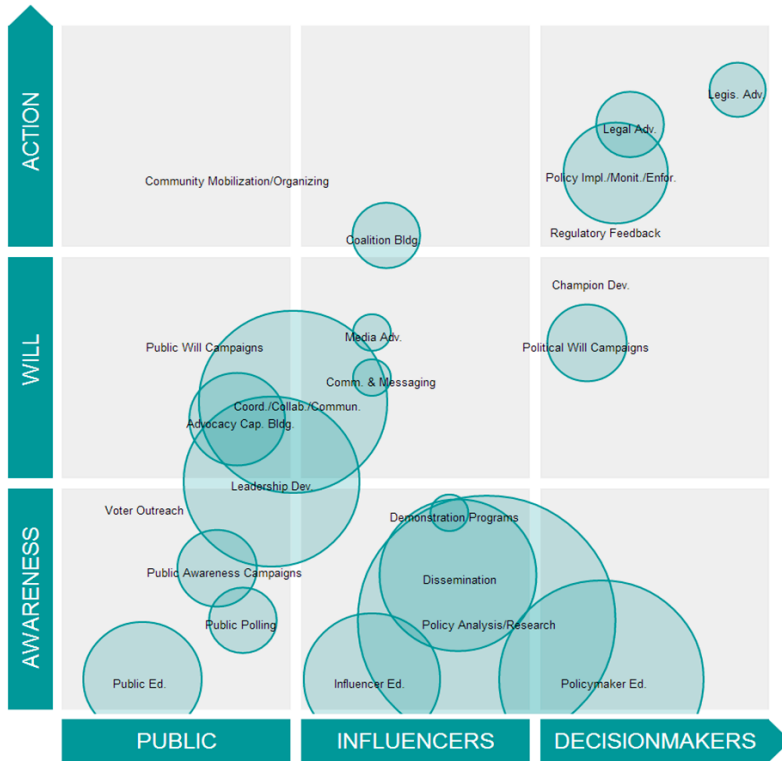
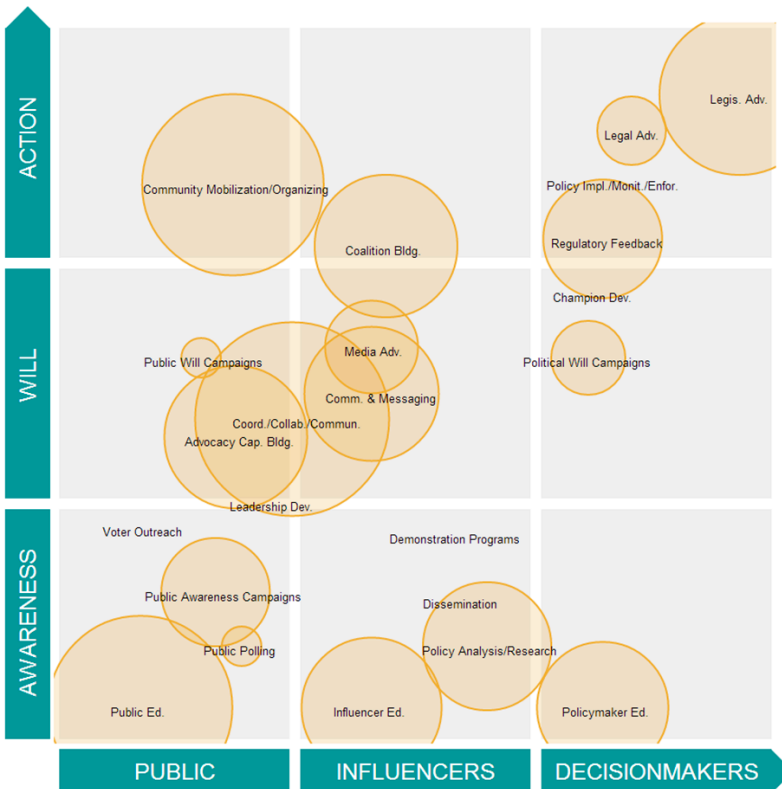


Figure 14: Violence Prevention – Grantee Reported Strategies



When TCWF launched the VPI in the early 1990s, public health was virtually absent from the debate, and the VPI sought to change the narrative and make public health a part of the solution, particularly as it pertained to firearm violence in communities of color. The VPI and the RGP have had considerable success in regulating firearms. Since 1992, California has approved more than 40 gun violence prevention laws. Additionally, California cities and counties have adopted more than 300 innovative firearm ordinances. The VPI also contributed to the successful enactment and implementation of the Schiff Cardenas Juvenile Justice Crime Prevention Act (JJCPA) in 2000, which provides significant funding for violence prevention, gang intervention and re-entry programs. As California has maintained its JJCPA investment—more than \$880 million over the past eight years—the number of youth incarcerated in state facilities has declined significantly (from 10,000 in state facilities a decade ago to fewer than 700 in 2014).

III. Major Policy Change Accomplishments

There have been many notable policy and systems change accomplishments over the last 10 years, many of which built on the substantial foundation created by the VPI. Beyond the policy changes, two major achievements stand out.

First, there was a dramatic decline in youth violence and violence overall, part of a nationwide trend in violent crime reduction. This is in stark contrast to the situation when TCWF began the VPI in the early 1990s. The juvenile arrest rate for homicide had more than doubled since 1984, and homicide was a leading cause of death for all young people under 24. In 1993, at the peak of gang- and crack cocaine-related violence, 1,396 young Californians between the ages of 12 and 24 were killed as a result of firearm violence. If the average number of firearm deaths for the five-year period from 1991 to 1995 is compared to the average from 2005 to 2009, firearm deaths for the 12-to-24 age group dropped 42 percent, and injuries related to firearm assaults decreased 52 percent, according to statistics from the California Department of Public Health.¹⁴

Second, comprehensive models were developed that demonstrated success in reducing violence, especially gang violence. Such models included a prevention component for those who are not gang involved, an intervention component for those who are involved, a re-entry component for those coming out of prison, and a suppression component. All components are needed for a balanced approach. Places that have implemented such balanced and comprehensive plans with a high level leadership have seen a significant reduction in violence beyond national rates.

Major policy accomplishments associated with the VP portfolio include the following:

- Several bills were passed, including AB 50 (2004) and SB 48 (2005), to place further limits on firearms and ammunition.
- Proposition 49, passed in 2002, provided more than \$1 billion for after-school programs in more than 4,000 schools over the last seven years.

¹⁴ The California Wellness Foundation Grantee Magazine, Fall/Winter 2011

- SB 81, passed in 2007, began to shift nonviolent juvenile offenders from state-operated facilities to county-run ones.
- The Governor’s California Gang Reduction, Intervention and Prevention Program was launched in 2007, which provided \$31 million in initial state and federal funding for local gang prevention efforts. Tens of millions of additional funding have gone to localities in the six subsequent years.
- The City of Los Angeles Gang Reduction Youth Development Initiative, a comprehensive prevention/public health/law enforcement strategy to address gang violence, was launched.
- The California Budget Act of 2011, including AB 109, “realigned” many state program responsibilities and revenues to local government, including juvenile justice and child welfare programs. Going forward, policy related to juvenile justice will primarily take place at the local level as implementation of realignment proceeds.

IV. The Policy Advocacy Field

Of the 73 public policy grants made in the VP portfolio, nine received funding for six years or more. Other notable public policy grants are currently helping multiple California cities assess infrastructure and systems needs to create effective and sustainable violence prevention programming. For example, the National Council on Crime and Delinquency, in partnership with the National League of Cities, operates the 13-city California Cities Gang Prevention Network, which helps cities develop multisector action plans. In addition, the Advancement Project and Fight Crime: Invest In Kids were identified as important thought leaders and practitioners of the public health approach to violence prevention.

In the first five years of the Responsive Grantmaking Program, TCWF focused on after-school programs as a prevention intervention, which built on work initiated under the VPI. Proposition 49 passed in 2002, which has been providing significant resources for after-school programs. TCWF also continued efforts with regard to firearms. More recently, however, in response to broader trends in the policy arena, TCWF expanded efforts related to reducing gang violence and helping at-risk youth who are part of the juvenile justice system.

“Everywhere I go I find people who have been brought into the field through violence prevention. It is a huge contribution to the field that makes sustainable advocacy possible.”

– VP Advocate

Overall, many consider the violence prevention policy and advocacy field, which has been built over the last 20 years, to be strong and cohesive. It is multifaceted and diverse, having evolved over the years to encompass firearms issues, gang violence, prison and juvenile justice reform, and youth development. Today, the field consists of a variety of organizations and interests, some of which may not even consider themselves to be about violence prevention. TCWF convenings, among other efforts, helped connect them.

Although many grantees and thought leaders believe that a connected field has been built, others believe that it could still benefit from greater coordination and collaboration. For

example, one survey respondent commented that: “The little interaction between groups has limited our ability to elevate the dialogue to a higher level.”

[H. Women’s Health](#)

The women’s health (WoH) portfolio focused on reproductive health care, prenatal care, community-based comprehensive health care services, and HIV/AIDS programs for women in underserved communities, as well as case management and supportive housing for homeless women.

I. Summary and Analysis of TCWF’s Funding

The WoH portfolio had a relatively low percentage of public policy grants. From 2002 to 2012, the portfolio had a total of 283 grants of which 15.5 percent were public policy grants totaling \$7 million.

The WoH portfolio reflected a focus on raising awareness and building will among the public, influencers and decisionmakers. Grants made in this portfolio, as mapped in Figure 15, reflected a strong emphasis on policy analysis and research along with dissemination strategies, but also demonstrated a very heavy focus on leadership development. In comparison, grantees reported the use of a wide array of advocacy strategies across the spectrum, as mapped in Figure 16. In particular, grantees reported strategies in the action quadrants—legislative advocacy and regulatory feedback—to influence decisionmakers. That said, there was alignment between the Foundation and grantees in support of coordination, collaboration and communication strategies.

II. External Public Policy Environment

The economic recession and state budget crisis had a considerable impact on women and their access to health care. In particular, cuts to programs included elimination of some Medi-Cal benefits, including dental health, cuts to CalWorks checks, and elimination of state funding for domestic violence shelters and several maternal and child health programs. The elimination of the California Office of Women’s Health in July 2012 was a significant blow to the women’s health advocacy community. As one advocate explained: “The office did a lot of data crunching to show disparities, but as the state budget cuts hit, they lost all their capacity to do that, and then it became difficult to show difference and disparities across communities—the data was a good organizing tool.” With the office now gone, advocates are concerned they have lost an important source of data to document disparities.

Figure 15: Women's Health – Funded Strategies

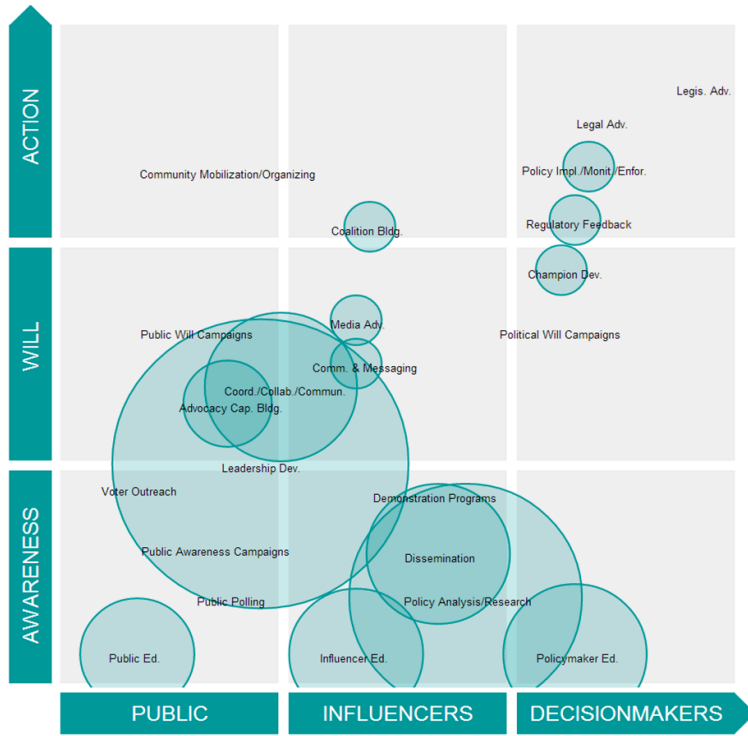
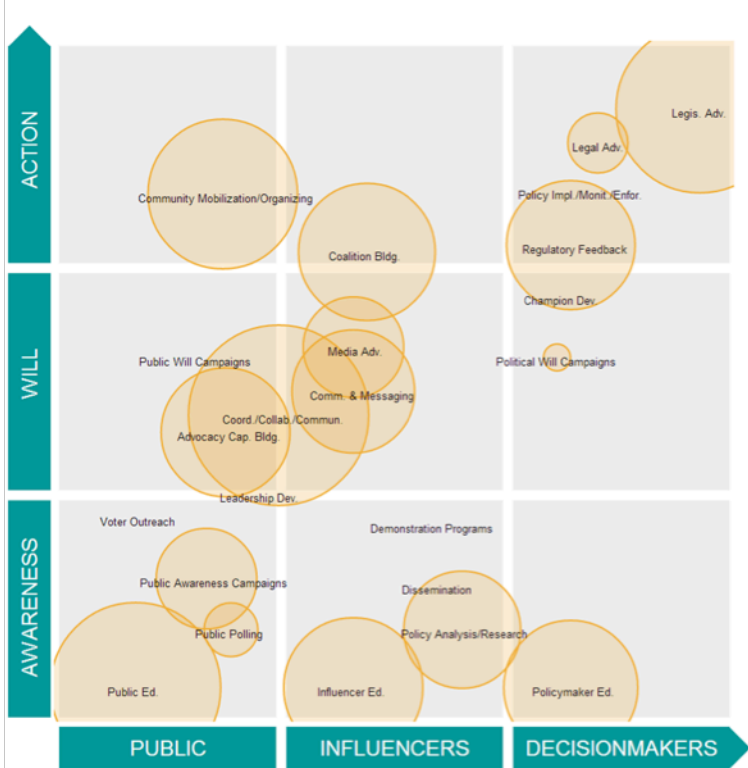


Figure 16: Women's Health – Grantee Reported Strategies



Women’s health in California has faced regular challenges at the ballot box. A series of parental notification ballot measures have aimed to limit access to reproductive services to minors but have been successfully defeated. Also, in 2011 the Radiance Foundation implemented a campaign attacking black women’s reproductive rights. Anti-abortion billboards were installed in African American communities across the country, equating abortion with genocide and stating: “The most dangerous place for an African American is in the womb.” A coalition of black women and other women of color, Trust Black Women, arose in response to this attack and was ultimately successful in the removal of the billboards. California advocates have reflected on this experience as not only an attack on black women’s reproductive rights, but also a movement-building moment because women of other ethnicities came together with black women to defend reproductive rights.

As a result of the policy environment, advocates’ focus has been on bolstering reproductive rights at the state and federal levels, as well as educating policymakers to ensure women’s health issues do not fall off their radar screen. The increasing diversity of California’s women and overall population has also influenced the policy agenda to reflect the needs and issues of this changing demographic.

Overall, many key informants described the policy environment in California as “fairly friendly,” in large part due to state and local leaders’ responsiveness to, and support of, women’s health issues. Unlike other states that are increasingly scaling back reproductive rights through restrictive legislation, California has steadily maintained, and even moved forward, in terms of comprehensive reproductive health services. As one advocate noted: “What’s unique about California is the opportunity to do more proactive policy work. There is an opportunity to go beyond where the policy work can take us in other states right now.”

“The growing reproductive justice movement has made significant contributions to public policy at the local, state and national levels in which grassroots groups have engaged women and communities of color to take an active part of decision-making processes that impact their lives. Therefore, I believe the greatest achievement is in HOW policy and systems change has been taking place—by lifting up the voices and leadership of the most marginalized women who are often overlooked, and even stigmatized and demonized, in important public policy debates that affect them and their families.”

– WoH Grantee

III. Major Policy Change Accomplishments

While the field has been successful in defending and preserving access to reproductive health care, an overarching policy agenda was not apparent. While TCWF identified reproductive health as its focus, grantees identified a broad range of issues they work on, including access to contraceptive services, adolescent health, children and youth, community health, environmental justice, health access and coverage, non-clinic-based health services, outreach activities for reproductive health care, public health, re-entry programs, safety net strengthening and the uninsured.

That said, the field was able to achieve and coalesce around the following policy accomplishments:

- Progress was made with regard to the ACA and access to reproductive health. In particular, access to contraception and the ability to keep youth on parents' insurance until the age of 26 further provides access to reproductive health.
- AB 2348, passed in 2012, allows registered nurses to dispense and administer birth control according to a standard procedure outlined by a doctor. That's in contrast to requiring the doctor to sign off on each prescription.
- The federal CDC requirement that female immigrants ages 11 to 26 seeking permanent residence in, or entry to, the U.S. be immunized against the human papillomavirus (HPV) was reversed.
- SB 1169 allows pharmacist to dispense emergency contraception.
- Propositions 73 (2005), 85 (2006) and 4 (2008), all related to parental notification and abortion waiting period, were defeated.

IV. Policy Advocacy Field

"It's a strong field. Most other states would kill for the advocacy community we have in California, particularly on reproductive health, but women's health in general." This was a widely held sentiment by stakeholders. The women's reproductive health field was also described by many as having grown increasingly connected over the years due to increased collaborative policy advocacy. In particular, some stakeholders noted increased engagement between grassroots groups and reproductive rights groups, allowing them to become "players with the Planned Parenthoods."

TCWF's investments in leadership development, along with the increased connections to grassroots groups, helped increase diversity in the field by lifting up voices of women of color and young women. Women of color are changing the field as is reflected in the shift in definition from reproductive health to reproductive justice. This shift also reflects the new allies women of color have brought to the table—an expansion that has served the field well.

While much has been done to build the grassroots, stakeholders reflected on the need for more grassroots growth and diversification to build power to fend off the increasing attacks on women's rights: "There is an untapped potential (in the grassroots) and there needs to be a focus on growing that power."

Many reflected on the need for greater connections and relationships at different levels within the women's health field. Grantees commented on the need to build relationships and bridge silos within the field: "Siloing continues to hinder the field—domestic violence, abortion, mental health, etc. There was an attempt to create a women's health policy network to bring together the different aspects—run out of CPCA—but it never really gelled." The siloing of the field was attributed, in part, to funders supporting single issues and reinforcing the silos.

Another aspect of the field that is also disconnected is the service providing organizations. Often these organizations and individuals are on the front lines of women's health and reproductive justice, but are not well integrated or leveraged in the field. Some observed that

there has been a shift toward the inclusion of service providers and “this has moved the conversation more toward the on-the-ground experience of people in communities, and that drives more of what is needed in policy.” However, more needs to be done to include and build the capacity of service-providing organizations. For example, some commented on the lack of a clear role and advocacy voice of the clinics, describing them as being on “the fringe of this.”

To foster relationships and collaboration, TCWF funded The California Coalition for Reproductive Freedom to help strengthen the infrastructure of the field while creating a space for organizations to share information and “amplify everyone’s voice.”

Overall the field has made tremendous progress, but more could be done to strengthen and expand it to protect hard fought policy wins and reproductive rights, and advance a broad policy agenda that reflects the issues of California’s diverse women and girls, as well as to support and strengthen the overall movement.

I. Work and Health

The Work and Health (WH) portfolio addressed the health care needs of farmworkers, in-home health workers, garment workers, day laborers and other low-income workers, with a focus on improving occupational health and safety for low-wage workers.

I. Summary and Analysis of TCWF’s Funding

Between 2002 and 2012, the Foundation made 74 public policy grants in the WH portfolio. Public policy grants composed 30.1 percent of the portfolio for a total of \$25.8 million.

The WH portfolio reflected a range of grantmaking strategies but with an emphasis on raising awareness among the public, influencers and decisionmakers, as well as building will through leadership development, capacity building, and coordination and collaboration. Not surprisingly, because of the nature of the policy issues in this portfolio, there was also a focus on policy implementation, monitoring and enforcement (see Figure 17). Grantee-reported strategies were relatively aligned with Foundation-funded strategies but with a greater emphasis on strategies in the action quadrants, such as community mobilization and organizing, legal advocacy and legislative advocacy. Grantees also reported the use of more media advocacy, communications and messaging strategies to build will (see Figure 18).

Figure 17: Work and Health – Funded Strategies

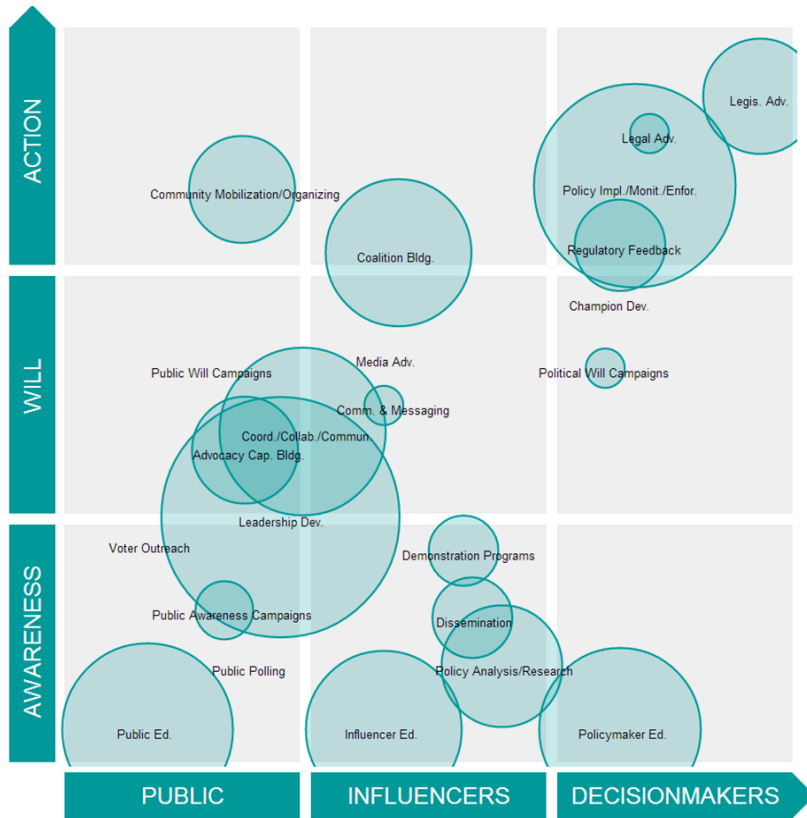
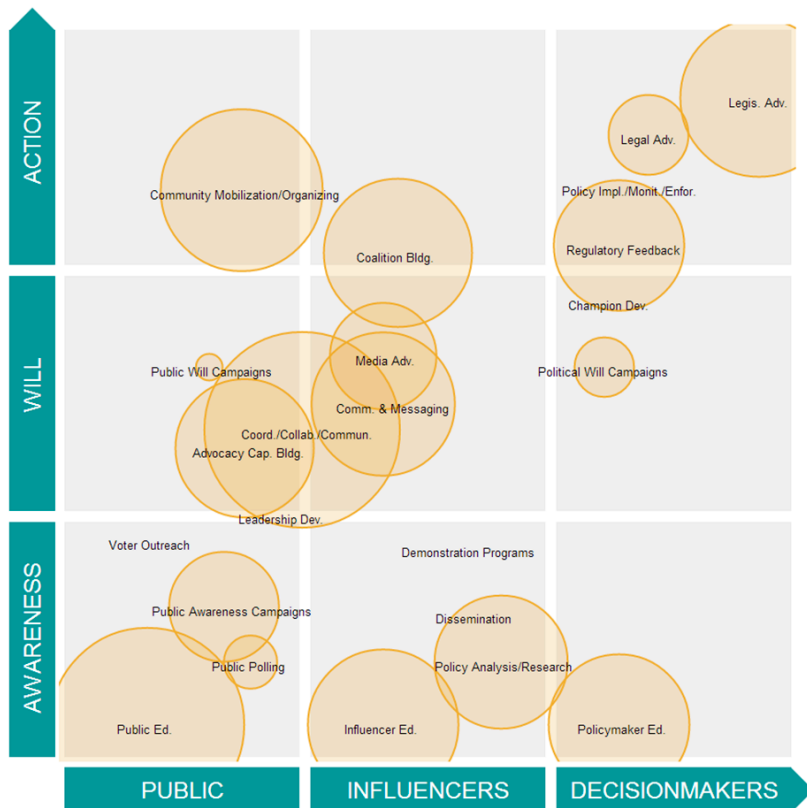


Figure 18: Work and Health – Grantee Reported Strategies



II. External Public Policy Environment

The economic downturn, state budget deficit, state unemployment rate and unsupportive Schwarzenegger administration made for a very challenging political environment for the passage of major legislation related to workers' protections and occupational health. In 2009 California's unemployment rate hit a high of 12.4 percent, disproportionately impacting immigrant workers. The unemployment rate and difficult economy also resulted in more workers losing health coverage following layoffs or, for those still employed, paying higher costs for employer-sponsored health insurance.¹⁵

Within the business sector, the trend toward temporary and contract workers has further diminished workers' protections and benefits, as well as employers' accountability. Although there are variations across industries, the powerful business lobbies and the lack of political will to provide oversight has created a political dynamic described by the program director as "a zero-sum game between business and workers."

While advances have been made in the passage of what many described as some of the best laws for workers in the country, the lack of sufficient state resources has crippled the state's ability to enforce these laws. As one advocate noted: "We have protections that no other state has on heat and chemicals, but we don't have much enforcement anymore—we have the lowest number of inspectors than any state in the country." This has led to a shift from a focus on state legislative solutions with budget implications to local policy options and incremental change.

New state agency leadership—for example in 2011, Julie Su, a former workers' rights legal advocate, was appointed to the Department of Labor Standards Enforcement—along with recent signs of improvement in the state budget, caused groups to start to explore new openings and opportunities. But organizations also note that they are underfunded and have limited philanthropic support outside of TCWF to enable them to advocate against big business interests. Very few, if any, funders outside of TCWF support work and health issues. That said, some of the organizations in this field are supported by immigrants' rights, workers' rights and health funders, but there is little to no coordination among these foundations on their respective support to these organizations.

"There has been a rise in worker centers around immigrant rights. Funding them out of the Health and Work track has allowed them to get involved in health and safety and move beyond wage theft—so it has given us a new group of folks to network with."

– WH Grantee

III. Major Policy Change Accomplishments

TCWF has played a critical role in supporting local and statewide efforts for workers' health and rights across a range of industries. This has included the nail salon, carwash, and warehouse and domestic workers' campaigns. The warehouse workers' campaign resulted in a recent precedent-setting citation by California's Division of Occupational Safety and Health (Cal-OSHA)

¹⁵ Earl Lui, "Work and Health Eight Year Update."

establishing joint employer responsibility for the safety of temporary workers, a streamlined system for addressing retaliation against workers who speak up about unsafe conditions, and improved government responsiveness to worker advocates and workers in high-hazard, low-wage jobs. The carwash campaign resulted in unionization of workers under the United Steel Workers (USW) to create collective bargaining and community power for workers and ensure working standards are maintained. TCWF was one of the first funders of the campaign and supported workers organizing around health and safety. The collaboration with USW has now transitioned to focusing on providing health care for workers in collaboration with St. John's clinics.

On the local level, several of TCWF's grantees played a role in the 2006 passage of Proposition F in San Francisco, the nation's first local ordinance requiring employers to offer paid sick leave for employees working in the city, as well as another San Francisco ordinance creating a local health access and coverage plan for uninsured residents and workers in the city.

In 2011, through the work of Food Policy Advocates (FPA), a number of barriers to becoming and remaining eligible for food stamp program benefits were removed, including significantly shortening and simplifying the food stamp application form and process; lessening the burden of reporting requirements; relaxing particular eligibility criteria (such as the auto resource rule that kept program recipients from owning reliable cars); and reducing the need for participants to visit the food stamp office, which was a particular hardship for working families. TCWF's core operating support was identified by FPA as vital in the renaming and rebranding of the food stamp program to CalFresh to reduce the stigma of the program and increase enrollment and utilization. With earlier funding, FPA was able to show that 71 percent of people on the program were working families and not on welfare, as was commonly believed. The grantee explained: "When the Feds changed the name, it allowed us the opportunity to change the name at the state level, so we passed legislation to develop a new name. We did focus groups across the state to learn how to position this program. The state had no money to do this. TCWF (core operating) funding helped us pass the legislation, and then we were able to get money from [The California Endowment] for the rebranding." Other policy accomplishments included the following:

- In 2005, Cal-OSHA approved a regulation that will reduce back injuries and disabilities among farmworkers. Hand weeding, hand thinning and hand hot-capping, among the most grueling tasks on the farm, are now prohibited if other means of doing the tasks are available.
- In August 2006, Cal-OSHA's board permanently adopted the first heat-illness prevention regulation in the nation. The regulation requires that employees and supervisors are educated on how to prevent heat stress and what to do should it occur; restates existing law that requires water to be available at all times; and requires that access to a shaded area be made available to any worker suffering from heat illness or its symptoms.
- In 2006, San Francisco enacted an ordinance creating a local health access and coverage plan for uninsured residents and workers in the city.

- In 2011, Julie Su, a former workers' rights legal advocate was appointed to the Department of Labor Standards Enforcement, and Ellen Widess, a former Rosenberg program officer, was appointed to Cal-OSHA.
- In 2011, Cal-OSHA set a precedent with a citation establishing joint employer responsibility for the safety of temporary workers, a streamlined system for addressing retaliation against workers who speak up about unsafe conditions, and improved government responsiveness to workers' advocates and workers in high-hazard, low-wage jobs.
- In September 2013, the Domestic Workers Bill of Rights (AB 241) was signed into law making California the second state in the country to pass such legislation. The law removes the exclusion of domestic workers from rights provided to other California workers. Specifically, it ensures that domestic workers will receive overtime pay when they work more than nine hours a day or forty-five hours a week.
- Passed in September 2013, AB 10 increased the minimum wage to not less than \$9 per hour. The law will further increase the minimum wage, on and after January 1, 2016, to not less than \$10 per hour.
- Passed in October 2013, two key bills, AB 263 and SB 666, strengthened protections against employer retaliation for workers who seek to exercise their workplace rights, including specific protections for immigrant workers who are vulnerable to workplace abuse due to their immigration status.

IV. The Policy Advocacy Field

Work and health is at the nexus of multiple issues—health care, public health, occupational health and safety, workers' rights, immigration and environmental health. As a result, the field mirrors the range of those issues and brings them together under the umbrella of work and health. The field consists of a broad mix of organizations that includes: service providers, day labor and worker centers, grassroots organizations, academic and research institutes, and advocates. Consequently, no coherent collective vision for the field, particularly concerning health, emerged. This may be indicative of the early development of this field, which TCWF supported, and also of the challenging nature of focusing on work as a social determinant of health.

Overall, grantees feel the field has grown and improved significantly in the areas of collaboration, legislative and administrative advocacy, and public education and outreach; the field has particularly strong grassroots organizing capacity.

The fact that work and health exists at the intersection of many other fields also provides an opportunity to leverage the stronger advocacy capacity that exists in environmental health, immigration and health care to embed a work and health agenda into their work. For example the Restaurant Opportunities Center recently developed ROC-MD, a health care cooperative for restaurant workers in partnership with St. John's clinics. This is a replicable model that may be utilized in other sectors to provide care for individuals not covered by the ACA.

II. Portfolio-Specific Analysis of TCWF’s Contributions to Public Policy

In this section, we describe the analysis of each bill mapped in Figure 6 in the main report. (As described previously, the intensity of color in each of the circles represents how closely aligned the policy change was to TCWF’s priorities.) We also highlight overall contributions by TCWF to public policy and systems change within each field, as described by grantees and key informants. In keeping with IRS rules and regulations, none of TCWF funds were earmarked for lobbying.

A. Diversity in the Health Professions



- 1 Enactment of Transfer Bills SB 1440 and AB 2302. These bills established a streamlined transfer process from community colleges to four-year universities so students have a clear path to a bachelor’s degree. TCWF provided core operating support to the Campaign for College Opportunity, which was a sponsor and leader of this legislation. Although this law was not specifically about health professions or diversity, many low-income people of color begin their education at community colleges, so this law was an important part of the overall effort.

Highlights of TCWF’s Contributions

Interviewees consistently stated that there were no significant public policy accomplishments related specifically to increasing the diversity in health professions. This lack of policy reflects the emphasis on systems change within the health and education systems, as well as the emerging state of the field and the relative newness of this issue. While the broader issue area of workforce development is well-developed, diversity in health professions is a lesser known subset.

One of TCWF’s major contributions was to help elevate this issue area through a multiyear communications strategy using a public relations firm. The campaign highlighted the growing gap between increasing health care demand and dwindling workforce supply, and, in particular the need for a health care workforce that reflects the growing diversity of the population. The strategy was two-pronged, educating policymakers on the importance of the issue, and educating minority students on health professions opportunities. The campaign targeting youth, now named “Health Jobs Start Here,” is grounded in a website that introduces young people to health jobs and connects them to training and job opportunities. The Foundation also supported the public relations firm to provide training, messaging and technical assistance to grantees. The goal was to build grantees’ communications capacity.

B. Environmental Health



- 2 Enactment of the Global Warming Solutions Act (AB 32). This law is one of the most significant environmental policy changes in recent years. Although the law concerns myriad issues beyond health, it also has potential to improve conditions in low-income communities, and is, therefore, aligned with the broad goals of the portfolio. TCWF

funded many advocates who worked on this law, particularly the mainstream environmental groups. At the same time, numerous other funders and organizations were leaders in this effort.

3

Enactment of the California Green Chemistry Initiative (two joined bills, AB 1879 and SB 507). These laws increased regulatory authority over chemicals in consumer products. TCWF's grantees played a major role in this advocacy effort, and TCWF was a significant funder, along with several other foundations. Because low-income communities and communities of color are frequently, and often disproportionately, impacted by toxic exposures, this policy was closely aligned with the Foundation's priorities.

4

Enactment of Human Right to Water Act (AB 685). Passed in 2012, this historic legislation established a state policy that every Californian has a human right to safe, clean, affordable and accessible drinking water. Supported by several of TCWF's environmental justice grantees, this law sits at the intersection of public health and environmental justice and was highly aligned with TCWF's priorities. Access to safe and clean water is particularly important for low-income communities and rural areas that have small public water systems.

Highlights of TCWF's Contributions

TCWF contributed much to environmental health policy. Most importantly, it helped reframe the issue as one of public health and environmental justice, which has led to greater consideration of the health impacts of toxic exposure. The increasing use of health impact assessments, as well as the precautionary principle, are examples of this shift, which has created the space to discuss equity and the disproportionate rates of toxic exposure in low-income communities.

This shift also reflects an expansion of the field to include environmental health and justice groups, as well as grassroots organizations. The inclusion of grassroots groups, in particular, has transformed the field, because exposure happens in communities, and grassroots groups can directly speak to the negative and harmful health impacts of toxic exposure, as well as identify solutions. One grantee commented: "The recognition of environmental factors that influence health has taken a giant step forward. It was once discounted. Looking at chemical exposure in a community—it has always been thought of as minimal in comparison to workers. Workers have protections and limited exposure, whereas the community does not, and they are exposed for 24 hours a day."

C. Healthy Aging



5

Implementation of an interim fix for Medicare Part D. Medicare Part D was not closely related to healthy aging agenda. Nevertheless, it was a major policy issue, and TCWF provided a core operating support grant to several advocacy organizations for a state-based transition program to assist seniors who were potentially harmed as the new benefit was being implemented. Several other funders also supported policy and advocacy activities related to Part D.

- 6 Enactment of the Elder Economic Planning Act (AB 138). Although the Elder Economic Index, used to measure overall economic security for older Californians, was not tightly aligned with TCWF’s policy goals for this portfolio, this policy change addressed an important social determinant of health, which contributes to seniors’ overall health and well-being. TCWF was the main funder of this effort, championed by an anchor grantee and supported by many other grantees.
- 7 Preservation and transition of Adult Day Health Care. In response to the proposal to eliminate Adult Day Health Care, TCWF funded several organizations who advocated for its preservation. This resulted in the creation of a new program, Community-Based Adult Services, preserving about half the level of services. Adult day health care services help seniors remain in their homes and communities, rather than institutions.

Highlights of TCWF’s Contributions

TCWF’s support for public policy related to the HA portfolio demonstrated two general approaches. First, with core operating support, TCWF enabled leading advocacy organizations to work on the public policies that they considered essential. There are surprisingly few funders that support policy advocacy work related to aging, so TCWF’s core operating support enhanced these organizations’ capacity. Several of these grantees worked on Medicare Part D, as well as the Adult Day Health Care issues, for example. However, these issues weren’t necessarily aligned with TCWF’s identified niche within the aging field, which was related to wellness and enabling seniors to stay healthy and independent.

At the same time, as a result of the openness of the RPG, TCWF identified an issue – the Elder Economic Index – as potentially important, and the Foundation became a major, if not sole, supporter of this effort. TCWF provided strategic leadership to help grantees. It funded the UCLA Center for Health Policy Research to conduct the analysis. It also provided multiple core operating support grants to the Insight Center for Community Economic Development, which championed the issue, enabling it to build a coalition and advocate for the legislation. Moreover, TCWF gave the Insight Center the plenary speaking spot at an HA convening to help it reach out to and educate other grantees of TCWF. In addition, other grantees, such as the Women’s Foundation of California, the California Senior Leaders Program and numerous service providing organizations supported the effort with TCWF’s core operating support.

D. Mental Health of Transition-Age Youth



- 8 Passage of Proposition 63, Mental Health Services Act. Proposition 63 was repeatedly identified in the survey as one of the most important policy accomplishments of the last decade. It is providing a new infusion of funds to mental health and identifies vulnerable youth as an important target population. However, it doesn’t appear that TCWF provided funding to any significant degree to the leading mental health advocates for this effort.
- 9 Enactment of AB 12, extending foster care services to youth up to age 21. AB 12 was a far-reaching and major policy accomplishment, only a portion of which relates to mental

health issues of this population. Although TCWF and its grantees were important players, other foundations and organizations also were involved.

10

Enactment and expansion of Transitional Housing Placement Plus program. Providing housing is critical to improving the mental health of youth at risk of homelessness. According to the leading champion of, and technical assistance provider for, the program: “[TCWF] was central to the demonstration and expansion of the program – that is not an overstatement.”

Highlights of TCWF Contributions

TCWF made two important contributions to the policy advocacy field regarding the mental health of transition-age youth. First, TCWF helped elevate the ability of youth themselves to advocate and participate in the policymaking process. Because the youth were speaking about their own experiences, their testimony was compelling to policymakers, and legislators paid attention. Youth leadership was instrumental in the enactment of AB 12, among other policies.

The second contribution concerns the development of policy research and expertise on transition-age youth at the California Research Bureau. TCWF made repeated grants to the California Research Bureau of the California State Library to conduct research and policy analysis. Through this novel approach, TCWF not only enhanced the policy research capacity regarding this issue, but did so in a way that had immediate connection to policymakers.

In terms of policy change, TCWF played a particularly important role in one key policy initiative. The Foundation invested in the development of the Transitional Housing Placement Plus (THP-Plus) program to provide housing and social service assistance to transitional youth. TCWF also supported the advocacy effort to expand the model through state policy change and funding. With TCWF’s support, the program expanded tenfold.

The program had additional impacts. Because it served 18- to 21-year-olds, the program was pivotal to changing the way the state views this population, such that it now feels more responsible for it. In addition, the infrastructure created around THP-Plus became a platform for advocating for AB 12.

E. Special Projects



13

Enactment of the ACA and implementation in California. California advocates’ significant input and advocacy helped pass the ACA, which included numerous important provisions for many of the other portfolios, including women’s health, violence prevention, healthy aging and teenage pregnancy prevention. Moreover, California has enacted more than 20 laws implementing the ACA in California, with leadership from California advocates and support from TCWF. The ACA is closely aligned with TCWF’s goals, and TCWF provided core operating support to many of the advocates involved. However, numerous other state and national funders and organizations were also deeply engaged.

- 14 Enactment of AB 356, which required insurers to disclose rate increases. This law was sponsored by one group, Health Access, and was not the subject of any major campaign. TCWF’s core operating support enabled Health Access to identify a need and advance a policy solution as part of its ongoing consumer protection advocacy.

- 15 Enactment of SB 853, which established language-access standards for health plans. Following passage of the Patient Bill of Rights in 1999 and the establishment of the Department of Managed Health Care (DMHC), TCWF funded a new coalition of advocates to ensure consumer voices were part of the advisory committee to the newly formed DMHC. This effort revealed a need for language-access standards, and the entire collaborative’s power was applied to advocate for the enactment of the first-in-the-nation law.

Highlights of TCWF’s Contributions

Grantees emphasized that TCWF’s most important contribution to health advocacy was consistent, ongoing core operating support. As this field has matured, it has taken on more and more issues—from Medi-Cal to insurance reform to health disparities, among many others. TCWF’s early support, coupled with grants that lasted three years each—as compared to one- or two-year grants from most foundations—enabled numerous advocacy organizations to stabilize and grow.

TCWF was frequently willing to take risks when identifying and supporting new advocacy organizations representing communities of color; moreover, the program director sought ways to give these organizations standing within the broader health advocacy community. For example, TCWF brought together a coalition of advocates, including a newly formed organization representing diverse communities, to help shape the new Department of Managed Health Care, ultimately resulting in SB 853. Each member of the coalition got separate funding. When this organization identified a need for requiring language-access requirements, it was able to garner the strong support of the other partner organizations. The unified support among the entire coalition enabled the legislation to get enacted.

One advocate who was involved in all of these efforts commented: “There’s always some resistance in the advocacy community to forced arrangements. But by putting ourselves in the original collaborative, we worked out protocols and built trust. That is, getting into a pattern of working things out—who’s writing the reports, who’s doing the conference calls, etc. The way that Wellness did it, we had a good and trusting relationship with the [program director] who was proposing it. It felt much more like a collaborative undertaking rather than something that was forced. It helped lay the groundwork for the implementation work—in this case the four organizations involved knew each other well, partly from the earlier experience.”

F. Teenage Pregnancy Prevention



- 11 Enactment of SB 71, which established comprehensive, evidence-based sex education requirements for public schools. SB 71 was passed in 2003, a year of transition between the VPI and the RGP. TCWF’s grantees were heavily involved in this policy

accomplishment, with significant funding from TCWF. The law has been a major contributor to reduction in the teenage pregnancy rate.

12

State and federal approval of several Medi-Cal waivers that continued Family PACT. Until the ACA provided a state plan option for the Family PACT program, which provides federal matching funds for family planning services, including to undocumented women, California had to apply for a Medi-Cal waiver every two years. Securing the waivers over ten years enabled thousands of women to obtain valuable services. This was a direct result of advocacy by key grantees of TCWF using core operating support from the Foundation.

Highlights of TCWF's Contributions

Although much remains to be done, the reduction in teenage pregnancy is considered a success, and TCWF contributed significantly to that success. It has been the major funder of the issue since the beginning of the initiative and made policy change a central feature of its investments. According to a 2006 analysis conducted by the Guttmacher Institute, California ranked first among states in overall efforts to help women avoid unintended pregnancy. (The analysis was not limited to state efforts to avoid teenage pregnancy.) The state ranked consistently high on service availability, laws and policies to facilitate access to contraceptive information and services, and public funding.”¹⁶

Moreover, California’s leadership helped shape public policy nationwide. As described earlier, California’s refusal to take abstinence-only federal grants spurred other states to take similar positions. In addition, one advocate recounted its work to defeat a parental notification ballot measure, noting that “Wellness’ advocacy support with researchers was really important—we even used that work to share in other states. The investments in California—there’s a return beyond the immediate return.”

G. Violence Prevention



16

Enactment of several bills, including AB 50 (2004) and SB 48 (2005) to place further limits on firearms and ammunition. Reducing the harm from firearms has been a priority for TCWF since the VPI. TCWF continued to be a major funder of firearms-related advocacy as the issue transitioned to the RGP, and its grantees were leaders in passage of the legislation.

17

Launch of the Governor’s Gang Reduction, Intervention and Prevention Program (Cal GRIP) in 2007 and of the Los Angeles Gang Reduction Youth Development Initiative. TCWF supported the creation of California Cities Gang Prevention Network and several other grantees who advocated for comprehensive gang prevention programs.

18

Enactment of SB 81, which shifted nonviolent juvenile offenders from state-operated facilities to counties. TCWF supported several of the leading grantees who advocated for this policy change.

¹⁶ Boonstra, “Winning Campaign: California’s Concerted Effort to Reduce Its Teen Pregnancy Rate.”

Highlights of TCWF's Contributions

One of the major accomplishments in violence prevention over the last decade has been the incorporation of a public health perspective into both practice and the public policy debate. As the TCWF program director said: “If you look at the vernacular and funding, the language has changed. It’s about prevention and intervention—looking at school safety and mental health and trauma, as well as restorative justice and diversion programs. It’s a whole different landscape.” TCWF played a major role in that transformation, beginning with the VPI and carrying the work forward through the Responsive Grantmaking Program.

Moreover, the diversity of the field is a recognition that violence does not have a singular cause or single solution. Rather, a public health approach to violence prevention requires the engagement of a variety of sectors and interests. One grantee noted that “[t]he landscape has changed nationally—it’s increasingly being understood as not just a criminal justice issue, but a health issue. Wellness had a big impact on that—they were early in on this.”

The VP portfolio also demonstrated the relationship between practice and policy and the importance of connecting the two, particularly where changing how local systems operate—including setting priorities, resource allocation and culture—is the goal. One grantee summarized TCWF’s role this way: “The funder and practitioner need to work hand in hand. TCWF does that as good or better than anyone else. They are driving the process to develop a policy from the streets up and the top down. But they let it emerge from the work.”

H. Women’s Health



- 19 Enactment of AB 2348 allowing registered nurses to dispense and administer birth control. TCWF’s funding supported the work of some of the organizations that advocated for this legislation. This policy issue is moderately aligned with the Foundation’s goal to protect and expand reproductive health services.
- 20 Defeat of ballot measures requiring parental notification and abortion waiting periods (crosses over with the TPP portfolio). The women’s health field was frequently on the defensive, advocating to protect against recurring ballot measures seeking to restrict access to reproductive health services. The Foundation supported the organizing and communications strategies of these campaigns.
- 21 Enactment of AB 2530 prohibiting shackling and restraining women during any stage of their pregnancies unless deemed necessary for the safety and security of the inmate, the staff or the public. This legislation is not directly aligned with the Foundation’s goals on reproductive health and prenatal care; rather, it is a health issue impacting a small subpopulation of women. This issue was identified through groups funded by the Foundation.

Highlights of TCWF's Contributions

Policies such as AB 2530 in particular demonstrate TCWF’s role in lifting the voices of women of color and diversifying the women’s health field. Moreover, the successful advocacy on the ballot measures reflects the combined field-building work the Foundation has done in both the

WoH and TPP portfolios. As one stakeholder reflected: “At least on the reproductive health side, the 10-year investment in teenage pregnancy prevention built a lot of capacity in those groups. It focused on policy advocacy, communications and civic engagement, and a lot of groups got a lot of capacity out of that investment. And it was a long-term investment.”

The Foundation’s greatest contribution with this portfolio was expanding and strengthening the field by building the voices of grassroots women and women of color. While tensions still exist, the Foundation helped to level the playing field between mainstream reproductive rights groups and grassroots groups. The Foundation helped insert women’s voices and women’s issues into fields that have for the most part been dominated by men, particularly agencies that work on issues of homelessness, HIV/AIDS and the justice system. This has raised awareness among policymakers and opinion leaders of the particular needs of women who interface with these systems.

Historically, the field of mainstream women’s reproductive health was heavily focused on reproductive rights, especially abortion. Nearly three decades ago women of color advocates created the term “reproductive justice” and began to use a broader social justice framework that addresses the intersection of reproductive health, reproductive rights and social justice issues. The reproductive justice movement advocates for the right to have (or not have) children and to raise those children in healthy communities. By focusing on building grassroots voices the Foundation sought to 1) further diversify the field by increasing the numbers of women of color and youth 2) build their advocacy capacity to increase their engagement in Sacramento, as well as with mainstream reproductive rights organizations, 3) provide framing of women’s health issues developed by women of color, 4) use research to document disparities and develop an evidence base that informs policy, and 5) build the communications capacity of the field, which enabled them to develop more effective messages to mobilize communities of color to defeat parental notification ballot measures and other assaults on women’s health.

I. Work and Health:



- 22 Adoption by California Occupational Safety and Health of regulations prohibiting hand weeding and other farming techniques that result in back injuries and disabilities and setting standards to prevent heat illness. Many core grantees that are focused on the health of agricultural workers helped to advocate for this legislation. For TCWF, this policy is highly aligned with improving the occupational health of low-wage workers, as well as addressing the health care need of farmworkers.
- 23 Passage of Proposition F in San Francisco requiring employers to offer paid sick leave. A TCWF grantee played a critical role in the passage of this proposition. For TCWF, wage policy issues are viewed as a social determinant of health but are not directly aligned with their focus of health care and health and safety.
- 24 Enactment of AB 241, the Domestic Workers Bill of Rights. The law removes the exclusion of domestic workers from rights provided to other California workers. A

statewide coalition was formed to advance the bill. Driven by domestic workers and grassroots groups, many of TCWF's grantees were also involved. The issues related broadly to work conditions aligned with the Foundation's focus on occupational health and safety.

Highlights of TCWF's Contributions

The Foundation's broad definition of health has helped lift up work and workplace issues as a social determinant of health. One grantee said: "I think of work and health in broad terms, so the living wage movement over the last decade has linked wage and health and access to care—particularly paid sick days. Poverty is the worst thing for your health, so addressing poverty undergirds health."

Using the umbrella of work and health, the Foundation was able to bring a broad array of organizations and sectors together. While a shared vision for the field is still lacking, the Foundation made progress in raising the awareness on the relationship between work and health. Furthermore, TCWF made progress in moving the field beyond individual issue areas, narrow policy goals and specific employment sectors to a broader understanding of health. This is particularly significant for this field, which is dominated by marginalized populations and issues. For example, while workers' rights groups are connected to the immigrant rights movement, low-wage immigrant workers lack the power of the movement and exist on the periphery of the movement. Likewise, occupational health is often overlooked in the broader health arena. It is a complex and highly technical issue similar to environmental health and dominated by legal advocates, making it very difficult for other organizations, particularly grassroots organizations, to collaborate.

TCWF used its funding, influence and health lens to elevate the voices of these marginalized groups, connect them to each other and other influential fields, and ultimately create the field of work and health. A grantee commented on the unique role the Foundation has played: "TCWF is the only Foundation in the nation that has a health and work track. They are the only ones thinking about the connections between health and work."

III. Evaluation Methodology

The evaluation was multifaceted and gathered perspectives from a variety of stakeholders to examine the Foundation’s investments, approach and contributions from multiple angles. The evaluation consisted of two main components, one retrospective and the other prospective.

The multipronged retrospective review of the Foundation’s public policy grants was designed to assess impact at three levels:

- **Grantee level**—How did the Foundation contribute to building the capacity and stability of advocates and other grantees?
- **Advocacy Field level**—How did the Foundation contribute to building the policy and advocacy field of each priority area?
- **Policy Outcomes level**—How did the Foundation contribute to achieving particular policy outcomes?

Figure 19. Summary of Data Collection Methods

Data Collection Method	LEVEL		
	Grantee	Advocacy Field	Policy Outcomes
1. Inventory and recording of grants	✓		
2. Program director interviews		✓	
3. Grantee survey	✓	✓	
4. Grantee interviews	✓	✓	✓
5. Thought leader interviews		✓	✓
6. Literature review and policy research			✓

1. Inventory and recoding of grants

The Foundation’s 724 public policy grants, totaling \$131 million, made over the last decade were analyzed to develop a cumulative picture of what the Foundation funded. Grants were analyzed based on type of organization, policy issues, region/geography, type of grant/support and advocacy strategies.

To describe the advocacy strategies and tactics the Foundation funded, all 724 grants were individually recoded using the program directors’ summaries of grantee reports. The codes corresponded with the strategies and tactics in the Policy and Advocacy Strategies Framework. The top three advocacy strategies were identified for each grant and then mapped to the framework.

A separate database of grantee-reported advocacy strategies was created from a participant survey conducted for a TCWF-hosted convening of public policy grantees from all nine

portfolios. Grantees were asked to report on the strategies and tactics they engaged in, irrespective of TCWF's funding. A list of 24 possible strategies and tactics—similar, but not identical, to the set contained in the Policy and Advocacy Strategies Framework—was provided, and grantees could check all that applied. The data from that survey were mapped to the Policy and Advocacy Strategies Framework.¹⁷

It is important to note that the analysis of the advocacy strategies provided an accurate but not exact depiction of the strategies the Foundation funded due to the following issues:

- The coding was grounded in program directors' summaries of grantees' reports, not the grantees' reports themselves.
- Grantees may not have fully described all their activities, such as legislative advocacy; rather, legislative activity may have been reported as policymaker education.
- In many cases, it was difficult to distinguish between some of the codes, such as leadership development and advocacy capacity.

2. Program Director Interviews

Interviews lasting from one to two hours each were conducted with the Foundation's program directors, as well as several former program directors (n=11). Program directors were interviewed about their respective portfolios, including their policy priorities, significant policy changes that occurred, the capacity of the advocacy field, their approach to public policy grantmaking and their perspectives about TCWF's overall approach.

3. Grantee Survey

A 23-question survey was sent to solicit the views of TCWF's public policy grantees (n= 306, 41% response rate) on their policy priorities, perceptions of effective advocacy strategies, perceptions of the advocacy field, and views about the role and contributions of the Foundation.

4. Grantee and Thought Leader Interviews

Interviews lasting from 60 to 90 minutes each were conducted with grantees (n=32) covering each of the nine portfolios. Interview questions paralleled those used with the program directors. Interviews were also conducted with "thought leaders" who were not grantees (n=18), such as policy leaders, researchers, other funders and philanthropic affinity groups, to provide external and validating perspectives on the grantee activities, the challenges they experienced, overall public policy change related to each portfolio, and the role of the Foundation in supporting public policy work.

5. Literature Review and Policy Research

A review of media reports, policy briefs and Foundation documents was conducted on the major policy accomplishments and changes in the public policy environment over the last 10 years to provide further contextual data.

¹⁷ Martha Campbell and Julia Coffman, "Tools to Support Public Policy Grantmaking," *Foundation Review*, Vol. 1:3 (2009).

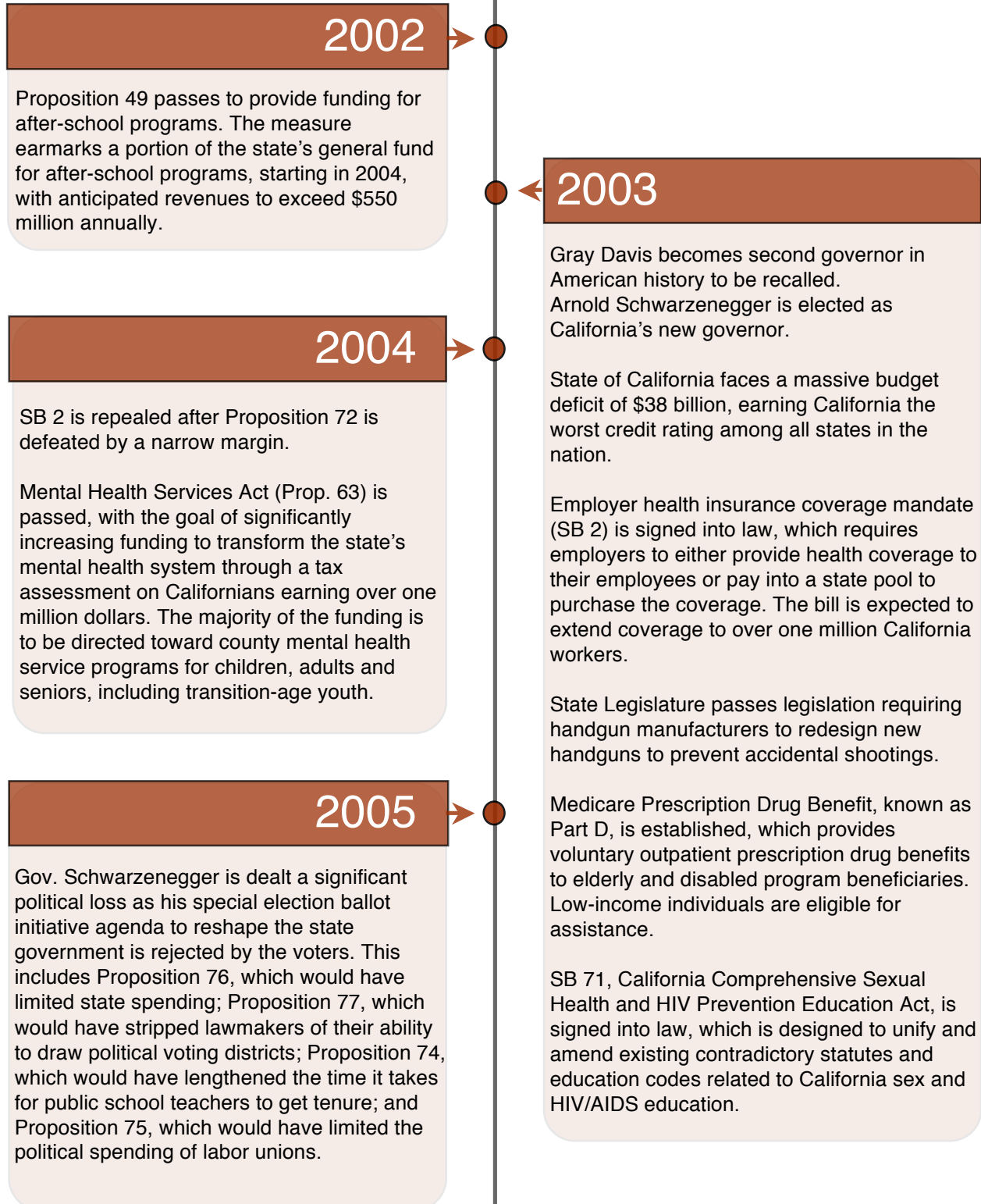
IV. Policy, Politics and Progress Timeline, 2002-2012

The external policy and political environment can have a profound effect on the ability to enact policy change. California state and local governments, for example, experienced severe budgetary challenges throughout most of the 2000s, which resulted in cutbacks in many important health and social services programs. Political leadership also matters—policymakers in positions of power are often the most effective champions for an issue. This timeline highlights some of the most significant policy changes related to TCWF’s priority issues within the context of the broader policy and political dynamics during this time period.

Although this timeline primarily depicts state level policy change and political dynamics, significant policy and systems changes also take place at the local level. The launch of Healthy San Francisco and the Los Angeles gang reduction initiative were groundbreaking efforts and demonstrate the important role of local political, policy and systems changes. At the same time, there were numerous important other local policy and political events that could not be included for space reasons.

Policy & Politics in California

*A Decade of Change**



2005

Proposition 73, the Parental Notification Initiative, is rejected by voters. The measure would have mandated that any minor seeking to terminate a pregnancy would be barred from doing so until 48 hours after a physician notifies her parent or legal guardian.

2006

The Global Warming Solutions Act (AB 32) passes, which sets historical precedent for addressing climate change by setting goals for reduction of greenhouse gases.

2007

Gov. Schwarzenegger declares it to be the "Year of Health Care Reform." In partnership with Assembly Speaker Fabian Nunez, ABX1 1 is introduced, which would significantly expand health care coverage and institute other reforms in California. Bill is defeated in state Senate after lengthy, yearlong effort.

Healthy San Francisco program is launched to bring universal health care to San Francisco's residents, with a focus on subsidized care for the uninsured.

Juvenile justice "realignment" legislation (SB 81) is passed, which shifts nonviolent juvenile offenders from state facilities into county facilities.

Governor's California Gang Reduction, Intervention and Prevention Program is launched to provide \$31 million in initial state and federal funding for local gang prevention efforts. This leads to tens of millions of dollars to local governments in subsequent years.

2008

Barack Obama makes history as he is elected president of the United States—the first African American to hold the nation's and the world's most powerful leadership post.

Assembly member Karen Bass is elected speaker of the Assembly, and Senator Darrell Steinberg is elected Senate president pro tem, a key victory for foster care and mental health issues given their longtime advocacy and commitment.

The city of Los Angeles launches the Gang Reduction Youth Development Initiative, a comprehensive prevention/public health/law enforcement strategy to address gang violence. The approach is viewed as a significant juvenile justice systems reform model for local government.

2009 - 2010

Patient Protection and Affordable Care Act, the most comprehensive federal health care reform bill in decades, is enacted.



