

The First Five Years of Advancing Wellness

A Midpoint Assessment

JANUARY 2020

Prepared for
The California
Wellness Foundation

Prepared by
Informing Change

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Acknowledgments

We at Informing Change would like to thank The California Wellness Foundation for their partnership in designing, guiding, and contributing to the implementation of this evaluation, as well as their thoughtful reflection on and engagement with the findings. We would like to extend deep thanks to the staff of grantee organizations as well as leaders in the philanthropic field who provided important data and insights for this assessment.

About the California Wellness Foundation

Since its founding in 1992, The California Wellness Foundation (Cal Wellness, the Foundation) has worked toward a California where every resident enjoys good health and experiences wellness. To do this, the Foundation aims to protect and improve the health and wellness of all Californians by increasing access to health care, quality education, good jobs, healthy environments, and safe neighborhoods. For more on The California Wellness Foundation, visit www.calwellness.org.



About Informing Change

Berkeley-based Informing Change is a consulting firm dedicated to driving positive social change through data and learning. We believe that knowledge is power, and in working with nonprofit and philanthropic partners, we use data-driven insight to build and share that power with those working to uphold the rights of all, enabling communities to thrive, and ensuring that we all have opportunities to reach our full potential. To find out more about Informing Change and our services, visit www.informingchange.com.



The First Five Years of Advancing Wellness: A Midpoint Assessment

Executive Summary

Prepared by Informing Change

Prepared for The California Wellness Foundation

Beginning in 2014, Cal Wellness embarked on a decade-long grantmaking approach called Advancing Wellness. In keeping with the foundation's broad definition of wellness and focus on health equity, Advancing Wellness includes four major portfolio areas: Health Care, Education and Employment, Healthy and Safe Neighborhoods, and Health Policy and Strengthening the Sector.

In 2019, the California Wellness Foundation partnered with Informing Change to conduct a midpoint assessment of the Advancing Wellness strategy. As a mechanism for helping the foundation think through the next five years of Advancing Wellness, this midpoint assessment analyzes and reports feedback on the approach from a variety of stakeholders including grantees, board and staff members, and external health experts in California. Changes that grantees and others reported have helped us to identify areas of improvement and promise in Advancing Wellness strategies and tactics. This executive summary abridges findings and key recommendations from the full report, which also includes reflections, additional recommendations, and a full description of our methods and data sources.

Cal Wellness' Definition of Health Equity

Health equity means that every person has the opportunity to achieve optimal health regardless of their race, ethnicity, education level, gender identity, sexual orientation, employment, neighborhood, or disability. We recognize that the limited political, social, and economic power held by disenfranchised communities has led to significant health inequities. We want to address root causes of these inequities to help communities build fulfilling, healthy lives.



Since its founding in 1992, The California Wellness Foundation (Cal Wellness, the foundation) has worked toward a California where every resident enjoys good health and experiences wellness. To do this, the foundation aims to protect and improve the health and wellness of all Californians by increasing access to health care, quality education, good jobs, healthy environments, and safe neighborhoods.



Informing Change is a Berkeley-based consulting firm dedicated to driving positive social change through strategic learning. We believe that knowledge is power, and, in working with nonprofit and philanthropic partners, we use data-driven insight to build and share that power with those working to uphold the rights of all, enabling communities to thrive, and ensuring that we all have opportunities to reach our full potential.

Key Findings and Recommendations

Advancing Wellness has thus far resulted in changes in social determinants of health that improve community wellness as well as those that strengthen the capacities and sustainability of grantee organizations. Cal Wellness' approach to its work, including its tactics of providing unrestricted, multi-year funding, relationship-building with grantees, and using the foundation's voice in solidarity with grantees on issues of mutual concern, is as much responsible for these results as the investment of funds itself.

Our assessment also included opportunities to consider the next five years of Advancing Wellness. A continued, deliberate focus on diversity, equity, and inclusion (DEI) and opportunities to support collaboration between grantees where it organically emerges are two of the most significant opportunities that we surfaced.

CHANGES CONNECTED TO ADVANCING WELLNESS

Changes for Grantees and Communities

Advancing Wellness grants result in real change in the social determinants of health for individuals and communities, thanks to the organizations making the work happen. Using a framework called the change matrix, we charted grantees' reported changes to four quadrants: outcomes in individual awareness and behaviors; individuals' access to resources and opportunities; social norms, beliefs, and practices; and laws and policies.¹ We observed near-equal concentrations of individual and systemic outcomes, likely a result of Advancing Wellness' dual focus on direct service and advocacy. Further, many outcomes that grantees reported relate to more than one quadrant in the change matrix, highlighting the multiple dimensions of change that Cal Wellness grantees have achieved.

Changes in Organizations' Capacity, Contributions, and Sustainability

Because of their Advancing Wellness grants, grantees were able to make internal improvements, whether by investing in infrastructure or in staffing functions such as human resources, development, and communications. Grantees described how investments in new and additional staff expanded their ability to provide services, engage community members, execute core organizational functions, and build and sustain more effective organizational cultures.

Changes Resulting from Leadership Support and Staff Development

Recipients of all kinds of Advancing Wellness grants reported stronger leadership outcomes, but sabbatical grant recipients unanimously reported outcomes related to stronger leadership and staff development. In the words of one grantee, "[The Advancing Wellness sabbatical grant] gives leaders a chance to breathe and their teams an opportunity to shine." Grants for leadership and staff development helped prevent staff burnout and build organizational resilience, a focus that cross-cuts all of Advancing Wellness' goals.

Key Recommendations

- Continue to make grants that align with a theory of change that improving social determinants of health requires mutually reinforcing investments related to the multiple health and wellness issues reflected in Advancing Wellness' portfolios.
- Continue to support organizations doing policy advocacy, direct service, and the combination of the two.

¹ The Change Matrix is based on the Gender at Work Framework, originally developed by Aruna Rao and David Kelleher (2002) and adapted by Srilatha Batliwala (2008): <https://genderatwork.org/analytical-framework/>.

- Continue to support organizational leaders through capacity grants and sabbaticals, and consider leadership investments that fall outside of the traditional executive director/CEO positions.

CAL WELLNESS' TACTICS FOR RESPONSIVENESS

The changes achieved by Advancing Wellness grantees result not only from the funding invested but from the way in which Cal Wellness makes its grants.

Flexible, Multi-year Funding

The provision of multi-year, flexible funding, a core strategy of Advancing Wellness, has enabled grantees to be responsive to their own communities and stakeholders. For many grantees, an unrestricted grant was the starting point for changes rippling out to individuals and the community, such as hiring more staff to broaden access to their programs. We saw evidence across our data sources that core operating support, and especially consistent and sustained funding over long periods of time, ensured that organizations remained stable while enabling them to respond quickly to emergency community needs or take advantage of unexpected opportunities for policy change.

Relationships with Grantees

Grantees deeply value their engagement with and access to the foundation's Programs staff. Grantees reported seeing their relationships with Cal Wellness as a partnership upon which they can draw from for help and resources when needed. These relationships have also opened doors to new opportunities, networks, and community connections that grantees deeply value. These long-term relationships, coupled with flexible, multi-year funding, enable grantees to uphold both ownership over their work and their own commitments to their community.

Using Cal Wellness' Voice and Platform

Grantees and peer funders report that Cal Wellness' voice plays a valuable role in influencing other philanthropies. Through its public stances and communications, and through its funding, Cal Wellness has elevated many varied facets of wellness, whether by funding grantees who work in environmental justice, providing and advocating for basic infrastructure in underserved communities, or developing employment pathways for racially diverse practitioners in the health care industry. When asked to select a non-grantmaking aspect of the foundation's work they valued most, more grantees (37%) selected its use of voice than any other aspect.

Responsiveness to External and Political Landscape

Cal Wellness has demonstrated strategic responsiveness by adjusting the Advancing Wellness portfolio and approach in response to external events, namely, the 2015 San Bernardino shooting and the 2016 election. In response to the San Bernardino shooting, Cal Wellness produced the #Enough! Summit to Prevent Gun Violence and drove the launch of the multi-funder collaborative, Hope and Heal: The Fund to End Gun Violence. Following the 2016 election, Cal Wellness launched Advance and Defend, an initiative that awarded \$16 million to address the threats and challenges posed to Californians by federal attacks on immigrants and attempts to undermine and roll back the Affordable Care Act.

This kind of strategic responsiveness is made possible by Programs staff, whom grantees rate highly on their ability to monitor relevant issues and trends. The vast majority of grantees (83%) ranked staff skills at monitoring and responding to emerging issues among the top three attributes they value about Cal Wellness' approach.

Key Recommendations

- Continue to provide flexible funding.
- Ensure Programs staff are adequately equipped to maintain a high level of engagement with grantees.
- Continue to leverage the Cal Wellness voice and platform to influence peers and amplify issues that matter to grantees.
- Support Cal Wellness staff to continue spotting emerging issues and trends and developing mechanisms for rapidly deploying resources.

DIVERSITY, EQUITY, AND INCLUSION: CORE STRATEGIES OF ADVANCING WELLNESS

How Cal Wellness Prioritizes Diversity, Equity, and Inclusion

Our analysis showed that Cal Wellness is leading peers in philanthropy on DEI metrics. Currently, 83% of its Advancing Wellness grants are reaching underserved communities, placing Cal Wellness among the top 20 foundations nationally in terms of grant dollars for underserved communities.² Additionally, over half (56%) of grants are going to organizations that (1) work for communities of color and (2) are led by people of color. Further, Cal Wellness equitably funds rural and urban communities across the state; on a per capita basis, funding is distributed proportionately.

These data points are useful for comparison and discussion, but they reflect a limited perspective on equity in Advancing Wellness' funding. Beyond these data points, we were not able to assess Cal Wellness' commitment to equity without a more explicit articulation of the disparities that Cal Wellness seeks to change between specific populations.

Key Recommendations

- Define the particular disparities you seek to address and set equity-related goals, beginning with discussion internally around the following questions:
 1. What is the well-being concern the foundation wishes to address?
 2. Which opportunities—i.e., assets, access, quality—most affect these well-being disparities?
 3. Who is advantaged or disadvantaged in relation to these opportunities?
 4. How will grantees and Cal Wellness increase fairness in opportunities?
- Continue to fund organizations that address systemic causes of inequities while also mitigating inequities' effects.
- Consider a more targeted use of an open LOI process.

² National Committee for Responsive Philanthropy. (2016). *Pennies for Progress: A Decade of Boom for Philanthropy, a Bust for Social Justice*. Author: Schlegel, R. Retrieved from: <https://bjn9t2lhlni2dhd5hvym7llj-wpengine.netdna-ssl.com/wp-content/uploads/2016/11/Pennies-for-Progress-highres.pdf>. Cal Wellness defines "underserved communities" as low-income people, people of color, immigrants, resilient youth, rural communities, and women and girls of color.

LOOKING AHEAD: THE NEXT FIVE YEARS OF ADVANCING WELLNESS

Our data collection and analyses also surfaced findings to inform potential adaptations to the Advancing Wellness approach in the next five years.

Recommendation: Leverage Opportunities for Cross-Grantee Engagement

We found outcomes related to the ways in which grantees work synergistically with one another—sometimes unknowingly. First, the Advancing Wellness portfolios include grantees whose work complements one another. When we brought grantees together for our data collection efforts, grantees themselves observed this complementarity, despite many having been previously unaware of one another’s Cal Wellness–supported efforts. Grantees were surprised by the variety of issues Cal Wellness funds, as well as by the interconnectedness among their different sectors and spheres of work. A few discovered potential cooperative efforts or partnerships they could envision in the future.

Second, there are important, mutual feedback loops between those delivering direct services and those doing policy advocacy work. These respective foci mutually reinforce one another, as services directly fulfill needs created by governance gaps, while the gaps themselves are tackled in a more sustained way through policy improvements. Underlying this approach is a theory that many grantees agree with—mitigating the effects of systemic injustice is just as important as addressing the conditions that produce it. Organizing work at the “portfolio” level, rather than by program issue area, may support this kind of grantmaking.

Recommendation: Continue Working Across Issues and Intersecting Inequities

We spoke with influential peer funders and other experts about their perspectives on the most pressing wellness-affecting issues for Californians in the next five years. The following rose to the surface across these perspectives:

- Rising economic inequality in California
- Effects of climate change on community wellness
- The importance of—and threats to—immigrant communities

These issues will continue to influence the health and wellness of Californians in different ways during the second half of Advancing Wellness. We therefore recommend the foundation continue to consider their intersections with health and wellness, both internally and with grantees, and adapt Advancing Wellness as needed to address such intersections.

CONCLUSION

Cal Wellness was able to adapt and pivot alongside its grantees *because* Advancing Wellness was not designed to be overly rigid or directive. As a result, hundreds of vital, community-oriented nonprofits and thousands, if not millions, of individual Californians benefited through increased access to services and opportunities, the effects of legal and policy changes, and shifting social norms to support community wellness.

The second five years of Advancing Wellness are likely to continue to see this level of political instability. Thus, maintaining the flexibility and responsiveness of the Advancing Wellness strategy will be critical.

In sum, this assessment finds that Cal Wellness has met and often exceeded its own aspirations for Advancing Wellness. Our final recommendation is that, in considering this report, the foundation prioritize strengthening what’s already working well and putting additional energy into those areas that show promise of even greater impact—centering equity; supporting grantees to self-organize and collaborate; and selecting grantees who rely on, embody, and encourage community-driven change.

Introduction

Advancing Wellness was created in 2014 to be a decade-long grantmaking vehicle by which The California Wellness Foundation (Cal Wellness, the foundation) would pursue health and wellness for every Californian. Cal Wellness understands that wellness results from living in a safe and healthy community and having access to quality education, good jobs, clean air and water, and quality health care services. The foundation’s definition also includes healing that encompasses body, mind, and spirit, and that satisfies the human desire for justice, equity, and voice. From 2014 through 2018, Advancing Wellness administered 557 grants totaling almost \$124 million.

In keeping with its wide-reaching definition of wellness and a focus on health equity, Advancing Wellness includes four major portfolio areas and ten program areas:¹

Health Care

- Advancing health care reform and the Affordable Care Act
- Strengthening community clinics and safety-net partners
- Improving oral health care for low-income adults and seniors

Education and Employment

- Increasing educational opportunities for resilient youth
- Promoting employment and asset-building opportunities
- Increasing diversity in health professions

Healthy and Safe Neighborhoods

- Fostering healthy environments
- Promoting violence prevention

Health Policy and Strengthening the Sector

- Advancing public policy
- Strengthening the nonprofit and philanthropic sector

In addition to these portfolio areas, Advancing Wellness also included Advance and Defend, a response to the results of the 2016 election that has led to an explicit focus on immigrants and immigration and that continues today.

In April 2019, Cal Wellness partnered with Informing Change to conduct a midpoint assessment of the first five years (2014–2018) of implementing the Advancing Wellness strategy. The assessment is intended **to inform Cal Wellness leadership, staff, and board on promising directions for Advancing Wellness during 2020–2024**. The assessment was *not* designed to be a systemic evaluation. Rather than using systemic approaches to measure the extent to which key objectives are met, we set out to collect and report feedback on performance in Advancing Wellness and identify areas of improvement and promise.

¹ Advancing Wellness also includes the Women’s Initiative, which has been evaluated separately from this midpoint assessment. As of this writing, the foundation is actively considering a reorganization of its grantmaking categories.

Guided by a set of focal questions (see Appendix A for a full list) developed in partnership with the Organizational Learning and Evaluation team at Cal Wellness—and informed through input and feedback from the Cal Wellness Programs staff and members of the board—we assess three dimensions of performance in Advancing Wellness:

1. **Changes for grantees and communities:** What kinds of change does Advancing Wellness support for grantees and their communities?
2. **Cal Wellness' tactics for responsiveness:** How are Cal Wellness' approaches to grantmaking and its actions outside of formal grantmaking received and perceived by grantees and others?
3. **Diversity, equity, and inclusion (DEI) as a core strategy of Advancing Wellness:** How does Cal Wellness prioritize DEI, and how might Cal Wellness refine and adapt the Advancing Wellness strategy to continue to fulfill its principles and values over the next five years?

Throughout this report, we provide reflections and recommendations that correspond to our assessment, as well as a concluding examination of the landscape for trends likely to influence the next five years of Advancing Wellness.

We conducted the assessment using a mixed methods approach drawing on a range of sources. Our methods included:

- An analysis of the Advancing Wellness grants data
- A survey of grantees that gathered stories of change, as well as grantees' perspectives on Cal Wellness' role as a grantmaker
- Interviews with influential leaders (among them, peer philanthropies) identified by Cal Wellness as helpful in understanding the changing health landscape in California
- Outcome mapping sessions in Sacramento and Los Angeles with staff from 36 grantee organizations
- Site visits and interviews with four grantees in the Southern San Joaquin Valley and the Coachella Valley
- Interviews and informal discussions with Cal Wellness program teams, grants management staff, leadership, and board

Changes for Grantees and Communities

Drawing on data from our grantee survey, ripple effect mapping sessions (REM), and interviews and site visits with grantees, we explored a range of outcomes for Advancing Wellness grantees. Broadly, these grantee outcomes fall into three areas:

- Changes that holistically address community wellness
- Changes in organizations' capacity, contributions, and sustainability
- Changes to support leadership and staff development

Changes to the Social Determinants of Health

A key feature of Advancing Wellness, and the principles guiding Cal Wellness more broadly, is a focus on improving the social determinants of health in service of wellness. This is evident in Cal Wellness' definition of health equity, which considers health from a wellness perspective that considers wellness-fostering environments and systems—including political, economic, social, and personal factors—as key drivers of health disparities.² It was also strongly reflected by staff and board during interviews and is evident in the range of grantees selected for funding by Cal Wellness.

Cal Wellness' Definition of Health Equity

Health equity means that every person has the opportunity to achieve optimal health regardless of their race, ethnicity, education level, gender identity, sexual orientation, employment, neighborhood, or disability. We recognize that the limited political, social, and economic power held by disenfranchised communities has led to significant health inequities. We want to address root causes of these inequities to help communities build fulfilling, healthy lives.²

Advancing Wellness also makes explicit its priorities by dedicating approximately half of its grant dollars to organizations providing **direct services** to individuals, with the remaining half of funding prioritized for organizations **advocating for policy change** at state and national levels. This mandate acknowledges that systems change occurs over the long term and that immediate health and wellness needs must be addressed in the interim. Direct service also provides an important feedback loop to policy advocacy efforts, which we unpack further in our findings later in this report.

Advancing Wellness grants result in real change for individuals and communities, thanks to the organizations making the work happen. Nearly every grantee (92%) who completed the survey (n=174) reported that they had met the objectives for their grant(s) or that their progress was on track. Grantees also

² "Advancing Wellness: Cal Wellness Strategic Plan 2015–2024," p. 11.

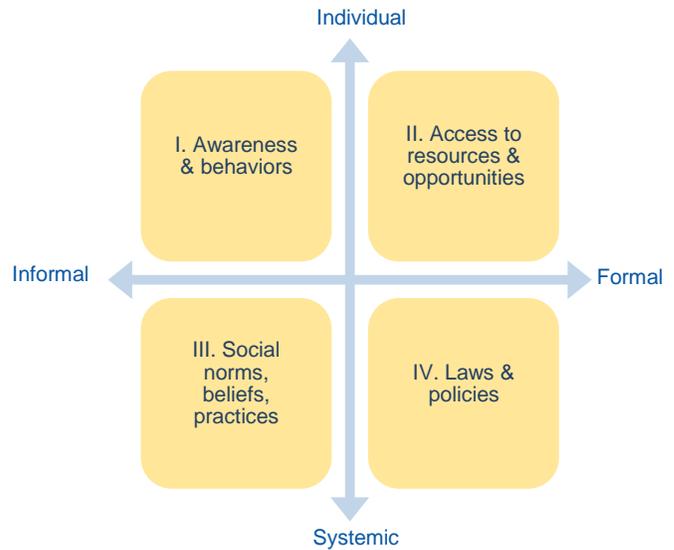
shared progress toward outcomes during the REM sessions, reporting a total of 247 changes, 80 of which were ultimately outcomes for individuals or communities, compared to internal changes at the organization, which are discussed below (n=80).

We set out to assess the extent to which Advancing Wellness is supporting these changes through its grantees. Our primary assessment framework for this work relies on the **change matrix** (Exhibit 1). As is reflected in Cal Wellness’ own theory of change for Advancing Wellness, securing gains in wellness outcomes requires different types of informal and formal change at the individual and systemic levels. Situating these dimensions on two axes has helped us orient the types of changes according to four types of change areas: individual awareness and behaviors; individual access to resources and opportunities; social norms, beliefs, and practices; and laws and policies.³

Cal Wellness has been successful in funding across these four areas of change during its first five years. Overall, it is implementing its grantmaking in alignment with its theory of change. Looking across the change matrix, Advancing Wellness grantees reported a range of changes as a result of their work. There are grantees who raise awareness, who secure new access and resources for people and families, who change social norms, and who change policies and laws. There are also some interesting concentrations of changes in certain quadrants. For survey respondents and REM session participants, the strongest concentrations of outcomes are related to formal changes for individuals and informal and formal changes at the systemic level. Further, there are substantial concentrations of systemic outcomes and outcomes for individuals, likely a result of Advancing Wellness’ dual focus on direct service and policy advocacy (as described earlier).

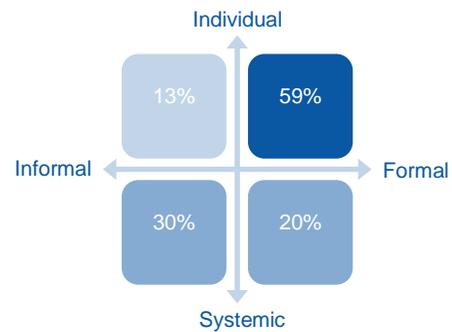
Change Matrix Framework for Organizing Change Outcomes

Exhibit 1



Overall Distribution of Grantees’ Reported Changes

Exhibit 2 | N=162 | Grantee Survey

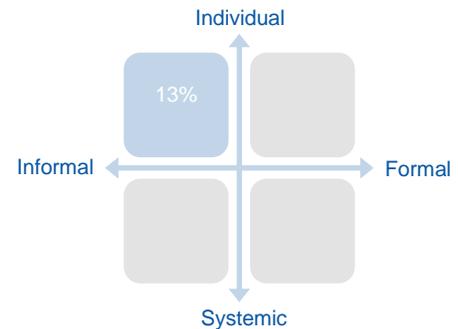


³ The Change Matrix is based on the Gender at Work Framework, originally developed by Aruna Rao and David Kelleher (2002) and adapted by Srilatha Batliwala (2008): <https://genderatwork.org/analytical-framework/>.

A smaller proportion of grantees (13% of survey respondents and 15% of REM participants) identified outcomes of their work related to a change in **individuals' awareness**, including increased awareness of an equity or wellness issue, improved personal confidence or self-image, and strengthened interpersonal relationships. Examples of change include youth of color gaining awareness of new career possibilities and individuals returning to the community after incarceration to rebuild their self-images and relationships, among others. Of these changes reported in the survey, one-third of them demonstrated a change in both personal awareness *and* in another type of change. For instance, in this story, the individual's increased awareness of local environmental health issues and of her own capacity for community leadership leads her to organize others, ultimately resulting in new policies:

Changes in Individual Awareness & Behaviors

Exhibit 3 | N=162 | Grantee Survey



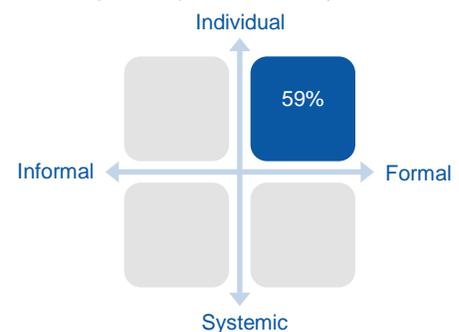
Grantee Story of Change

Maria Martinez has been a community leader and promotora for over 15 years. Maria lives in Barrio Logan, one of the communities most impacted by poor air quality from adjacent freight and industrial facilities and discriminatory zoning that allows polluters and homes to exist side-by-side. Maria's son developed asthma, which motivated her to volunteer to work on revising the zoning rules, reducing pollution from the heavy-duty trucks, and educating her neighbors. Maria graduated from our leadership development program, supported by Cal Wellness for many years. She learned to reach out to her neighbors and to speak with decision-makers in meetings and public hearings. Her work resulted in a Climate Action Plan, a truck ordinance, and a Barrio Logan Community Plan Update—all policies that are improving the quality of life in her neighborhood and the region.

Over half of survey respondents (59%) shared outcomes related to changes in **individuals' access to new resources or opportunities** (Exhibit 4). A much smaller proportion of REM session participants (12%) identified their own work as relating to this type of change. For survey respondents, these stories often reflected individuals accessing health care, educational, or employment opportunities.

Changes in Individual Access to Resources & Opportunities

Exhibit 4 | N=162 | Grantee Survey



“Funding support for our five-week summer academy has provided free instruction in mathematics, chemistry, and biology for 25–35 incoming, educationally disadvantaged freshmen.”

– Grantee

We heard about increased access to resources, services, and opportunities in REM sessions as well. One grantee used the funding to provide in-language enrollment in public benefits and health care plans for South Asians, thereby increasing the number of South Asians who have access to affordable health care and benefits for their families.

About one-fifth of survey respondents (22%) reported a change in both individuals' access to resources and another area. This overlap most commonly happened with a change in a law or policy. For example, in this story, people who were currently incarcerated or formerly incarcerated gained access to education—the primary change—but the grantee recognized that systems-level change was also needed:

Grantee Story of Change

Cal Wellness was part of a multi-funder collaboration that funded us to bring about systems change in California's public higher education system so that our public colleges and universities reach and serve students in prison, students in jail, and formerly incarcerated students. Cal Wellness, along with the other 13 funders, gave us a multi-year grant so that we could focus on the end goal (i.e., systems change) without having to demonstrate numerical results every 6 or 12 months. This allowed us to work behind the scenes with the state's students, colleges, universities, and correctional institutions.... It sounds simple, but many funders give short-term grants or require that tangible results be achieved in the short term. Having the freedom to focus on a long-term goal was invaluable. We began in 2015, when there was one college program in one prison in California with a few hundred students. We now have community colleges teaching face-to-face degree-granting courses in 32 of our state's 35 prisons with a total of 4,500 students. It is not solely because of us, of course—there are structural and policy reasons why some growth would have happened even without us. But we supported the growth and we have been repeatedly told by the prisons, students, and colleges and universities that they could not have done it without our advocacy and assistance.

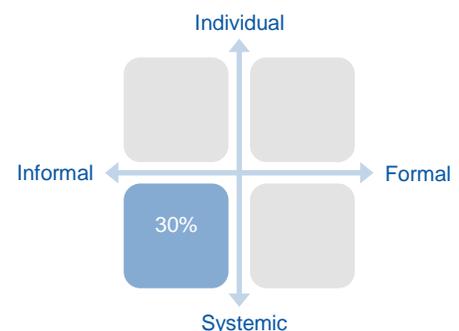
This type of change also came up in REM sessions. For example, Catholic Charities was funded to provide services, particularly to DACA (Deferred Action for Childhood Arrivals) recipients. Their services helped alleviate a climate of fear among immigrants so that more immigrants in the communities they serve are now accessing more services. My Sister's House shared a story about the direct service they provide to women often experiencing barriers to accessing basic services (due to, e.g., domestic violence, homelessness, criminal histories). By accessing services, these women are able to get jobs and housing and help change the narrative about homelessness and housing. Their children in turn have better lives, access to better schools, and a better future. In another example, Cal Wellness funding supported policy advocacy to create rapid rehousing for students who were homeless at community colleges, California State Universities and in the University of California system. As a result, state budget money was allocated to address homelessness among students, housing approximately 1,500 students statewide.

About one-third of survey respondents (30%) described changes to **social norms and practices** (Exhibit 5). A similar proportion of REM participants (34%) identified their work as changing social norms and practices as well.

For both survey respondents and REM participants, these stories describe the hard work of shifting narratives and making cultural

Changes in Social Norms & Practices

Exhibit 5 | N=162 | Grantee Survey



change, often using research or community organizing tactics. For instance, one grantee conducted “research on the policies and practices of nonprofits and funders around the inclusion of people with disabilities.” The grantee then published and distributed this research, and, “as a result, numerous nonprofits are making their events, websites, and programs accessible to and inclusive of Californians with disabilities.”

In REM sessions, the California Primary Care Association shared a story about successful campaign advocacy work that resulted in the state legislature increasing their knowledge about the importance of community health centers. Sometimes, these shifts in mindsets and cultures occur within organizations. The Executive Director at Women’s Empowerment described a story about how attending a convening (put on by Cal Wellness) resulted in increased staff retention and healthier clients. This happened as she and her team shared learnings and ideas with one another about the conference and created their internal “wellness committee.”

A small proportion (10%) of survey respondents described a change related to social norms and practices and another area. For instance, this grantee describes combining community building and cultural programming with directly enabling families to access the food they need:

Grantee Story of Change

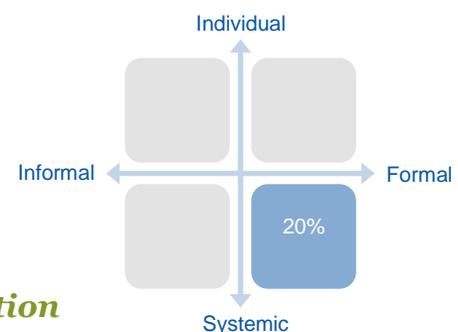
“[We] launched our center last summer (July of 2018) to more robustly address the Social Determinants of Health. To date, [it] has hosted tenants’ rights workshops, exercise classes, depression support groups, sewing and quilting classes, parenting groups, and Traditional Arts like Aztec dance and Northern American Indian drumming. We currently run our Food Farmacy program monthly and have assisted over 1,100 families with healthy, fresh produce and other foods. Lastly, our center hosts the Indigenous Red Market on the first Sunday of each month, which is a pop-up market featuring Indigenous artisans and vendors. Red Market also hosts musicians and dancers from all over Indigenous America. Cal Wellness has helped us launch this programming.”

About one-fifth (20%) of survey respondents reported affecting **formal change at the organizational, community, or societal level**. Over one-third (39%) of REM participants identified changes in this area, as well. These grantees described developing or modifying policies within their own institutions and within government agencies. They also reported legislative achievements, often secured through policy advocacy. When these changes were successful, they often had far-reaching benefits that addressed root causes of unjust disparities.

“We made recommendations to the Probation Department regarding improvements to the Detention Risk Assessment Instrument to reduce racial and ethnic disparities in the number of youth being admitted to secure detention for technical violations and offenses.”

Changes in Policies & Laws

Exhibit 6 | N=162 | Grantee Survey



– Grantee

Of the survey respondents who reported changes related to policies and laws, over a third of them (39%) also described changes in other areas as well. In this story, an Advance and Defend grantee describes a legislative

victory (filing an injunction to block a policy), a change in increased awareness of Title X and the threats it faces, and a change in access to resources by securing new funding for care providers:

Grantee Story of Change

The Trump Administration has advanced what is unquestionably the most significant attack on publicly funded family planning in decades. The administration issued a final regulation to drastically overhaul and undermine Title X, the nation's family planning program that ensures access to high-quality family planning and sexual health care to more than four million individuals, including nearly 1.02 million Californians. With support from Cal Wellness, [we] have led legal efforts to protect Title X, securing a nationwide preliminary injunction temporarily blocking the rule, while also mobilizing an array of stakeholders (patients, providers, elected officials, and other policy and opinion elites) to protect Title X and strategize opportunities to ensure high-quality, publicly funded family planning remains available, even if Title X is destroyed as communities have come to know it. The association has worked in partnership with its California members to drive essential media coverage of the role of Title X in communities; produce turnkey materials that explain Title X, the current events surrounding the program, and policy solutions; and [work] closely with federal policymakers on opportunities to buttress the program, including setting a new congressional appropriations marker (\$400 million, which is \$113 million more than the program's annual funding level for the past six years) for adequate funding for the existing network of highly qualified providers, and securing language to block the administration's rule from being implemented.

Additional Examples of Organizations Blending Direct Service and Policy Advocacy

During our site visits with grantees, we observed firsthand the ways that grantees in less urban areas draw upon and help to build a particular type of capacity that often involves a blending of direct services and advocacy, i.e., the capacity to develop and enhance community self-efficacy. These organizations are particularly deft at supporting community members, who may or may not also receive services from the organizations, to become community advocates. Such efforts improve both services and policies and mobilize community power to increase government accountability for important issues related to health and wellness.

For example, part of Pueblo Unido Community Development Corporation's work is to inform the mobile home residents in the Eastern Coachella Valley about county permits and requirements. They also create space and facilitate meetings to gather input about community members' needs. They then help community members understand what they can do to advocate for those needs at a larger level (e.g., city and county levels). As a result, residents have self-mobilized to get other issues addressed, such as advocating for and securing government funds to install stop signs in their neighborhoods (learn more about Pueblo Unido CDC in the case study on page 12 about community power building).

We also heard stories of this important direct service-policy advocacy link during REM sessions. One grantee described how an experience in Washington, DC, led the grantee to support youth recruiting other youth in their local communities. As a result, more youth learned how to share their stories as social change tools and change policy makers' perceptions of foster youth toward one that focuses on foster youth's strengths. In another example, the California Pan-Ethnic Health Network shared a story about how low-income communities of color are better able to navigate health care in California (and get coverage) as a result of the advocacy work done by Cal Wellness-funded peer "Health Navigators." In Sacramento, Public Health Advocates shared stories about how individuals and communities took ownership and were empowered to advocate for new open park space. Through this, individuals gained pride, legislators were educated on policy solutions for city planning and public health, and new parks may be built to improve health outcomes.

Changes in Organizations' Capacity, Contributions, and Sustainability

Strong organizations are central to Advancing Wellness' theory of change and its goals. Cal Wellness' approach to building capacity is to provide the kind of unrestricted, multi-year funding that give grantees the flexibility to make significant investments in their organizations. We assessed the extent to which grantee organizations are strengthening their capacity, operations, and sustainability through funding and other opportunities provided by Advancing Wellness.

Grantees responding to the survey reported stories of change that included both changes for individuals and communities as well as internal improvements to their organizations. These changes were a result of investments they made using the Advancing Wellness grant in infrastructure or in staffing functions such as human resources, development, and communications.

New and more staff have helped grantees strengthen their organizational cultures, for example, or expand their reach by opening a new office. In total, 18% of the "most significant change stories" reported by grantees discussed a positive internal change to the organization that came about because of the Advancing Wellness grant.

"The California Wellness Foundation was the first foundation to believe in us and in the idea of creating a pipeline for underserved communities to have a direct impact in the public policy arena."

– Grantee

In a few cases, grantees report that Cal Wellness provided critical early support as the "first funder," clearly contributing to their growth as an organization.

This initial seed funding was especially important to grantees in establishing credibility in the field and with other funders. They reported leveraging the strength of Cal Wellness' reputation to raise additional funding.

When grantees reported strengthened internal organizational capacities, they most frequently cited their capacity to make a new investment in staffing, which expanded their ability to provide services, engage community members, execute core organizational functions, and build and sustain better organizational cultures. Some organizations attributed culture changes to increased staff morale because organizations could provide better pay.

Greater organizational capacity can have wide-reaching ripple effects for grantees. For example, staff from one organization described in their REM session that, because they were able to increase their staff capacity and infrastructure, they were able to build the power and leadership of directly impacted community members, which resulted in an increased ability to develop and advocate for state- and county-level policies.

Staff from other organizations discuss how resources for a new staff position allowed them to deliver care more effectively. For example, during the site visits we learned that Coachella Valley Volunteers in Medicine seeks to provide continuity of care, even in a free clinic setting. Through the core operating support grant they received from Cal Wellness, they were able to hire a part-time diabetes case manager who now provides direct services and educational workshops to patients. This role also follows up with patients in an effort to ensure they are continuing to follow through on the advice and support they have received to manage their diabetes and overall health.

In Grantees' Own Words: Staffing as an Investment in Organizational Capacity

"For years, we knew we needed a crisis counselor, but the budget has been so tight it was not possible. The [three-year Advancing Wellness grant] allowed us to hire this position and prove how valuable this service was for staff and youth."

In Grantees' Own Words: Staffing as an Investment in Organizational Capacity

“Very importantly, we have been able to build a talented, dedicated, dynamic, and younger staff that is carrying out amazing work. Three of our seven full-time staff are ages 24–26. Both of our new part-time staff are also in their early 20s. Youth from the farmworker town of Gonzales are leading our pesticide drift campaign there.”

“Truly, the Cal Wellness grant has made a significant difference in our organization—it brought us our new Executive Assistant, and she is magnificent. The Cal Wellness grant also provided us the ability to additionally hire an excellent bookkeeper as well. The level of support we’ve received from The California Wellness Foundation is unprecedented for us—and it has literally helped us stabilize and expand.”

“With funding [from Cal Wellness], we were able to successfully manage transition, hire and train new staff, and give our executive director the space and time to develop a new strategic plan and vision.”

“After 40 years of serving as an effective workforce services provider, we went through a self-reflective process to strengthen our ability to serve as a culturally responsive agency.... [Cal Wellness] funding allowed us to hire our first Culture Manager in 2015! This was a huge accomplishment that has allowed us, in collaboration with staff, funders, and participants, to design a culturally responsive workplace and program delivery model.”

Changes to Support Leadership and Staff Development

Advancing Wellness has also included an intentional focus on supporting grantee leadership. This includes grants dedicated for leadership support, such as sabbatical awards for leaders across the different program areas of Advancing Wellness and support for cohort-based fellowships and leadership development programs via the Strengthening Nonprofit and Philanthropic Sector program area.

With regard to leadership, sabbatical grant recipients, in particular, reported outcomes related to stronger leadership. All eight survey respondents who received sabbatical grants described twofold changes enabled by the grant: the value of the restorative time to their own leadership practice and the value of the opportunity for other team members to take on new leadership roles. Leadership development funding helps prevent staff burnout and builds organizational resilience, a focus that cross-cuts all of Advancing Wellness' goals. While sabbatical grants showed particularly strong leadership outcomes, recipients of all kinds of Advancing Wellness grants reported stronger leadership outcomes as well. In the REM sessions, grantees who identified such changes were also able to trace the ways these internal changes contributed to the ultimate health and wellness outcomes sought by their organizations.

“[The Advancing Wellness sabbatical grant] gives leaders a chance to breathe and their teams an opportunity to shine.”

– Grantee

REFLECTIONS AND RECOMMENDATIONS

The above findings have prompted the following reflections and recommendations for Cal Wellness staff to consider as they shape the next five years of Advancing Wellness:

- Continue to **make grants aligned to the Advancing Wellness theory of change**—i.e., improving social determinants of health requires mutually reinforcing investments in direct service, policy advocacy, and organizational and leadership capacities. When considering whether or not to make any particular grant, shift the balance of attention from primarily issue area foci toward alignment with this theory of change. This might entail, for example, emphasizing questions such as:
 - “To what extent does this grant address the biggest equity gaps related to its subject area?”
 - “To what extent are there potential synergies between the work this grant would support and other actions happening to advance change in this geographic or issue area?”
 - “Would this grant help to catalyze the work of our existing grantees or take advantage of a particular window of opportunity for significant change?”
- Continue to **include policy advocacy and direct service grants** in each program area. Continue funding grantees that do both.
- Continue **supporting organizational leaders** through capacity grants and sabbaticals. To broaden community-level impact, consider leadership investments that fall outside of the traditional ED/CEO positions, e.g., deputy directors, program leads, community leaders, community organizing staff.

A Case Study in Rural Community-Driven Organizations⁴

Community-driven work can be a powerful tool for working toward equity. This is the story of how three organizations—Community Water Center (CWC), Pueblo Unido Community Development Corporation, and Center for Race, Poverty, and the Environment (CRPE)—are building community power to mobilize for more equitable health outcomes.

To build and mobilize community power, organizations let residents lead. When Lucy Hernandez moved to the unincorporated city of West Goshen, the contaminated well water that came from her taps was not safe to drink, and the costs of buying bottled water were too high for her and her neighbors to sustain. “We started having problems right away when I moved in, so I got involved with the **Community Water Center**,” she said. “They were our guidance for everything that needed to be done to get our water connected to the city of Visalia,” which would ultimately bring safe and affordable drinking water to West Goshen.

CWC staff, as well as staff from Pueblo Unido and CRPE, utilize a number of strategies and tactics to help build power in their communities. For example, organizations...

- Share resources and educate the community on specific topics (e.g., contaminated water, access to local water infrastructure)
- Provide a space for community members to gather. This common space allows for an exchange of information (e.g., among the organization and residents, or among residents from multiple communities, or both)
- Organize trips to Sacramento to speak directly with legislators about needs in the community

Relationships are the cornerstone of community-driven work. Relationships between residents and grantee organizations and among residents are often facilitated by these organizations. These relationships, and the trust undergirding them, enable communities like West Goshen to connect with one another and with community resources like these nonprofits. Together, they can speak in solidarity to shape the policies affecting them. Trust with residents, literal and figurative space for residents to gather, and a deep tradition and skill set of community organizing allow CWC, CRPE, and Pueblo Unido to help residents navigate the politics and bureaucracy of state and local agencies, places where these communities are historically underrepresented.

For example, Pueblo Unido educated and mobilized Eastern Coachella Valley residents to advocate for paved roads in mobile home communities. Similarly, CRPE worked closely with residents of Lytle Avenue, a community just outside the Delano city limits, to demand road paving and improved drainage from the county. CRPE mobilized not just the residents of Lytle Avenue but local high school students to phone bank county



West Goshen residents Lucy Hernandez (second from the left) and Melynda Mehene (far right) with CWC staff Natalie Garcia-Grazier (far left) and Susana De Anda (second from right).

⁴ A note on our methodology: We chose to highlight the work of these organizations because these grantees work in rural communities, which are a priority for Cal Wellness. We conducted half-day site visits with them to bring their voices into our qualitative analysis of data, which also included grantees from the more urban centers of LA and Sacramento. These site visits elicited a richness of data that allowed us to tell a more detailed story about their work, which exemplifies many of the strengths we saw with grantees across the Advancing Wellness portfolio. The spotlight on these grantees over other grantees should not imply that their work is more or less important than other grantees'.

representatives and share the demands of residents via social media. The road paving is slated for the coming year.

For residents of Lytle Avenue and in Eastern Coachella Valley, paved roads mean reduced instances of asthma attacks from dust and better access for school buses, emergency vehicles, and mail carriers who cannot use flooded dirt roads. Improvements like these are the direct result of residents demanding public resources for basic, necessary infrastructure.

To truly be community-driven means organizations need to be agile in responding to shifting community needs and stable enough to see changes through the long term. Cal Wellness’ long-term financial support has helped make these important changes happen and has aligned with the philanthropic sector’s approach to power building.⁵ Because the work of these organizations evolves with the community, their strategies shift as well. Cal Wellness’ reputation carries weight with other funders who might see this lack of certain outcomes as riskier, and allows organizations to leverage their Cal Wellness grant for additional funds. **In the same way that these organizations let community members lead, so too does Cal Wellness let the organizations lead by providing unrestricted funds and developing long-term relationships with their nonprofit partners.** “A lot of other funders have different parameters around what kind of programs they support, and they want to see short-term tangible results,” said Ramiro Ochoa, a community organizer at Pueblo Unido. “With organizing, we’ve been very clear with the Cal Wellness Foundation that this is a long-term investment.”



The few paved roads in the mobile home communities in Eastern Coachella Valley were made possible by Pueblo Unido. These roads provide a number of health benefits including cleaner air, less dust, and access to public resources.

 <p>Community Water Center (CWC)</p>	 <p>Pueblo Unido Community Development Corporation</p>	 <p>Center for Race, Poverty, and the Environment (CRPE)</p>
<p>“We work alongside impacted residents—front-line community partners—to ensure they have the right resources to make better informed decisions about their water. And our job is also to provide adequate infrastructure and unique resources for them to make lasting change.”</p> <p>– Susana De Anda, Executive Director at CWC</p>	<p>“Our work is based in the realities of the community, with the boundaries of our three issues: affordable housing, infrastructure, and community development. While tackling those issues, we have to be organizing the community around public policy and implementation at the same time.”</p> <p>– Sergio Carranza, Executive Director at Pueblo Unido</p>	<p>“The issues we work on have evolved alongside the needs of affected communities. We started off 30 years ago working on hazardous waste. Then air and water pollution, pesticides, the influx of dairies and large confined animal feeding operations, infrastructure, land use planning, and now, climate change.”</p> <p>– Caroline Farrell, Executive Director at CRPE</p>

⁵ Duffy, C. (2018). Building community power: A philanthropic strategy and an end goal [Blog post]. Retrieved from: <https://www.ncrp.org/2018/07/building-community-power-a-philanthropic-strategy-and-an-end-goal.html>.

Cal Wellness' Tactics for Responsiveness

Cal Wellness has, from the beginning, intended Advancing Wellness to be **responsive to grantee-identified priorities**. To this end, the foundation employs a number of tactics, including:

- Flexible, multi-year funding
- Building relationships with grantees
- Using Cal Wellness' voice and platform to support grantees and their issues
- Being agile and flexible in response to shifting environments and political landscapes

Through the grantee survey and our interviews with influential funder peers, we assessed how grantees and the philanthropic field perceive and benefit from these tactics.

Flexible, Multi-year Funding

The foundation prioritizes providing grantees with **unrestricted, core operating support** in order to provide grantees with the greatest amount of flexibility and agency in determining the use of the foundation's funds. The average grant size is around \$225,000 and most grants have either a 24- or 36-month term.⁶

The provision of multi-year, flexible funding, a core tactic of Advancing Wellness, has the effect of enabling grantees themselves to be more

responsive to their own communities and stakeholders. The unrestricted funding provided through Advancing Wellness to most grantees empowers them to be nimble and responsive to their communities' needs, and grantees overwhelmingly value the flexibility and multi-year commitments that Cal Wellness makes with its grants. This unrestricted support puts power to define and act on priorities firmly in the hands of grantees, rather than reserving that power for the funder. We saw this most clearly in our site visits, but also in survey responses from grantees and the REM.

For many of the REM participants, an unrestricted grant was the starting point for the individual- and community-level outcomes that rippled out, such as hiring more staff or broadening access to their programs. In our site visits especially, and also in survey responses from grantees, we saw evidence that core operating support,

“Unrestricted support from Cal Wellness is crucial in allowing us to pilot innovative solutions and to be flexible and responsive when urgent opportunities arise.”

– Grantee

⁶ This includes grants that are part of the Women's Initiative.

and especially consistent and sustained funding over long periods of time, ensured that organizations remained stable while responding quickly to emergency community needs. Whether tapping these unrestricted funds to provide emergency school supplies to students, or providing emergency drinking water to families with failing wells during the drought, the unrestricted nature of grantees' Cal Wellness funding allowed them to seamlessly pivot and address the emerging and evolving issues of their communities.

“Issues are going to come up like floods and droughts, and as much as you want to be preplanning for things like that, you can’t.... Funding needs to allow us to do that kind of shifting. Having organizational core support allows us to do that. Things are going to change so we need to modify and be flexible, and I think funders need to understand that.”

– Grantee

As Cal Wellness is well aware, failure is often a stepping-stone on the long road to a legislative or policy win. Because Advancing Wellness grants are often multi-year, and because—regardless of grant contract length—Cal Wellness often nurtures long-term partnerships with grantees, advocacy organizations are able to weather setbacks as they move forward. For example, a grantee shared this story of failure on the road to a policy win, which was made possible by Cal Wellness' long-term commitment:

Grantee Story of Change

Juana Melara is a Long Beach hotel housekeeper in the hotel industry for 22 years. While her hard work helps the hospitality industry grow and thrive, she faced unreasonable room quotas—being required to skip breaks or begin work before officially clocking in—and sexual harassment and abuse on the job. Juana and her coworkers came forward with their stories. Alongside our union partner, UNITE HERE Local 11, we created the Stand with Women Against Abuse campaign, and Juana became a leader in the campaign, for which she was recognized as one of TIME Magazine’s 2017 Persons of the Year. The campaign pushed for a new city ordinance to provide panic buttons to hotel workers and other important protections against sexual and physical abuse on the job. After four years of advocacy at the Long Beach City Council, the proposal failed. We decided to take the fight to the ballot, and succeeded in gathering 46,000 signatures for qualification, and ultimately winning with 64% of the vote in November 2018. This policy victory benefits close to 3,000 hotel workers across the City of Long Beach.

Relationships with Grantees

Grantees deeply value their engagement with and access to Programs staff. In open-ended responses to the survey, grantees report seeing their relationships with Cal Wellness as a partnership where they can seek help and resources from Cal Wellness when needed. They see Cal Wellness as responsive to their needs and concerns. Grantee survey respondents who ranked the accessibility of Cal Wellness most highly (that “we can easily reach a program director at Cal Wellness to discuss any challenges or changes related to our organization’s work or our grant”) described this as an effect of good communication practices with grantees. Grantees reported specific positive benefits—this openness and care enabled them to do their work better and made them more likely to seek help from Cal Wellness when necessary.

Research on philanthropy and risk indicate this is a relatively rare quality in organized philanthropy. In a nationwide survey of grantmakers by The Open Road Alliance, 76% reported that they never talked with grantees about difficult challenges or risks to their work and that a majority of grantees surveyed say they are not comfortable discussing challenges with their funders.⁷

Beyond their availability and openness, grantees report forming relationships with Programs staff and that staff do take steps to go beyond the grant and open other doors for them. Sometimes opening these doors means connecting grantees to networks of other organizations doing similar or complementary work; other times, staff openly support grantees in these spaces, boosting grantees’ credibility and adding additional expertise and contributions to the ideas generated among these groups. In REM sessions and at site visits, grantees expressed appreciation for the ways Program Directors connect them with other organizations, while also emphasizing the need for grantees’ own agency and initiative in developing formal partnerships from these introductions.

This high degree of engagement with staff, according to grantees, is not dependent on physical presence. In the grantee survey, only 2% of grantees said that staff visibility in their community was most meaningful to them, compared to 33% who said it was most meaningful to feel they could easily reach and talk to a Cal Wellness Program Director. However, Program Directors’ physical presence in communities may help them better identify issues of concern and promising organizations, which grantees also identified as important.

“Our Program Officer felt like a true partner in the work. She wanted to hear about both challenges and successes (and to help us address any challenges).”

– Grantee

“Some funders only want to hear the ‘magic’ that their financial investment creates. Yes, [Cal Wellness wants] that too. But we really appreciate that we... know that we can bring our challenges to [their] doorstep with a real atmosphere of openness and problem-solving.”

– Grantee

“Our Program Officer opened doors for us to present our program at various conferences, particularly where the nexus of health and wealth was being explored.”

– Grantee

⁷ Open Road Alliance. (2016) *Contingency Funding in Philanthropy: Open Road Alliance Survey Report*. Available at: <https://openroadalliance.org/wp-content/uploads/2017/01/ORR-2015-Risk-in-Philanthropy-Survey.pdf>.

In our survey, grantees also had the opportunity to provide feedback on where Cal Wellness could improve in building relationships with them. Two themes emerged from our analysis of their open-ended responses:

- **“Double down” on practices that grantees value.** Grantees want Cal Wellness to double down on its good practices. They ask Cal Wellness to continue to explore what more equitable partnerships with grantees might look like, to expand core support and multi-year funding even further, to maintain a diverse board and staff, and to speak with peer funders, encouraging them to adopt similar practices.
- **Deepen communications with grantees.** Grantees commended Cal Wellness on its communications practices relative to other funders. This is also an area where some grantees saw room for improvement, whether through regular check-in calls or proactive transition plans for changes in staffing, whether at Cal Wellness or at grantee organizations.

Using Cal Wellness’ Voice and Platform

Grantees and peer funders report that Cal Wellness’ voice plays a valuable role in influencing other philanthropies.

Influencer interviewees report that one of the most important contributions of the Cal Wellness “voice” has been to advance a broader recognition of the social determinants of health within philanthropy. Through its voice and through its funding, Cal Wellness has elevated the many varied facets of wellness, whether in funding grantees working in environmental justice efforts, providing basic infrastructure to communities, or developing employment pathways for underrepresented practitioners in the health care industry. Especially for environmental justice, Cal Wellness has played an important role in the philanthropic landscape by being one of the first funders to connect this issue area to health and wellness, a link that is beginning to find more traction with other funders. Grantees deeply value this influence on philanthropic peers and could see Cal Wellness doing even more.

“From gun violence to immigrant rights to access to health care to healthy communities, Cal Wellness often matches its monetary gifts with advocacy in the form of lifting up its grantee work to publishing critical reports. These efforts increase voice from diverse fronts and increase credibility for grantees.”

– Influential Interviewee

When asked to select a *non-grantmaking* aspect of the foundation’s work that they valued most, more grantees (37%) selected its use of voice than any other characteristic listed in our survey (see Appendix B for the full survey protocol). Grantees who ranked Cal Wellness’ voice and advocacy most highly on the survey primarily described this as meaningful in two ways.

“Cal Wellness leads on important issues that are not easy and that other foundations shy away from.”

– Grantee

First, they appreciate when Cal Wellness uses its voice and platform to uplift the concerns of marginalized communities and the issues that affect them, and second, they value when Cal Wellness uses its voice to lead the field and push other philanthropies to take up these issues. The list of important issues mentioned by grantees ran the gamut from oral health to gun violence and the public stand that Cal Wellness took after the passing of Nipsey Hussle.⁸ In alignment with grantee feedback, nearly all interviewees recommended that Cal Wellness continue to

⁸ Johnson, A. (n.d.). Remembering Nipsey Hussle. Retrieved from: <https://www.calwellness.org/news/remembering-nipsey-hussle/>.

grow its investment in policy advocacy, both through its grantmaking and the use of its institutional voice. Several interviewees underscored the need for Cal Wellness—and philanthropy, more broadly—to more strongly and independently exercise its voice and mobilize resources for policy advocacy amidst an increasingly politicized landscape.

“I reject the idea that foundations should be on the pedestal and let the communities take all the risks. I think if you’re truly a partner, you show it in your public statements and actions. I reject the idea that foundations should always stay out of the way so community can be alone in the lead. I think we should be arm in arm.”

– Influential Interviewee



Field leadership: opportunity for further investigation

A small number of influential interviewees described how Cal Wellness’ responsiveness and wide range of grantmaking priorities meant the foundation appears to not be leading on any one issue. This perspective was not representative of all interviewees, nor did it align with feedback we heard from grantees. It is also unclear whether this feedback derives from a critique of Cal Wellness’ grantmaking philosophy—responsive, community-driven—or a critique of the foundation’s leadership among its peers, hence our indication that this may be a question for the foundation to explore further.

Responsiveness to External and Political Landscape

Cal Wellness demonstrated strategic responsiveness⁹ by adjusting the Advancing Wellness portfolio and approach in response to external events.

Scarcely a year into the Advancing Wellness strategy, Cal Wellness faced its first inflection point. On December 2, 2015, two individuals walked into the Inland Regional Center in San Bernardino, CA, and opened fire at a holiday party, resulting in the deaths of 14 people. Cal Wellness took several steps in response, including producing the #Enough! Summit to Prevent Gun Violence, driving the launch of **Hope and Heal: The Fund to End Gun Violence** in California, and inviting other funders to the table as co-investors in Hope and Heal. Gun violence, whether it occurs within interpersonal relationships, mass shootings, gang conflicts, or as an enabler of suicide, became a central focus of the violence prevention program. Advancing Wellness also responded to the San Bernardino shooting with an uptick in funding for violence prevention and by proactively supporting the launch of the Hope and Heal Fund. The Hope and Heal Fund describes the outcome:

⁹ Many years prior to the Advancing Wellness Initiative, Cal Wellness announced its evolution from “proactive’ grantmaking, with the majority of grant dollars allocated to initiatives [that originated in ideas at the foundation]” to “a more responsive approach” in which “we start with organizations whose mission is to improve the health of underserved [Californians]. Our conversation with them begins with their mission and how our funding might help them best fulfill it.” The California Wellness Foundation. (2004). Annual Report 2004. Retrieved from: <https://folio.iupui.edu/bitstream/handle/10244/179/ar2004.pdf?sequence=1>.

Grantee Story of Change

Advancing Wellness funding allowed us to build needed capacity for our growing Fund, acted as an important validator during our start-up phase, and helped us gain six new foundation partners since our inception. It also allowed us to make important grants and to add value to the work of Cal Wellness with regards to equity and anti-violence efforts, for example, through Hope and Heal's ability to build and develop relationships in historically underserved communities of California like Stockton, San Bernardino, Salinas, Bakersfield, and Fresno.

November 2016 marked a second significant inflection point for Advancing Wellness. The advent of the Trump Administration shifted the federal policy context to one that is hostile to many of Advancing Wellness' objectives, particularly efforts to secure and extend the benefits of the Affordable Care Act and to support the health and wellness of immigrants to California. In response, Cal Wellness launched **Advance and Defend**. By the end of 2017, Cal Wellness had awarded some \$16 million in Advance and Defend grants to address the threats and challenges posed by the Trump Administration to Californians. In a 2017 memo to the board, Vice President of Programs Fatima Angeles wrote that she was “especially proud of the Advance and Defend grants that focused on citizenship and naturalization efforts”—including grants to “organizations like Immigrant Legal Resource Center and Catholic Charities of California that are working harder, faster, and smarter to help immigrants obtain their citizenship so that they can come out of the shadows, feel secure, and pursue the American dream.”

This kind of strategic responsiveness is made possible by Programs staff, whom grantees rate highly on their ability to monitor relevant issues and trends. Being responsive in this way is no easy task. To understand more about how Cal Wellness is doing at the work of being responsive, we asked grantees to rank several dimensions of responsiveness according to how critical each dimension was to their organizations. The vast majority of grantees (83%) ranked staff's ability to monitor and respond to emerging issues among the top three attributes grantees value about Cal Wellness' responsive approach (Exhibit 7).

Grantees rank Cal Wellness staff's ability to spot emerging issues and trends as among the most important ways it remains responsive to changing contexts.¹⁰

Exhibit 7 | n=146–170



¹⁰ Note that the percentages in this table do not total 100% due to overlapping responses.

REFLECTIONS AND RECOMMENDATIONS

The implications of the findings in this chapter for the next five years of Advancing Wellness are primarily to build on the strengths of these tactics for responsiveness. Specifically:

- **Continue to provide flexible funding**, which is what in turn gives grantees the financial flexibility to adapt their work. While Cal Wellness already leads philanthropy in its commitment to two- and three-year grants, there is room to explore the possibility of providing even longer-term commitments, particularly within the context of policy work that may be expected to unfold over a longer timeline.
- The time and care Programs staff can dedicate to engagement with grantees is important to those relationships. **Ensure Programs staff are adequately equipped to maintain a high level of engagement with grantees**, for example, by maintaining a level of staffing that supports this. Narrowing the scope of the Letter of Intent (LOI) process, as recommended below, may also help by freeing up staff time for the work of grantee engagement—work that grantees tell us is a critical dimension of Cal Wellness’ responsiveness to the communities it serves.
- **Continue to leverage the Cal Wellness voice and platform** to (a) move philanthropic peers toward a holistic and community-driven model of grantmaking for health equity, and (b) amplify issues and demonstrate solidarity with grantees.
- Continuing to fund more responsively in areas of policy advocacy will require nimble and flexible grantmaking. **Support Cal Wellness staff to continue spotting emerging issues and trends**. Multi-year, flexible funding is grantees’ first priority, but consider planning resources for “Advance and Defend” type interventions, where funds can be mobilized quickly to assist with time-sensitive opportunities.

Diversity, Equity, and Inclusion: Core Strategies of Advancing Wellness

Health equity, as noted earlier in this report, is central to the Advancing Wellness approach. Cal Wellness is also explicit in its pursuit of diversity and inclusion as one of its core grantmaking principles. From the Advancing Wellness strategic plan:

Given the diversity of California’s population, the foundation will seek to engage individuals on its board and staff who are representative of that diversity and committed to incorporating the values of pluralism and inclusiveness into every aspect of its work. We will also seek to fund organizations that embrace those values in their missions and activities.

How Cal Wellness Prioritizes Diversity, Equity, and Inclusion

When exploring questions of equity, we looked at distribution of grant funds by geography, both the extent to which Cal Wellness allocates grants to statewide initiatives and the extent to which Cal Wellness provides funding to organizations in underserved, rural areas. We also examined the number of grant dollars going to organizations led by people of color, as well as organizations that serve people of color. The findings related to these metrics are detailed later in this report.

From our early interviews with members of the board and Programs staff, we learned about the foundation’s strong commitment to diversity, equity, and inclusion (DEI). This commitment translates to issuing grants to organizations led by people of color, people whose work benefits underserved communities (including rural communities), or both. While it was beyond the scope of our assessment, we also want to acknowledge the Women Initiatives at Cal Wellness, which specifically extends this concern to an increased level of funding for women and girls.

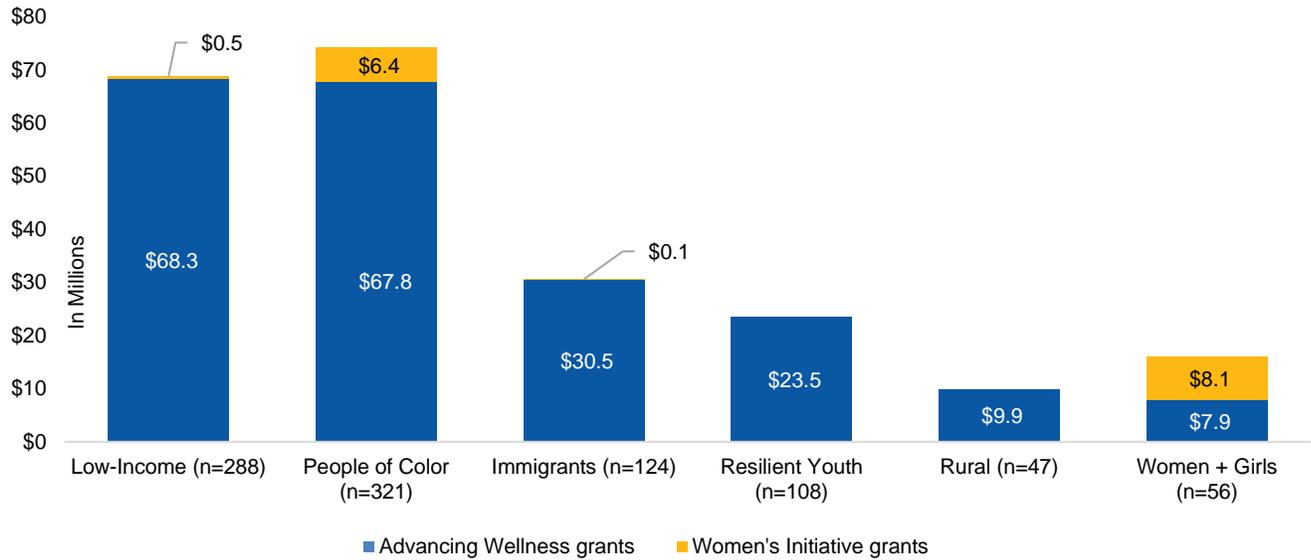
In terms of where grant dollars go, Advancing Wellness results match intentions. Our analysis showed that Cal Wellness is leading peers in philanthropy on two key DEI metrics—issuing grants that will benefit underserved communities and supporting communities and organizational leaders of color. Currently, 83% of its Advancing Wellness grants are reaching underserved communities, placing it among the top 20 foundations nationally in terms of grant dollars for underserved communities.¹¹ Additionally, over half of grants (56%) are going to

¹¹ National Committee for Responsive Philanthropy. (2016). *Pennies for Progress: A Decade of Boom for Philanthropy, a Bust for Social Justice*. Author: Schlegel, R. Retrieved from: <https://bjn9t2hlni2dhd5hvym7llj-wpengine.netdna-ssl.com/wp-content/uploads/2016/11/Pennies-for-Progress-highres.pdf>. Cal Wellness defines “underserved communities” as those included in Exhibit 8: low-income people, people of color, immigrants, resilient youth, rural communities, and women and girls of color.

organizations that (1) work for communities of color and that (2) are led by people of color (Exhibit 8). Additionally, with no specific prompting to do so, just under half of grantees responding to the survey (42%) mentioned reaching diverse and underserved communities when they reported their most significant stories of change.

Within Cal Wellness’ portfolio of grants that reach underserved populations, about half of total dollars awarded reach communities of color and low-income populations.

Exhibit 8 | n=584 | Total grant dollars awarded: \$133,690,750¹²



With regard to geography, in total, more Advancing Wellness dollars go to urban areas than to rural ones. However, we found that on a per capita basis, funding is distributed proportionately to rural and urban counties. In some cases, rural counties receive even more dollars per capita from Advancing Wellness grants than do urban counties.

The majority of counties, including all urban counties, received between \$1.18 (Yolo) and \$3.54 (Imperial) per capita, while Humboldt, Trinity, Del Norte, and Mariposa counties received \$4–6 per capita, and three rural counties—Modoc, Sierra, and Alpine—received over \$14 per capita. Three rural counties did not receive any Advancing Wellness dollars: Butte, Glenn, and Plumas.

Open LOI: Opportunity for further investigation

As a tool related to increasing diversity, equity, and inclusion of grantees in the Advancing Wellness portfolio, the open LOI process presents many opportunities for further exploration. In all of the aspects of data review that we undertook, little evidence surfaced of a connection between maintaining an open LOI and responsiveness or maintaining an open LOI and expanding funding to underserved communities; however, we did not set out with the intention to comprehensively review the LOI process or its effect on the foundation’s ability to reach these communities. In interviews, Programs staff reported that reviewing open LOIs takes a significant portion of their

¹² In the Cal Wellness grants database, populations are not coded according to percentages of grants; therefore, the same grant dollars are coded to multiple populations. The combined dollar amount for each population, then, will exceed the actual total grant dollars awarded.

time; they also shared that the process helped them increase their awareness of current issues and broadened their perspectives on the types of organizations Advancing Wellness grants could fund. While over 3,000 unsolicited LOIs have been submitted over the course of the Advancing Wellness strategy, only 12% of them (397) resulted in a funded grant.¹³ However, these grants make up a significant proportion (68%) of total Advancing Wellness grants. This interesting yet inconclusive data indicates the need for further inquiry into the role of the open LOI in serving Cal Wellness' DEI commitments.

REFLECTIONS AND RECOMMENDATIONS

The above findings indicate that a continued commitment to diversity, equity, and inclusion in the next five years of Advancing Wellness will likely require building on the work the foundation has already begun in this space by articulating specific injustices the foundation aims to dismantle.

- To work toward equity requires intentional focus and strategy to combat long-entrenched systems responsible for disparities. **Define the particular disparities you seek to address and set equity-related targets** for specific populations and underserved areas.
- Continue to seek out and prioritize grantees that are addressing the **systemic causes of inequities** while also **mitigating inequities' effects**.
- **Consider a more targeted use of an open LOI process.** Rather than assuming the LOI will sufficiently serve the goal of reaching new organizations from underserved communities, lean more on proactive outreach to achieve this end—e.g., staff attending events already planned by organizations or reading reports that these organizations have already produced to advance the foundation's internal learning.

Examples of a more targeted LOI:

- Opening the LOI during a time-limited period—for example, during a six-week period, twice a year
- Opening a selective LOI that requests submissions from specific regions or kinds of organizations that align with your theory of change
- Opening an LOI to participants as a follow-up to a Cal Wellness-supported conference or convening
- Opening an LOI in response to a major policy shift—whether a new window of opportunity or a sudden retrenchment

Deep Dive Recommendation: Establishing Equity Goals and Metrics

The data points related to geographical per capita funding as well as total funding for underserved populations are useful for comparison and discussion, but they reflect a limited perspective on equity in Advancing Wellness' funding and do not necessarily reflect the foundation's own conversations and articulations of equitable grantmaking. Beyond these data points, we were not able to assess Cal Wellness' commitment to equity without a more explicit articulation of the disparities that Cal Wellness seeks to change between specific populations.

While our assessment strongly supports a conclusion that Advancing Wellness is addressing its existing equity commitments, further elaborating equity goals will allow Cal Wellness to gather evidence of *contributions* to and *success* achieving these goals. We provide a preliminary framework for thinking about these moving forward.

At the heart of our framework is our definition of **equity as fairness in opportunities to achieve well-being**. In establishing intentional equity goals, we recommend focusing on four key questions:

¹³ This excludes 114 "pending" LOIs that did not get coded into the Cal Wellness system before switching databases.

1. **What is the well-being concern?** There are myriad forms well-being takes (e.g., physical, social, spiritual, economic, emotional). Given the diversity of portfolios, contexts, and communities, there may be no single form of well-being that guides Advancing Wellness. Rather, the well-being domain will depend largely on the portfolio area as well as the “who” or the subject of the equity goal. We recommend making clear what types of well-being considerations are most important first.
2. **Which opportunities affect well-being disparities?** We suggest three dimensions that are often indicative of fairness—or lack thereof—in opportunities to achieve well-being. These are (a) assets, (b) access, and (c) quality.
3. **Who is advantaged or disadvantaged in these opportunities?** Establishing clear goals and metrics will require a clear understanding of who will benefit from actions and investments—i.e., the relevance of opportunities and well-being. When work is grantee-driven, we recommend asking grantees to articulate these groups clearly. When Cal Wellness initiates the work, we recommend Cal Wellness’ Programs team define these. Determining these groups will often rely on external data to identify disparities in assets, access, or quality.
4. **How will grantees and Cal Wellness increase fairness in opportunities?** For example, fairness and opportunities may be expanded through (a) equality in investments, (b) reaching communities, (c) changing systems and institutions, (d) improving acceptability and efficiency of processes, or (e) reducing gaps in outputs and outcomes.

Once each of these four questions has been addressed, equity metrics can be established. We recommend that these metrics have the following conditions:

- **They permit assessment of *progress toward equity*.** Equity actions do not yield change overnight and it is important to assess movement. Creating rubrics or benchmarks that help assess how much progress has been made and identifying facilitators and barriers to progress will be essential.
- **They include *quantitative and qualitative evidence*.** Progress, change, fairness, and opportunities have aspects that can be quantifiable and therefore measured quantitatively. However, these elements also often require qualitative evidence gathering in order to support deeper understanding, learning, and strategic changes.
- **They are viewed as *relevant and important among affected community members*.** Engagement of affected and focal communities is essential to ensuring that the equity goals and metrics are themselves equitably established.

It is vital that the foundation not rush directly into developing equity metrics before holding considered discussions about how it wants to operationalize its definitions of, and priorities around, “equity.” To ensure well-considered health equity goals, we recommend that the foundation consider all of the questions outlined above as prerequisites to developing indicators. To illustrate what we mean by this, the following charts present some examples of indicators (or “metrics”) depending on the accompanying hypothetical equity priorities:¹⁴

1. *If Cal Wellness were to decide that it wants to prioritize individual-level physical well-being within the Healthy and Safe Neighborhoods portfolio and with an emphasis on climate justice, it might then target for investment*

¹⁴ None of these examples should be taken as recommendations. We provide them as thinking aids only. Please also note that these are examples of the kind of indicators you could produce, but represent only preliminary thinking.

in those organizations that provide access to health care to Californians who live in neighborhoods projected to have the greatest heat vulnerability by 2025.

A potential related goal might be to ensure that all immigrant-serving health care clinics in Los Angeles have sufficient financial reserves to weather extreme heat events.

Examples of types of metrics might then include:

Type of Well-Being	Where	Who	How	Equity Goal/Metric
Individual and physical	CA neighborhoods projected to have the greatest heat vulnerability by 2025	Health care clinics serving immigrants in relevant LA zip codes	Developing and implementing plans for emergencies related to extreme heat (e.g., backup generators)	Plans have been developed and implemented; emergency funding reserves established

- Assuming that most well-being outcome gaps result from opportunity gaps and most opportunity gaps result from resource gaps, Cal Wellness might decide that it wants to prioritize economic well-being via health care careers within the Education and Employment portfolio. It might then target for investment those organizations working to support access to high-quality, culturally relevant, education-to-employment pathways among residents living in neighborhoods with the state’s 10 highest-poverty zip codes.*

A potential related goal might be to ensure that more residents of these neighborhoods receive high-quality educational guidance counseling and wrap-around support services from cradle to career. Subsequent outcome goals (e.g., specialized education credentials, employment in health care jobs) would likely occur beyond the time frame of Advancing Wellness, so the foundation would need to determine whether it would like to collect tracking data that could be used to assess subsequent outcomes.

Examples of types of metrics might then include:

Type of Well-Being	Where	Who	How	Equity Goal/Metric
Neighborhood and economic	Residents of neighborhoods within CA’s highest-poverty zip codes	<ul style="list-style-type: none"> • K–16 students • Students transitioning into specialized training • Graduates seeking relevant employment • Community-serving employers seeking qualified providers who come from the communities they serve 	<ul style="list-style-type: none"> • Distributing scholarships and grants • Ensuring high-quality educational guidance and support services are freely provided 	25% increase in residents entering and persisting through pathways to successful employment

- Say that Cal Wellness, across all Advancing Wellness portfolios, were to prioritize investing in organizations that originate in and serve populations who face the greatest barriers to acquiring government and philanthropic resources. These populations could be those with multiple overlapping vulnerability factors—for example, young people of color with disabilities, chronic physical or mental illness, behavioral health challenges, or histories of criminal justice system involvement. In this case, a landscape scan of access to state, federal, and philanthropic dollars among these populations would need to be done.*

Once relevant populations or geographic areas have been identified, grantmakers might seek out organizations started and run by community members from these populations and geographies (and perhaps especially those who are unable to present slick “dog and pony” presentations to foundations). From this outreach, grantmakers would connect organizations to an entire suite of Advancing Wellness’ highest-value investments (e.g., three-year unrestricted grants, leadership sabbaticals, and access to grantmakers who can help them strengthen their organizational capacities and increase their cultural capital).

Examples of types of metrics might then include:

Type of Well-Being	Where	Who	How	Equity Goal/Metric
Economic, social, and cultural capital	In areas with high concentrations of those who face the greatest barriers to acquiring resources	Organizations run by and serving those with multiple overlapping vulnerability factors	Strengthening organizational capacities and sustainability	More such organizations exist and <ul style="list-style-type: none"> • Pay their staff well in salaries and benefits • Provide professional development opportunities • Have achieved long-term sustainability (at least one year financial cushion) • Are better connected to a variety of supporters (networks, potential funders, policy advocates)

4. *If Cal Wellness were simply to decide that it wants to do even better with its currently solid equity metrics, it might set the goal of increasing the percentage of dollars that go to organizations that both serve low-income communities of color **and** are led by people from these communities. It could set targets that are 10–25% higher than its current targets, either in dollars granted to such organizations, in the number of such organizations funded, or both.*

Examples of types of indicators/metrics might then include:

Type of Well-Being	Where	Who	How	Equity Goal/Metric
Organizational economic, social, and political capital	Communities with high density of low-income and person of color households	Organizations led by persons of color (POC) from local and related communities	<ul style="list-style-type: none"> • Increased funding of POC-led organizations • Increased access to leadership development opportunities for POC-led organizations 	<ul style="list-style-type: none"> • POC-led organizations are more engaged in advocacy • Increase in community access to and utilization of resources and services from POC-led organizations • POC-led organizations address community-identified wellness needs and priorities • POC-led organizations of all sizes are able to achieve their goals • POC-led organizations of all sizes are able to achieve long-term sustainability (as measured by some type of indicator)

Looking Ahead: The Next Five Years of Advancing Wellness

Beyond the Reflections and Recommendations offered in prior chapters, our assessment findings overall lead us to encourage Cal Wellness to consider three additional overarching recommendations that we believe will help the foundation build upon the strengths of the Advancing Wellness approach and maximize its impacts over the next five years, including:

- Increasing opportunities for mutually reinforcing, cross-grantee engagement
- Prioritizing—and making investments to proactively address—issues that *cross-cut* program areas and/or intersecting sources and effects of inequity
- Improving data collection and reporting in grants management

Recommendation: Leverage Opportunities for Cross-Grantee Engagement

In our data collection and analyses, we found outcomes related to the ways in which grantees work synergistically with one another—sometimes unknowingly.

First, the Advancing Wellness portfolios include grantees whose work complements one another. During REM sessions and in site visits, grantees themselves observed this complementarity, despite many having previously been unaware of one another’s Cal Wellness–supported efforts. Mapping outcome pathways, grantees were able to connect specific wins (for example, “health care coverage for all undocumented young adults was funded in the state budget,” or “resources have been shifted from probation departments to community organizations”) and retroactively trace contributions by one another’s organizations. In both LA and Sacramento, grantees were surprised by the variety of issues Cal Wellness funds, as well as by the interconnectedness among their different sectors and spheres of work. A few discovered potential cooperative efforts or partnerships they could envision in the future.

From rural Shasta County, an organization used Advancing Wellness grants to build these bridges:

Grantee Story of Change

Core funding has allowed our organization to facilitate a number of health collaboratives. For rural California, we have learned our advocacy is stronger when our messaging is unified. When folks regularly meet, they learn from each other, which builds trust and makes agreement possible. This was evident when Health Care Reform was upon us. We took the time to educate each other on what the possible changes would mean to each of our organizations. That paid off in the establishment of a unified voice, which stood strong through uncertain times and difficult politics. It was undeniable that the Medicaid Expansion greatly benefited rural communities. When attempts were made to roll back the expansion, having the collaboratives already in place proved invaluable, and these were used to raise awareness of what a repeal of the ACA would mean for our rural region. Because of our unified voice, the very conservative Shasta County Board of Supervisors voted to formally oppose the repeal of the Medicaid expansion.

Second, important occasional mutual feedback loops emerged between those delivering direct services and those doing policy advocacy work. These respective foci mutually reinforce one another, as services directly fulfill needs created by governance gaps, while the gaps themselves are tackled in a more sustaining way through policy improvements. For example, during the REM sessions, grantees described policy changes that ultimately led to improved access to services for individuals. Simultaneously, insights and data emerging from direct service providers were essential to making the policy case for improved statewide care for low-income, uninsured, underinsured, and often undocumented individuals and families (e.g., ACA protection, the protection and extension of Medi-Cal, state-subsidized dental care coverage).

Rather than unearthing tensions between service provision, organizational and leadership capacity building, and advocacy, our assessment revealed example after example of synergies that seemed somewhat surprising to those who reported them (survey respondents, staff, board members, and influencers) and to REM session participants who discovered them through outcome mapping.

The synergies we are describing seem a natural outgrowth of the intentional Advancing Wellness strategy of devoting approximately half of funding to direct services while using remaining funds to support multiple forms of sector strengthening and policy advocacy. **Underlying this approach is a theory that many grantees agree with—mitigating the effects of systemic injustice is just as important as changing the conditions that produce systemic injustice.**

Opportunities to support collaboration during the next five years of Advancing Wellness may include:

- Creating a dedicated LOI process for grantees interested in jointly proposing collaboration activities
- Hosting (or funding others to host) place-based grantee convenings that allow for grantees working on multiple wellness issues to meet, learn from, and connect with one another
- In meetings with, or visits to, grantees, specifically discussing how they work with other partners and the opportunities and challenges they encounter in those partnerships
- Celebrating examples of movement-building or collaboration that grantees offer (for example, when selecting a story to profile on the website)
- Prompting grantees, as appropriate, to adequately budget for the work of partnership development, collaboration, and movement-building
- Most importantly, letting grantees lead when it comes to the terms and configurations of collaboration



Cross-grantee collaboration: Opportunity for further investigation

There are strong indications that this is a fertile area for further inquiry. Our assessment surfaced multiple outcomes that cut across areas of the change matrix, that could not be easily categorized by program or issue area, and that resulted from often serendipitous connections between the work of multiple Cal Wellness grantees (whether intentionally coordinated or not). This leads us to strongly encourage Cal Wellness to consider two recommendations:

- Continue to emphasize portfolios, rather than program areas, as the primary organizing mechanism for your grantmaking. This would serve as a tactic for continuing to issue grants that transcend strategies and issue areas across Advancing Wellness.
- Explore whether there is more the foundation can do to **reinforce, support, and catalyze inter-organizational collaboration, help grantees amplify and build upon one another's work, and publicly celebrate examples of the kinds of silo-breaking many believe are fundamental to improving social determinants of health.**

We believe that diving deeper into the ways grantees can drive their own collaboration with one another, as well as approaching grantmaking from the broader portfolio level, will enable Cal Wellness to continue bolstering the confluence of strategies necessary for achieving wellness in California. Further, an exploration into the complementarity of grantees' work aligns with the foundation's approach to learning alongside and from its grantees, who, in REM sessions, expressed continued interest in learning from one another.

Recommendation: Continue Working Across Issues and Intersecting Inequities

To better understand what factors will increasingly shape the needs and priorities for health and wellness over the next five years, we spoke with a selection of ten peer “influencers” —unofficial advisors and experienced leaders with a bird’s-eye view of social, economic, political, and philanthropic trends in California. While interviewees differed widely in what they saw as the priority health and wellness issues for the state, a plurality of them identified each of three topics: economic inequality and its effects on health; the impacts of climate change on grantee operations and community health and wellness; and the nexus of immigration and health in California, including the role played by immigrants in providing care.

Climate change, immigration, and economic inequality will continue to influence health and wellness of Californians in different ways during the second half of Advancing Wellness. The foundation will need to continue considering the intersections of these issues with health and wellness, internally as well as with grantees, and adapt Advancing Wellness as needed to address those intersections.

Rising economic inequality in California

The broader conversation among philanthropists, and the actions taken toward equity, are happening amidst rising inequality: the poor only continue to get poorer and the rich get even richer.¹⁵ California has among the

¹⁵ Saez, E. (2019). Striking it Richer: The Evolution of Top Incomes in the United States (updated with 2017 final estimates). Retrieved from: <https://eml.berkeley.edu/~saez/saez-UStopincomes-2017.pdf>.

widest and fastest growing inequality gaps in the country.¹⁶ Wages have stagnated, and stable, middle-class jobs are being supplanted by technological innovations and jobs in the gig economy. The economic issues facing low-income Californians are often inseparable from the issues of housing, education, and health care; the proliferation of low-wage jobs with lackluster health benefits combined with rising housing costs force working and low-income people to sacrifice their families' health to pay rent, as they have fewer resources available for healthy food, education, recreation, exercise, conventional medical care, and other activities to enhance their quality of life.

“Number one [issue]: income inequality—people have to work three jobs and then still don’t even have health care.”

– Influential Interviewee

Access to affordable and safe housing is a key social determinant of health and wellness that is impacted by economic inequality.¹⁷ Yet, the housing prospects for Californians, particularly Californians with low incomes, have not been good. Since 2012, when home prices bottomed out during the Great Recession, housing costs have continued to climb in California.¹⁸ Meanwhile, incomes have not kept pace, and the trend of rising housing costs alongside flattening wages is projected to continue.¹⁹ Families are paying higher housing costs with the same-sized paychecks, resulting in over half of California renters spending more than 30% of their household income on housing.²⁰ The disparities grow with income level; families below the poverty line report spending 79% of their income on housing.²¹ Further, the prospects for mitigating the housing crisis for low-income Californians do not appear promising; the California Housing Partnership estimates a shortfall of 1.4 million homes for low-income or extremely low-income renters.²² A recent special report in the *New York Times* dubbed a California homeless encampment “Among the World’s Most Dire Places.”²³

According to peer funders, remedying these situations will likely require philanthropy to replace siloed, issue-based grants with robust, long-term philanthropic investment in building community power—including through supporting union and organized labor—to advocate for change holistically across these interconnected economic issues.

¹⁶ Chappell, B. (2019, September 26). U.S. Income Inequality Worsens, Widening to a New Gap. *NPR*. Retrieved from: <https://www.npr.org/2019/09/26/764654623/u-s-income-inequality-worsens-widening-to-a-new-gap>.

¹⁷ Wahowiak, L. (2016). Healthy, safe housing linked to healthier, longer lives: Housing a social determinant of health. *The Nation's Health*, 46(7). Retrieved from: <http://thenationshealth.aphapublications.org/content/46/7/1.3>.

¹⁸ Public Policy Institute of California. (2020). *California's Future: Housing*. Retrieved from: <https://www.ppic.org/wp-content/uploads/californias-future-january-2020.pdf>.

¹⁹ California Housing Partnership Corporation. (2014). *How California's Housing Market Is Failing to Meet the Needs of Low-Income Families*. Retrieved from: <http://chpc.net/wp-content/uploads/2015/11/9-CHPCHousingNeedReport020814FINAL.pdf>.

²⁰ Public Policy Institute of California. (2020). *California's Future: Housing*. Retrieved from: <https://www.ppic.org/wp-content/uploads/californias-future-january-2020.pdf>.

²¹ United Ways of California (2018). *Struggling to Stay Afloat: The Real Cost Measure in California 2018*. Authors: Baum Block, B., Gascon, H., Manzo, P., & Parker, A. Retrieved from: <https://www.unitedwaysca.org/images/RealCostMeasure2018/Struggling-to-Stay-Afloat-Full-Report.pdf>.

²² California Housing Partnership Corporation. (2019). *California's Housing Emergency Update*. Retrieved from: https://1p08d91kd0c03rlxhmtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2019/03/CHPC_HousingNeedReport_2019_PRINT_Rev4-5-19_Hi-Res.pdf.

²³ Fuller, T., & Haner, J. (2019, December 17). Among the World's Most Dire Places: This California Homeless Camp. *New York Times*. Retrieved from: <https://www.nytimes.com/interactive/2019/12/17/us/oakland-california-homeless-camp.html>.

Effects of climate change on community wellness

Since 2014, public awareness and concern about the impact of climate change have grown as wildfires, extreme heat, and drought have plagued California. Alongside rising sea levels, the ripple effects of climate change are projected to affect nearly every aspect of Californians' lives, including housing, access to safe and affordable drinking water, food production, and air quality.^{24,25} Safety net, health care, and basic service providers will need to build a stronger readiness to respond to the fallout of these climate events.

The same social determinants of health also determine a population's ability to mitigate, adapt to, and recover from climate disasters, including drought, flood, wildfire, and extreme heat. Grantees and peer funders in this assessment both lifted up the ways climate change has disproportionately negative implications for health among the populations Advancing Wellness most aims to support. Research shows that climate change will only compound existing health inequities according to income, race, and geography,²⁶ and even as this assessment was underway, grantees faced the possibility of grappling with wildfire-related power outages. Further, many small, rural water districts do not have the necessary resources to prepare and overcome water shortages related to drought.²⁷ During extreme heat events, farm workers and urban dwellers in areas with few trees will experience the greatest heat extremities, and low-income Californians are less likely to have air conditioning in their homes or have access to nearby cooling centers. Low-income populations have faced and will continue to face challenges to relocate if displaced by fire, flood, or access to water.

No interviewee suggested that Cal Wellness should become a "climate funder." However, Cal Wellness should consider how this issue impacts and will impact its Advancing Wellness grantees. Just as Cal Wellness understands leadership burnout as a threat to grantee sustainability (and thus provides sabbatical grants), it can similarly understand climate change as a threat to grantee sustainability and consider with grantees how best to prepare for and ameliorate this threat.

"Climate change is one of those sneaky things. More and more the impact of the weather in the natural environment takes up a lot of our resources, but also our time."

– Influential Interviewee

Examples of how climate change may impact the work of Advancing Wellness grantees and their communities:

- Grantees may experience more frequent power cuts and possible evacuations. They may need to budget for emergency generators and evacuation planning.
- Grantees may also experience disruptions in their workplans when wildfires cause air quality to be so poor that staff or volunteers must remain at home.
- Grantees providing health services may need additional support to plan and prepare for increased demand during periods of extreme heat.
- Grantees in rural California may also need additional support to prepare and plan to meet the challenges of increased spread of disease and food and water insecurity.

²⁴ California's Fourth Climate Change Assessment. (2019). *Statewide Summary Report (Report No. SUM-CCCA4-2018-013)*. Retrieved from: <https://www.energy.ca.gov/sites/default/files/2019-07/Statewide%20Reports-%20SUM-CCCA4-2018-013%20Statewide%20Summary%20Report.pdf>.

²⁵ Constible, J., Morganelli, C., & Berquist, K. (2019, February). Climate Change and Health in California. Retrieved January 2020, from: <https://www.nrdc.org/sites/default/files/climate-change-health-impacts-california-ib.pdf>.

²⁶ Shonkoff, S.B., Morello-Frosch, R., Pastor, M., & Sadd, J. (2011). The Climate Gap: Environmental Health and Equity Implications of Climate Change and Mitigation Policies in California—A Review of the Literature. *Climatic Change (2011) 109 (Suppl. 1)*. Retrieved from: <https://escholarship.org/uc/item/4815h61w>.

²⁷ Pacific Institute. (2017). *Drought and Equity in California*. Authors: Feinstein, L., Phurisamban, R., Ford, A., Tyler, C., & Crawford, A. Retrieved from https://pacinst.org/wp-content/uploads/2017/01/PI_DroughtAndEquityInCA_Jan_2017.pdf.

The importance of—and threats to—immigrant communities

The Trump Administration’s relentless rhetorical and political attacks on immigrant communities have created a nationwide environment of hostility for immigrants. While California has actively resisted these attacks through bills such as the California Sanctuary Law SB54,²⁸ and cities across the state have issued formal sanctuary policies, the threat of Immigration and Customs Enforcement (ICE) raids have cast a shadow of fear over California’s immigrant communities.²⁹ Furthermore, federal policies, such as public charge, threaten to deter undocumented individuals from seeking out and accessing vital public benefits like Medicaid and SNAP, further compounding the health disparities these communities experience.³⁰

Such threats to immigrant communities are happening as immigrants serve increasingly integral roles in California’s economic and social fabric. Of particular relevance to Cal Wellness’ issues of concern, peer funders noted the immense contributions of immigrants and the continued opportunity to support the growing percentage of immigrants who design and deliver health care in California.

“In a state that is populated with immigrants, whose future depends on immigrants, [a focus on immigration in grantmaking] is an enormous investment in the future and in the future of all of us.... I would say it is the path to achieving the most impact.”

– Influential Interviewee

Recommendation: Improve Data Capture and Coding Processes

In analyzing the database of Advancing Wellness grants, we encountered some limitations to our assessment that stemmed from data coding issues—some of which may have already been solved by the foundation’s recent transition to a new database system. Due to these challenges, our experience leads us to recommend streamlining data coding practices so that they are easy to apply consistently to all grants. This shift will enable Cal Wellness to produce higher-quality data and thus better understand and report about its work.

Streamline grant data coding practices

Guided by its equity targets, Cal Wellness can streamline its grant data by determining which distinctions among different populations, and which types of change, are particularly important to track. While it is tempting to collect more data than less, doing so creates an administrative burden that will almost inevitably diminish the accuracy, consistency, and usefulness of data collection and reporting. By honing in on those particular data points that Cal Wellness wants to capture most, the foundation can build data management processes that are manageable for staff, sufficiently answer key organizational questions, and aid decision-making.

Cal Wellness can further simplify its grant tracking by determining the degree of disaggregation needed. As it stands, many grants are coded to multiple geographic areas, populations, portfolios, and foundation goals—even if only a small percentage of their work is in that area, with that population, etc. For some of these categories, it may be more useful for Program Officers to ask grantees to identify a *primary* area, population, strategy, etc., to reduce confusion in analysis caused by coding overlap.

²⁸ Adler, B. (2017, October 5). California Governor Signs ‘Sanctuary State’ Bill. *NPR*. Retrieved from: <https://www.npr.org/sections/thetwo-way/2017/10/05/555920658/california-governor-signs-sanctuary-state-bill>.

²⁹ McDonnel Nieto del Rio, G., Hennessy-Fiske, M., & Carcamo, C. (2019, July 15). Hiding from ICE Raids: “People Are Terrified to Go Out on the Streets.” *Los Angeles Times*. Retrieved from: <https://www.latimes.com/local/lanow/la-me-ice-raids-immigrant-communities-20190715-story.html>.

³⁰ National Immigration Law Center. (n.d.). *Public Charge*. Retrieved from: <https://www.nilc.org/issues/economic-support/pubcharge/>.

Continue to collect stories of change

Cal Wellness will be better positioned to share its impact if it begins systematically collecting grantee stories about the types of change they are observing and contributing to. Cal Wellness and its learning partner(s) can draw on these stories as sources of rich qualitative data for the final assessment as well as use them to communicate Cal Wellness' funding priorities and contributions to peer funders, external stakeholders, and existing and potential grantees.

The simplest way to collect these narratives is by updating the final grant reporting form to solicit stories of change, potentially with language similar to the “Most Significant Change” question we included in our grantee survey. Cal Wellness should also consider more informal opportunities for Program Officers to collect stories through site visits, photos, and interviews with grantee staff and community members who are affected by grantees' work.

This approach is particularly relevant to the final assessment as Cal Wellness seeks to bring a stronger equity and power-building lens to its work. In a Power-Building Landscape Assessment (PLA) of California for the California Endowment, researchers at USC's Program for Environmental and Regional Equity (PERE) noted, “The PLA points to an opportunity to push both philanthropy and the field toward a new ecosystem-approach to evaluation and measurement. Rather than measuring the capacity, influence, and effectiveness of individual organizations, it is the diverse and dynamic ecosystem that should serve as the unit of evaluation.” Capturing these second-degree impacts through grantees' stories and qualitative data collection is another way to illustrate and understand the complex ripple effects that an individual grantee—and by extension, the foundation—can have on its community, partners, and direct service recipients.

Concluding Thoughts

The first five years of Advancing Wellness occurred during a period of significant shifts in the external policy landscape. In a matter of months, Advancing Wellness grantees went from implementing the expansion of health care access under the ACA to defending the policy's existence. One of the defining features of Advancing Wellness is its strategic responsiveness to these shifts. Cal Wellness was able to adapt and pivot alongside its grantees *because* Advancing Wellness was not designed to be overly rigid or directive. As a result, hundreds of vital, community-oriented nonprofits and thousands, if not millions, of individual Californians benefited through increased access to services and opportunities, effective legal and policy changes, and shifting social norms to support community wellness.

The second five years of Advancing Wellness are likely to continue to see this level of political instability. Therefore, maintaining the flexibility and responsiveness of the Advancing Wellness strategy will be critical. Every recommendation included in this report stands only if it can be implemented in service of that responsiveness and in alignment with the foundation's commitment to community-led and assets-based approaches to improving the social determinants of health. It must be noted that maintaining responsiveness to communities is not the same as passivity in grantmaking. Centering equity and implementing an anti-racist, anti-sexist approach to grantmaking, in particular, will continue to require proactive outreach and intentional target-setting and decision-making. Cal Wellness leads in this arena when compared with philanthropy at large, but that is, undeniably, a low bar for change. The remaining years of Advancing Wellness are the perfect opportunity to raise that bar internally and, where possible, throughout the philanthropic community.

In sum, this assessment finds that Cal Wellness has met and often exceeded its own aspirations for Advancing Wellness. Our final recommendation is that, in considering this report, the foundation prioritize strengthening what is already working well, and putting extra energy into those areas that show promise of even greater impact—centering equity, supporting grantees to self-organize and collaborate, and selecting grantees who rely on, embody, and encourage community-driven change.

Appendices

Appendix A: Guiding Questions A1

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Appendix I: Theory of Change I1

Appendix A: Guiding Questions for the Advancing Wellness Assessment

1. Are the open LOI process, and Cal Wellness' responsive stance, resulting in funding reaching new or less connected grantees, including in rural areas?
2. Do grants provided in general operating support yield increased adaptability, sustainability, and/or leveraging of additional resources for grantees?
3. How best to balance the inherent tensions between “being responsive” and “becoming a gap-filler” and between “having a holistic understanding of wellness” and “spreading grants too thin”?
4. How should the benefits of policy/systems grantee activities be understood and assessed relative to the benefits of direct services (which may, with care, be measured more readily)?
5. How can Cal Wellness continue to strengthen and expand its commitment to DEI within grantmaking?
6. Are refinements made to the grantmaking (as Cal Wellness adapts and pivots in response to a rapidly changing external context) strengthening and improving the Advancing Wellness strategy?

Appendix B: Cal Wellness Grantee Survey Protocol

BACKGROUND

1. *What is your role at your organization (role of person filling out this survey)? (*open-ended*) _____

PREPARATION

Take a moment, on your own or in conversation with colleagues, to consider the following prompts:

- Think about the support your organization has received from Cal Wellness—What comes to mind?
- Thinking as far back as October 2014 (if relevant), how has Cal Wellness' support affected your organization/activities/constituents/community?

Now consider any significant changes enabled or supported by your Cal Wellness grant(s):

- If you are a direct service provider, these may include changes in your organization, staff, program(s) or services, or population(s) served.
- If you are a research or policy organization, the changes may include effects of influential studies or publications, new partnerships, progress toward policy goals, or shifts in strategy to accommodate a changing landscape.
- Other types of change may also come to mind (e.g., support for leaders, organizational capacity building)

THE STORY

2. *Please describe a story that best illustrates the most significant impact or change to which your funding from Cal Wellness has contributed. The story should include the basic “five W’s”: Who, What, Where, When and Why, and as much of “How” as you can fit (250 words max). The more rich detail you can provide, the better!

THE HEADLINE

3. *In 15 words or less, please write a short headline for the story you drafted above.

The following questions are specific to one or more grants your organization has received from Cal Wellness since October 2014. For each grant, we remind you of its stated purpose and ask you to respond to a small number of questions related to progress toward that purpose. This question is intended to help Cal Wellness learn more

about its grantees' work—both successes and challenges—and will not impact your current or future funding. If you have received more than three grants, we ask only about the three largest (by \$ amount).

4. ***[Question for active grants]**

How well would you say your Cal Wellness-supported work has been progressing toward its original grant purpose? If it's helpful, we've listed your grant purpose below. *[Merge in grant purpose from grant spreadsheet] (Select one)*

[Question for inactive grants]

During your grant period, how well would you say your Cal Wellness-supported work progressed toward its original purpose? If it's helpful, we've listed your grant purpose below. *[Merge in grant purpose from grant spreadsheet] (Select one)*

[Grant information populated here: Grant Number, Start Date, Amount, Term, and Purpose]

[Answer options for active grants]

- a) We haven't started *[If selected, prompt respondent to elaborate]*
- b) We have made less progress than we'd hoped by now *[If selected, prompt respondent to elaborate]*
- c) Our progress is on track
- d) Our progress has been faster than we expected
- e) We have largely or completely achieved the purpose of this grant
- f) We have changed our grant purpose *[If selected, prompt respondent to elaborate]*
- g) Other *(please explain)*
- h) I don't know or I don't have the information necessary to answer this question

[Answer options for inactive grants]

- i) We have largely or completely achieved the purpose of this grant
- j) Our grant ended, but the grant purpose was not achieved
- k) We changed our grant purpose *[If selected, prompt respondent to elaborate]*
- l) Other *(please explain)*
- m) I don't know or I don't have the information necessary to answer this question

5. ***[If Q4 = a]** Please tell us a bit more about why your grant-supported work hasn't started.

***[If Q4 = b]** Please tell us a bit more about how and why your grant-supported work is moving slower than expected.

If you feel your most recent grant report answers this question, type "Answered" in the box below. (Open-ended)

***[If Q4 = f or k]** Please tell us a bit more about how and why your grant purpose changed.

If you feel your most recent grant report answers this question, type "Answered" in the box below. (Open-ended)

***[If Q4 = j]** Please tell us a bit more about how and why your grant-supported work did not achieve its purpose.

If you feel your most recent grant report answers this question, type "Answered" in the box below. (Open-ended)

***[If Q4 = g or l]** In a few words, please elaborate. If you feel your most recent grant report answers this question, type "Answered" in the box below. *(Open-ended)*

-
-
6. ***[If Q4 = c, d, e or i]** In thinking about the *types of change* you've made through your grant-supported work, approximately what percentage of the progress your grant-supported work has achieved would fit into each of the following types of change?

The response options below include both “informal” and “formal” changes:

- **Informal changes** are intangible – such as attitudes, beliefs, and ideas. They are in the realm of the unseen and yet they are felt.
- **Formal changes** are tangible – they are dollars and cents, services provided, or laws and policies adopted, changed, and/or implemented.

Both are necessary and important to broader social change.

Note: If your work has not made progress in one or more of the types of change listed below, please indicate that with a zero.

Informal changes among individuals/beneficiaries (e.g., changes in personal awareness or behaviors among beneficiaries): _____%

Formal change for individuals (e.g., increased access to resources, services, benefits, or opportunities): _____%

Informal changes at a community or institutional level (e.g., changes in social norms, beliefs, or practices): _____%

Formal changes at a community or institutional level (e.g., changed laws or policies): _____%

7. ***Other than the grant money itself, which of the following factors has been most meaningful to you as a grantee? (Select one)**
- Cal Wellness' institutional voice/advocacy efforts on issues of concern to our organization
 - Cal Wellness staff are visible in our community
 - Our feeling that we can easily reach a program director at Cal Wellness to discuss any challenges or changes related to our organization's work or our grant.
 - Cal Wellness leadership (staff and board) reflects the racial diversity of California
 - Cal Wellness' rapid response to the 2016 election (Advance and Defend)
 - Other (please specify): _____
8. **[Optional]** Please describe HOW your response to the prior question has been meaningful, being as specific as possible. (*Open-ended*)

9. *Cal Wellness aims to provide excellent customer service and respond to the needs of the people of California. When you consider various types of responsiveness, which of the following is most critical to your organization? *Please rank the following in order of importance where #1 is most important. (Ranked order)*
- Accessibility:** Cal Wellness staff contact information is publicly available on the website, making it easy to reach out to individual staff directly.
 - Issue spotting:** Cal Wellness program staff pay attention to emerging issues and trends.
 - Open door policy:** anyone can apply for funds at any time.
 - Organization spotting:** Cal Wellness staff actively seek out organizations that are less well-known.
 - Visibility:** Cal Wellness staff regularly are out in the field, attending community events and making site visits.
 - Other:** Are there other ways in which Cal Wellness is, or should be, responsive? *(Please specify):*

10. In what other ways is CalWellness responsive (or in what ways should they be)? *(Open-ended)*

CONTACT INFORMATION

11. *If we have follow up questions about your “most significant change” story, may we (Informing Change staff) contact you? *(Select one)*
- Yes
 - No
12. *[If yes to Q11] What is your name (first and last)? _____
13. *[If yes to Q11] What is your email address? _____

Thank you!

Appendix C: Methods

DATA COLLECTION & ANALYSIS

To answer the questions developed in partnership with the California Wellness Foundation, Informing Change collected data from a variety of informants and sources (including grantees, Foundation board and staff, and external leaders in the field), using different data collection and analysis methods. Data collection occurred between April and October 2019, with analysis and reporting staggered to align with quarterly board meetings. This appendix provides an overview of the evaluation's informant types and data collection methods.

INFORMANT TYPES

Informing Change collected data from numerous informants over the course of seven months, including:

- Current and former Advancing Wellness grantees
- Programs staff
- Cal Wellness board members
- Field influencers: Leaders within the healthcare, philanthropic, policy and politics, and nonprofit sectors (as identified by Cal Wellness)

DATA COLLECTION METHODS

Surveys

Informing Change administered a survey to all 409 former and current Advancing Wellness grantees. The grantee survey was administered online from June 21 to July 17, 2019, and ultimately received 174 grantee responses (43%). This survey was intended to solicit grantees' "Most Significant Change" stories related to their Cal Wellness-funded work, their perspectives on the Foundation's responsiveness to their and their community's needs, and the progress of their work towards its intended outcomes.

Qualitative Data Collection

Informing Change conducted several types of qualitative data collection activities with Foundation staff and board, grantee staff and service beneficiaries, and external influencers. The purpose of the qualitative data collection activities was to understand the implementation of Advancing Wellness over the last five years, the impact that this funding has had on grantees' work, and where there may be opportunities to refine or adjust the Advancing Wellness strategy as it looks ahead to the next five years. Following are descriptions of each data collection method. The names of individuals who participated in interviews, focus groups, and mapping sessions are included later in this appendix.

Exploratory Interviews (March & April 2019)

Informing Change conducted one-on-one interviews with Cal Wellness' board members, CEO, and select Programs staff at the outset of the engagement to inform the creation of learning questions and an assessment framework.

Influencer Interviews (July & August 2019)

Informing Change worked with Cal Wellness leadership to identify 10 informants for an external landscape scan (See Appendix D for a full list of interviewees). These “Influencer” interviews, conducted in July and August, focused on understanding stakeholders’ perceptions of Cal Wellness’ reputation and influence, as well as broader shifts in the healthcare and philanthropic fields since the start of Advancing Wellness and into the future. Informing Change also conducted a web-based scan of secondary resources to supplement and reinforce the high-level themes and issues raised in these interviews.

Grantee Ripple Effect Mapping Sessions (September & October 2019)

Informing Change conducted two in-person Ripple Effect Mapping (REM) sessions with grantees in September and October 2019. One session was held in Sacramento (13 grantees) and the other was held in Los Angeles (23 grantees), predominately drawing grantee organizations from these two cities. The mapping session design draws from three key methods—most significant change, outcome harvesting, and REM—to gather stories of the ways that Cal Wellness’ support has influenced grantees’ work, as well as broader changes in health and wellness programming, systems, policies, and individual outcomes.

Grantee Site Visits (October 2019)

To ensure that rural grantees were sufficiently represented in our data collection (and to compensate, in part, for the fact that our mapping sessions were both held in urban cities), we conducted two site visits to rural communities. During these visits, we had the opportunity to tour grantee offices or facilities, meet with program implementers, and talk to the beneficiaries and other local residents about the impact that Cal Wellness funding has had in their communities.

Site	Grantees
Visalia and Delano	<ul style="list-style-type: none"> • Community Water Center • Center for Race, Poverty, and the Environment
Coachella Valley	<ul style="list-style-type: none"> • Coachella Valley Volunteers in Medicine • Pueblo Unido CDC

Background Document Review

Informing Change conducted a thorough review of background documents and data that Cal Wellness made available. These included workplans and logic models for each portfolio, board memos for the last five years, strategic planning documents, existing evaluation materials and reports, and grants database documentation, among other items.

Input from Cal Wellness Staff

Throughout the evaluation, Informing Change had semimonthly calls with Tina Eshaghpour, Director of Organizational Learning & Evaluation at Cal Wellness, and periodic calls with CEO Judy Belk, Vice President of Programs Fatima Angeles, and Vice President of Public Affairs Richard Tate. These individuals provided guidance and feedback on protocols and surveys to ensure our materials and lines of inquiry aligned with the evaluation questions and goals. They also reviewed early findings and recommendations. Informing Change is grateful for the insights and guidance they shared.

DATA ANALYSIS

All data collected for this project were analyzed using either qualitative or quantitative data analysis methods. Informing Change also conducted additional quantitative data analysis on Cal Wellness' grants management database and past grant application data.

Qualitative data were transcribed and analyzed in Dedoose, a qualitative data analysis software program, using a coding scheme developed by our team and aligned with the interview and focus group protocols and evaluation questions. Early exploratory interviews served as a guide for modifying and updating the coding scheme appropriately when analyzing mapping session and in-depth interview data.

Quantitative data were analyzed using SPSS, a statistical analysis software program. We drew basic frequencies and explored the statistical significance of certain subgroups' answers to questions in the grantee survey. Because the surveys were administered using unique links for all respondents, data from Cal Wellness' grants database were merged into the survey responses and used in the analysis as well. Specifically, Informing Change examined differences in the following groups:

- Geographic reach
- Primary target populations
- Program areas
- Grant amount

The final step in the analysis process involved bringing together both qualitative and quantitative analysis in a series of integrated analysis meetings and discussions, producing statements of findings generated through a collaborative and iterative process.

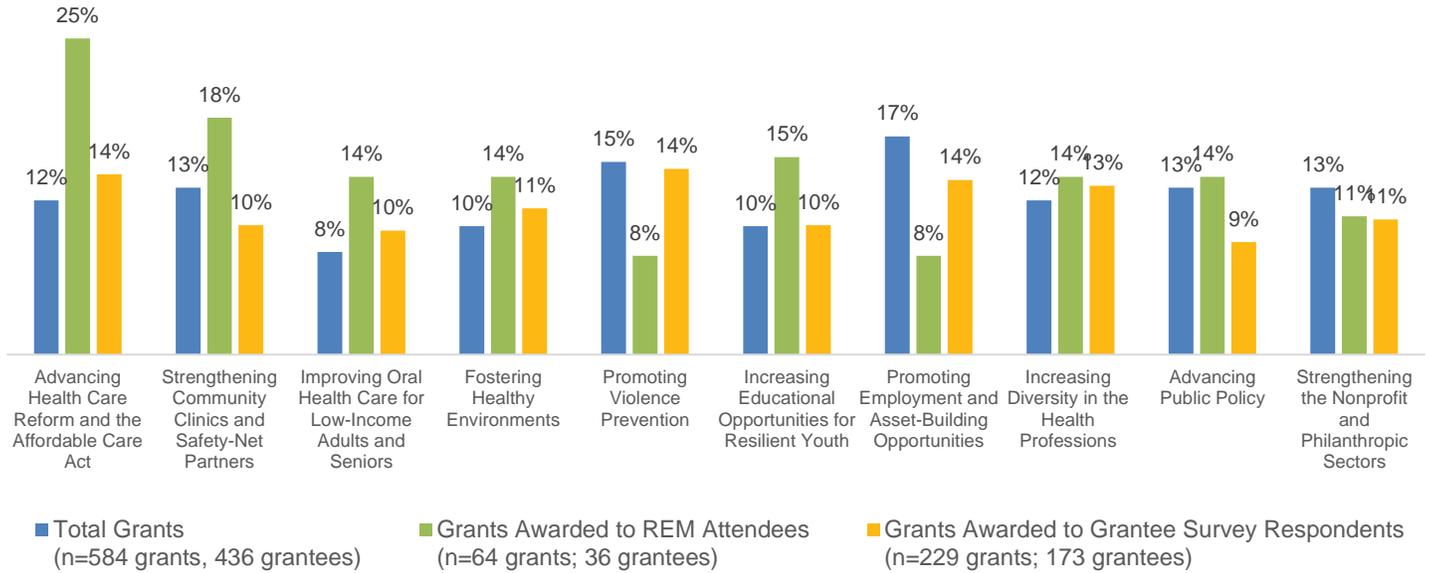
Representativeness of Data

To further validate our findings, we looked at the representatives of the grantee survey respondents and REM session attendees in relation to the full Advancing Wellness grantee database. Specifically, we used the number of grants as the metric for comparison and looked at representation by program area and geographic reach. Overall, we found that for both methods, our grantee sample was fairly representative of the full dataset with some overrepresentation of statewide grantees in the REM sessions (likely because it was hosted in Sacramento, where there are more grantees working at the state policy level).

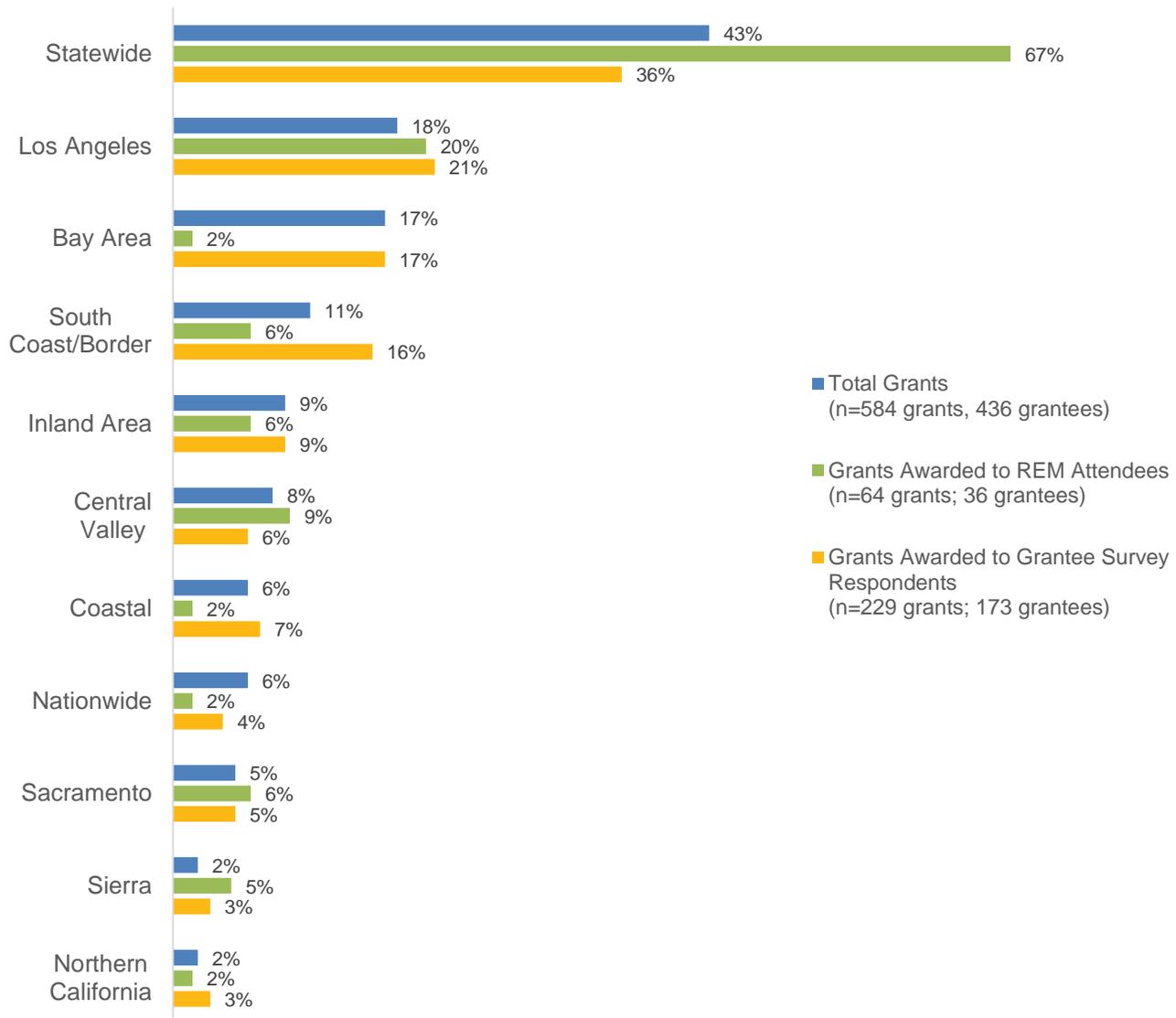
Grantee Survey: In total, 174 grantees completed the grantee survey, representing 228 unduplicated grants from Cal Wellness (*range: 1–5 grants*).

REM Sessions: In total, staff from 36 grantee organizations attended the Sacramento (13) and Los Angeles (23) REM sessions. Altogether, these grantees have received 65 unduplicated grants from Cal Wellness (*range: 1–8 grants*).

Representation by Program Areas



Representation by Geography (of Grant Work)



Appendix D: Participants in the REM Sessions

Grantee	Primary Program Area(s)
California Immigrant Policy Center	Advancing Public Policy
California Organization for Reproductive Freedom	Strengthening Community Clinics and Safety-Net Partners
California Pan-Ethnic Health Network	Advancing Health Care Reform and the Affordable Care Act; Improving Oral Health Care for Low-Income Adults and Seniors
California Primary Care Association	Strengthening Community Clinics and Safety-Net Partners
California State Treasurer's Office, CalSavers	Promoting Employment and Asset-Building Opportunities
Campaign for College Opportunity	Increasing Diversity in the Health Professions
Catholic Charities of California, Inc.	Advancing Public Policy
Center for Collaborative Planning	Promoting Employment and Asset-Building Opportunities, Strengthening Community Clinics and Safety-Net Partners
Children's Defense Fund of California	Increasing Educational Opportunities for Resilient Youth, Promoting Violence Prevention
Community Clinic Association of Los Angeles County	Strengthening Community Clinics and Safety-Net Partners
Educational Results Partnership	Increasing Educational Opportunities for Resilient Youth
Essential Access Health	Strengthening Community Clinics and Safety-Net Partners
Health Access Foundation	Advancing Health Care Reform and the Affordable Care Act
Health Professions Education Foundation	Increasing Diversity in the Health Professions
Inclusive Action for the City	Fostering Healthy Environments
John Burton Advocates for Youth	Increasing Educational Opportunities for Resilient Youth
Korean Resource Center	Advancing Health Care Reform and the Affordable Care Act
Kounkuey Design Initiative	Fostering Healthy Environments
Marcus Foster Education Institute / California Medicine	Increasing Diversity in the Health Professions
My Sister's House	Strengthening the Nonprofit and Philanthropic Sector
National Foster Youth Institute	Increasing Educational Opportunities for Resilient Youth
National Health Law Program	Advancing Health Care Reform and the Affordable Care Act
Power California	Advancing Public Policy
Public Health Advocates	Fostering Healthy Environments
Southeast Asian Community Alliance of Los Angeles	Fostering Healthy Environments
Sierra Health Foundation	Promoting Violence Prevention, Promoting Employment and Asset-Building Opportunities

South Asian Network	Advancing Health Care Reform and the Affordable Care Act
UCLA Center for Health Policy Research	Improving Oral Health Care for Low-Income Adults and Seniors, Advancing Public Policy
UCLA Semel Institute for Neuroscience and Human Behavior	Strengthening Community Clinics and Safety-Net Partners
UCLA Watts Leadership Institute	Strengthening the Nonprofit and Philanthropic Sector
United Muslim Medical Association Community Clinic	Strengthening Community Clinics and Safety-Net Partners, Improving Oral Health Care for Low-Income Adults and Seniors
Westside Family Health Center	Strengthening the Nonprofit and Philanthropic Sector
Women's Empowerment	Promoting Employment and Asset-Building Opportunities
Worksite Wellness LA	Advancing Health Care Reform and the Affordable Care Act
Yes2kollege	Increasing Diversity in the Health Professions
Youth Law Center	Increasing Educational Opportunities for Resilient Youth

Appendix E: Cal Wellness Board Member Interviewees

- Isabel Becerra
- Judy Belk
- Xochitl Castaneda
- Beth Hallman
- Joe Lumarda
- Terence Mulligan
- Debra Nakatomi
- Arnold Perkins
- Angelica Salas
- Pam Simms-Mackey
- Ernie Wilson
- Geri Yang-Johnson

Appendix F: Influencer Interviewees

- **Cathy Cha**, President, Evelyn & Walter Haas, Jr. Fund
- **Paul Harder**, Founder & CEO, Harder+Company Community Research
- **Marqueece Harris-Dawson**, Councilmember, City of Los Angeles
- **Sandra Hernandez**, President & CEO, California Health Care Foundation
- **Jan Masaoka**, CEO, California Association of Nonprofits
- **Faith Mitchell**, President & CEO, Grantmakers in Health
- **Dr. Robert Ross**, President & CEO, The California Endowment
- **Ashley Swearengin**, President & CEO, Central Valley Community Foundation
- **Edgar Villanueva**, Vice President, Programs & Advocacy, Schott Foundation; Author, *Decolonizing Wealth*
- **Daniel Zingale**, Communications Director, Office of Governor Gavin Newsom

Appendix G: Grant Maker Interviewees

- Fatima Angeles
- Crystal Crawford
- Alex Johnson
- Jeffrey Kim
- Earl Lui
- Sandra Martinez

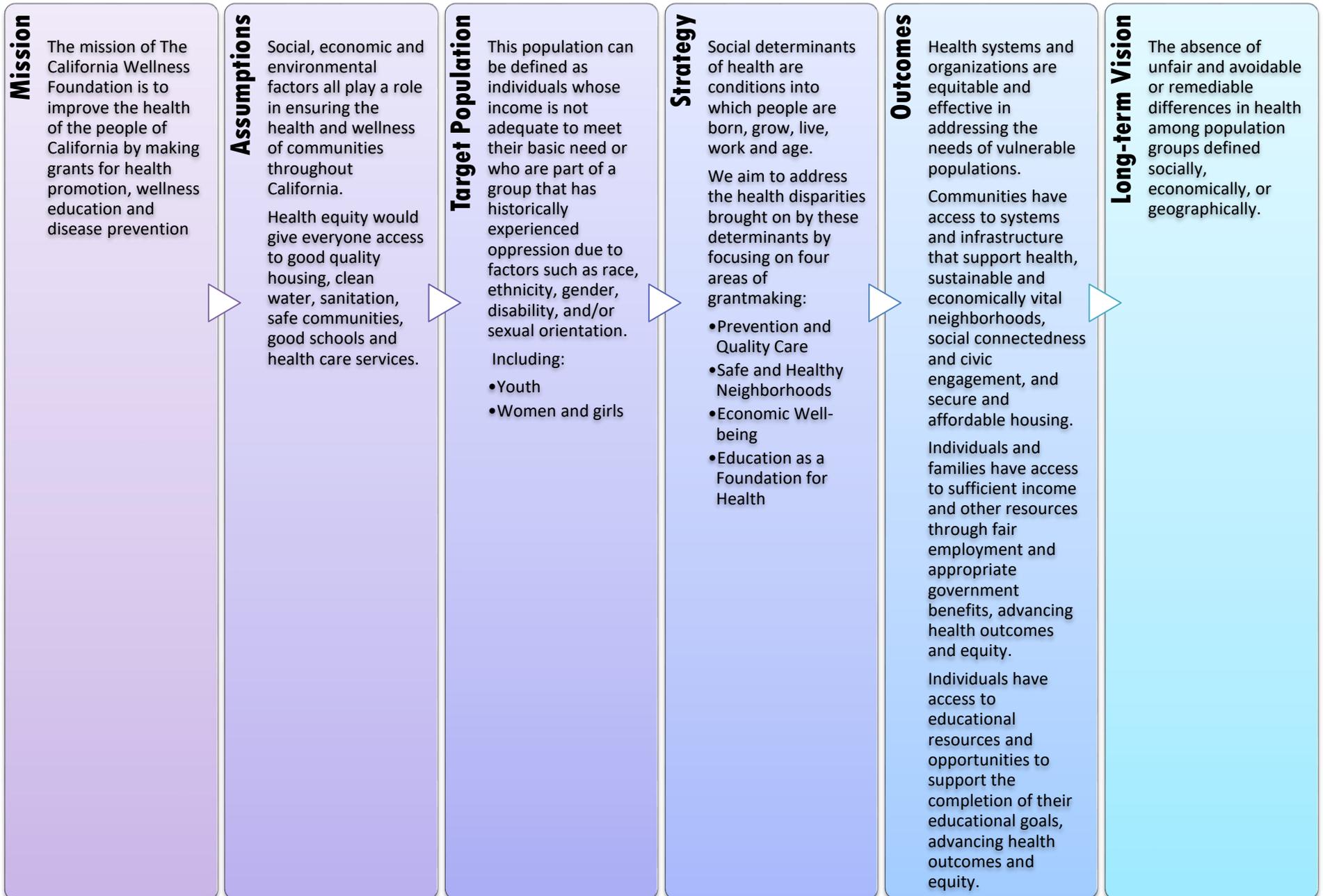
Appendix H: Grantee Survey Respondents

- 18 Reasons
- Academy for Grassroots Organizations
- ACLU Foundation of San Diego & Imperial Counties, Inc.
- African Coalition Workforce
- All Peoples Community Center
- Alliance Piera Barbaglia Shaheen Health Services Academy
- Another Way
- Asian Americans Advancing Justice Los Angeles
- Asian Health Services
- Asset Funders Network
- Association of Black Foundation Executives, Inc.
- Berkeley Media Studies Group
- Berkeley Repertory Theatre
- Beyond Emancipation
- Bienestar Human Services, Inc.
- Big Sur Land Trust
- BUILD Program
- Building Opportunities for Self-Sufficiency
- California Black Women's Health Project
- California Coverage and Health Initiatives
- California Health Workforce Alliance
- California Immigrant Policy Center
- California Rural Indian Health Board, Inc.
- California State University Bakersfield
- California Youth Connection
- Casa Cornelia Legal Services
- Catholic Charities of California
- Center for Health Policy Research
- Center on Budget and Policy Priorities
- Center on Policy Initiatives
- Central California Regional Obesity Prevention Program
- Central Coast Alliance United for a Sustainable Economy
- ChangeLab Solutions
- Charles Drew University of Medicine & Science
- Children Now
- Children's Hospital & Research Center at Oakland
- Chinatown Service Center
- Coachella Valley Volunteers in Medicine
- Coalition for Humane Immigrant Rights of Los Angeles
- ColorOfChangeOrg Education Fund, Inc.
- Comite Civico Del Valle, Inc.
- Commonweal
- CommuniCare Health Center
- Communities United for Restorative Youth Justice
- Community Clinic Association of Los Angeles County
- Community Clinic Association of San Bernardino County
- Community Development Technologies Center
- Community Health Initiative of Orange County
- Community Health Partnership of Santa Clara County, Incorporated
- Congregations Organized for Prophetic Engagement
- Council of Community Clinics
- Diversity in Health Training Institute
- Educational Results Partnership
- Environmental Health Coalition
- Everett Program
- Foundation for California Community Colleges
- Free Clinic of Simi Valley
- Fresno Area Hispanic Foundation
- Fresno Metropolitan Ministry
- Funders for Lesbian and Gay Issues, Inc.
- Gardner Family Health Network, Inc.
- Gary and Mary West Senior Dental Center, Inc.
- Greenaction for Health and Environmental Justice
- Guardian Org Foundation
- Guardian Professions Program, UC Davis Office of Graduate Studies

- Health Alliance of Northern California
- Healthforce Center at UCSF
- Home Start, Incorporated
- Hope and Heal Fund
- Humboldt State University ELITE Scholars
- Imperial Valley College
- Insure the Uninsured Project
- Kitchens For Good
- Kounkuey Design Initiative, Inc.
- KQED, Inc.
- Laguna Beach Community Clinic
- Legal Community Against Violence
- Liberty Hill Foundation
- Library Foundation of Los Angeles
- Livingstone Community Development Corporation
- Los Angeles Alliance for a New Economy
- Los Angeles Christian Health Centers
- Los Angeles City College Foundation
- Los Angeles Neighborhood Land Trust
- Maternal and Child Health Access
- Meals-on-Wheels Greater San Diego, Inc.
- MEND-Meet Each Need With Dignity
- Mentoring in Medicine & Science, Inc.
- Mount Saint Mary's University
- My Sister's House
- National Family Planning & Reproductive Health Assoc, Inc.
- National Health Law Program, Inc.
- National Immigration Law Center
- National Medical Fellowships, Inc.
- National Urban Fellows, Inc.
- Native American Health Center, Inc.
- North Coast Clinics Network
- Npower, Inc.
- Oakland Promise
- Opportunity Institute
- Opportunity Junction, Inc.
- Orange County Conservation Corps
- Our Saviour Center, Cleaver Family Wellness Clinic
- Pediatric Dental Initiative of the North Coast
- Peninsula Family Service
- Physicians Medical Forum
- Prevention Institute
- Project Kinship
- Prospera Community Development
- Public Health Advocates
- Public Health Institute
- Pueblo Unido CDC
- REDF
- Resilience OC
- Respectability
- Richmond Community Foundation
- Rosenberg Foundation
- Rubicon Programs, Inc.
- Ryse, Inc.
- Sacramento Native American HealthCenter, Inc.
- Saint John's Program for Real Change
- San Diego Grantmakers
- San Diego MANA
- San Francisco Foundation
- San Mateo County Community College District
- SchoolHouse Connection
- Services & Immigrant Rights & Education Network
- Silicon Valley Children's Fund
- SLO Noor Foundation, A Non-Profit Corporation
- Social Action Partners
- Social Impact Fund
- Soil Born Farm Urban Agriculture Project
- Sonrisas Dental Health, Inc.
- South Asian Network, Inc.
- South Bay Community Services
- Southeast Asian Community Alliance
- Southern California Public Radio
- Spirit Awakening Foundation
- St. Jeanne De Lestonnac Free Clinic
- Strategic Concepts in Organizing and Policy Education
- Supporting Initiatives to Redistribute Unused Medicine - Sirum
- Swords to Plowshares Veterans Rights Organization
- The California Conference for Equality and Justice, Inc.
- The Sierra Fund
- The Village Project

- Transgender Law Center
- Tri-State Community Healthcare Center
- UC Davis School of Medicine, Office of Medical Education, Office of Student and Resident Diversity
- UCLA Labor Center
- UCSF School of Medicine Office of Outreach & Academic Advancement
- Uncommon Good
- University Muslim Medical Association, Inc.
- University of California, Los Angeles, Academic Advancement Program
- University of California, Merced
- University of California, Riverside, Office of Foster Youth Support Services
- University of California, Riverside, School of Medicine
- Urban Peace Institute
- USC Annenberg School for Communication and Journalism
- Ventura County Community Foundation
- Violence Prevention Research Program
- Visión y Compromiso
- Vista Community Clinic
- W. Haywood Burns Institute
- Walking Shield, Inc.
- West Valley Counseling Center A Non-Profit Organization
- Western Center on Law and Poverty
- Westminster Free Clinic
- Women of Substance & Men of Honor, Inc.
- Women's Foundation of California
- Worksite Wellness LA
- Yes 2 Kollege Educational Resources, Inc.
- Youth Alive
- Youth Law Center
- Youth Radio
- Yuba Sutter Economic Development Corporation

TCWF Strategic Plan: Theory of Change



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