BUILDING HEALTHY COMMUNITIES

Aligning State and Local Endowment Investments to Support Policy and Systems Change in South Sacramento

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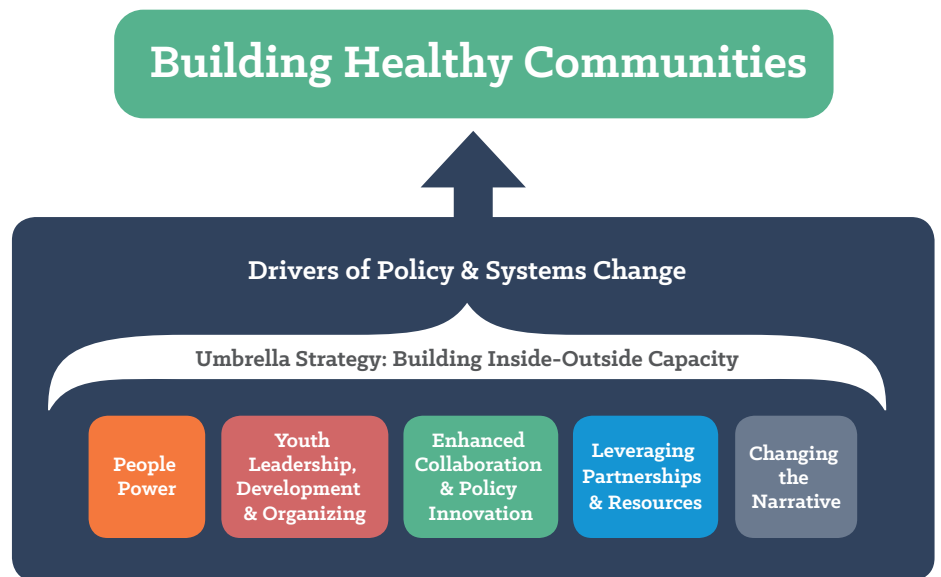Deryn Dudley, M.S., Community Science
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Community
Science

BUILDING HEALTHY COMMUNITIES

"BHC's theory of change is about creating space for community organizing, leadership development and multisector collaboration… to drive change."

The California Endowment (the Endowment or TCE) strives to expand access to affordable, quality health care for underserved individuals and communities and improve the health status of all Californians. In March 2010, the Endowment formally launched Building Healthy Communities (BHC). The 10-year, $1 billion initiative is working in 14 communities across the state to invest in building community capacity to change policy and systems at local, regional, and statewide levels in order to create healthier environments that improve health status. The initiative is using a "place-based-plus" approach that aligns the collective efforts of BHC communities with statewide advocacy and communications to promote health equity and health justice.

Building Healthy Communities

Drivers of Policy & Systems Change

Umbrella Strategy: Building Inside-Outside Capacity

| People Power | Youth Leadership, Development & Organizing | Enhanced Collaboration & Policy Innovation | Leveraging Partnerships & Resources | Changing the Narrative |

The initiative's theory of change is about building community capacity for policy and systems change by "creating space for community organizing, leadership development, and sustained multisector collaboration of residents, community groups, and institutional leaders" and then harnessing the resulting economic, political, and social power to drive change.[1] Central to the BHC theory of change is an assumption that more equitable population-level outcomes will emerge through effective policy and systems change. Specifically, the BHC approach uses an umbrella strategy of building both inside (organizational) and outside (community-based) capacity to increase the reach and effectiveness of five drivers of policy and systems change: (1) building people power; (2) youth leadership, development, and organizing; (3) enhancing multisector collaboration and policy innovation; (4) leveraging resources and partnerships; and (5) changing the narrative about what produces health.

3

SOUTH SACRAMENTO LEARNING BRIEF

In 2013, the Endowment's Learning and Evaluation Department commissioned researchers from Mathematica Policy Research (Margaret Hargreaves) and Michigan State University (Penny Foster-Fishman) to develop a systems change approach to evaluation for the BHC initiative and model its use in learning briefs of selected BHC projects. The approach looks at how well TCE projects (1) leverage opportunities in dynamic environments to (2) change systemic conditions (boundaries, perspectives, and inter-relationships) with (3) enough capacity, reach, and power to achieve TCE goals. The first case study of BHC's Los Angeles-based Health in All Policies (HiaP) Initiative was published in October 2014. That study chronicled how state and local TCE investments facilitated the development and adoption of a new HiaP element in Los Angeles's city plan, which provided a policy foundation for transformative systems change.

BUILDING HEALTHY COMMUNITIES VIRTUOUS ACTION CYCLE
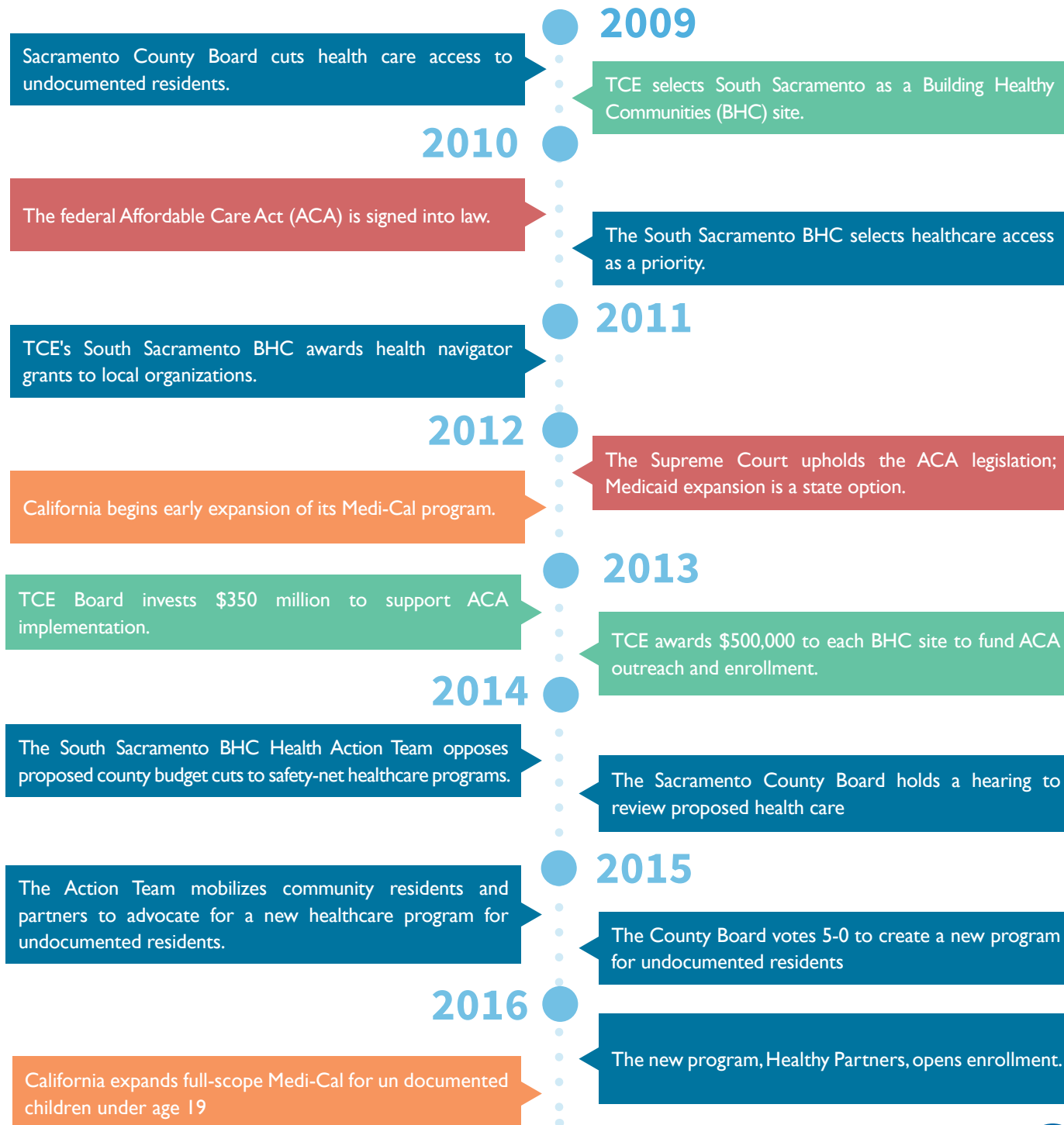
SOUTH SACRAMENTO LEARNING BRIEF

This second learning brief takes a closer look at the integration and alignment of state and local BHC investments in South Sacramento to support the implementation of the Affordable Care Act (ACA) and increase health care access for undocumented residents. The brief starts in 2009 to show how state and local TCE investments have worked together in South Sacramento from the beginning to build a solid foundation for future ACA and #Health4All campaigns.

The learning brief is organized around the TCE theory of change:

- The brief shows how state and local TCE investments worked together to "create the space" (build the BHC hub) "for community organizing" (develop the BHC health access action team) to "drive change" (conduct two campaigns to help implement the ACA and increase health access among undocumented residents).

- The brief looks at how well the action team leveraged state and local opportunities to change community conditions (expanding safety-net boundaries, shifting community perspectives on health access, and strengthening local connections between public policy makers, private healthcare providers, and community advocates), using TCE strategies to drive policy and systems change.

- The brief documents the use of four TCE strategies (drivers) in South Sacramento: (1) leveraging state and local partnerships and resources, (2) changing the health access narrative, (3) using "people power" to mobilize community members, and (4) enhancing collaboration among public, private, and nonprofit sectors.

- The brief ends with findings about the alignment of state and local TCE investments in South Sacramento, suggestions for how to improve this alignment, and lessons learned about how to facilitate policy and systems change on other issues and in other sites.

- The brief's findings are summarized in the BHC Virtuous Action Cycle on page 4. The cycle shows how TCE develops inside (organizational) and outside (community) capacity to facilitate systems and policy change.

SOUTH SACRAMENTO LEARNING BRIEF TIMELINE

The brief's events occur at four levels: (1) the federal passage and enactment of the ACA (red), (2) state government actions to enact key components of the federal legislation (orange), (3) TCE leadership decisions to support statewide ACA implementation (green), and (4) allied TCE investments and actions in South Sacramento to maximize health coverage and access at the local level (blue). We provide a chronology of these events, color-coded by level. To provide a context for the activities in South Sacramento, we start the brief with an overview of events at the federal, state government, and statewide TCE levels.

2009

Sacramento County Board cuts health care access to undocumented residents.

TCE selects South Sacramento as a Building Healthy Communities (BHC) site.

2010

The federal Affordable Care Act (ACA) is signed into law.

The South Sacramento BHC selects healthcare access as a priority.

2011

TCE's South Sacramento BHC awards health navigator grants to local organizations.

2012

California begins early expansion of its Medi-Cal program.

The Supreme Court upholds the ACA legislation; Medicaid expansion is a state option.

2013

TCE Board invests $350 million to support ACA implementation.

TCE awards $500,000 to each BHC site to fund ACA outreach and enrollment.

2014

The South Sacramento BHC Health Action Team opposes proposed county budget cuts to safety-net healthcare programs.

The Sacramento County Board holds a hearing to review proposed health care

2015

The Action Team mobilizes community residents and partners to advocate for a new healthcare program for undocumented residents.

The County Board votes 5-0 to create a new program for undocumented residents

2016

California expands full-scope Medi-Cal for un documented children under age 19

The new program, Healthy Partners, opens enrollment.

CALIFORNIA IMPLEMENTATION OF THE AFFORDABLE CARE ACT

California was one of the first states to implement key provisions of the Affordable Care Act (ACA) after federal enactment in March 2010. In September 2010, California Governor Schwarzenegger signed the California Patient Protection and Affordable Care Act (Assembly Bill 1602) into law, creating one of the country's first state-run health insurance exchanges, Covered California. In July 2012, the state implemented an early expansion of its Medi-Cal program, enrolling more than 500,000 people in low-income health programs (LIHPs) across 49 counties.[2] When ACA and Medi-Cal expansion provisions took effect in January 2014, LIHP enrollees transferred to Medi-Cal or other insurance coverage.

Between October 2013 and April 2016, Medi-Cal and CHIP enrollment increased by 4.1 million people.

Since Covered California enrollment first opened, in October 2013, more than 1.575 million people have enrolled in the program.[3] At the same time, millions more Californians have become eligible for and enrolled in Medi-Cal. By April 2016, 11.887 million individuals had been enrolled in either California's Medi-Cal program or its Children's Health Insurance Program (CHIP)—a net increase of 4.132 million (53.3%) from the 7.755 million enrolled as of September 2013.[4] By the end of 2015, the state's uninsured rate had fallen to a low of 8.1 percent, one full percentage point less than the national uninsured rate of 9.1 percent.[28] However, despite the success of the ACA, more than one million undocumented Californians remained uninsured, not able to qualify to enroll in Covered California or full-scope (non-emergency) Medi-Cal coverage because of their documentation status.[1]

Building Healthy Communities

THE CALIFORNIA ENDOWMENT'S ACA IMPLEMENTATION INITIATIVES

In January 2013, the TCE Board of Directors invested $350 million to support the implementation of the ACA, including $165 million for TCE's ACA Outreach and Enrollment initiative, from which TCE developed its ASEGÚRATE (Get Covered) and #Health4All campaigns, in addition to extensive community-based, culturally competent outreach, enrollment, and navigation efforts. Through these statewide initiatives, TCE sought to achieve 100 percent coverage for all Californians, including the undocumented, by 2020.[1] The initiative also set two more immediate objectives: (1) to enroll two million children and adults in Medi-Cal, and (2) to win county-level health coverage for the undocumented.[5] This brief documents the alignment of state and local TCE efforts in South Sacramento to help achieve both goals.

In February 2013, Healthy California, the statewide policy and communications arm of the BHC initiative, launched #Health4All, a campaign to find a statewide solution extending affordable, quality healthcare coverage to undocumented immigrants.[7] The initiative combines public education with an advocacy campaign that promotes "access to affordable, quality health care for everyone."

#Health4All provides communications resources and supports for residents and grassroots organizations to advocate to "retain and expand access to safety-net services for the remaining uninsured." Arguing that "a health system that excludes anyone, hurts everyone, the #Health4All campaign is using a mix of earned, paid, and social media to change the health access narrative by "providing platforms and avenues for the authentic voices of those with the most at stake to be heard."[1] In the next section, we describe how the Sacramento BHC site developed the capacity to implement successful ACA outreach and enrollment and #Health4All campaigns, leveraging ASEGÚRATE/Get Covered and other state and local TCE resources.

Healthy California also leads the ASEGÚRATE campaign. Launched in June 2013, the statewide ASEGÚRATE/Get Covered campaign is a partnership with Covered California and three Spanish-language media giants—Univision, Telemundo, and impreMedia—to educate California's Latinos about the ACA and to help them navigate the insurance enrollment process.[6]

BUILDING INSIDE CAPACITY

SOUTH SACRAMENTO

In early 2009, TCE selected South Sacramento as one of 14 BHC sites. The target area is located in parts of four zip codes in Sacramento County. These zip codes are among the most racially and ethnically diverse in Sacramento. Among the area's 90,000 residents, 38% are Latino, 22% are Asian or Pacific Islander, 22% are White, 12% are African American, and 6% represent other groups. One-quarter (24%) of the population was not born in the United States, and one-third (32%) lives below the federal poverty level. In 2009, one in five area residents (19.9%) was not insured.[8] In 2015, an estimated 50,000 undocumented immigrants were living in the Sacramento area, unable to qualify for Covered California or enroll in full scope (non-emergency) Medi-Cal coverage.[9] Local undocumented populations include Latinos, Eastern Europeans, Filipinos, Hmong, Vietnamese, and other Southeast Asian groups.
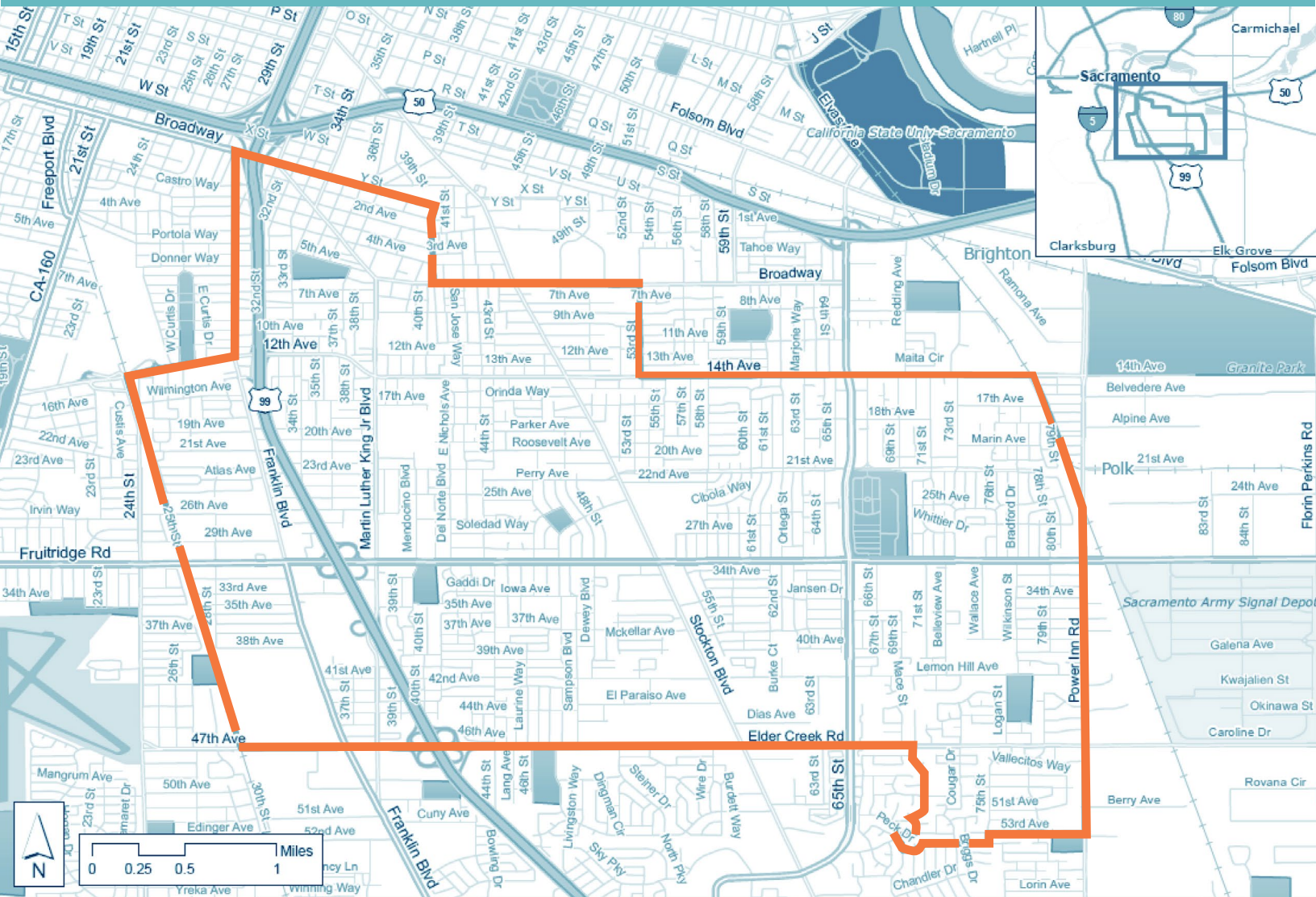
BUILDING INSIDE CAPACITY

Sacramento BHC Development

In June 2009, TCE hired the TCE program manager for the Sacramento BHC site, responsible for TCE's management of the site's grant portfolio and operations hub. She was part of a 25-member steering committee that engaged in a 10-month planning process involving more than 300 workshop members and conducting a survey and gathering input from 8,000 community members and stakeholders

Completed in June 2010, the planning process created a mission for the site: "to bring together over 30 non-profit organizations in the South Sacramento area to empower residents, create systemic cultural change, and build healthier neighborhoods."

The final plan identified four top priorities for making the region healthier. These priorities became the site's primary action teams: health access, food access, land use/community development, and youth engagement.[10] Other subgroups were added later, including a pride action team, a school climate collaborative, a restorative justice collaborative, a resident engagement team, and a communications team.

BUILDING INSIDE CAPACITY

Sacramento BHC Infrastructure

"*BHC is a solid partner with great credibility... We are very fortunate to have them in our backyard.*"

Since 2010, the So. Sacramento site has developed a strong, stable infrastructure, providing solid "backbone" operational support to a range of community collaborations. In August 2010, the CEO of the Greater Sacramento Region's Boys and Girls Club, became the site's hub director. The hub leadership team was created in 2014 and consists of action team co-chairs, the TCE program manager, the Hub director, and contractors. The leadership team provides leadership and guidance on the So. Sacramento BHC initiative, including the hub's structure, sustainability, strategic communications, and action team support. The BHC program manager oversees an annual grant budget of $4 million to $5 million, funding 43 to 48 entities per year. These grants support hub operations; coalition facilitation, training and technical assistance; and action team activities. Between the fall of 2010 and March 2016, the site awarded over $23 million in 282 grants and contracts that were issued to 84 organizations and contractors.[11] The hub director and TCE South Sacramento BHC program manager and other BHC partners coordinated their work with statewide Healthy California and #Health4All staff by attending meetings at TCE's Sacramento facilities, sharing local information, and getting state updates regularly.

In case study interviews, grantees pointed to the stability of the site's staffing as a reason for its success. "The TCE program manager, hub director, action team facilitator, and evaluator are great and have worked together for seven years," one commented. BHC staff confirmed, one staff member stating, "We have strong relationships and are able to connect people and support the community without driving the agenda." A local policy maker agreed, stating, "[Sacramento] BHC is a solid partner with great credibility. It is expensive to facilitate the [health access] conversation. We are very fortunate to have them in our backyard."

BUILDING OUTSIDE CAPACITY

Health Access Action Team Development

Despite the extensive resources and supports available through the hub, it took the Sacramento BHC site several years to build a strong health access action team focused on community-based policy and systems change. Most action team members were BHC grantees, direct service providers, and advocates who had been asked to join a workgroup to coordinate their activities and build a local coalition. The goal of their collaboration was initially unclear, and the group struggled with its purpose until the BHC hub management intervened, bringing in statewide TCE evaluation and learning staff and other consultants to work with the team. This assistance included asking the team to assess its level of collaboration, providing technical assistance to help the team clarify its mission and goals, reorganizing the team's structure to include two cochairs, and bringing in an expert facilitator to coordinate and guide the team's operations. About the same time, in early 2013, TCE started its statewide ACA Implementation initiative. This provided the action team with an opportunity to mobilize around a common agenda that had state and local resources behind it. As team members started working together on local outreach and enrollment activities, "the ACA work pulled them together and renewed their interest," commented one team member.

BUILDING OUTSIDE CAPACITY

Diverse Cross-sector Leadership

As part of the restructuring process, the 22-member action team created a small five-member leadership group, cochaired by the deputy director of Legal Services of Northern California (a provider of direct legal services and technical assistance) and the CEO of Sacramento Covered (a provider of health insurance outreach, enrollment, and navigation services). Another key team leader is the lead community organizer from Sacramento ACT (Area Congregations Together), which is a local affiliate of PICO, a national network of faith-based advocacy organizations. PICO California is a long-time statewide TCE grantee, with connections to leaders in BHC sites across the state, including the bishop of Sacramento's Roman Catholic Diocese Jaime Soto. The leadership also includes representatives from the local school district and the Health Education Council (a small program operated by the Mexican consulate). Other partners include Iu-Mien Community Services, the Sacramento Latino Medical Association, the Capitol Health Network (a network of federally qualified health centers), and La Familia Counseling Center (a provider of multicultural counseling, outreach, and support services to low-income, at-risk youth and families).

BUILDING OUTSIDE CAPACITY

Shift to Health Access Policy and Systems Change

> ❝*We never saw ourselves doing direct policy work. The Endowment changed that for us and built capacity for us to play a different role.*❞
>
> ~ *Action team member*

Although it was originally structured as "a coalition of non-profit community-based organizations dedicated to increasing healthcare access to vulnerable and underserved communities in South Sacramento,"[12] the health care access team thought this mandate was too broad and worked to narrow its focus around an issue that aligned BHC goals with members' interests. The group began to focus on the needs of the uninsured. "Through our collective services, we recognized the need for policy solutions from local government that eliminated barriers for uninsured residents to access healthcare services," stated one team member. The team also shifted its focus from direct services to policy and systems change. The action team received helpful information and advice from Health Access, another statewide TCE grantee, on linkages between state and local policy efforts to increase health access for the undocumented. For example, local policy wins can build momentum for a state policy win. One member explained, "We never saw ourselves doing direct policy work. The Endowment changed that for us and built capacity for us to play a different role. The Endowment did not tell us how to do it, but we had the stories and the direct relationships with the community. Our role was to tell their stories to the county board."

ACA OUTREACH & ENROLLMENT

ACA Implementation
in South Sacramento

Before 2011, Sacramento Covered was the primary provider of patient navigation services in the Sacramento area. In 2011, the Sacramento BHC began building more local capacity to provide culturally competent patient navigation services by awarding navigation grants to La Familia Counseling Center, Hmong Women's Heritage, the Southeast Asian Assistance Center, the Health Education Council, and the local school district's Connect Center to help establish medical homes. In 2013, TCE's state government ACA Implementation initiative provided more grant funding for local ACA outreach and enrollment. At the same time, state gorvernment efforts to educate potential enrollees about Covered California included $37 million in grants to 48 organizations.

Supported by state government and TCE funds, the California Department of Health Care Services awarded a $113,000 grant to Sacramento County to develop a countywide outreach, enrollment, and retention program. Two action team members, Sacramento Covered and La Familia,

received county awards. Between 2013 and 2015, TCE also awarded $500,000 directly to each BHC site to help fund Medi-Cal outreach and enrollment, focusing on newly eligible populations. Sacramento BHC grantees received additional funding in 2015 to start enrolling undocumented children into the expanded (full scope) Medi-Cal program. At present, Sacramento Covered and La Familia Counseling Center are the two main organizations providing culturally competent outreach, enrollment, and navigation services in South Sacramento. Having gained the community's trust as established navigators, the two organizations are currently playing a major role in referring undocumented residents to Healthy Partners, the county's new healthcare safety-net program. Unfortunately, the Hmong Women's Heritage Center is no longer operating. The Southeast Asian Assistance Center is no longer operating its health navigation program. This leaves a potential gap in outreach and enrollment services to the area's Southeast Asian community.

ACA OUTREACH & ENROLLMENT

Integration of State and Local BHC Capacity.

" *"It was a challenge hosting outreach and enrollment fairs in Catholic parishes as we knew that people were not going to qualify because they were undocumented."*

~ ACT team member

In Sacramento, BHC staff and grantees leveraged the expertise, promotional materials, and events provided by TCE's statewide Healthy California team to meet local outreach and enrollment needs. Where possible, local BHC partners printed statewide materials (flyers and information booklets) and "swag" (buttons and other free giveaways with campaign messages) in enrollment events, worked with statewide staff to coordinate local showings of statewide radio and TV ads and public service announcements (PSAs), and arranged for media interviews. Once or twice a year, Sacramento BHC staff and volunteers provided logistical support for large, statewide We Connect outreach and enrollment events. Local BHC staff collaborated with state communications staff to promote the events through Spanish-language media, recruit local television talent to be part of the events, and worked with local reporters to produce event-related stories.

Funded by a statewide People Improving Communities Through Organizing (PICO) grant from TCE, Sacramento ACT received permission from the Bishop Sota of Sacramento to host ACA outreach and enrollment fairs in local Catholic parish churches. Staff used these events to screen participants for eligibility for Medi-Cal or Covered California and to conduct immigration workshops. One of the largest events was held at the St. Rose Catholic Church, home to a large Spanish-speaking congregation, where ACT staff enrolled 230 out of 1,000 attendees. One ACT staff member recalled, "It was a challenge hosting outreach and enrollment fairs in Catholic parishes as we knew that people were not going to qualify because they were undocumented. People recognized that it was unfair." Through such experiences, health access for the undocumented became a topic of discussion and the next focus of activity for the action team.

#HEALTH4ALL INITIATIVE

Opportunity for Action

Historically, Sacramento County's Medically Indigent Services Program (CMISP) allowed low-income county residents with healthcare needs to access urgent and emergency healthcare services at low or no cost, under the state's Welfare and Institutions Code Section 17000.[14] In February 2009, during the financial crisis, Sacramento County was one of three counties to eliminate CMISP services for its undocumented residents.[15] The county board voted to require that enrollees provide proof of their citizenship or legal status in the United States.[16] In April 2009, about 4,000 low-income county residents were cut from the program, many of whom were undocumented and ineligible for other government assistance.[17]

When the ACA went into effect in January 2014, most low-income adults who were enrolled in CMISP or low-income health program (LIHP) services became eligible for and enrolled in Covered California or Medi-Cal. In Sacramento County, the number of people enrolled in the county's CMISP and LIHP programs decreased from 30,600 enrollees in December 2012 to 154 enrollees in December 2014.[16] The county announced that on June 18, 2014, it would conduct a public hearing to review a proposal to cut indigent care services by $5 million to

accommodate these changes in enrollment.[18] The action team determined that this hearing provided the leverage needed to reopen the county board's 2009 decision to cut CMISP services. One team member noted, "We found a window of opportunity to liven up our issue in a way that the county was not prepared for."

#HEALTH4ALL INITIATIVE

Window of Opportunity

The team calculated that local economic, political, and social conditions had changed enough in the interim to make pursuing the issue worthwhile. Financially, the local economy had recovered from the 2009 recession, and the county was projecting a small surplus under a new state funding formula. This surplus contributed to an expected four percent increase of discretionary revenue in the county's 2015-16 budget.[19] Politically, the makeup of the county board had become more progressive with the elections of Phil Serna as District 1 supervisor in June 2010 and Patrick Kennedy as District 2 supervisor in June 2014.[20] The highest-ranking Latino policy maker in the Sacramento area, Supervisor Serna championed several minority issues, including the county's Steering Committee on the Reduction of African American Child Deaths. Supervisor Kennedy's district was among the most diverse in the county, an area that included the South Sacramento BHC. The two supervisors publicly supported expanding healthcare options for the undocumented and joined forces to champion the cause. Socially, public support for health care for undocumented immigrants also seemed to be gaining ground, in part through the efforts of TCE's statewide #Health4All campaign. Finally, the action team's cross-sector membership had the collective capacity to handle the challenge, including knowledge of public governance processes, community organizing experience, an understanding of healthcare reform, lived experience in the affected community, and access to statewide #Health4All policy and communications resources. One team member commented, "It was a perfect storm of success – the opportunity, the political will, and the support behind it."

> "It was a perfect storm of success – the opportunity, the political will, and the support behind it."
>
> ~ Action team member

#HEALTH4ALL INITIATIVE

June 2014 Hearing

The action team's first policy action was to attend the county board's hearing and testify against its proposal to cut its CMISP budget by $5 million. The team argued that the resources saved from the loss of CMISP enrollees could be redirected to increase healthcare access for undocumented residents. To the team's surprise, Supervisor Serna called for a workshop to explore the county's options. To prepare for the workshop, the team "did its homework," noted one team member. The team used its "outside capacity" to mobilize and train team members and community partners to testify at the workshop. The team used its "inside" capacity to meet with county managers to talk through policy options. The team also met with statewide #Health4All staff to develop a plan for how to communicate with the county board, local media, and other audiences.

#HEALTH4ALL INITIATIVE

March 2015 County Board Workshop
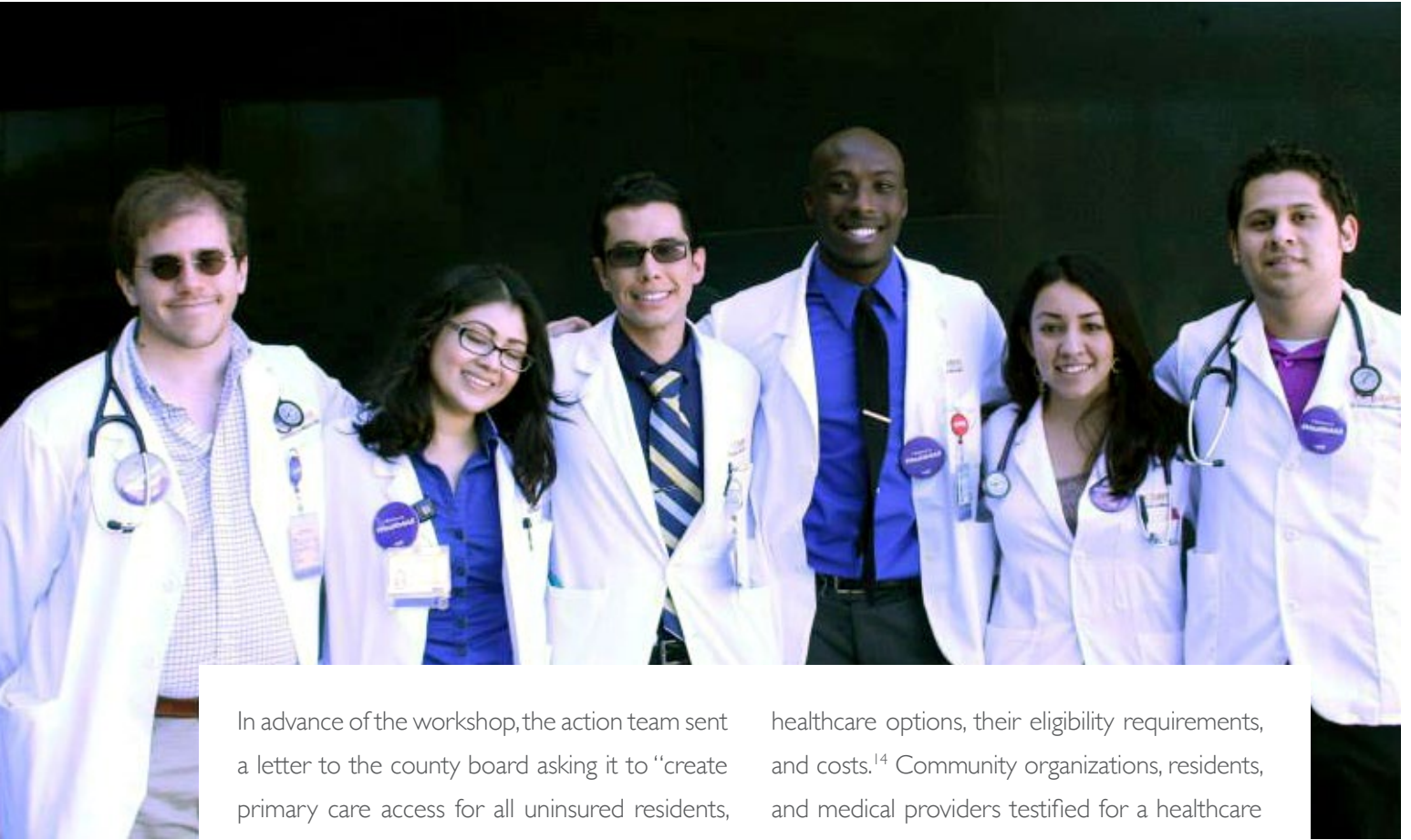
In advance of the workshop, the action team sent a letter to the county board asking it to "create primary care access for all uninsured residents, regardless of ability to pay or documentation status."[21] The letter also asked for geographically accessible healthcare services and the development of a community-based referral system. Signed by almost 60 organizations (22 team members, 16 community supporters, and 19 state and local BHC grantees), the letter clarified the team's "ask" and provided a platform for future negotiation.

The workshop lasted five hours and was attended by an estimated 400 people. County staff gave a one-hour presentation outlining eight healthcare options, their eligibility requirements, and costs.[14] Community organizations, residents, and medical providers testified for a healthcare program, explaining that it would correct a critical flaw in the ACA, restore local health care to community residents, and was "the right thing to do." Physicians testified that providing health care to the undocumented was important for public health and pledged to donate their time to providing such services. This created professional peer pressure for a county response. The board ended the workshop asking the county executive to submit a program proposal, with input from stakeholders, at the upcoming budget hearing in June.

#HEALTH4ALL INITIATIVE

Community Mobilization

> " *"The thing that was most compelling was that they actually had testimony from people who were directly impacted... It brought people to tears. It made it a human issue."*
>
> ~ County Board Member

Both the March workshop and the June budget hearing were attended by 300 people or more. The action team "filled the room with shirts, signs, stories, and interpreters" said one BHC staff member. The county board listened intently to community members' stories. One board member confided, "The thing that was most compelling was that they actually had testimony from people who were directly impacted. I remember a young woman who was a college student who was undocumented and had cancer. It brought people to tears. It made it a human issue." Other policy makers came on their own to speak at the workshop, including the Sacramento mayor, Kevin Johnson, and state assembly member Kevin McCarty.

A number of meeting attendees also commented on the powerful testimony provided by Bishop Soto of Sacramento, who had been invited to the workshop by Sacramento ACT colleagues. The bishop argued, "If we want to build a good and prosperous society then we cannot leave people on the margins, particularly those that are making a contribution but are not able to share in the benefits that a good society can produce." County Supervisor Don Nottoli called out the Bishop Soto's comments when he cast his swing vote for the new program at the June budget hearing.

#HEALTH4ALL INITIATIVE

County Budget Hearing Preparations

To prepare for the budget hearing, the action team continued to use inside and outside strategies to mobilize "people power," collaborate with county staff and community partners, and leverage statewide resources to broadcast the #Health4All narrative. Team members helped organize and gather the stories of service providers, physicians, patients, and family members for the June hearing. The team negotiated with groups that had rival requests for mental health, African American violence reduction, and police funding, to ask the county to split its resources among the projects. The team participated in county stakeholder meetings, contributing to a compromise program design that would be submitted to the county board. The team also met one-on-one with individual board members to learn more about their positions. Through this process, the team confirmed that it had two solid votes for its proposal, two votes against, and one swing vote that could go either way.

In January 2015, statewide #Health4All staff hosted a communications workshop in Sacramento. Workshop presenters talked about how to develop effective communication plans, tag lines, and targeted messages on health access issues. Action team members who attended the training determined that the statewide #Health4All messages would be useful in the local campaign. Through the BHC program manager, the action team approached the statewide #Health4All staff about working together on the county workshop and budget hearing.

In weekly communications committee meetings, BHC staff and action team members met with the statewide #Health4All team and consultants to work on hearing logistics, pulling together the posters, t-shirts, media kits, message cards, and snacks needed for the hearings. Despite some role confusion that was eventually resolved, the committee mobilized statewide grantees and arranged for TV interviews and other media for the event. Particularly well received was the #Health4All (PSA) featuring the San Francisco Giants' pitcher, Sergio Romo, which included information about the time, date, and location of the budget hearing. Impressed by the team's preparations, one county board member commented that the event was "very well-organized."

#HEALTH4ALL INITIATIVE

June 2015 County Budget Hearing

During the budget hearing, the board reviewed the county executive's proposal for the new healthcare program that had been developed by county DHHS staff in consultation with community healthcare providers, hospitals, and advocates, including the action team. Although the program was not ideal (it provided services in only one location, capped enrollment at 3,000, and did not serve people over the age of 64), it was considered an important change in county policy.

The board voted to approve a $3.7 billion county budget that included funding for "additional mental health services, programs aimed at reducing violent deaths of young black people, and a trial program providing health insurance coverage for 3,000 undocumented immigrants, called Healthy Partners."[22]

In the end, the county board vote shifted from 3-2 to 5-0, in favor of the program. As one BHC staff member reflected, "The bishop gave us the third vote, but the county staff brought us the fourth and fifth votes."

The Healthy Partners Program budget included $1.5 million in new general funds for contracted specialty services, $1 million in Health Realignment funds for the program, and $400,000 for administrative costs.[23] The program also leveraged $1.5 million in donated specialty care from SPIRIT (Sacramento Physicians Initiative to Reach Out, Innovate, and Teach), a volunteer program of local healthcare providers and hospitals.

Media coverage of the event reported that the 2015 budget hearing was a "dramatic departure" from past years. County board supervisors and department heads remarked that the hearings were "marked by cooperation and innovation." The board's chambers "were full, and adjacent rooms with TV monitors were also crowded with more than 300 people, most of whom gathered in support of the proposed budget's violence reduction or health care programs."[19] One action team member was quoted as saying, "By having a unanimous vote from the board of supervisors to approve this program, it was a statement that this is a community that cares about serving the undocumented community and recognizes them as an essential part of our community and our economy."[17]

SACRAMENTO HEALTHY PARTNERS PROGRAM

Program Design and Implementation

Between June and December 2015, the deputy director of the county's Department of Health and Human Services (DHHS) worked with stakeholder groups over a six-month period to finalize the design of the Healthy Partners program. To be eligible, undocumented immigrants need (1) to be county residents, (2) to be between the ages of 19 and 64, (3) to have an income at or below 138% of the federal poverty level, and (4) to be ineligible for other insurance coverage (except for restricted scope Medi-Cal).[24] At the County Health Center, member services staff are assigned to provide program eligibility, enrollment, and patient education services, handle initial appointments, address follow-up concerns, and refer patients to specialty care. Integrated primary care, labs, and radiology services are provided by the center's primary care team. Prescription medications are provided at low or no cost through the center's pharmacy.

Specialty care is provided through the Healthy Partners Plus program, a collaboration among the County Health Center, SPIRIT (administered by the Sierra Sacramento Valley Medical Society), EHS (Employee Health Systems), a contracted vendor providing advanced diagnostic testing, and local hospitals.

Specialty care is provided through private physician offices, outpatient surgeries at local hospitals, and an on-site specialty clinic at the County Health Center.[22]

Healthy Partners opened for enrollment on January 4, 2016. By the beginning of June, the program had 2,290 enrollees. Friends and family are the largest source of referrals (51%), followed by referrals from Sacramento Covered, Spanish-language media, and La Familia. Spanish is the preferred language of almost all enrollees (95%). Three-quarters (75%) of enrollees live in zip codes that have consistently high rates of poor health outcomes.[23] As of June, a large majority of enrollees (70%) had already seen a healthcare provider, and SPIRIT had received almost 400 program referrals for a specialty consultation or surgery.[25]

The program's first specialty clinic was held on April 23, providing services to 20 patients in five specialties: gynecology, gastroenterology, dermatology, neurology, and urology.[26] The patient attendance rate at the specialty clinic was 100 percent; enrollee no-show rates for County Health Center appointments were also low, averaging 3.7 percent, a fraction of the center's average medical no-show rate of 27 percent. Center staff pointed out patients' appreciation for the new health care service.

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SACRAMENTO HEALTHY PARTNERS PROGRAM

Program Sustainability and Spread

In February 2016, DHHS created a program advisory group for oversight of the Healthy Partners program. The group includes DHHS Primary Health staff, BHC health access action team members, and representatives from local hospitals and healthcare providers. Through quarterly briefings, the county board's chiefs of staff receive updates on the program's status, enrollment, and services. One county program manager noted, "There is a lot of room for improvement in the program, but we do have a program that we are very proud of. We're getting very positive feedback from patients, and providers are also expressing great satisfaction with the program and working with the population."

On June 15, 2016, the county board voted for a status quo budget for the Healthy Partners Program for FY 2016-17. DHHS leadership had submitted a program growth request, based on stakeholder feedback. However, the county executive did not approve that request, citing other county priorities and fiscal constraints. county board members also noted that they wanted the program to operate for at least one year before approving any changes.[25]

> "There is a lot of room for improvement in the program, but we do have a program that we are very proud of."

Other counties in California have followed Sacramento County's example and developed their own healthcare programs for undocumented immigrants. In 2015, 38 of California's 58 counties created limited benefit programs for uninsured residents without regard to immigration status, including Sacramento, Contra Costa, and Monterey counties, as well as the County Medical Services Program (CMSP, a consortium of 35 rural counties). In fact, staff from Legal Services of Northern California who were on the Sacramento BHC health access action team introduced the Healthy Partners program to the CMSP counties. As of May 2016, only 11 California counties that did provide nonemergency care for undocumented immigrants.[15]

Meanwhile, #Health4All advocacy efforts continue to press for statewide access to Covered California and full scope Medi-Cal coverage for undocumented immigrants. On June 10, the state moved one step farther in that direction when Governor Brown signed Senate Bill SB 10, allowing the state to seek a federal waiver to open the Covered California marketplace to undocumented immigrants. In South Sacramento, the BHC health access action team has also expanded its advocacy work to begin negotiations with the University of California, Davis (UC Davis) to provide primary care to Medi-Cal patients.

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LEARNING BRIEF LESSONS

We found that the alignment of state and local TCE investments contributed to South Sacramento's successes in three ways, through: (1) the integration of state and local TCE resources to build inside and outside BHC capacity, (2) the identification and strategic use of opportunities at the state and local levels to drive policy and systems change, and (3) enough combined support from state and local TCE resources to execute key policy and systems change strategies effectively and at sufficient scale to have a communitywide impact.

▫ In South Sacramento, state and local TCE investments were aligned successfully to build the "inside" (organizational) capacity of the Sacramento BHC Hub to create a space for developing the "outside" (community-based) capacity of the BHC health access action team. This enabled the action team to create a strong cross-sector network of local collaborators able to leverage opportunities for policy and systems change.

▫ **The integration of state and local TCE investments in ACA outreach and enrollment also increased the organizational capacity of community agencies to provide culturally competent ACA outreach, navigation, and enrollment services to community residents.** This local capacity has grown, supported by public and private healthcare providers. Local outreach organizations currently play an important role referring undocumented residents Healthy Partners program, the county's new healthcare safety-net program for those residents

▫ **State and local #Health4All resources were also combined successfully to mount an effective policy advocacy campaign to create Healthy Partners,** the county's new healthcare safety-net program for undocumented residents. State TCE resources included state policy consultations, communications trainings, contracted communications services, paid media coverage, and access to a statewide grantee network. Local TCE resources included the mobilization of a wide range of public, private, and community partners, and a deep understanding of local social, economic, and political dynamics.

▫ **The state-local integration of TCE's capacity-building process also accelerated the pace and increased the success rate of local campaigns.** The ongoing collaboration of state and local TCE staff increased the statewide flow of information, sharing insights and lessons learned across sites, enabling local teams to learn from the experiences of colleagues in other locations.

LEARNING BRIEF LESSONS

Implementation lessons learned in South Sacramento can be used to strengthen the alignment of state and local TCE communications investments in other communities.

▫ **Designate "go to" state and local staff as primary points of contact for joint state-local communications campaigns.** This may reduce role confusion and the potential to have "too many cooks in the kitchen," duplicating efforts during intensive periods of communications activity. In South Sacramento, the clarification of state and local communications roles helped smooth local campaign operations.

▫ **Because of its proximity to TCE's statewide office, the Sacramento BHC site benefited from its immediate access to statewide #Health4All resources.** We encourage more distant or potentially less active BHC sites, especially those in the interior of the state, to approach TCE's statewide team for comparable access to statewide resources, including consultations, trainings, technical assistance, paid media, and printed materials.

▫ **Continue to anticipate potential differences between state and local power dynamics that can create tension between statewide expertise and local understanding of community needs.** Recognize the site's role as the lead on local campaigns while also developing its communications capacity. In South Sacramento, the local action team could have prevented some strategic errors if it had been given an opportunity to review the state team's communications plans.

▫ **Successful alignment of state and local communications investments does not result from top-down dissemination of statewide messages or bottom-up replication of local strategies, but from an inside-out change of mind embracing a new health narrative.** In South Sacramento, the health access action team opted to join forces with the statewide #Health4All campaign only after local team members bought into the new #Health4all narrative.

LEARNING BRIEF LESSONS

Specific systems change strategies used in South Sacramento's ACA and #Health4All campaigns can be adapted and applied to other communities and issues. These strategies include: (1) using a "systems lens" to see opportunities for change in the shifting dynamics of local conditions; (2) taking strategic action to change local systems and policies by aligning local perspectives, bridging local professional and community boundaries, and strengthening local networks; and (3) understanding potential contingencies and interdependencies of the nested, three-dimensional nature of federal, state, and local politics.

▫ **The Sacramento BHC health access action team capitalized on a county hearing requirement, seeing a "window of opportunity" to mobilize a broad coalition of local organizations and community members** to lobby the Sacramento County Board to rescind local cuts in indigent healthcare services, an effort that succeeded in creating new safety-net services for thousands of undocumented residents.

▫ **The Sacramento BHC health access action team had the resources needed to successfully plan and execute four TCE strategies:** (1) changing the narrative to shift perceptions of health coverage as a right for all; (2) using "people power" to mobilize community residents at government hearings; (3) leveraging local and statewide partnerships to increase the reach and power of local ACA Implementation and #Health4All campaigns; and (4) enhancing the cross-sector collaboration of private healthcare providers, public policy makers, and non-profit organizations to improve safety-net services for undocumented residents.

▫ **South Sacramento's experiences have informed health-access reform efforts in other counties,** including the 35-county CMSP consortium. Communications strategies tested in South Sacramento are also being adapted and applied to other issues statewide. One example is TCE's #SchoolsNotPrisons campaign, which was adapted from the three-word #Health4All hashtag format. These local successes provide models for state policy change.
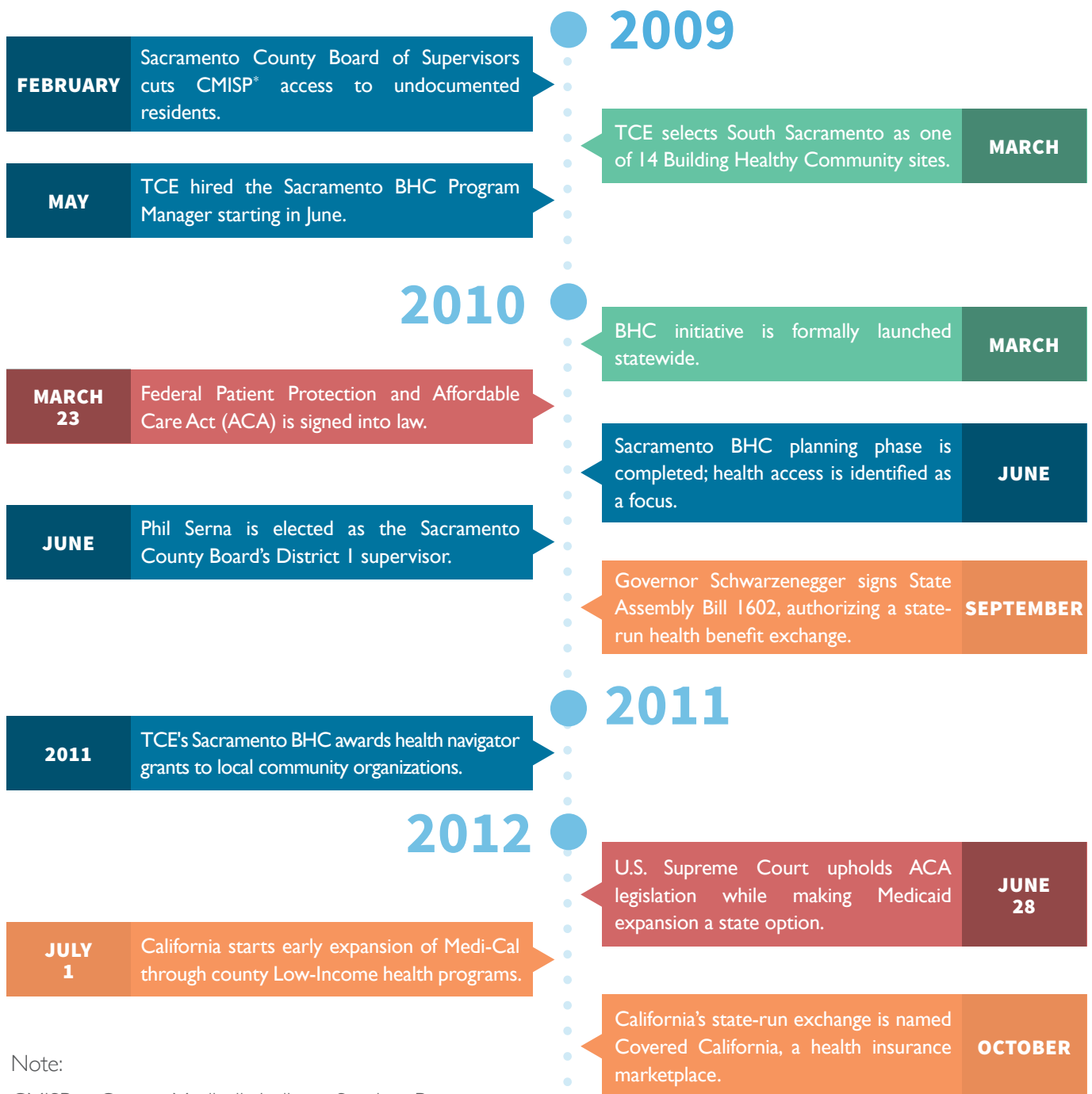
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SOUTH SACRAMENTO LEARNING BRIEF TIMELINE

The brief's events occur at four levels: (1) the federal passage and enactment of the ACA (red), (2) state government actions to enact key components of the federal legislation (orange), (3) TCE leadership decisions to support statewide ACA implementation (green), and (4) allied TCE investments and actions in South Sacramento to maximize health coverage and access at the local level (blue). We provide a chronology of these events, color-coded by level. To provide a context for the activities in South Sacramento, we start the brief with an overview of events at the federal, state government, and statewide TCE levels.

2009

FEBRUARY — Sacramento County Board of Supervisors cuts CMISP* access to undocumented residents.

MARCH — TCE selects South Sacramento as one of 14 Building Healthy Community sites.

MAY — TCE hired the Sacramento BHC Program Manager starting in June.

2010

MARCH — BHC initiative is formally launched statewide.

MARCH 23 — Federal Patient Protection and Affordable Care Act (ACA) is signed into law.

JUNE — Sacramento BHC planning phase is completed; health access is identified as a focus.

JUNE — Phil Serna is elected as the Sacramento County Board's District 1 supervisor.

SEPTEMBER — Governor Schwarzenegger signs State Assembly Bill 1602, authorizing a state-run health benefit exchange.

2011

2011 — TCE's Sacramento BHC awards health navigator grants to local community organizations.

2012

JUNE 28 — U.S. Supreme Court upholds ACA legislation while making Medicaid expansion a state option.

JULY 1 — California starts early expansion of Medi-Cal through county Low-Income health programs.

OCTOBER — California's state-run exchange is named Covered California, a health insurance marketplace.

Note:
CMISP = County Medically Indigent Services Program.

2013

JANUARY — TCE Board invests $350 million to support ACA implementation, including $165 million for ACA Outreach and Enrollment, which includes statewide TCE Get Covered and #Health4All initiatives.

FEBRUARY — TCE's statewide Get Covered and #Health4All initiatives begin.

OCTOBER 1 — ACA/Covered California open enrollment period #1 starts, ending March 31, 2014.

TCE awards $500,000 to each BHC site to fund Medi-Cal outreach and enrollment efforts. — **JANUARY**

Governor Brown signs State Assembly Bill 85, redirecting state health alignment funding. — **JUNE 22**

2014

JUNE — Patrick Kennedy elected as Sacramento County Board's District 1 Supervisor.

NOVEMBER 15 — ACA/Covered California open enrollment period #2 starts, ending February 15, 2015.

ACA coverage and Medi-Cal expansion laws take effect. — **JANUARY 1**

County Board Beilenson hearing held for proposed reductions in county health services. — **JUNE 18**

2015

MARCH 18 — County Board workshop reviews healthcare options for undocumented residents.

NOVEMBER 1 — ACA/Covered California open enrollment period #3 starts, ending February 6, 2016.

Supervisor Serna becomes chair of the Sacramento County Board of Supervisors. — **JANUARY**

Sacramento County Board votes 5-0 to create the Healthy Partners Program. — **JUNE 15**

2016

MAY 16 — State expands full-scope Medi-Cal for undocumented children and youth under age 19.

JUNE 15 — Sacramento County Board votes to sustain budget for Healthy Partners Program.

Healthy Partners Program opens enrollment to eligible undocumented residents. — **JANUARY 4**

Governor Brown signs Senate Bill SB 10, allowing the state to seek a federal 1332 waiver to open the Covered California marketplace to undocumented immigrants. — **JUNE 10**

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