

# Raising Our Voices Strengthening Our Communities: Advocacy Training to Build Skills and Confidence



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# About Us

## **NATIONAL COMMUNITY DEVELOPMENT INSTITUTE (NCDI)**

NCDI is a national nonprofit organization dedicated to building capacity for social change in communities of color and other marginalized communities in a culturally-based way. NCDI's core strategies are technical support and training services, cross-cultural bridge building, and the development and advancement of the capacity-building field.

For more information about NCDI or this publication, please visit [www.ncdinet.org](http://www.ncdinet.org) or contact Diana Marie Lee at [dlee@ncdinet.org](mailto:dlee@ncdinet.org).

## **THE CALIFORNIA ENDOWMENT (TCE)**

The California Endowment is a private, statewide health foundation with a mission to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

For more information about The Endowment, "Advocating for Change" health advocacy trainings, or this publication, please visit [www.calendow.org](http://www.calendow.org) or contact Brittney Weissman at [bweissman@calendow.org](mailto:bweissman@calendow.org).

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# Introduction

In 2001, The California Endowment determined that changes in health policy would be required in order to best meet the foundation's mission. Systemic improvements in the health of Californians, from workplace safety to access to care and elimination of disparities, would come about when governments, businesses, and nonprofits changed their health policies and practices. Dr. Robert Ross, The Endowment's President, knew that changing health policy and the rules that affect the health of all Californians would not happen just because they needed to change. He knew that an informed, conscientious advocacy effort was necessary. Someone or some group needed to take on the challenge and make it happen.

The next step was clear. The California Endowment would work together with Harry Snyder, Director of the West Coast Office of Consumers Union, and the National Community Development Institute to provide training and technical assistance in policy advocacy to Endowment grantees who wanted to change the systems that created barriers to their work. This collaboration created the Health Advocacy Training Series, "Advocating for Change." The training series comprises three modules:

**Module 1:** Understanding How to Impact Health Policy

**Module 2:** Persuading Decision-Makers to Act for Better Health

**Module 3:** Using the Administrative Petition as a Tool for Change

For over three years, NCDI and its team of advocate-trainers have delivered the "Advocating for Change" training to over 800 organizational and community leaders connected to community groups that are funded by The California Endowment. The goals of the trainings are:

- 1) To strengthen the capacity of grassroots, direct service, and community-based organizations to understand the role of policy advocacy in their work, even if traditionally they have only provided direct health care services,
- 2) To give the organizations the tools they need to create coalitions, organize their communities, and influence policymakers, and
- 3) To increase civic engagement by increasing community members' confidence and skills in doing policy advocacy.

The case studies presented here highlight the successes, challenges, and lessons learned by local leaders who attended "Advocating for Change" trainings and then applied what they learned to create community-based approaches to solving local problems.

Increasing the capacity for nonprofits to engage in policy advocacy for systems change is critical for California's communities. In recent years, health and health access have become monumental concerns. This has pushed service providers and advocacy organizations beyond their limits, leaving them unable to meet the individual needs of their clients or constituents. NCDI and TCE believe that in order to bring about better health, it is important that people who are working to improve the health of California residents know and are able to successfully engage in the processes that create systemic change. This change includes the policies and practices of government and private institutions as well as changes within their own organizations. Tackling the bigger picture through advocacy enables direct service providers and organizations to look at what works and what does not work. They can then use their knowledge and skills to make change that will benefit many people across many situations.

A new federal administration and our current economy, along with environmental threats, make for new challenges and opportunities to create healthier communities in California. Despite the hope that economic stimulus dollars, government funds, and health reform efforts hold out, concerned providers and organizations see precious resources and opportunities on the brink of being lost. The adage "all politics is local" is appropriate during this time in history. The ability of local communities to mobilize the collective power of people and resources (money, time, and talent) for the common

good is essential. This is so, not only for governmental accountability but more importantly for community health and well-being. Through a strong network of advocacy efforts, all Californians can realize improved quality of life through the changing of material and social conditions, power relationships, cultural norms, and institutional practices. Through advocacy, we can end the circumstances that perpetuate individual and community health disparities and inequities.

It is our hope that as you hear the perspectives of organizations serving different ethnic communities, you pay particular attention to the myriad assets that local leaders and communities can apply to strengthen local advocacy efforts. The stories also highlight the various ways that culture – place, identity, local concepts and values around advocacy, history, level of stakeholder involvement, dynamics around power, privilege and oppression, and socio-economic and political factors – impacts the ways that communities practice advocacy. Culture also influences the results they seek to obtain.

You will see how, by developing policy advocacy skills, members of the communities who have historically been “clients” of agencies become change agents in their own right. They act for social change, and they are fully engaged in their communities. As people witness the value of advocacy on one front, civic engagement tends to increase across multiple fronts. Often, one small success leads to further efforts at changing policy and thereby increases the quality of people’s lives in much bigger ways than even they could imagine.

The stories are very different, the populations diverse, and the issues unique to each community. Yet, as we talked with each community, common themes emerged. Each group learned the basic concepts of advocacy, and how it is a tool for creating social change. They learned that engaging residents significantly increases the power of the advocacy. People most impacted by bad health policy have the greatest stake and the most legitimate voice in challenging the status quo and driving the change that will improve the health of their families and communities.

Participants increased their understanding of the role of culture in addressing advocacy needs. They also learned about power dynamics and how to increase their power. Each group, as they developed their own power, found greater strength to confront policymakers who had previously been intimidating. We heard over and over how groups found increased strength and power by working together. During one training session, two organizations from the same community that had never worked together formed the beginnings of a coalition. Finally, by role-playing the changes they wanted to advocate, participants were able to “feel” the excitement of moving a policy toward more just solutions for their communities. Many followed the trainings with real visits to local, state, and even federal policymakers.

Key stakeholders in each agency or group were interviewed to collect information for each case study.<sup>1</sup> The case studies consist of the following eight elements.

- 1) “Advocacy Overview” box that summarizes the organization’s advocacy goals; rationale for advocacy; issues areas; policy jurisdiction/target (local, state or federal); strategies employed in their advocacy campaign; location; and website address;
- 2) Background of the organization or the group’s history and current efforts;
- 3) Snapshot of key skills, strategies, and resources utilized in their advocacy work;
- 4) Testimony on how The Endowment’s “Advocating for Change” training benefitted their work and what additional technical assistance would advance their cause;
- 5) “Training Summary” box that outlines the motivations behind attending the advocacy training, who attended the training, key takeaways, and how groups applied the learnings to their work;
- 6) Implications of culture on how each group engages in advocacy and how the advocacy training paid attention to their unique cultural contexts;
- 7) Lessons learned from their campaigns; and

8) Timeline of significant organizational and advocacy events.

While hundreds of grassroots groups and nonprofit organizations (large and small) participated in the training, the following groups are included in this compilation of case studies as a geographic representation of TCE's grantees:

### **CALIFORNIA RURAL INDIAN HEALTH BOARD (CRIHB)**

CRIHB, located in Sacramento County, was established in 1969 to provide a central focal point in the Indian health field in California for planning, advocacy, funding, training, technical assistance, coordination, education, and development. As a network of Tribal Health Programs that are controlled and sanctioned by Indian people and their Tribal Governments, CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California.

### **COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY (CAPOC)**

CAPOC, located in Orange County, was founded in 1964 as political, faith, and community leaders observed increasing poverty in an affluent community. The mission of CAPOC is to enhance the quality of life within Orange County by eliminating and preventing the causes and effects of poverty by mobilizing and directing resources and programs that assist, educate, and promote self sufficiency. More than a dozen organizations were born from the work of CAPOC, including Head Start, Legal Aid Society, Women's Transitional Living Center, Pacific Asian Center for Employment, Neighborhood Youth Corp, and Community Mobile Health Clinic. Through advocacy, the communities CAPOC serves are being transformed, one leader at a time.

### **GREENFIELD WALKING GROUP**

Formed in 2006, the Greenfield Walking Group is an immigrant, predominantly female resident group in Bakersfield. On behalf of their families, these community leaders transformed a park where no one had felt safe due to fights, drug dealing, treacherous walking terrain, and no lighting. Now it is a place in the community where mothers, daughters, aunts, and sisters do aerobics several times a week, sell baked goods and perfume, treat illnesses, and take care of each other's children. The Greenfield Walking Group serves as a model of how residents can lead the way in creating healthy communities that are powerful and sustainable.<sup>2</sup>

### **SOUTH OF MARKET COMMUNITY ACTION NETWORK (SOMCAN)**

When resident leaders of a diverse community called South of Market Street in San Francisco came together to discuss how to protect themselves from gentrification and eviction in their neighborhood, SOMCAN was born in 2001. SOMCAN aims to empower those who are most disenfranchised to change existing conditions and to have the community's voices heard on the issues that affect them most. Through political education, community organizing, and educational community meetings around critical issues such as land use, SOMCAN uses extensive partnering, strategic planning, and creative research methods to respond to the priorities of low-income residents.

As you compare your own advocacy experiences with the case studies that follow, we invite you to share your own stories and insights with The California Endowment or the National Community Development Institute. These perspectives further contribute to advocacy knowledge, principles, and promising practices that can transform social change efforts in our neighborhoods and communities across the State of California.

- .....
- 1 For the Greenfield Walking Group, both the interview and original writing of the case study are in Spanish.
  - 2 California State University, Fresno, "Greenfield Walking Group Fact Sheet," [http://www.csufresno.edu/ccchhs/institutes\\_programs/CCROPP/partners/resources/greenfield\\_factsheet.pdf](http://www.csufresno.edu/ccchhs/institutes_programs/CCROPP/partners/resources/greenfield_factsheet.pdf)

# Case Studies

*As people witness the value of advocacy on one front, civic engagement tends to increase across multiple fronts. Often, one small success leads to further efforts at changing policy and thereby increases the quality of people's lives in much bigger ways than even they could imagine.*



## ADVOCACY OVERVIEW



### Advocacy Goals

- Waivers for premiums, co-pays, and other forms of cost sharing for American Indians and Alaska Natives
- Locally-based, locally-run health care initiatives and clinics that integrate traditional and western medicine

### Rationale for Advocacy

- Health disparities for American Indians and Alaska Natives have included higher rates of deaths from alcohol, tuberculosis, diabetes, suicide, pneumonia, and heart disease and have been attributed in part to higher rates of poverty and unemployment, lower education levels, poor housing, and transportation problems

### Issue Areas

- Healthcare access
- Culturally-appropriate care

### Policy Jurisdiction/Target

- Federal/Legislative branch

### Location

- Sacramento, with a national focus

### Strategies Employed

- Research
- Community organizing
- Coalition building
- Communication
- Advocacy/education visits with decision-makers

### Website

- <http://crihb.org>

# Working Together For Change

When the California Rural Indian Health Board, Inc. (CRIHB) and their national coalition partners met continued resistance passing the Indian Health Care Improvement Act (SR 1200 and HR1328)<sup>1</sup>, they could have given up. Instead, over ten years later, CRIHB's perseverance and strategic advocacy efforts helped to bring about a national policy change that is expected to result in better health care, as well as economic and social benefits, across Indian country.

## BACKGROUND INFORMATION

CRIHB was established in 1969 to provide a focal point in the Indian health field in California for planning, advocacy, funding, training, technical assistance, education, and development. A network of Tribal Health Programs that are controlled and sanctioned by Indian people and their Tribal Governments, CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California.<sup>2</sup>

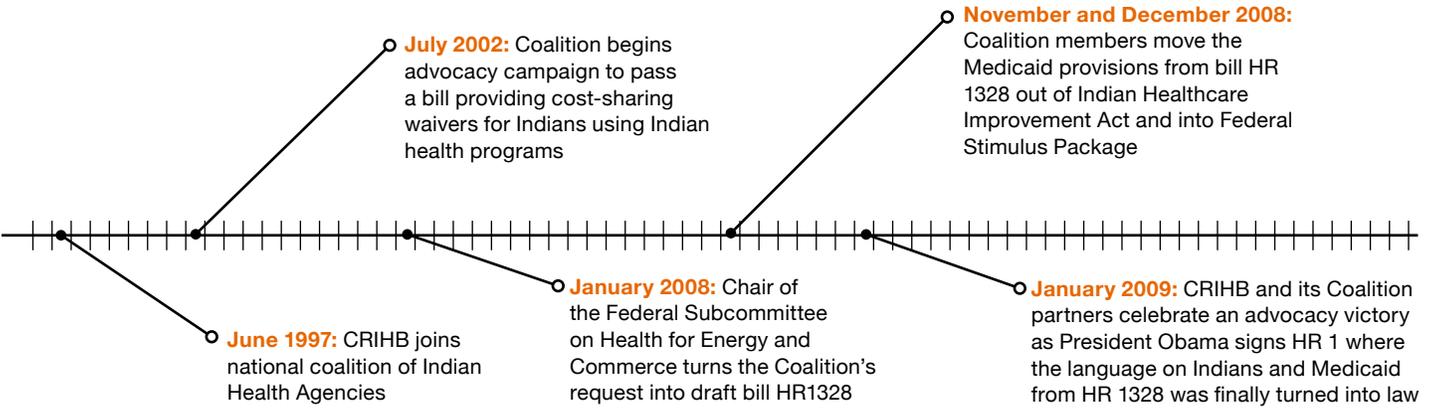
In 1997, CRIHB became part of a national coalition of Tribes and Tribal Organizations dedicated to achieving funding and racial equity for all Indian Health Service (IHS) providers, providing greater health care access to individual Indian clients, and creating a method of paying for services not directly provided by the Tribal Health Program. Over the years, the coalition's work to improve health care access for American Indians and Alaska Natives was informed by data showing that the health status of these populations was significantly worse than the rest of the country. One influential data study was funded by The California Endowment and published nationally.

The coalition embarked on an advocacy campaign to pass the Indian Health Care Improvement Act. This legislation sought to provide waivers for premiums, co-pays, and other forms of cost-sharing for all Indians receiving primary health care from Tribal and urban Indian health programs and referral care from outside health providers. CRIHB took the lead nationally for advocating on behalf of the Medicaid provisions of SR 1200 and HR 1328.

## SKILLS, STRATEGIES, AND RESOURCES

CRIHB's membership in the coalition proved helpful in spreading the message of the campaign. As CRIHB Executive Director James Crouch adds, "That a little California Tribe of 206 people goes back and carries a flag, and we're the only ones carrying it, the likelihood of success is very small. If ten Tribes that size say it, it's something else again. If it's 100, it's something else again."

Working closely with the Chair of the Federal Subcommittee on Health for Energy and Commerce, CRIHB was able to get its request into the draft bill HR 1328 and get it to the appropriate committee. At various points, a legislator in Congress attached anti-abortion riders to the bill, which prevented it from passing. At the same time, the



campaign was becoming more urgent as, under the Bush administration, there was a movement to expand the obligation of individual clients to cover medical costs at the point of service. During these years, CRIHB continued to get sponsors for the bill, refine its language, organize the California Indian community, and publicize the bill via fax, phone, and email. The Senate version of the bill (SR 1200) came to a final vote on the Senate floor in March 2009.

CRIHB found that their funding sources, which included government and foundations, were very important in keeping the campaign running, as was support from Indian Tribes and communities. “The capacity to do advocacy requires support, but in particular financial support, and so we are constantly urging Tribal communities to assist,” says Mark LeBeau, CRIHB Health Policy Analyst. The organization also worked with gaming Tribes to increase their political and financial support.

During the campaign, CRIHB had highly-skilled advocates on staff and in the coalition. These individuals seized an opportune moment in late 2008 to move the bill into the Federal Stimulus Package. Crouch adds, “At a time when most of America was focusing on Christmas gifts and cold weather, they were grinding away to have this policy attached to something that would succeed, having admitted that what it had been attached to wasn’t going to succeed.”

In early 2009, over ten years after the beginning of the campaign, CRIHB and its partners celebrated their advocacy victory as President Obama signed the American Recovery and Reinvestment Act (ARRA) (HR 1) into law. This bill included a charter (located in section 5006 of ARRA) for a Tribal Technical Advisory Group to provide expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for American Indians and Alaska Natives served by programs funded by Centers for Medicare and Medicaid Services.<sup>3</sup>

## TRAINING AND TECHNICAL ASSISTANCE

CRIHB has always had a steady commitment to advocacy efforts to promote unity and formulate common policy on Indian health care issues.

In October 2007, CRIHB was seeking ways to help volunteers and staff establish a common foundation of advocacy knowledge and coalition-building skills. CRIHB's Executive Director, key staff, and residents from various Tribes took part in an advocacy training sponsored by The California Endowment. Their "Advocating for Change" training consisted of two modules: Understanding How to Impact Health Policy and Persuading Decision-Makers to Act for Better Health.

Coming together in a group created many opportunities for relationship building and collaboration. As Crouch notes, "Having the ability to pull on outside experts can create a more neutral forum where broader coalitions can take root. Having had that experience in Tribes that aren't exactly that friendly to each other or just too distant to care can feel like more of a shared situation and therefore [can create] willingness to respond collectively."

### TRAINING SUMMARY

#### Reasons for attending training

- To help CRIHB-affiliated individuals and staff establish a common foundation of advocacy knowledge.
- To help CRIHB staff develop coalition-building skills.

#### Training participants

- CRIHB Executive Director and other key staff
- Indian residents from various Tribes

#### Useful elements of the training

- Offered those who did not have advocacy experience a basic understanding of advocacy and how to persuade decision-makers to act.
- Provided a neutral forum to learn that being prepared and being in coalition make a difference when advocating for better health.

#### Role of advocacy training in organization's work

- Training participants have more motivation and confidence to advocate for change on their own, including writing letters and meeting with legislators.
- CRIHB expanded efforts to include community residents in their advocacy process, including bringing a group to Washington, D.C. for lobbying days.
- CRIHB staff are better equipped to encourage Tribes to join in broader coalition to promote better health.

Based in part on knowledge gained through the training, CRIHB expanded efforts to include residents in their advocacy process, including bringing groups to Washington, D.C. for lobbying days. Crouch notes that the organization is currently working to build a coalition that looks "beyond Indian Country" to draw in other groups and medical professionals with common advocacy interests.

"Advocating for Change" trainers worked to ensure a culturally-appropriate training experience. This included consulting CRIHB staff prior to the training and drawing upon the experience of the trainers, some of whom were American Indian. As a normative indigenous practice, the trainers invited an elder to open the session with a prayer and burned sage to purify the training space. They also understood that having children at the training is a cultural norm that reflects a commitment to intergenerational participation.

Crouch says that the training has been a helpful resource. "[It] is a great way to get more community people...interested in doing this kind of work and willing to take the time to write the letters and to make the trips using their resources or local resources that are scarce to work on these things." Crouch adds, "This isn't about just the Indian world. This is about how democracies are supposed to work and giving people the tools to be more self-assured... [and]... effective as they do this, and helping them understand...the role of coalition."

Crouch notes that CRIHB and other organizations could benefit from further training in strategic communications planning, how to use an administrative petition to promote communication with legislators, and advocacy restrictions for 501(c)(3) organizations. He urges that these trainings be made available not only in urban areas, but in rural California as well.

## CULTURAL CONTEXT

For CRIHB, the unique culture and values of those advocating for change permeates the work. As noted on the organization's website, valuing "cultural heritage ... enables us to preserve our integrity as independent societies."<sup>4</sup> The Indian values of self-determination and Tribal sovereignty impact advocacy work in that the Tribes do not interact with local and/or state jurisdictions as would other groups. Rather, as sovereign nations, they work mostly with federal entities in a government-to-government relationship to get their goals met.

The high value that Tribes place on sovereignty has at times made building coalitions challenging. Still, CRIHB believes in the power of collective action. As the organization's website expresses, "We are learning how to work together and collaborate more effectively. We have learned to set aside our own Tribal differences in order to pursue common legislative and programmatic goals through advocacy, coordinated actions, and joint ventures."

With regard to health care, CRIHB promotes quality, locally-run health care initiatives and clinics that integrate the best of both traditional medicine and western medicine within the context of

the respective Indian cultures. Crouch notes, “Because if we just have an...insurance card, then basically that provider is most likely not going to even be resonant with my culture.” By having locally-based, culturally-appropriate medical care, it not only best meets the needs of patients, “it closes the loop on behavior and cost,” Crouch underscores. As an example, he offers, “I’m sitting there at the governing body looking at what’s making life difficult for my clinic, and I can clearly see that on some level it’s what my kids and I are doing. And so the grandmother can turn to her grandson and say, ‘Not only should you not be drunk driving. Not only do I love you and I don’t want you to wreck that car, but when you wreck that car, you cost the clinic money and we don’t have a lot.’”

## LESSONS LEARNED

CRIBH has learned much since embarking on this and various other advocacy efforts. Below are some of the most salient lessons.

### *It takes a long time ... and it never ends*

The saying “good things take time” also holds true when it comes to advocacy. Crouch emphasizes, “You can’t just swoop in and do it,” and adds that the target of advocacy efforts can shift midstream. The work never ends; once an advocacy victory is achieved, systems must be in place to implement the change and look toward future efforts.

### *Balancing the capacity to do the work versus the work itself is critical*

Those working to bring about change through advocacy need support and input from stakeholders. Crouch stresses that the time spent generating support and input is essential to create a responsive and connected advocacy effort. “It would be really great if you could just do the work. But on the other hand, it is in building that relationship and that foundation with your community that you start the conversation about what’s important that comes into directing our work.”

### *Stress comes with the territory*

Juggling the different pressures facing a policy advocate can be challenging. “Either way, you’re always feeling stressed: ‘Wow, I should be building more foundational relationships with new leaders and structures that are ready for change in the community.’ And then at the same time, ‘Gee, I’ve got to write this paper ... for the next congressional visit or in response to a question somebody asked....’” Finding ways to cope with stress is important in sustaining oneself as an advocate.

### *Working in coalition makes a difference*

While building coalitions is not always easy or even the cultural norm, it can be vital to creating successful advocacy efforts. According to Crouch, “Tribal people are mostly interested in their family and their Tribe and their little geography. So the very first thing that [“Advocating for Change”] trainings do is help people



understand that working, being prepared, and being in coalition make a difference.”

### *“Success has many mothers”*

CRIBH staff members are quick to mention that their success could not have been possible without the participation of many, including their partners in the national coalition. As Crouch sums up, “We had this recent success. CRIBH did play a role in it and so did many, many others. And it is a success that will be shared by all.”

- 1 The Indian Health Care Improvement Act was introduced into the 110th Congress as HR 1328 in the House and SR1200 in the Senate. The bill expands and updates the services that can be preformed by the Indian Health Service (IHS) and its network of Tribal and Urban Indian Health Programs.
- 2 California Rural Indian Health Board, <http://www.crihb.org/mission.htm>, March 22, 2009.
- 3 Department of Health & Human Services, Centers for Medicare & Medicaid Services, Intergovernmental and Tribal Affairs, *Tribal Technical Advisory Group Charter*, 2009.
- 4 California Rural Indian Health Board, <http://www.crihb.org/mission.htm>, March 22, 2009.

## ADVOCACY OVERVIEW



### Advocacy Goals

- Improve health and reduce obesity by improving neighborhood safety, active living, and healthy food environments
- Increase the influence of vulnerable populations in policy and decision-making

### Rationale for Advocacy

- People who live in poverty often reside in environments that are unsafe, not walkable, and with limited access to healthy food. This same population is at risk for diabetes, obesity, and other chronic diseases. Although negatively impacted by poor community environments, low-income residents are not usually at the decision-making table when policies, systems, and financial resource decisions are made. By empowering residents to advocate on behalf of their families and community, Orange County will become a more vibrant and healthy community for all.

### Issue Areas

- Low-income community representation in decision-making
- Obesity and health
- Safe and active communities

### Policy Jurisdiction/Target

- Local City, County, and State Governments/Legislative branch

### Location

- Orange County

### Strategies Employed

- Leadership development
- Local and state advocacy opportunities for decision-making
- Cross-community neighborhood collaboration
- Linking service delivery to advocacy

### Web Site

<http://www.capoc.org>

# Making a Difference for Children and Their Families

Orange County is famous for its affluence and tourist destinations like Disneyland. Yet the reality for many of its community members is not reflected in the images shown on TV. Over 13% of Orange County children live in poverty.<sup>1</sup> Community Action Partnership of Orange County (CAPOC) is working to make a difference for these children and their families. CAPOC's mission is to enhance the quality of life within Orange County by eliminating and preventing the causes and effects of poverty by mobilizing and directing resources and programs that assist, educate, and promote self sufficiency.<sup>2</sup> Through advocacy, the communities CAPOC serves are being transformed, one leader at a time.

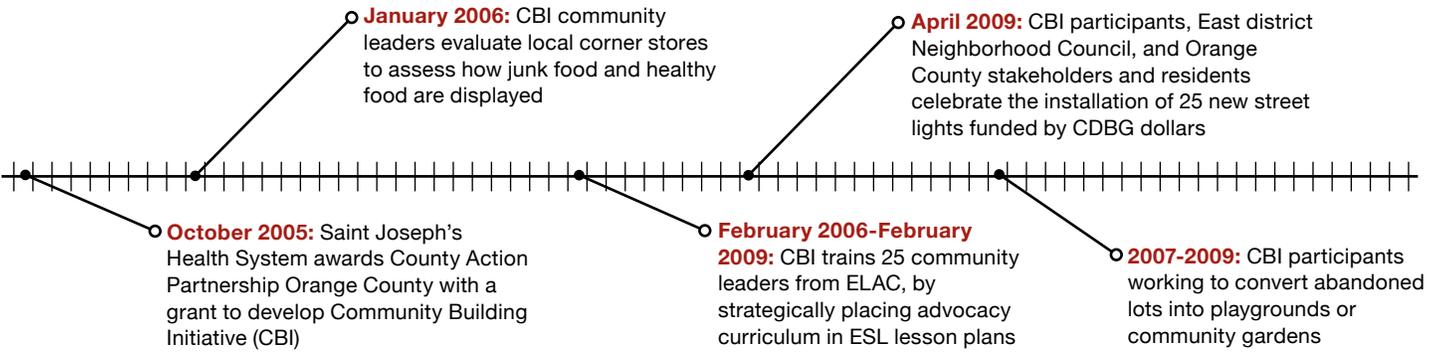
## BACKGROUND INFORMATION

"A group of moms recently got a hands-on civic lesson when they asked the city to add more lights around their neighborhood," declares the first line of an article in the Orange County (OC) Register. The story highlights the work of community women who participated in the East District Neighborhood Council of the City of Anaheim over the past three years. They were able to successfully obtain Community Development Block Grant (CDBG) funding to acquire and install 25 lights in their neighborhood.

The OC moms featured in the article are part of a community leadership group with 25 members called Community Builders Initiative (CBI), directed by Community Action Partnership of Orange County, funded by St. Joseph's Health System. CBI is a leadership development program that trains community leaders to identify and address built-environment issues affecting health and obesity. It is located in four of Orange County's "pockets of poverty."

Dolores Barrett, CAPOC's Director of Community Partnerships and Services for over nine years, leads the project. CAPOC provides services to over 950,000 people each year who are at or below the federal poverty level. CAPOC has employed many different strategies to address the issue of poverty, such as emergency food relief for over 50,000 clients. Providing such a large quantity of direct services would have been enough for many agencies, but this only partly fulfilled CAPOC's mission. Barrett and her staff recognized that empowering individuals to advocate on behalf of their own needs and community is the key to overcoming poverty and creating sustainable, healthy communities. Through the creation of CBI, local residents would have the opportunity to learn how to shape the health and quality of their own lives through advocacy.

During one of the first projects CBI undertook, residents went on corner store tours. Participants went to different small stores in their neighborhoods to examine how junk food and healthy food were displayed. Residents found that the junk food was displayed in front while the



healthy foods were in the back of the store. The data they collected allowed them to demonstrate that unhealthy food was more accessible in their communities and less expensive.

While working with community members, Barrett and her staff discovered that although access to healthy food was an important issue to residents, safety was a higher priority. To sustain advocacy, CBI staff recognized that the community must shape its own advocacy targets and drive the process. Community leaders did just that when the opportunity arose for residents to participate in the East District Neighborhood Council in Anaheim.

Through participation on the council, the CBI participants were able to urge the city to install 25 lights on two community streets leading to the Rio Vista Community Park. Although the park was well lit, the surrounding streets had few lights. Residents believed that adding more lighting would deter loitering, drug use, and public sexual activity. This would make the park a safer and more appealing place for residents to walk. Soon schools, the community, and the city rallied behind the idea. Critics thought that language would be a barrier for the predominantly Spanish-speaking community, yet the CBI leaders were able to use their personal stories

and their leadership training to positively direct how the CDBG dollars should be spent to better their neighborhoods.

**SKILLS, STRATEGIES, AND RESOURCES**

CBI has also capitalized on its unique formation. The group is made of resident leaders who come from four distinct communities within Orange County. The idea of creating one group from four areas seemed counterintuitive to CAPOC's partners. However, CAPOC recognized the strength of forming collaborations across the four communities around common issues that arise from their shared experience of poverty. Alone, each community felt isolated; together, the residents found strength in discovering that their experiences were part of a larger issue. The camaraderie has created a strong sense of unity with one another and it has provided the individual communities with support for themselves and their issues. Barrett shared, "Doing work across communities allows it to spread out. Five parents in five communities can have a broad impact."

As with most advocacy efforts, there have been challenges to overcome. Apart from the environmental challenges that make

healthy living a struggle, there have been those who have not been supportive of CAPOC's quest to train community members to do advocacy. Opposition ranged from not wanting to invest in community residents who could not speak English to doubting that advocacy empowers people. Barrett shares, "For some, not all, coming from a public-health perspective, providing individuals with information to make individual change is empowerment. They still do not understand how advocacy for environmental change is empowerment." Barrett and her staff have learned to embrace both vehicles of empowerment and create ways to show how advocacy and education can come together.

When the Network for a Healthy California – Latino Campaign recently held a Latino Health Awareness Month event, community members wanted to conduct a rally and march to show community solidarity for healthy environments. After some negotiation, those coordinating the event decided that a walk and health fair event would be more appropriate.

The morning of the event, agency members set up their tables at a local family resource center to provide education on healthy

eating. A partnership with the local District Attorney led to inviting the Sheriff's Department to assist with the logistics of the walk. Although the Sheriffs are not normally advocates for health, they recognized that a safe community is an active one, so they came to assist. Community residents came too, ready with their own ideas. Thirty to fifty community members wore white shirts that the Network had given them with the slogan, "My neighborhood. My rules." What they could not have predicted was that community members would use the slogan as a rally cry. One community member had brought a drum. With the streets blocked off, the community members began their neighborhood "walk," with the sheriff pleasantly escorting them. The excitement was contagious, and the event took on a new urgency. Not only was the community transformed but so were the agency staff, who may not have understood the power of a united community. These positive experiences are allowing community members to educate others through their example about what advocacy can do. They give CBI an opportunity to show how education, services, and advocacy can reinforce one another.

## TRAINING AND TECHNICAL ASSISTANCE

In 2007, Dolores Barrett attended the "Advocating for Change" training. Although she had extensive knowledge and experience of her own, Barrett recognized the Advocacy World framework taught in the workshops as a great tool to deepen the work community residents could accomplish. Principles of the "Advocating for Change" Modules 1 and 2 trainings are now incorporated into the resident training. Barrett utilized the training she received to build her own staff's capacity to address issues and advocate for solutions so that the staff could then empower CBI community resident leaders with those same skills and knowledge.

Training her own staff on advocacy proved to be a great opportunity for Barrett. It gave the staff and the residents an opportunity to grow and recognize what role they could play in creating community change and the skills necessary to create change.

The next step was to give community leaders practical experiences in which to use their training. CBI looked for any openings to practice advocacy skills, including taking a few community residents to Sacramento for ENACT day. They spoke to their legislator about nutrition and physical activity issues that were affecting their neighborhood. This has created a trickle effect of change in Orange County. As the CBI community leaders use their newfound vision and training, they have already had many successes working with county staff to develop several abandoned lots into a community walking path. One of their next goals is to convert a deserted concrete lot into a tot lot or community garden.

Barrett longs to see The Advocating for Change Module held in Spanish in her community. Although she has provided community members with training, she would like to see the advocacy modules delivered in their native language to reinforce their earlier training. She believes this training, grounded in the context of the residents' everyday lives, would build the capacity of even more residents in her area.

### TRAINING SUMMARY

#### Reason for attending training

- To glean resources for the implementation of CAPOC's Community Builders Institute

#### Training participants

- The Director of Community Partnerships and Services attended alone, but she soon recognized that her staff and the community members she works with would directly benefit from the content.

#### Useful elements of the training

- The Advocacy World map provided a framework that they could break down into training steps for both CAPOC staff and community residents.
- The Building Support principles resonated with the Director's community work. She has learned to build support by showing others that education and policy advocacy can reinforce one another to build a healthier community.

#### Role of the advocacy training in organization's work

- CAPOC integrated advocacy lessons into the participant's English Learner Advisory Council (ELAC) curriculum as a strategy to engage community members.
- CAPOC reinforced the trainings by providing staff and community members opportunities to go to the State Capitol and advocate on behalf of their issues. The women who participated thought that this experience was life changing. "They realized that our legislators are just like everyone else....and that they (the women) could have an impact."

## CULTURAL CONTEXT

Community residents were recruited from the English Learner Advisory Councils (ELAC), a school-based parent group that provides support for parents. Latino parents represent the demographic group that is most impacted by poverty in Orange County. They come primarily from Central America.

The ELAC parents were a highly motivated group, hungry to know and learn. To facilitate the empowerment process, Barrett and her department staff integrated advocacy training into the ELAC curriculum. This has worked well for the residents, who are not only learning English, but also developing their own leadership.

Barrett remembered that her advocacy trainer had emphasized the importance of embracing and being aware of her own Native American culture. Barrett recognized that this was key in training her (mostly-Latino) parents. She sought to engage the Latino parents based on what they had shared was important to them in order to be comfortable with doing advocacy. The parents wanted some basic knowledge on the issues and wanted to know how to dress appropriately. For this group, these components were important to feeling comfortable when addressing stakeholders.

CBI has also built on the assets of the cultural groups with whom they work. The communities are very blessed to have a strong network of ethnic markets that sell fresh fruits and vegetables. The value, both culturally and economically, of fresh markets cannot be overstated: this makes healthy eating an easier choice.

## LESSONS LEARNED

### *More knowledge increases buy-in*

For CBI community OC mom Rosa Ramírez, the importance of advocacy training is already understood. In April 2009, Ramírez joined other community members and local city leaders to celebrate the light installation at Rio Vista Park. The OC Register interviewed her for an article highlighting the work of the local residents. In it, Rosa says, “When you get more familiar with how things work, you want to see change in your community, and you want to see what you can do to help keep it safe.” For her and many other community residents, being educated on how policymaking and government work empowers them to be more active civic participants.

### *Be opportunistic*

CAPOC staff believe in the power of “opportunity.” For training staff and CBI participants, being flexible when conducting advocacy has created momentum in their efforts. Part of an effective campaign is being able to recognize that the steps are not linear but flexible, and responsive to what is needed to accomplish the goal of creating healthy communities. CAPOC staffers look for every opportunity for community engagement to promote the voices of the CBI leaders. Opportunities include ensuring that participants are active in community decision-making and have visibility at meetings where they could meet local decision-makers and directly engage with legislators in Sacramento.



### *Highlight impact over numbers served*

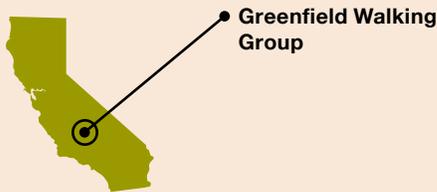
One important challenge will be to continue to rally support for leadership development. With our nation’s current economic struggle, Orange County has seen a cut in its emergency food distribution. The struggle for resources and time is creating pressure to narrow which activities community groups pursue. For Orange County CAP, providing services to 50,000 while training 25 people in leadership development has to be a balancing act. “You can’t measure the efforts by numbers but by impact,” explains Barrett. Behind 25 residents is lighting for hundreds, walking paths for even more, and a healthier community for all. Committing resources to advocacy will be difficult but necessary.”

### *Commitment over the long haul*

Barrett expresses with conviction, “It takes a passion and vision[, and c]leverness to find resources and funding and willingness to be in it for a long time. You can’t expect results in six months. If it’s about relationships, you have to be committed.”

- 1 Community Action Partnership of Orange County, <http://www.capoc.org/awareness/index.html>
- 2 CAPOC website, <http://www.capoc.org>

## ADVOCACY OVERVIEW



### Advocacy Goals

- Create environments and policies that make it easier to walk in public places and be healthy

### Rationale for Advocacy

- Service gaps and health disparities among California's Latino immigrants are partly due to the inability of various systems to provide culturally-appropriate services. For change to happen in these systems, it must be recognized that people who live in the affected neighborhoods know best what solutions would work in their communities.

### Issue Areas

- Healthy eating and active lifestyle
- Better environments for physical activities

### Policy Jurisdiction/Target

- Local and statewide/Executive and Legislative branches

### Location

- Bakersfield, with a regional focus

### Strategies Employed

- Innovative research
- Relationship building
- Community organizing
- Coalition building
- Communication
- Advocacy/Educational visits with decision-makers
- Capacity building
- Reciprocal learning/Education

### Website

- <http://www.getmovingkern.org>

# Neighborhood Advocacy Makes a Difference

## BACKGROUND INFORMATION

**“W**e just wanted to walk.” That’s what one of the participants told us when she was interviewed for this study. We want to relate a story of efforts, triumph, struggles, and hope. This is a story about transforming a park where no one had felt safe due to fights, drug dealing, treacherous walking terrain, and no lighting. Now it is a place in the community where mothers, daughters, aunts, and sisters do aerobics several times a week, sell baked goods and perfume, treat illnesses, and take care of each other’s children. It isn’t easy to start walking. It means making connections with the other walking women and getting up the gumption to start something entirely new.

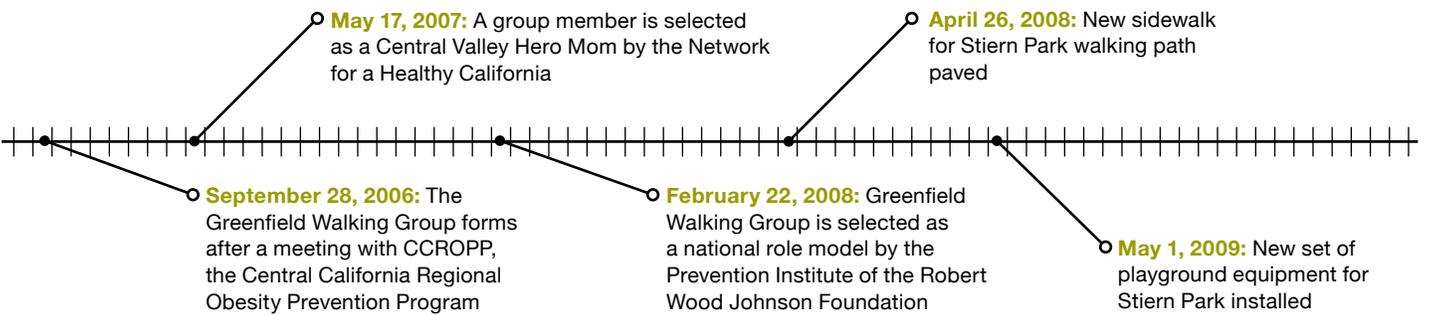
Little did the women in the Greenfield neighborhood know they were about to create a project that would serve as a national example. They would meet and connect with community leaders, legislators, big business owners, and radio and television personalities. They didn’t know anything about community assessments, and little about how to seek funding. Even so, with every step they took, they made friends, increased their willpower, lowered their stress levels, and gave us an example of personal and community self-improvement. They also gave us an example of what resident-driven environmental and policy change can look like.

Gema Pérez talks to us about the group’s beginnings.

“When we started two years ago, there were five of us, and now there are more than 60 who participate. One of the barriers to walking was that it was too dangerous....[T]here were people doing graffiti and selling drugs. The park was in ruins, the lights were broken, the ground was uneven, and the baby carriages would tip over. Sometimes people would injure their feet.”

Another resident adds, “In the park you would see things you didn’t want to see...condoms, syringes....[N]ow, the change has been lovely.” And the comments don’t end there. “We used to be terrified of walking by there. We were afraid that our children would get involved in those situations; that they would be pulled into drugs and gangs. We didn’t want to see our kids near those syringes, or any kid for that matter, even if they weren’t ours.”

Something had to be done, so the group was formed. Soon after, Harvey Hall, the mayor of Bakersfield, saw the attention the group was attracting through the Spanish-language magazine *MÁS*, and he wanted to meet them. The women were organizing an anniversary celebration, so they invited him to the event. The mayor was astonished by the number of people who shared an interest in a healthier life and a better park. They took the mayor on a strategic walk through the park, and asked



him to push a baby carriage, so he could experience how difficult it was to push a stroller on the uneven and rudimentary pathways. They also invited the mayor to participate in a fotonovela (photo novel) – and that’s how they started advocating for a new walking path in the park.

**SKILLS, STRATEGIES, AND RESOURCES**

A big part of advocacy is knowing how to convince people. We asked whether the group had any experience struggling and advocating. More than one of them found within their life experiences a story of struggle and the need to convince others, to counsel, to plan, to form coalitions, and to know how to ask/demand.

Beatriz Basulto used to work in the warehouse of a company in Bakersfield where,

“They would keep us working eight hours straight in 115 degree heat without any kind of ventilation. We felt suffocated, like we were going to faint. I managed to get close to the people in charge, and I got them to bring us refrigerators and some large fans, and also for them to have water for

us in various areas of the warehouse. I felt satisfied to have done the right thing for everyone.”

Experiences like these served as a working background and foundation as they met with community leaders and legislators. They worked with Barbara Houser, the Director of Afterschool Programs of the Greenfield School District, and advocated for afterschool soccer programs. Similarly, they successfully advocated with Nancy Williams, the Director of Greenfield’s Adult Education, to create new English classes at the Family Resource Center during the day, when it was more accessible for residents.

Improving their shared spaces takes them beyond themselves. Making use of their experiences, the group began talking with the authorities and communicating the importance of safe places to be physically active. They also partnered with the Bakersfield Chamber of Commerce’s Leadership Program to raise funds and recruit volunteers. Together – men, women, and youth – they built a walking path with their own hands.

After effecting change in their own community, they began learning about regional and statewide problems and started creating change in their county and state. They wrote to their legislators,

successfully advocating for legislation to label menus. Similarly, they demonstrated in front of Assembly Member Nicole Parra’s office for the passage of the Air Quality Bill SB719.

It helps to have a vision. Gema continues, “Another one of our goals has been to convince the people of the community to join us, to improve their health. We invited them to see the results in people who have had various illnesses.”

For example, the Greenfield Walking Group invited youth from primary and middle schools to come see the park and through a project called Photo Voice<sup>1</sup> the young people captured images of what was good about the park and what needed changing. This brought to light the need for a new playground.

The Walking Group’s hard work took them to advocate at the Convergence Conference of California, which Kaiser Permanente’s National Director of Health Initiatives, Loel Solomon, was attending. He was inspired by the group, and Solomon promised to help them navigate Kaiser’s grant system. Today the children in the park enjoy the new playground equipment, made possible by a partnership between Kaiser, Game Time, and Bakersfield Recreation and Parks. Kaiser Community Benefit Grant paid for the equipment. Game Time, a vendor, installed and safety certified the equipment as an in-kind donation. The Recreation and Parks Department of

Bakersfield removed the old equipment and maintains the new equipment in kind.

The initial \$75,000 Kaiser grant then leveraged an additional \$75,000. When we ask them how the Walking Group was able to get these donations, they answer, “through letter-writing, signatures, and by our insistence.” They continue, “...talking to the unions, to other communities, schools, and even other cities. We gave our testimonies as to what we had achieved, and we told them what we needed.”

This is what we call “advocacy.” They saw a problem, and they worked to change it.

## TRAINING AND TECHNICAL ASSISTANCE

“Our main source of support comes from Jennifer Lopez.” Jennifer works for the Central California Regional Obesity Prevention Program. “She’s the one who thought of including youth, and she invited the school.” Someone else adds, “She also helped us with letter-writing and identifying organizations that might be able to fund us, like the Parks and Recreation.”

“Jennifer also brought us The California Endowment Advocacy Training, which taught us how important it is to know how to tell our story, along with the skills to do it better. We learned how to form alliances with those who might be on the same path as we are, and that even though we may think differently as individuals, there is an energy in common that unites us.”

Pérez tells us, “Now we are working on getting a restroom for the park. There are some afternoons where there are more than seventy people walking and enjoying the park, and there are no restrooms anywhere in the park. We know from our participation in The California Endowment Advocacy Training that we have to make a plan and find allies.”

This group of walkers is self-motivated, and they seem to be natural-born promoters, but The Endowment Advocacy Training helped reinforce what they already had in their hearts: a genuine interest in helping themselves and their community. The training helped demonstrate that neighborhood residents are a central part of advocating for change. This gave them more confidence and made them feel more supported and validated in their work.

Regarding the future and how they might increase their ability to advocate, they tell us that they need more help in learning how to: make presentations to diverse organizations, produce a service directory of organizations that serve their communities, and formalize the support of the local business community.

## CULTURAL CONTEXT

For many of the members of the Greenfield Walking Group, their migration from their countries of origin to the United States was a form of advocacy and struggle. Their stories remind us why this work is so important.

### TRAINING SUMMARY

#### Reasons for attending the training

- Advocacy is very interesting
- To become better-advised and well-trained as a group and for each member to be as well-informed as possible
- Invited by a trusted ally to attend the training

#### Training participants

- All members of the group
- Also invited youth, because these issues impact them as well

#### Useful elements of the training

- Definitions of what advocacy is and the illustration of the steps involved in advocacy
- Information about how to talk to lawmakers and how to formulate petitions or requests to fulfill community needs

#### Role of advocacy training in organization’s work

- “Participating in the training was very important because it reinforced what we were already doing. It gave us more confidence as a group.”
- “The training helped us tell our story with all the information, facts, and other things that lawmakers like and need to hear ....”

Sonia Molinar tells us she came to this country because of domestic violence problems, and because the laws in her home country were against her. “I feel that if I had stayed over there, I would never have become anyone or anything.”

“Language is something that limits the [group] a bit, but it doesn’t deter us,” says Lydia Ortiz. “I produce the bulletin, and I write it bilingually. That way the women who don’t speak English learn a little bit of it, and I learn a little bit of Spanish.” Someone else added, “We have encountered many organizations wherein no one speaks Spanish. I think that that’s why people are indifferent. We are trying to accomplish something, and nobody can understand us.”

Issues that need attention include the creation of better-paying-jobs and the provision of mental health services. When advocating for solutions to these problems, one has to simultaneously navigate certain cultural “blocks.”

One of the members of the Walking Group expresses that,

“those of us who came from Latin American countries and from low-income situations aren’t accustomed to being very direct, and so we look for someone to show and teach us the way....We’re also used to having less, and thus we don’t take advantage of opportunities. We put up with the lack of resources....And lastly, women who take on a leadership role are perceived as ‘pushy’ because we’re still not used to equality of the sexes, and even less so in Latin American countries.”

Given the Walking Group’s cultural context, they greatly appreciated how the advocacy training was sensitive to and accommodating of their learning styles, and goals as well as their needs as parents. “The training we received,” Gema Pérez and Claudia Ortiz tell us, “was very good. We were very happy it was done in Spanish, that there was childcare, and that the presenters did their best to explain everything clearly.”

## LESSONS LEARNED

When asked what lessons they have learned, their response was quite clear.

“All of us have seen that if we lead a healthy life we can have a better quality of life. We’ve seen it in people like Lydia, who was injecting insulin when she first arrived; now she doesn’t need it. Others have stopped using high blood pressure medication, and have told us that they feel better. We’ve learned that we can have a better quality of life.”

### *Good advocacy takes time*

The first five women who got together, Lupe, Érica, Marta, Rosalba, and Gema, never imagined that walking and fixing the park would lead them to take on such a large job of advocacy. The group formed on October 2, 2006, and continues to meet at Stiern Park to actively make a positive impact on environmental and policy change for healthier communities.



### *Resources are available everywhere*

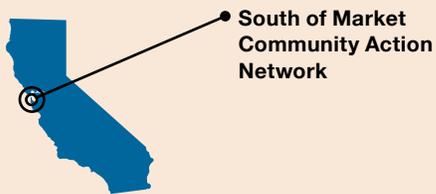
The Greenfield Walking Group learned to search for and find resources, from within and from beyond the community. Resources available within the group include their bulletin and the aerobics instructor. The group was also able to build on their success and parlay their advocacy wins into new grant money and other in-kind contributions.

### *Community residents have the power to make change*

As the women put it, “Power comes from the group. The more united we are, the stronger we are, and the stronger we are, the more we can help other women, and we can be a bigger and stronger group.” The Walking Group continues to exercise its collective power to create policy and environmental changes that increase access to healthy food and safe places to play.

1 PhotoVoice is an award-winning international charity; its projects empower some of the most disadvantaged groups in the world with photographic skills so that they can transform their lives. [http:// www.photovoice.org](http://www.photovoice.org)

## ADVOCACY OVERVIEW



### Advocacy Goals

- Minimize negative impacts of gentrification on long-time residents and small businesses in SoMa neighborhood
- Increase access to affordable housing, a high-quality school, jobs, and recreational space for youth and families

### Rationale for Advocacy

- SoMa residents want to sustain a healthy neighborhood despite gentrification. Their work ensures that developers consider the needs and interests of residents who have not benefited either historically or currently from gentrification. Access to affordable housing and high quality education are significant elements that drive the advocacy. SOMCAN continues to advocate with residents who want to be part of the change process to improve the quality of life and affordability of the neighborhood for everyone.

### Issue Areas

- Affordable housing
- Education: maintaining the neighborhood school
- Equitable development
- Job creation
- Youth and family space

### Policy Jurisdiction/Target

- Local developers and city government/ Executive and Legislative branches

### Location

- South of Market neighborhood, San Francisco

### Strategies Employed

- Community organizing
- Coalition/Alliance building
- Communication/Media campaign
- Advocacy/Education
- Leadership development
- Zoning regulations and securing impact fees

### Website

- <http://somcan.org>

# Resident-Led Change for Healthy Communities

When resident and community leaders of a diverse community in the South of Market neighborhood (along Sixth Street) in San Francisco came together to discuss how to protect themselves from gentrification and eviction in their neighborhood, SOMCAN, the South of Market Community Action Network, was born. Youth and adults focused on protecting small business owners and tenants from eviction while leveraging community-benefit funding through development fees and job creation. Their comprehensive approach required extensive partnering, strategic planning, and creative research methods while responding to the priorities of low-income residents.

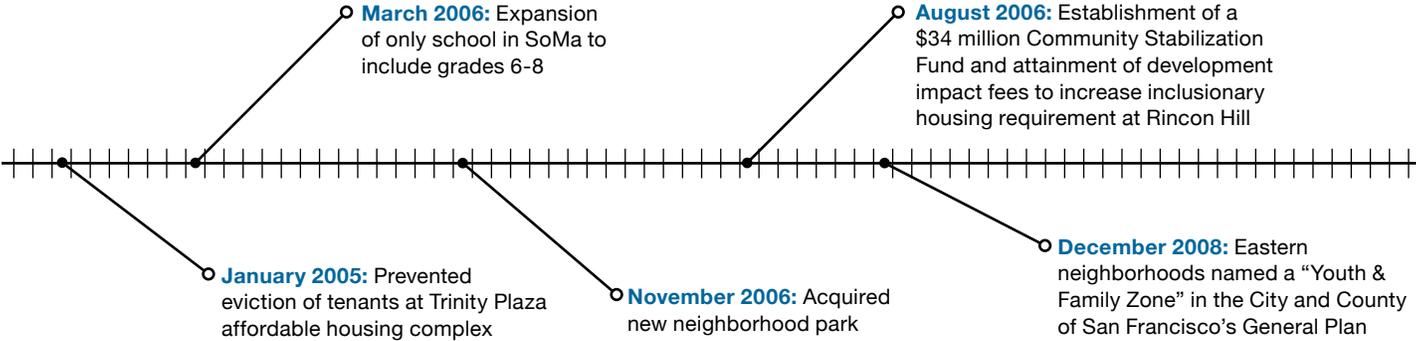
## BACKGROUND INFORMATION

With its shopping districts and high-rise buildings, South of Market (SoMa) is not known to outsiders as a residential neighborhood. For its residents – a diverse community of low-income seniors, workers, and immigrant families – it has been home for over 150 years. For SoMa residents to sustain a healthy neighborhood within the context of gentrification, it has taken courage, creativity, and collaboration.

SOMCAN's first campaign focused on efforts to assist Filipino small businesses threatened with illegal eviction from a shopping mall slated for redevelopment. Through research, testimony at public hearings, and a media campaign aimed at influencing decision-makers, organizers created enough leverage to keep those businesses in the neighborhood.

Soon after, SOMCAN advocated halting the development of a 32-story hotel with luxury condominiums on the top floor. Advocacy led to the elimination of the condominium penthouses and the establishment of a mitigation fund that was used to finance a Resident Organized Leadership Program to benefit low-income residents adversely affected by advancing development efforts. Through the creation of a community coalition, residents fought for restrictions on development that would unduly displace them and created programs to help them find employment in some of the newly-arrived businesses.

After that victory, SOMCAN was invited by residents to intercede in the demolition of a rent-controlled apartment complex that was slated to be turned into condominiums. Additionally, SOMCAN worked to rebuild and expand the only school in the neighborhood, and it leveraged development impact fees along the waterfront to further stabilize long-term residents facing gentrification.



**SKILLS, STRATEGIES, AND RESOURCES**

SOMCAN's main strategy involves engaging local adults and youth and asking them what makes a healthy neighborhood. Keeping residents as the central focus of all community efforts has been a crucial strategy. Another key strategy has been finding innovative ways of determining the community's priorities. Youth organizer Mai Doan describes one of their approaches.

"We spent a good portion of the fall conducting needs assessments and walking around taking photos. This was done by the youth in the neighborhood to give photos identifying what they saw as things that were good in their neighborhood, that supported themselves and their families, and then things that were changing that worsened the conditions in the community. And it was research that informed a lot of what we were advocating for."

Another core strategy is building a culture of accountability and transparency within the organizing. SOMCAN takes the time to

build trust and develop relationships between people. This enables everyone to work together and trust one another throughout the entire process. It also keeps them accountable to each other and to SOMCAN's priority constituents (SoMa's low-income immigrant and communities of color).

As the only community organizing group in the neighborhood that focuses on gentrification, SOMCAN is very strategic about how they partner with other organizations that are more focused on direct service. They help other agencies learn how to structure their interactions with residents in ways that are more empowering. Mai Doan offers,

"We work with a lot of people. I think that what we make sure of is that we identify with our allies' main focus areas and tie it into what we're doing AND what's in the best interest of the residents."

Organizing Director Angelica Cabande adds, “We run power analyses.... Who are our targets? Who will we need to win over in the communities and City Hall?”

Building strategic relationships also informs SOMCAN’s advocacy efforts. Chris Durazo, Executive Director points out,

“If we’re going into a campaign, for instance, we really try to find resources to teach us, educate us. A lot of times it’s informal such as talking to the schools, talking specifically to the Board of Education to learn more about the system. With land use, [we] have allies within the Planning Department who will meet with us regularly to talk about different ways to look at things. So individually, we have a lot of capacity from people coming to support us one-on-one. We try to partner with as many groups as possible, but not duplicate services, and support the leadership of the families we work with right now....The goal is to build the leadership of residents to empower them to make the changes....[T]he residents actually have the skills,...and that grows.”

Residents can take leadership by encouraging youth and parents to speak at hearings to advocate for community priorities. For the families of SOMCAN, this has led to many changes, including naming a 12-block area within the Eastern Neighborhood a “Youth and Family Zone” within the City and County of San Francisco’s General Plan.

**TRAINING SUMMARY**

**Reasons for attending training**

- Advocacy is an important part of social change and any training that supports deeper knowledge of advocacy is helpful.
- It is good to be familiar with many different advocacy styles and have a diverse approach.

**Training participants**

- Community residents who participated in the resident leadership program

**Useful elements of the training**

- How to work in coalitions, create agreements, and hold members accountable
- How to get the most bang for your buck in communications to influence decision-makers

**Role of advocacy training in organization’s work**

- To help residents develop a health lens in their advocacy work and think more broadly about the improvements they could make in their neighborhood

Another hallmark of the organization has been its success in leveraging sustainable resources in creative ways that benefit local residents. A good example involves the rezoning of the waterfront to allow for the construction of large 500-foot towers. This new development increased the value of the waterfront property from \$1.50 per square foot to \$1000 per square foot. SOMCAN negotiated \$17 for every square foot of the towers to be put in a stabilization fund to mitigate the impact of this gentrification on low-income residents and small businesses.

**TRAINING AND TECHNICAL ASSISTANCE**

Before becoming Executive Director, Chris Durazo attended the “Advocating for Change” Training as Community Planning Director. She shares, “It mapped out all of our work. It brought a lot of different people and different areas together.”

This mapping helped SOMCAN develop strategies for the development of the stabilization fund. The stabilization fund eventually led to the creation of the Resident Organized Leadership Program which provides neighbors with training in organizing, leadership development, racial justice, and land use.

Helping residents learn the steps involved in how to advocate for changes is a key approach for SOMCAN. They incorporated The Endowment’s advocacy training into their existing resident leadership efforts. SOMCAN valued creating an opportunity for residents to gain deeper knowledge of the role advocacy plays in social change. Members also wanted to expose residents to a diverse array of approaches. The training not only helped residents bring a health lens to their advocacy work, it built their capacity as leaders. It helped them think more broadly about the improvements they could make in their neighborhood. Some of the most useful components of the training included how to use communications to influence decision-makers and how to work in coalitions that hold their members accountable.

To help further strengthen their advocacy efforts, SOMCAN identified a number of technical support needs. The list includes: fund development, evaluation, resources on adult allies, and parent organizing curricula.

**CULTURAL CONTEXT**

The South of Market Street community is well known as a multi-ethnic community with 39% of residents born overseas and 33% speaking little or no English.<sup>1</sup> To celebrate and strengthen this mix of multicultural members, SOMCAN employs innovative translation, nonverbal activities, and multilingual staffing approaches. Durazo highlights, “We’re trying to develop the parents and the youth together, so we can have more integrated family involvement with SOMCAN over the generations.”

Durazo offers another insight about the role of culture in organizing:

“There are people who actually were really, really active in their home country in political campaigns or political positions. Advocacy is a tool we use so that residents who might

not feel safe or comfortable can stand behind it. A lot of times we do collective actions to make sure that people are protected. We really don't try to put anyone in a place where they're risking any situation. If that means that it's better to do just a postcard campaign, we'll do that."

## LESSONS LEARNED

### *We often get stuck just reacting to crisis*

"It would be nice to actually be proactive about our petitions to get the government agencies to start addressing these things before they are a threat/immediate issue", says Mai Doan, lamenting that SOMCAN often finds itself in a reactive position.

### *Vigilance is key*

Constant monitoring is necessary to ensure that the hard-fought victory is not only implemented but also maintained. Youth working with SOMCAN won a new park in their community. Within the first three months, dog owners wanted to convert it into a dog park. SOMCAN and the youth advocates continue to work to protect young people's right to use the park.

### *The direction of advocacy efforts must come from community residents*

SOMCAN is committed to resident-driven advocacy. This can be difficult to maintain when they work with other neighborhoods and City Departments, but as Durazo emphatically underscores,

"If the residents aren't there I think the advocacy suffers. The residents have to be completely present. They have to have ownership of what we're fighting for...Even the best ideas in the world, if the residents aren't behind them, they're not the right ideas for the neighborhood."

### *Advocacy takes a long-term commitment*

The final lesson learned from Durazo is that,

"Campaigns are not short. For instance Rincon Hill and Eastern neighborhoods, both campaigns are over eight to ten years old...[W]e didn't even realize how much work it would be because we won this funding, it's there to stabilize the community, to build the resident leadership in ways that address these issues. Huge amounts of capacity are needed to sit on these panels."

Neighborhood participation on advisory committees and panels and giving testimony at public hearings both play a large role in SOMCAN's advocacy and sustainability strategies. Organizers work to prepare residents so they are less intimidated by the process and can feel confident in expressing the contextual expertise they bring to ensure that their hard-fought policy advocacy wins are maintained. The challenges and successes have been many for SOMCAN as they continue to work at creating a balance between the interest of developers, city government, and residents.



1 National Community Development Institute, "Transforming Philanthropy in Communities of Color: Case Profiles," 2007.

# Conclusion

**W**e hope that you found the case studies in this document useful. Everyone at The California Endowment and the National Community Development Institute understands that policy change is very challenging. We know that the challenge is compounded by the economic conditions we are currently facing as a state and a nation, indeed, even as a global community. Still, we hope you are encouraged by the victories experienced by the community members and organizations who participated in the Advocating for Change training series.

Each of their stories, in different ways, teaches us that advocacy is:

## **LONG TERM**

Advocacy is not for the faint of heart. In the same way that social problems didn't develop overnight, solving them will also take time. It takes vision, leadership, and long-term commitment to make sustainable social change.

## **COLLECTIVE**

According to a Cherokee proverb, "Strength is like a bundle of arrows. Tied together they are unbreakable, separate they are broken easily." Strong advocacy is relationship based and requires residents, community organizations, and decision-makers to work in partnership to achieve a common goal.

## **STRATEGIC**

Sometimes it's a well-thought-out plan, sometimes an unexpected opportunity. No matter where it comes from, successful advocacy requires strategic thinking and action.

So how do we know it's working? It is often said that in this generation, we do not see the mass movements for social change of years past. Back then, we saw dozens of movement-building activities with thousands participating. Now, we see thousands of activities with dozens of people participating. It is less obvious, perhaps, but the change is still significant to those people, families, and communities who are positively impacted by the small victories won through collective social change advocacy and policy change efforts. Society as a whole is enhanced when communities are strong – and communities can only be strong when they have both the knowledge and ability to define and voice their own path for change.



