



# The California Endowment Strategic Review: Building Healthy Communities Executive Summary

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## Executive Summary

The California Endowment (“The Endowment” or “TCE”) is embarking on an ambitious, complex strategy to promote fundamental improvements in the health status of all Californians. Three years into its 10-year, \$1billion commitment to Building Healthy Communities (BHC), foundation leaders have decided to “hit the pause button” and commission an external assessment of the implementation of its strategy to date. The timing of this Strategic Review—mid-course—provides information for TCE to strengthen, improve, and build on the groundwork that has already been laid by the foundation’s grantees and partners.

The findings of this Strategic Review, which largely focuses on a snapshot in time from April through October 2013, have been informed by data collected to answer five key learning questions:

1. To what extent and in what ways are Healthy Communities and Healthy California efforts aligned and working together to proactively address a specific issue, policy, or practice related to BHC goals?
2. What factors are supporting and hindering power building among residents and youth to advance BHC goals of policy and systems change?
3. To what extent and in what ways are the Hubs and other collaborative structures developing effective partnerships and increasing community capacity to influence policy and systems changes
4. What changes are being realized at a local and state level as a result of the BHC work?
5. To what extent and in what ways are TCE structures and processes...
  - a. Affecting staff and senior leaders’ abilities to effectively provide oversight, management, and support for TCE’s activities, investments, and partnerships related to BHC?
  - b. Enabling TCE to adapt and respond to BHC communities’ capacity needs?
  - c. Affecting alignment between Healthy Communities and Healthy California?

These questions reflect key assumptions that underlie the BHC strategy (e.g., the need for aligning local and state efforts), and the questions examine critical elements of the BHC theory of change, such as building resident power and using collaboration to drive policy and systems change.

## What Is Building Healthy Communities?

Building Healthy Communities combines statewide policy advocacy and communication with concentrated investment in 14 communities throughout California (referred to as “BHC sites”). As part of its multi-pronged approach to BHC, TCE has emphasized the importance of “strategic opportunism” and listening to communities. As a result, since the start of BHC, the strategy has continued to evolve; partly due to changes internally, and in part, due to demands from the field. The strategy that has developed reflects a desire to engage in ongoing experimentation and continuous learning along the way.

The goals of BHC are broad, comprehensive and ambitious. They span a wide range of issues and reflect The Endowment’s underlying belief that social, environmental, political, and economic factors all together have an impact on health and wellbeing. In terms of long-term changes, The Endowment hopes that BHC contributes to providing a health home for all children, reversing the childhood obesity epidemic, increasing school attendance, and reducing youth violence (known as the “4 Big Results”).

In addition to this long-term goals, program staff and grantees statewide and locally, are also contributing to making progress against “10 Outcomes” that were articulated by the foundation early in the planning phase of BHC. These include issues areas such as increasing health coverage, supporting healthy youth development, improving neighborhood and school environments, and shifting human services toward

prevention. Statewide, the foundation has begun organizing its work into three campaigns: Health Happens with Prevention, Health Happens in Schools, and Health Happens in Neighborhoods. The foundation's place-based work spans issues and activities across all three campaigns.

The core strategies TCE is using to achieve these goals are referred to as the "5 Drivers of Change," which includes developing youth leaders, building resident power, collaboration, leveraging partnerships, and changing the narrative. These five drivers are believed to be critical components of the BHC theory of change, and how TCE intends to build capacity to drive policy and systems change locally and statewide.

Endowment leaders acknowledge that they are "learning while they are doing," which is bold, courageous, and risky. This is evidenced by some of the unique characteristics of BHC:

- Making large investments in grassroots community organizing
- Developing and maintaining long-term relationships with state-level advocates and policymakers
- Supporting both local and statewide advocacy infrastructure
- Approaching its place-based work with an authentic desire to let communities make decisions
- Focusing on youth leadership and organizing
- Embedding program managers in each of the 14 BHC sites

These characteristics reflect underlying assumptions about how change happens. For example, one assumption is that investing in both strengthening systems and developing resident leaders is needed to drive systems change. At a local level, this is evidenced through local BHC program managers (each one assigned to a single, unique site) providing grants and other support to systems leaders and elected officials, as well as grassroots organizers and community-based advocacy groups.

Another assumption that has guided the structuring of BHC is that the skills, capacities, resources, and strategies that effectively drive statewide policy change are different than what it takes to transform policies at a local level. As a result, The Endowment has chosen to structure itself so that one department, Healthy California, is responsible for the foundation's statewide and state-level policy and systems change efforts; while Healthy Communities, a separate department with its own leadership and staff, is responsible for working with and in the 14 BHC sites.

## **How Is Building Healthy Communities Being Implemented?**

This Review examines areas of progress and tensions in the implementation of BHC at this particular time—three years in to a 10-year strategy. There are four critical issues around implementation that this review examines in greater detail:

- Alignment between local and statewide efforts
- Power building among adult and youth residents
- Collaboration and community capacity building
- Strategic clarity of Building Healthy Communities

The full report places these findings in context – in terms of how the findings might reflect what may have been intended or anticipated in the design of BHC, as well as the effects of the structures and processes that TCE has put in place to support BHC implementation. The key findings for each of these sections are summarized below.

## Alignment between Local and Statewide Efforts

### Overview

In order for BHC to be successful, TCE leadership believes that its local and statewide efforts must be aligned in ways that create “synergy.” The theory behind alignment suggests that issues should be bubbling up from the “grassroots to treetops” and that statewide opportunities should be trickling down from the “treetops to grassroots.” This would support BHC by fostering a statewide policy environment that supports healthy policies, practices, and systems at a local level, and developing a local base of support for state-level policies. The Endowment leadership and staff understand that alignment between Healthy California and Healthy Communities work is important. Yet, how alignment happens and under what conditions, has not been fully explored.

Through interviews with foundation staff and leadership, we define alignment as:

*An intentional effort between Healthy Communities (local) and Healthy California (statewide) staff and/or partners and to coordinate, collaborate, or partner to achieve a common goal or objective.*

### Areas of Progress

- **There are several examples of alignment taking place, particularly within the Health Happens in Schools campaign and related to The Endowment’s work to support boys and young men of color.** For example, some Healthy Communities and Healthy California program staff jointly fund grantees to support efforts within specific BHC sites and to contribute to activities at a statewide level. Statewide and local leaders involved in the boys and men of color work are seeing themselves as having a voice and making decisions as equal partners in the work. There are several issues, such as school climate, restorative justice, and school nutrition and wellness that have been prioritized by a number of BHC sites and at a state level.
- **Healthy California and Healthy Communities program managers are developing a better understanding of each other’s values, interests, and priorities.** As BHC was getting started, there were tensions between local and statewide staff, in part due to unclear communication from TCE leadership about how local staff and grantees were expected to respond to requests for engagement in statewide or state-level activities. Over time, relationships between Healthy Communities and Healthy California staff are being built, and program staff are expressing a greater openness to collaborating.

### Challenges and Tensions

There are a number of structural, cultural, and design-related factors that prevent local-state alignment from happening more proactively across BHC. Some of the challenges around alignment arise from problems that need to be addressed; others are tensions that are inherent to the work. These include:

- **A lack of infrastructure for lifting up community needs to the state level is making it difficult for local voices to be lifted up to the state level.** The organizational structure of BHC creates a natural disconnect between Healthy Communities and Healthy California, which are operating largely independently from one another. There are few structures besides Implementation Teams (organized around the 3 Health Happens Here Campaigns) and quarterly Strategic Learning Implementation Team Meetings (SLIMs) to bridge the gap. SLIMs are widely perceived to be bridging a gap between the foundation’s statewide and local work, yet are insufficient in supporting alignment towards the goals of BHC.

- Healthy California and Healthy Communities program managers play different roles and are accountable to different stakeholders, which can make it difficult to collaborate.** Healthy Communities program managers play a more varied role than Healthy California program managers, who mostly see themselves as content experts, strategists, and thought partners. Healthy Communities program managers are most responsible for responding to the priorities of their local community, whereas Healthy California program managers are primarily responsible to addressing the needs of the state as a whole.
- When the priorities of BHC community stakeholders do not align with statewide priorities articulated by TCE at the state level, alignment becomes a challenge.** The primary focus of Healthy Communities program managers is their site, which means connecting with the state level work is secondary. Yet, some TCE leaders expect BHC sites to be involved in statewide efforts (e.g., ACA implementation). In some cases, Healthy California staff and grantees have encountered resistance in trying to reach out to partners and grantees at the local level.
- Without clear expectations for how BHC sites should be involved in statewide efforts, some staff and grantees may decide to have limited involvement in statewide campaigns.** There are different understandings of how local-state alignment should happen within the foundation. These varying expectations about how alignment should be occurring create confusion within the foundation about how Healthy California and Healthy Communities staff and grantees are supposed to be working together. While TCE staff recognize that alignment is important for BHC overall, some do not see its value for their individual work.

### Alignment: Key Questions to Consider

1. Whose role is it to identify opportunities for alignment?
2. How does TCE expect Healthy Communities staff and grantees to participate in or collaborate on statewide issues? What are TCE's expectations around the type, intensity, and frequency of alignment?
3. How can TCE modify its structures and processes to increase interaction and synergy between Healthy California and Healthy Communities and increase alignment without program staff or local partners feeling overwhelmed?
4. How can TCE marry the need to support community-defined goals, while at the same time working toward statewide campaigns?

## Power Building among Adult and Youth Residents

### Overview

As BHC sites began to implement their BHC strategic plans in 2010, The Endowment identified power building as one of its “5 Drivers of Change.” TCE has defined resident (“people”) power as: *When large numbers of residents bring their issues and concerns to the public debate and influence policy decisions.*<sup>1</sup>

<sup>1</sup> The Endowment. (2013). *Progress toward the TCE Goals FY 2013* (April 2011-March 2013). Presentation.

Organizing is one of the primary ways that TCE believes resident and youth power can be built, and it has continued to make substantial investments in grassroots organizing across the 14 BHC sites. Because communities started off with different levels of capacity around adult and youth organizing and advocacy, what power building looks like in each BHC site is different.

## Areas of Progress

- **TCE grantees are increasing the capacity of adults and youth to organize and participate in statewide policy campaigns, and strengthening organizing capacity in communities with varying levels of experience in the area.** BHC grantees are providing training and support for the development of issue-specific campaigns that involve adult and youth residents. Campaigns provide opportunities for adult and youth residents to identify an object for change, research the issue, recruit others to get involved, plan an advocacy strategy, implement the strategy, meet with public officials (or people in positions of authority/power), spread the word via media, and monitor progress of the campaign strategy.
- **TCE is building a robust youth leadership structure that is allowing youth to be active participants in BHC's local and statewide work.** Youth have many opportunities to participate in BHC. They are engaging in leadership activities coordinated by TCE (e.g., President's Youth Council, annual Boys and Men of Color Camp), BHC grantees, and local BHC site partners (e.g., media internships with the local BHC Hub); sitting on local governing boards and planning committees; and participating in local and statewide policy advocacy campaigns.

## Challenges and Tensions

At the same time, as BHC moves forward, there are critical tensions that arise through the foundation's power building work that need to be addressed. Despite the variety of ways that youth are engaging in BHC-related activities, sustaining youth involvement in BHC will be an ongoing challenge.

- **Lack of clarity around the role of residents in BHC has made it difficult for local BHC staff to manage tensions between different stakeholders' priorities when they arise.** The Endowment has not clearly articulated the role of residents and youth in decision-making around the priorities for local or state-level change (e.g., how much of the site work should be resident-led). Priorities being pushed from TCE to the sites can conflict with resident priorities, making it unclear which priorities come first in an environment of limited resources. In addition, program managers have sometimes supported residents' priorities over those of other stakeholders (e.g., nonprofits, systems leaders). In some cases, systems leaders have begun to feel alienated by the BHC work, particularly when TCE-funded organizers or affiliated residents start to organize against them.
- **Given TCE's emphasis around leadership development and organizing, BHC grantees and TCE staff are finding it difficult to meet the holistic needs of youth.** Engaging youth in advocacy and organizing efforts takes time away from other activities; some youth may need more academic and social supports to stay engaged. Some grantees and TCE staff are concerned that youth are being overly engaged in organizing activities without adequate support for their personal (e.g., academic, housing, jobs) wellbeing.

### Power Building: Questions to Consider

1. What are TCE's expectations for the right role and level of engagement for residents and youth in BHC at the local and state levels? How can TCE determine whether BHC is resident-led or should be?
2. Can TCE be more explicit about whose voice matters the most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
3. How can TCE support program managers and Hub managers in addressing the tensions that exist between community organizers and systems leaders, both of whom are being engaged through BHC?

## Collaboration and Community Capacity

### Overview

Cross-sector collaboration is widely recognized as a necessary component of complex, systems change. Collaboration reflects the foundation's "Inside-Out" approach and is one of the "5 Drivers of Change." The Endowment supports various types of collaboration to advance BHC, ranging from networking—raising awareness of different organizations or services that might be available in a community—to collaborating to achieve common goals by sharing responsibility, authority, and accountability for achieving results.

One of the unique features of BHC is the creation of a "Hub" in each of the BHC sites responsible for supporting multi-sector, diverse stakeholder collaboration. The Hub is described as "a group of individuals who come together to share decision-making and guide the effort at each site throughout the BHC initiative" with a goal of "developing a vision and plan for a healthy community that is as clear as possible."<sup>2</sup>

### Areas of Progress

There are a few key aspects of the design and implementation of BHC that are fostering collaboration, particularly collaboration toward shared goals locally and statewide.

- **The use of a broad framework for health is enabling The Endowment and its partners to effectively engage diverse stakeholders across sectors locally and statewide.** The "10 Outcomes" provides a broad agenda that reflects the interests of a diverse set of local stakeholders, such as nonprofits engaged in land use and zoning to those involved in youth leadership development and increasing access to health care. Through BHC, organizations, groups, and individuals that had not worked together are sharing information and starting to see how their efforts are interrelated.
- **The embedded nature of program managers and Hub managers in the community enables them to more easily identify and connect partners.** Program managers and Hub managers are playing a sensing role in identifying and engaging effective organizations, groups, and collaborations already in place. The relationships of local BHC staff enable them to connect

<sup>2</sup> The California Endowment. *The Hub Playing a Central Role*. Available online at <http://www.calendow.org/healthycommunities/documents.html>.



residents with community-based organizations and nonprofits (e.g., advocacy and organizing groups, service providers) in order to support resident engagement in BHC.

- **Despite ongoing debate within TCE and its partners over the role of the Hub, many program managers see Hub managers as vital to creating a cohesive vision for local BHC efforts.** Hub managers are responsible for a variety of tasks and activities, which may include coordinating meetings and convening grantees and other community stakeholders; supporting BHC-related campaigns; organizing community-wide events; meeting with local residents, community-based organizations, and systems leaders; and fielding other requests from their local program manager. As a result of these varied tasks, TCE has provided leadership support to Hub managers through LeaderSpring. Hub managers perceive that this technical assistance has provided them with greater knowledge and skills to foster a collaborative environment at their site.

## Challenges and Tensions

At the same time, The Endowment's strategy around collaboration, particularly at a local level, results in tensions that are affecting the ability of local stakeholders to work together.

- **A lack of understanding about the purpose of collaboration and resources to support it locally has created stress and confusion among community partners and grantees.** Fostering collaboration under a broad set of health goals poses challenges for identifying specific goals and objectives for taking collective action. In addition, some grantees attend BHC meetings as a funding requirement and do not see much benefit from it when the purpose is unclear. It is difficult for many community stakeholders to "collaborate" without a clear understanding of the purpose and goal.
- **The design of the Hub is limiting its ability to meet The Endowment's expectations, which are vague and high.** TCE has required that each site has a "Hub," but have provided little guidance to program managers or grantees on the role, responsibilities, and implementation of the Hub. Some TCE staff expect the Hub to play a role in resolving tensions and conflicts between community stakeholders that arise, yet Hub managers have no decision-making authority, have limited influence over grantees and residents, and vary in their facilitative capacities.
- **The Hub is viewed as an extension of TCE in some places, which blurs roles and is hindering its effectiveness.** In some communities, the Hub and Hub managers are solely focused on implementing the priorities of BHC that are supported by TCE. Few Hubs have the capacity to raise additional funding outside of TCE and support activities that communities might be interested in, yet are not funded by TCE (e.g., economic development). In addition, some sites have found that the Hub's role as a grantee may conflict with its role as a neutral convener, especially when the host agency is also being funded to do other work.

### Collaboration: Questions to Consider

1. How does TCE envision collaboration across a broad and diverse set of stakeholders leading to policy and systems change?
2. How can TCE continue to provide flexibility to Hubs so that they can adapt to local circumstances and be sustained over time, while providing enough guidance for Hubs to be able to effectively support the BHC work?
3. To what extent is the Hub the right structure to support BHC? What are the critical functions of the Hub that will help achieve the BHC goals?

## Strategic Clarity for Building Healthy Communities

### Overview

Over the last three years, the BHC strategy has continued to evolve, and leadership has developed and promoted new frameworks in an effort to describe and clarify the BHC theory of change. These include:

- “4 Big Results”
- “10 Outcomes”
- “3 Campaigns”
- “5 Drivers of Change”
- “Transformative 12”

The foundation has described the “10 Outcomes” as *what* BHC hopes to achieve, and the “5 Drivers of Change” as *how* the goals will be achieved. Using these different frameworks to communicate the goals of BHC has made it challenging for foundation staff and the field to understand what BHC is aiming to achieve and how success will ultimately be defined.

### Areas of Progress

- **Most program managers, especially those in Healthy California, believe that TCE leadership has become more aligned and more clear about BHC goals over the past three years.** About half of program managers think that TCE’s programmatic leadership shares a common understanding of the goals for BHC.
- **The Endowment is being responsive to community priorities and needs as they emerge.** This has been an area of growth and learning since the planning phase of BHC. Over the last three years, TCE program managers have been developing trusted relationships with a diverse set of stakeholders in its 14 sites. Healthy Communities program managers are able to identify, make sense of, and respond to community issues, such as school climate and immigration; ultimately, sharing the importance of these issues with TCE leadership and statewide staff.
- TCE staff believe that moving towards the **3 Health Happens Here Campaigns (prevention, neighborhoods, schools) was a step forward** in aligning the Healthy California with Health Communities work.

## Challenges and Tensions

- **TCE leaders have not communicated a clear vision of what success of BHC would look like that fully captures the local and statewide efforts.** Using multiple frameworks to describe the goals of BHC and inconsistent messages from leadership about the goals of BHC continue to create confusion internally and among some external stakeholders, including grantees. Without a clear vision for what success of BHC looks like, program staff, grantees, and partners do not have a clear sense of what results they are driving toward *collectively*.
- **The disconnect between program and operations is perceived to hinder the effectiveness of program managers' work.** Misalignment between Healthy California, Healthy Communities, and operations makes it difficult for staff to understand each other and find opportunities to collaborate and support one another's work most effectively. For example, some program staff believe that resources or operations are not pursuing their work in ways that reflect the core values of BHC, such as taking a more collaborative approach. Others feel constrained by what they view as insufficient and inconsistent resources given BHC's broad and ambitious goals.
- **The lack of a clear results-oriented framework for BHC, especially at a local level, has made it difficult to measure progress toward the BHC goals.** The Endowment has not yet been explicit about what it will measure in terms of long-term progress toward its goals, in part because TCE leaders recognized that the path toward change would not be linear or predictable from the outset. Yet, without a clear sense of what success would look like, particularly at the local level, Healthy Communities program managers are expected to "lead on" such a wide range of issues and strategies that it makes it difficult for them to respond to emerging community needs, or requests related to statewide issues.
- While TCE staff believe that the "3 Campaigns" are an effective way to align and coordinate the different frameworks and frames of thought, **the "3 Campaigns" are not being referenced any more often than the "10 Outcomes" or the "5 Drivers of Change."** If this is the direction in which TCE wishes to go, especially with respect to the redefined goals for 2020, additional effort will be needed to further embed the "3 Campaigns" into the Healthy Communities BHC work.

### Strategic Clarity: Questions to Consider

1. What does success for BHC look like in 2020 and how will TCE's local and statewide work help the foundation and its partners achieve those goals? How will TCE communicate its vision for success internally and externally?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge? What needs to happen to ensure that all staff are using the "3 Campaigns" framework to guide their work?
3. What choices does TCE need to make in order to ensure that local resources are adequate for implementing a comprehensive and responsive community-based strategy?

## What Progress Is BHC Making?

During the first three years of implementation, BHC has had some early policy wins and is making progress toward building community capacity that will have a lasting impact on the health of Californians. BHC grantees and partners have contributed to the passage of important local and state policies that

provide a legal basis for improved practices around school discipline, transportation policies, and access to affordable health care coverage. These changes will directly impact youth and their families.

People perceive the following outcomes to be BHC’s relevant contributions to changes at three levels: individual, organizational, and systems (see Table 1). This list is by no means exhaustive or comprehensive, and should be considered along with other data being collected on the impact of BHC.

**Table 1. Outcomes Related to Building Healthy Communities**

Individual Level	Organizational Level	Systems Level
<ul style="list-style-type: none"> <li>• Greater <b>awareness</b> of the policies and practices that are affecting adult and youth residents and their communities</li> <li>• Increased <b>knowledge</b> and <b>skills</b> to effectively voice concerns to policymakers and public officials</li> <li>• Increased <b>participation</b> in civic engagement activities and advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Increased <b>coordination</b> and <b>collaboration</b> between organizations</li> <li>• Increased organizational <b>capacity</b> to expand the scale or scope of services and activities</li> <li>• Increased cross-site <b>networking</b> between organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increased <b>public will</b> on BHC-related issues</li> <li>• Policymakers are more <b>informed</b></li> <li>• <b>Policy change</b></li> <li>• Changes in the <b>narrative</b> and <b>norms</b> around health</li> </ul>

These are just a few of the many successes and early wins that The Endowment and its grantees have achieved in the early years of BHC. Notably, many of the changes that grantees, residents, and program staff are most proud of and want to see more of over the next few years relate to power building, collaboration, and addressing critical community needs (e.g., reducing violence, increasing jobs). Ultimately, many of these changes are aimed at shifting power dynamics across the state, so that policies and practices governing public institutions and private organizations benefit even the most distressed communities throughout California.

## Conclusion

The Endowment has been pursuing a complex, multifaceted strategy in order to build healthier communities across California. Rather than pursuing a fixed, predetermined strategy, the foundation has chosen to learn its way into its work at a local and state level. TCE is continuing to provide the supports and structures so that program staff and leadership can be responsive to emergent opportunities. Yet, an emergent strategy requires both responsiveness to a dynamic, changing context and a relentless pursuit of a specific set of clearly defined goals.

The problems that TCE is trying to solve through BHC are complex, dynamic, and defy simple solutions. Inherent in any complex strategy are tensions, which should be observed, reflected on, and discussed, so that they serve to further progress, rather than hinder it. The key areas of tension with respect to implementation of the BHC strategy are reflected in the following summary statements:

- TCE’s “inside-out” and “outside-in” strategy engages organizers, advocates, and systems leaders; facilitating their interaction requires a unique set of skills and capacities among staff and grantees.

- Aligning the work that is happening in the 14 sites with state-level policy change efforts has been a challenge given the broad set of issues that sites are pursuing, as well as structural barriers within TCE.
- When TCE tries to advance statewide or state-level priorities that conflict with local interests or priorities it can call into question the foundation's intentions to support community-led change.
- Without clear guidance from TCE about how to structure or approach the place-based work, some communities have struggled to implement their local strategy and connect their work with statewide campaigns.

### Key Questions to Consider

While all of the questions posed in previous sections are worthwhile reflecting on, there are a few that rise to top and should be paid particular attention to:

1. Given what is known now about the progress of BHC to date, what is TCE's vision for success in 2020, and what will it take to achieve the BHC's goals?
2. How can TCE address the confusion created by having multiple BHC frameworks, while continuing to be adaptive and letting new ideas emerge?
3. How can the different priorities and approaches of Healthy California and Healthy Communities be respected, while establishing a clear vision for how Healthy California and Healthy Communities can work together toward BHC's goals?
4. Can TCE be more explicit about whose voice matters most at the local and state levels (e.g., residents), and to what extent is TCE comfortable letting resident voice trump the voices of others involved in BHC (e.g., systems leaders)?
5. To what extent is the Hub the right mechanism for supporting BHC work in the 14 places? What are the critical functions of the Hub that will help achieve BHC's goals?

The potential for TCE to have a deep and sustained impact on the lives of residents throughout California through its BHC efforts is undeniable. It is up to TCE leaders to decide how it can strengthen its BHC efforts to maximize its impact.



## FSG

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