

Building Healthy Communities

Frequently Asked Questions

1. What is *Building Healthy Communities*?

Building Healthy Communities is a 10-year, \$1 billion program of The California Endowment. Fourteen Communities across the state are taking action to make where they live healthier. They're doing this by improving employment opportunities, education, housing, neighborhood safety, unhealthy environmental conditions, access to healthy foods and more. The goal: to create places where children are healthy, safe and ready to learn. Ultimately, we're aiming at nothing short of a revolution in the way all of us think about and support health.

2. Which communities were selected?

Boyle Heights, Central Santa Ana, Central/Southeast/Southwest Fresno, City Heights, Del Norte County and Adjacent Tribal Lands, Eastern Coachella Valley, East Oakland, East Salinas (Alisal), Long Beach, Richmond, Sacramento, South Kern, South Los Angeles, and Southwest Merced/East Merced County

3. What led you to create *Building Healthy Communities* as a place-based initiative?

Because we found that place matters. The most important thing we learned through 14 years of initiatives and the thousands of grants made to communities across the state is this: Our health doesn't begin in a doctor's office. Where we live, work, learn and play has a profound impact on our health. What surrounds us shapes us and if we are living in unhealthy surroundings, our health will reflect that.

One former initiative key to the development of *Building Healthy Communities* was a program called *Healthy Eating, Active Communities* (HEAC). Through this and other place-based programs we've learned a lot about what makes a healthy community:

- Enforcing standards for school nutrition and phys ed
- Opening school grounds for neighborhood use
- Increasing access to affordable fresh food and limiting the promotion of unhealthy foods
- Making streets safer for walking and biking, and
- Adopting smart growth policies through zoning and other land use decisions.

4. What steps will these 14 communities take to create change?

Each of the 14 communities was presented with 10 outcomes – or goals – that The Endowment identified as the main ingredients of community health. Over the next ten years, each community will work toward achieving these outcomes. And they are doing so in ground-breaking ways. During the year-long planning process that started in 2009, residents, community and systems leaders and community-based organizations held regular meetings to develop their plan to work toward these 10 outcomes. In many cases, it was the first time such a diverse set of individuals had ever worked together, and their commitment was astounding.

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They immediately saw the possibilities ahead for making lasting changes in the lives of kids and families, and what it would take to get there.

In 2010, the BHC communities started presenting The Endowment with their plans that prioritized which outcomes they would work on for the next three years. Each community selected between 3-5 outcomes they felt were the most immediate priorities to work on.

For example, one outcome is “Neighborhood and school environments support improved health and healthy behaviors.” Communities that want to focus on this outcome may choose to work with their local school district to make school grounds available after school so youth in their community have a safe place to play. When kids can play and be physically active in a safe environment, they won’t be stuck inside watching television and playing video games. It is well documented that kids that engage in sustained physical activity on a regular basis do better in school. This is one example of how a community can work with a system, like the school district, to help improve the health of their community.

In addition, each of these communities will work to change local public policies that are contributing to the poor health of their communities. For example, zoning laws can impact the health of a community in profound ways. Some zoning laws protect our health while others can harm it. Communities with too many liquor stores suffer from increased crime, reduced child safety, and higher rates of alcoholism and other costly but preventable health conditions. Residents can work with their local city councils, which decide the policies, to limit the number of liquor stores in their communities.

What usually happens is communities have to adjust to the systems that serve them. But in reality, communities would be healthier if the systems took into account their needs. Through Building Healthy Communities, The California Endowment makes grants so communities are activated to change the systems and policies that are contributing to their poor health.

5. The California Endowment has a history of grant making across the state. Why just limit its grant making to only 14 communities?

It is precisely that rich history of grant making that led us on our current path. After 14 years of disease-specific initiatives and thousands of grants to organizations across the state, we weren’t completely satisfied with the impact of those investments. We found that once funding for a specific project ended it was difficult to sustain gains and improvements over the long-term. In short, many factors – socioeconomic, environmental, and cultural – impact the health of a community and unless you address that range of factors, permanently, improvements are impossible to achieve.

6. Your mission states that you focus on the underserved but also seek to make fundamental improvements in the health status of all Californians. How will Building Healthy Communities benefit communities outside of the 14 places?

We will promote the work of the 14 communities on a statewide and even national level to share lessons learned, and to help inspire communities outside of our 14 places to launch their own community change efforts. We hope to be able to demonstrate that this model effort can transform the health of struggling communities that are hardest hit by higher rates of preventable diseases and health conditions.

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In addition, The Endowment will continue to work on a variety of issues - including the successful implementation of health reform, youth violence reduction and childhood obesity prevention - on local and state levels so that the impact of our work reaches into every corner of California.

7. How will The California Endowment define success?

Success will be evaluated by reaching specific milestones in decreasing childhood obesity and youth violence and increasing school attendance and access to quality health care.

True success will be achieved when California has a shared vision of community health. This goal is about changing social norms. It requires a shared acknowledgment of disparities, an awareness of all the factors that contribute to health, a focus on prevention and a movement of people who advocate for community health. This new awareness will lead to changes in laws, policies and practices that improve not only the health of individual communities, but everyone in California.

8. Other foundations have tried place-based community health improvement projects and failed. What makes your effort different?

The California Endowment made every effort to glean lessons learned from other place-based community change initiatives and applied those lessons into the design of our Building Healthy Communities program.

Specifically, we provided each community with a list of outcomes to work toward over the course of the ten years. These 10 outcomes represent the ingredients for community health, so communities have a roadmap from which to work. Other community change initiatives left it up to the communities to develop their goals during the planning process, which resulted in disagreements, stalls and ultimately, failure.

Building Healthy Communities is overseen by Endowment program staff assigned to each community to ensure optimal communication. Unlike other initiatives, we are not using "intermediaries" to manage relationships in our partner communities but rather are working directly with community and resident leaders to ensure that the relationship is dynamic and transparent.