

Building Healthy Communities

(BHC) is a 10 year, \$1 billion comprehensive community initiative launched by The California Endowment in 2010 to advance statewide policy, change the narrative, and transform 14 of California’s communities devastated by health inequities into places where all people and neighborhoods thrive.

Where you live shouldn’t determine how long you live, but it does. In fact, health has more to do with place than doctors’ visits. The odds are stacked against low-income communities and communities of color. Because of a legacy of racial and economic segregation, anti-immigrant policies and a host of other historical “isms,” there are many communities in California where the neighborhood environment conspires to harm residents. These environments lack basic health protective amenities like parks, grocery stores, decent schools, jobs, housing, and the list goes on. These neighborhood and community environments are not natural; they are manmade, and can be unmade.

Our goal is healthy, fair, and just communities for all people who call California home. Our theory for how to get there is simple: We are strengthening the fabric of our democracy by investing in the social, economic, and political power of the very residents who have been the targets of exclusion, stigma, and discrimination. Transformative and sustained change also takes youth leadership, strong partnerships, and a compelling new story about how health happens—or should happen—in all communities. Youth and adult residents are harnessing this power and voice to change the rules at the local and state levels so that everyone is valued and has access to the resources and opportunities essential for health. Over time, these changes will lead to better health outcomes for all.

BHC Theory of Change



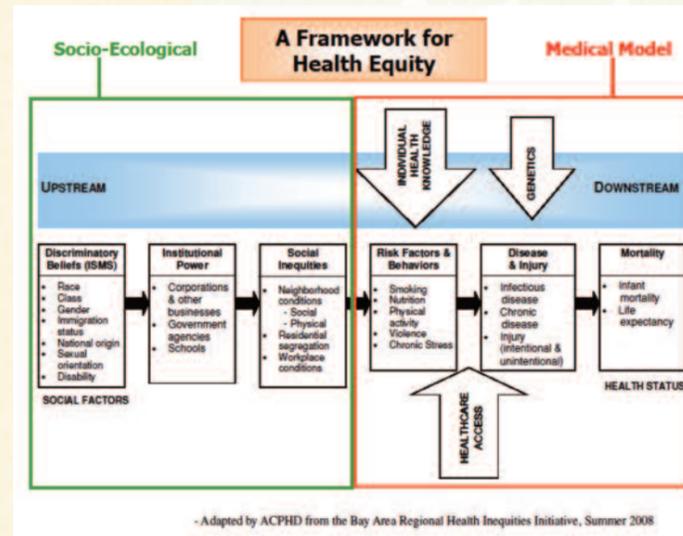
Why Place

When most people think of health, they think of the doctor. The truth is, your zip is more important than your genetic code when it comes to health.



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Zip code is shorthand for neighborhoods and it’s there that chronic stress-inducing conditions shape the present and future of the residents. For instance, in Alameda County, an African-American child from East Oakland can expect to live 15 fewer years than a White child from the Oakland Hills, only several miles away.



shows the medical model is responsible for less than 30% of our health outcomes.

The other 70 percent or more lies within our social, political, and economic environments— the socio-ecological model on the left side of the diagram.

Health happens in community, school, and the places we spend time. The differences in health outcomes between different neighborhoods did not evolve by chance or by the choice of the residents. Rather, the differences can be traced to intentional processes and policies designed to exclude some people based on race, income, sexual orientation, immigration status, age, disability status, and religion from the benefits of full membership in our society.

Building power in place is key to creating strong and resilient communities that can transform communities by changing the policies and systems that shape them.

The Health Equity Framework helps to explain these health inequities and what we need to do to ensure health happens for everyone.

The right side of the framework – the Medical Model – shows that our health is influenced by a combination of our access to health care, genetics, and personal choices. Research



The WHO of BHC

Dynamic, ongoing engagement and dialogue among partners within the 14 selected BHC places and across the state is fundamental to the BHC model.

Collective success depends on trusting and vibrant relationships throughout key stakeholder groups, including residents, grassroots organizations, youth, government leaders, and others who share the goals of policy and systems changes to improve health for all.

While all stakeholders have a role to play, BHC emphasizes the authentic development and expression of adult and youth resident voices. This requires meaningful engagement and robust participation of a broad segment of residents, particularly those that have been traditionally excluded, including undocumented immigrants, LGBTQ, formerly incarcerated, and boys and men of color. BHC values the creation of a new ethos of inclusion and a new narrative about health that includes the voice of everyone.

As partners in working towards social change, foundations, along with government and system leaders, must listen to and strive to be co-leaders and co-learners with adult and youth residents.



The HOW of BHC

A healthy community depends on an inclusive, healthy, democratic process.

BHC is committed to nurturing civically engaged communities with the skills and relationships necessary to tackle unique challenges. While each success takes us one step toward healthier communities, it is the investment in the communities' civic infrastructure that will sustain these wins beyond the initiative's end.

BHC employs five **Drivers of Change** that are critical to optimizing democracy now and into the future.

Drivers of Change



Leveraging Partnerships is critical to ensuring that private and public capital aligns towards investments that create healthy places and people.

Collaborative Efficacy for policy innovation emphasizes strengthening the capacity of systems leaders, community organizations, and residents to work together to advance social change that is sustainable and healthy for everyone.

Resident & Youth Power builds capacity and understanding of how civic participation is key to changing policies and systems that will improve community health and hold institutions accountable for advancing health equity.

Narrative Change focuses on reshaping the norms and beliefs about who matters in our society and how to invest in community health for all.

The WHAT of BHC / Priority Policy Changes

At the outset of BHC, sites were asked to identify the policy and systems changes most critical to improving health in their community.

The policy priorities being pursued in the sites and statewide are as diverse as the communities themselves—from salad bars to skate parks—and are organized into **Twelve Transformative Policy and Systems Change Priorities**, outlined in the chart below. Taken together, we believe the Transformative Twelve comprise the activities necessary to move the needle toward health equity.

