



The collage consists of 15 individual photographs arranged in an overlapping fashion. The photos capture various moments from community health events. In the top left, a sign for 'Health Coverage 101' is visible. Other photos show individuals wearing green shirts with the 'asegurate' logo, a woman in a pink 'ZUMBA' shirt, a man in a blue 'asegurate' shirt, and a banner for 'Healthy RICHMOND'. The images also show people interacting at booths, receiving information, and participating in activities like playing instruments and hula hooping.



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The Healthy Richmond Community Learning Plan

I. The Healthy Richmond Community Learning Process and Plan

Healthy Richmond is an integral part of The California Endowment's (TCE) 10-year place-based initiative in California. As one of 14 Building Healthy Communities (BHC) sites, Healthy Richmond shares BHC's overall goals of helping communities make meaningful and lasting local policy and systems changes, improve the health and safety of residents, and become places where all children are safe, healthy, and ready to learn.

In 2009, all 14 BHC sites engaged residents and key stakeholders in community-wide conversations to identify top priorities to build healthy communities. Richmond residents and key partners prioritized these four outcomes:

- **Families have access to a health home that supports healthy behaviors.**
- **Children and their families are safe from violence in their homes and neighborhoods.**
- **Neighborhoods and school environments support health and healthy behaviors.**
- **Community health improvements are linked to economic development.**

Based on these prioritized outcomes, the Healthy Richmond Hub (the HR Hub) developed a logic model and a plan of action to guide its local work. The Hub successfully created three Action Teams made up of adult and youth residents, TCE grantees, and systems partners across multiple sectors.¹

In 2014, the HR Hub enlisted Social Policy Research Associates (SPR) as the Learning and Evaluation (L&E) partner, to launch and facilitate an iterative and participatory L&E process in Richmond. This process entailed reviewing and synthesizing existing data on the HR Hub and identifying evaluation and learning questions, health equity outcomes, indicators to measure progress, and mechanisms to monitor and learn from progress and outcomes. Healthy Richmond has gained solid momentum through the following L&E activities and accomplishments from May 2014 and August 2015:

At the core of the work of complex, multi - partner, place - based initiatives is the iterative process of learning and doing that allows all the parties to adjust and readjust their strategies in response to initial results and, in doing so, deepen their working relationships and build further capacity for effective implementation.¹


- **Launched the L&E Committee.** As a top priority, the HR Hub established the **Evaluation Committee**. The committee has met 9 times over this time period to provide leadership and guidance to the L&E planning, engagement of stakeholders, and long-term learning process.
- **Determined the continued significance of the HR Logic Model:** Building on the discussions and work done in the Action Teams and TCE grantee partners, the Hub host² and the TCE project manager reviewed the HR Logic Model and agreed that four prioritized outcomes and 16

¹ Learning While Doing: http://www.first5la.org/files/07864_2LiteratureReview_NoAppendix_11282011.pdf

² Bay Area LISC (Local Initiative Support Corporation) serves as the Hub Host Agency for Healthy Richmond.

targeted changes (see the HR Logic Model on p. 8) continue to be relevant and reflect the goals and work of the Hub and key partners.

- **Disseminated the Initial Synthesis of HR Hub Progress and Accomplishments.** In collaboration with the L&E Committee members, Hub host (Roxanne Carrillo Garza), and TCE Project Manager (Diane Aranda), SPR synthesized the Hub's progress and accomplishments from 2010-2014. These accomplishments align directly to the community's goals for change, and TCE's five "drivers of change."³ The synthesis was then shared with Action Teams and other partners to celebrate the HR Hub's many accomplishments over the past five years.
- **Deepened Conversations About Health Equity Outcomes in a Stakeholder Engagement Process.** The finalization of the initial synthesis served as a launching point for the Healthy Richmond (HR) Hub to embark upon a collaborative participatory L&E process at the May 2015 Hub-wide convening of 49 partners and through a series of meetings with all of the HR Action Teams and workgroups in summer of 2015. (See Appendix A for a roster of all the participants.) The discussions and feedback from these meetings led to the development of the Healthy Richmond Community Learning Plan.
- **Began to Identify HR Learning and Evaluation Questions:** The stakeholder engagement process focused on defining health equity and healthy equity outcomes, however, some key evaluation questions have emerged, which can serve as the basis for further Hub partners input:

	<p style="text-align: center;">Learning and Evaluation Questions</p> <ol style="list-style-type: none">1) What is the added value of the HR Hub collaborative work?2) What are key learnings from the process (successes and challenges) that will benefit place work and HR outcomes?<ol style="list-style-type: none">2) To what extent have HR partners had an impact on health equity policy advocacy and system's change efforts?3) In what ways has Healthy Richmond impacted the prioritized outcomes?4) Additional questions TBD
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Overview of the Community Learning Plan

In this document, the **HR Community Learning Plan**, we present the results of the work that the Hub has accomplished to date to build a strong learning community and to assess HR's progress and policy/systems impact. This first section lays out the objectives of the Community Learning Plan, followed by a discussion of how HR might create a learning community. Next, we present the HR L&E Equity Framework as a complement to the HR Logic Model and as a tool to engage the Hub and partners in the Action Teams in the (a) promotion of equity, (b) creation of a vibrant learning community, (c) engagement around shared outcomes and measurements; and (d) evaluation and operationalization of learning for collective and cross-organizational improvement.

³ The five "drivers of community change" include: resident power, youth leadership, collaboration, leveraged resources/policies/systems, and changing the narrative. For a detailed definition of each driver, see Appendix C.

II. Creation of a Vibrant Learning Community

a. Elements of a Learning Community/Culture

A key goal of the L&E process is to create a vibrant learning community. The creation of a Healthy Richmond Learning Community is critical to ensuring that collaborative risk taking, action, and innovations lead to desired community-wide outcomes. As noted in the quote below, HR partners' attention to building a strong learning community helps to build collective wisdom that leads to generating new ideas and informing decisions on new areas of work. Prioritizing learning and reflection by identifying challenges and successes of the Hub, can result in well-informed mid-course corrections, and better usage of collective resources and time.



* Source: [Learn and Let Learn: Supporting Learning Communities for Innovation and Impact](#) by the Research Center for Leadership in Action and Scaling What Works, A Learning Initiative of Grantmakers for Effective Organizations.

In order to design and sustain a successful learning community, some critical practices for the HR Hub include attention to: (1) making the learning relevant; (2) inspiring a bold and collective vision; (3) embracing a fluid structure to be responsive to participants' learning needs; (4) creating safe space for learning and risk taking; (5) providing the resources required; (6) being open to unanticipated outcomes; (7) putting intentional learning practices in place; and (8) helping to

The urgency and complexity of community problems demands coming together to glean insights from the work, leverage resources and combine forces. Learning communities are powerful vehicles for both individuals and communities to amass a shared collection of experience from learning and results from collective action.¹

⁴ Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation* (New York: Cambridge University Press, 1991).

integrate learning into members' day-to-day work. (GEO, 2012) The clear articulation of the roles and responsibilities of HR stakeholders will enable the observance of these practices to build and sustain a vibrant learning community in HR.

b. Roles and Responsibilities of Key Healthy Richmond Stakeholders

Although still a work-in-progress, it is important to provide some clarity around the L&E roles and responsibilities. This will help to not only ensure that expectations are met by various partners, but also to promote more effective collaboration, collective ownership, understanding, reflection, and continuous improvement of outcomes for the children and families of Richmond.

Following are key existing and potential roles and responsibilities of the L& E Partner (SPR), L & E Committee, Hub staff, Action Teams, and TCE Grantee Partners.

Roles and Responsibilities of Key Partners in Healthy Richmond's Learning and Evaluation		
Healthy Richmond Steering Committee <i>Review, approve and provide oversight of the parameters and priorities for the L&E process & recommendations.</i>		
Hub staff <ul style="list-style-type: none"> • <i>Coordinate with the L&E partner to co-design, implement, and integrate the learning and evaluation process</i> into various HR Hub activities including the Steering Committee and Action Team efforts. • <i>Implement the 4 TCE cross-site learning tools⁵ with the L&E partner.</i> 	Evaluation Sub-Committee <ul style="list-style-type: none"> • <i>Provide strategically and political leadership</i> for the long-term learning process. • <i>Develop the parameters and priorities for the L&E process</i> and make recommendations to the Executive Committee and Steering Committee. 	Action Teams & TCE Grantee Partners <ul style="list-style-type: none"> • <i>Identify and prioritize health equity outcomes, indicators, and ways to report the data.</i> • <i>Contribute to the Action Team work plan template</i> to report progress on goals and prioritized outcomes.
Role of L&E Partner <i>Facilitate the development and Implement the Healthy Richmond Community Learning Plan</i>		
<ul style="list-style-type: none"> • Develop a HR Evaluation Framework that includes the process for engaging the Hub governance and partner network. • Develop a data analysis process/protocol & guidelines for utilization. • Design a reflective process for the HR Hub SC and larger grantee partner network to review the priority evaluation & learning questions. 		
Coordinate and Collaborate with the Hub Structure <ul style="list-style-type: none"> • Coordinate with the Hub Manager to co-design and integrate the Community Learning Process into various Healthy Richmond (HR) Hub Activities including the Steering Committee and Action Team work. • Establish and engage the HR Evaluation Sub Committee. 		
Serve as a liaison with TCE Statewide Evaluation & Learning Process <ul style="list-style-type: none"> • Participate with TCE evaluation & learning cross-site convenings and share findings with HR Hub. • Implement the TCE cross-site learning tools with the HR Hub. • Foster an environment where Healthy Richmond Hub is a learning community. 		

⁵ The tools include: Collaboration Assessment Tool, Resident Driven Organizing Inventory, Policy Advocacy Tool, Annual Reporting Template.

In addition to specific responsibilities, it is crucial that all partners play a role in advancing learning within the Healthy Richmond Hub. Each partner contributes by connecting peers who share common interests and suggest resources; creating safe spaces for peers to share openly and honestly; sharing data and learnings; helping ensure accountability and gauging progress toward fulfillment of group and individual commitments; and helping the partners navigate a dual focus on individual objectives and collective aspirations. Finally, partners can motivate the HR collaborative by cultivating and celebrating early wins; and supporting the HR Hub to move forward despite experiencing ambiguity—particularly when it may take time to providing valuable input on vision and strategies along the way.

III. Promotion of Health Equity

a. Definition of Health Equity

Another key goal of the L&E process is to promote health equity for all residents in Richmond. Healthy Richmond partners have strived to understand how the health of its residents is determined by the complex interplay of *inequitable* local policies, systems and conditions. These include cultural and ethnic conditions and dynamics, economic and employment conditions, community-wide experiences of scarcity and trauma, institutional and governmental capacity and interactions.

For the past two years, a key area of focus for HR has been to define health equity. While the term “health equity” has gained increasing popularity and usage in place-based work, it rarely explicitly defined. A definition of equity in health is needed that can guide measurement and hence accountability for the effects of actions.

At the May 2015 Hub-wide convening, Makani Themba⁶ offered a definition of health equity based on **building the power of residents** to become more healthy. This definition resonated deeply with HR partners. To close the existing power gaps to build health equity and promote health justice, partners were asked to reflect on (1) how power relations shape health today and (2) what society with health justice looks like. HR partners conversed about how they can engage more strategically over the next 5 years to build health equity through a multi-issue focus on policy and environmental change and by addressing a political context in Richmond impacted by racism and inequitable access to privilege and power.⁷

The conversations at this convening became the basis for the development of a two- part evaluation framework, which consists of the Health Equity Frame and the Healthy Logic Model and will be presented next.

A culture that values and supports learning gives participants permission to admit confusion, struggle with what they did not know, experiment with new approaches that might not work, revamp, and try again (Hamilton et al., 2005).

⁶ Makani Themba-Nixon is the Executive Director of The Praxis Project, a non-profit organization helping communities use media and policy advocacy to advance health justice. She is also the Project Director of the Communities Creating Healthy Environments National Program Office.

⁷ For more information, see for example, Braveman, P. and S. Gruskin, “Defining Equity,” J Epidemiol Community Health 2003 Apr; 57: 254-258 and Anthony Iton’s Soci-Ecological Framework for Health Equity.

b. The HR Evaluation Framework: The Health Equity Frame + HR Logic Model

Central to the **Health Equity Framework** (see Figure 1) is the **vision for a Healthy Richmond**. As shown the HR Health Equity Framework (Figure 1), the vision of the HR is to build “a community that is economically viable and sustainable, physically designed for healthy eating and active living, and culturally vibrant across generations.”

The four **priority outcomes** (listed in the box on the right) are the ultimate outcomes, which result from activating and harnessing HR’s **drivers of change** which include resident power, youth leadership, collaboration, leveraged resources and policies, and changed narrative. Equally important to Healthy Richmond’s success, is supporting partners to focus on achieving the following:

- Equitable Policies and Allocation of Resources;
- Equitable Systems, and
- Transformed Conditions for Equity

Ongoing campaigns that illustrate HR’s attention to transforming inequitable policy, systems, environmental conditions include: One Contra Costa and Health for All, Invest in Health Not Jails, and the Local Control Funding Formula/Local Control Accountability Plan, and the Community Benefits Agreement with U.C. Berkeley for build the new Richmond campus.

The HR Logic Model (Figure 2) identifies the **action teams’ goals and strategies** (identified in the left most column and their connection to the 16 **targeted changes and 4 priority outcomes**. While the Action Teams/Work Groups’ current goals are linked to specific targeted changes and priority outcomes, we anticipate that the *HR Hub will continue to develop new goals and strategies* to achieve the desired health equity outcomes over the next five years.

Finally, building on the Action Team members’ input from the Stakeholder Engagement Process, Appendix B contains the **list of health equity outcomes** by each Action Team. This appendix presents health equity outcomes and targeted changes by the *Health Equity areas of focus* (e.g., Equitable Policies & Resources, Equitable Systems, etc.). Appendix C has **potential indicators** as a starting point for the Healthy Richmond Hub to review and operationalize to track HR’s accomplishments and progress between now and 2020.

Healthy RICHMOND Health Equity Frame

Figure 1:

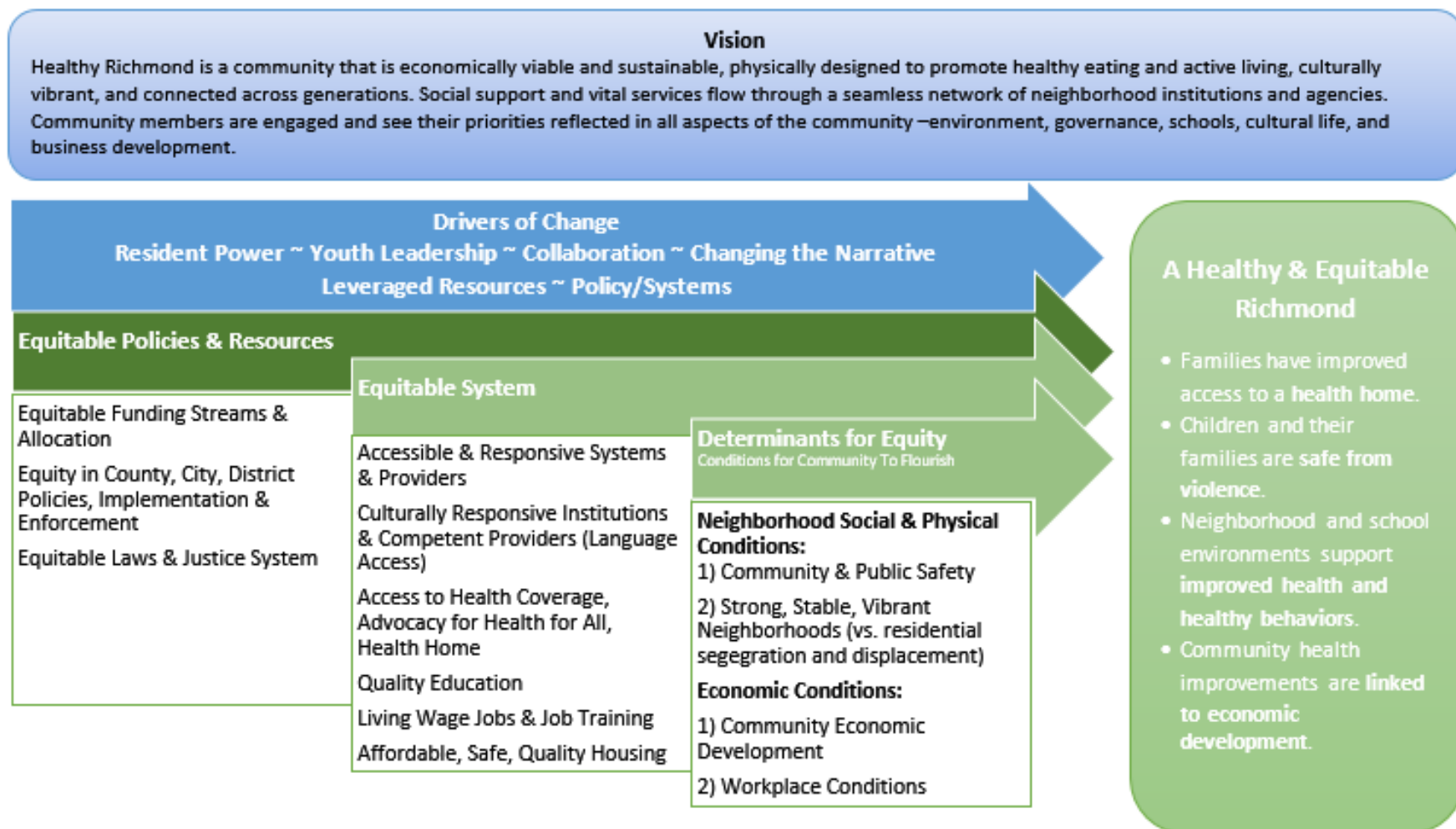
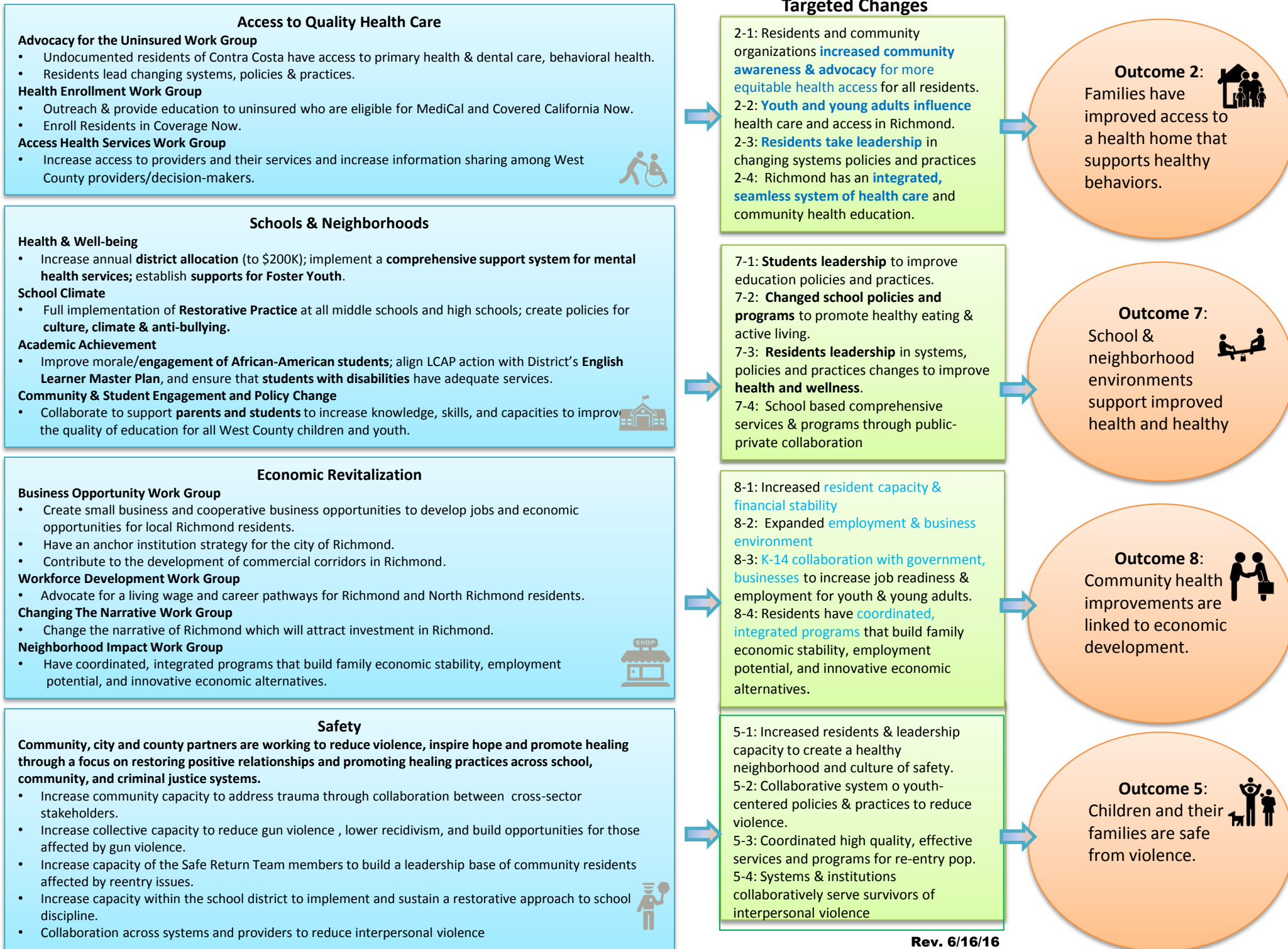


Figure 2: Healthy Richmond Logic Model—Linking to Action Teams & HR Hub Partner's Work



Building on feedback provided by HR Action Team members and partners and the equity frame and logic model described above, additional learning question might include:

- **Leadership Development:** How can the HR Hub effectively engage residents and people who are most impacted by the issues in strong leadership roles in planning and implementation of campaigns?
- **Collaboration:** How can the HR Hub align the work of partners within the Hub and beyond to ensure its efforts are successful?
- **Sustainability:** How can HR partner organizations leverage other resources outside of TCE so that the efforts of the HR Hub are sustainable in the long term? How can Hub partners facilitate ongoing capacity building for residents (e.g., organizing, research, fundraising, communication capacities) in order to continue the HR Hub's efforts in the long term?

IV. Next Steps: Operationalizing the Community Learning Plan for Collective and Cross-Organizational Improvement

This Community Learning Plan represents the beginning of a multi-year effort to develop the capacity of HR to develop a shared understanding and practice of evaluation and learning and to focus evaluation efforts on how to best capture HR's unique community context, system change efforts, and outcomes. The chart below, which reflects the Steering Committee's expectations for the L&E process, provides a sense of the progress of L&E planning and Hub activities to date in support of the design and implementation of the HR Community Learning Plan. While good progress has been made in establishing health equity outcomes and assessing the accomplishments for the last five years, more work needs to be done to finalize the priority learning questions as well as finalize indicators and measurements. As noted earlier, Appendix B provides recommendations for key questions and indicators that the local evaluation might track to complement the wealth of data gathered through the cross-site tools (e.g., resident and youth leadership, collaboration and policy outcomes) to capture HR's accomplishments.

In addition to these key next steps, the next 12 months should focus on building more collaboration through activities such as articulation of how to build on the existing collaborative practices among HR partners; creation of collaborative goals between the Hub governance structure and partner network; and identification of strategies for how to build alliances between HR Hub and other local initiatives. Further, conversations on sustainability of HR need to focus on identifying ways for HR to sustain collaborative practices beyond the BHC timeline.

Hub Progress in the Design and Implementation of the HR Community Learning Plan

Progress				
	No	Little	Some	Good
I. LEARNING & EVALUATION PLANNING ACTIVITIES				
• Shared priorities, agreements and valued around health equity.	<div></div>			
• Summary of the existing data for the HR Hub	<div></div>			
• Identification of HR Hub evaluation priority questions	<div></div>			
II. COLLABORATION & EVALUATION PLANNING ACTIVITIES				
• Identification of aligned activities within the HR Hub and mechanisms to monitor process	<div></div>			
• Identification of indicators of how to strengthen relationships within the HR Hub partner network	<div></div>			
• Identification of how to build on the existing collaborative practices among HR partners	<div></div>			
• Creation of collaborative goals between the Hub governance structure and partner network.	<div></div>			
• Identification of strategies for how to build alliances between HR Hub and other local initiatives.	<div></div>			
III. SUSTAINABILITY PLANNING				
• Identification of strategies for how to sustain the collaborative practices	<div></div>			
• Identification of strategies for how to sustain the learning community beyond the 10 year BHC period.	<div></div>			

In summary, key next steps to operationalize this Community Learning Plan entail the following:

- **Finalizing priority health equity outcomes, indicators, methods** to capture priority outcomes within and across action teams.
- **Continuing to foster a learning environment** in which the Healthy Richmond Hub is an ongoing and sustainable Learning Community. (SPR can facilitate evaluation workshops, training, and reflection sessions).
- **Coordinating with TCE PM, HR Hub staff, HR SC, and Evaluation Sub Committee** to ensure that relevant evaluation data, research, and other resources are shared to inform learning with the Hub and among Hub partners.
- **Facilitating the appropriate use of evaluation, existing research data, methods** (surveys, interviews and focus groups) for learning and decision making within the site. This includes disseminating and/or presenting information and reports that are relevant to the Hub.
- **Encouraging the further development of Data Workgroups** as a potential structure within each of the Action Teams to hold each team accountable to articulated outcomes.
- **Sharing Lessons:** Sharing of lessons from overcoming hurdles/challenges in building constituency and coalitions, and conducting policy advocacy/social change work in Richmond.
- **Engage HR stakeholders in broader community-wide conversations on sustainability. To accomplish this, HR Hub can consider the following questions for reflection:**
 - a. What is the capacity of HR Hub and its partners to work on health justice?
 - b. What is already in place to support sustainability? What do we need to strengthen?
 - c. Who are the partners needed to continue this journey beyond TCE?

Appendices

Appendix A: List of Contributors to the Identification of Health Equity Outcomes

Healthy Richmond Hub wide– May 7, 2015 [49 Participants]

LAST	FIRST	ORGANIZATION	AT/WG
Aholm	Eric	Yes Families	Neighborhood & Schools
Aikins	Andre	Stay Alive and Free	Executive & Steering Committee
Aranda	Diane	The California Endowment (TCE)	TCE
Bealer	Ryan	Healthy Richmond	Advocacy for Uninsured
Becker	Jim	Richmond Community Foundation	Economic Revitalization
Boyd	Richard	CCISCO	Economic Revitalization
Brown	Rebecca	RSG	Safety
Cantrell	Velma	CHDC	Economic Revitalization
Cao Yu	Hahn	SPRA	Evaluation & Learning
Carrillo Garza	Roxanne	Healthy Richmond	HR
Cervano-Soto	Edgardo	RYSE	Neighborhood & Schools
Claiborne	Cedrita	Contra Costa Health Services	Access to Quality Healthcare
Dhaliwal	Kanwarpal	RYSE	Evaluation & Learning
Ebrahimi	Jamileh	RYSE	Steering Committee
Fuentes	Alvaro	Clinic Consortium	Access to Quality Healthcare
Gee	Margaret	BA LISC	
Hernandez	Blanca	Yes Families	Steering Committee
Hernandez	Cristina	CCISCO	Economic Revitalization
Herbito	Venus	The California Endowment (TCE)	TCE
Hernandez	Blanca	Yes Families	Neighborhood & Schools
Hill-Ford	Cindy	Catholic Charities	CCEB
Huerta	Lorena	Families-Unidas	Steering Committee
Hurtado	Anibal	RYSE	Neighborhood & Schools
Jackson	Acua	Youth Together	Neighborhood & Schools
Keshishian	Celina	Clinic Consortium	Access to Quality Healthcare
Kroch	Abigail	SPRA	Evaluation & Learning
Ladner-Beasley	Shannon	Contra Costa Health Services	HSD Contra Costa County
Li	Thomas	Business Development Center	Access to Quality Healthcare
Maher	Toody	Pogo Park	Neighborhood & Schools
Marchant	Tara	Emerald Cities Oakland	Economic Revitalization
Marshall	Malcolm	Richmond Pulse	Safety
McKoy	Deborah	Center for Cities+Schools Univ of CA, Berkeley	Neighborhood & Schools
Meyer	Wade	Rainbow CC	Steering Committee
Moore	Eli	Haas Institute	
Murrington	Marsha	BA LISC	
Ortiz	Eduardo	SPRA	Evaluation & Learning
Rawls-Shaw	Rochelle	Healthy Richmond	HR
Rife	Katherine	Healthy Richmond	HR
Russell	Tim	Renaissance Center	Economic Revitalization
Sessions	Wanda	Contra Costa Health Services	Executive & Steering Committee
Simmons	Jordan	East Bay Center for Performing Arts (EBPA)	Economic Revitalization
Sweet	Bret	Renaissance Center	Economic Revitalization

Themba	Makani	Praxis Project	
Thornell-Sandifor	Maya	SPRA	Evaluation & Learning
Tobias	Margaret	The California Endowment (TCE)	Neighborhood & Schools
Walker	Tamisha	Safe Return Project	Neighborhood & Schools
Warming	Emily	Healthy & Active before 5	Neighborhood & Schools
Wilmerding	Elizabeth	Family Justice Center	
Wong	Miriam		Steering Committee

Access to Quality Healthcare – July 15, 2015 [16 Participants]

Last	First	Organization
Abarra	Andres	Lifelong Medical
Aceves	Kimberly	RYSE
Aranda	Diane	TCE
Arevalo	Jennifer	Clinic Consortium
Barnes	Kimberly	Rubicon - Mental Health & Wellness Integration
Connell	Maura	EHSD
Huber	Kook	CC ACA Team
Huerta	Lorena	Familias-Unidas
Jimenez	Mary	CCC Health Services
Keshishian	Celina	Clinic Consortium
Kirkpatrick	Sean	CHAA (Community Health for Asian Americans)
Kolto	Cassandra	CCHS - Behavioral Health
Pinith	Pysay	ACMHS
Romero	Anita	CCC Health Services
Sharples	David	ACCE
Westfall	Morgan	Clinic Consortium

Hub staff in attendance: Roxanne Carrillo Garza, Rochelle Rawls-Shaw, Ryan Bealer

SPR staff: Hanh Cao Yu, Eduardo Ortiz

Economic Revitalization – July 22, 2015 [7 Participants]

Last	First	Organization
Cremer	Rona	North Richmond Young Adult Empowerment Center
Hernandez	Cristina (Chair)	CCISCO
Hope	Rob	Rubicon Programs
Sweet	Bret	Renaissance Center
Vaughn	Cheryl	Solar Richmond
Reynolds	Kelsa	SparkPoint
Holtzer	Matt	Renaissance Center

Hub staff in attendance: Roxanne Carrillo Garza, Rochelle Rawls-Shaw, Ryan Bealer, Katherine Rife, Angelica Duarte

SPR staff: Hanh Cao Yu, Eduardo Ortiz

Schools & Neighborhoods – July 29, 2015 [6 Participants]

Last	First	Organization
Barba	Nancy	Yes Families
Delgado	Angelica	SCU
Galicia	Dulce	BBK-Richmond
Lockowandt	Mara	EBCPA
Masedo	Maria	Yes Families
Medrano	Antonio	Asian & Pacific Islander
Monteiro	Tana	Yes Families
Terrazas	Cecilia	RYSE
Rogers	Robert	

Hub staff in attendance: Roxanne Carrillo Garza, Rochelle Rawls-Shaw, Katherine Rife, Angelica Duarte

SPR staff: Hanh Cao Yu, Eduardo Ortiz

Appendix B: Health Equity Outcomes – Identified by the Action Teams
 Brainstorming of Health Equity Outcomes – Access to Quality Health Care Action Team
 July 15, 2015

EQUITABLE POLICIES & RESOURCES	
Targeted Change 2-1: Residents and community organizations increased community awareness & advocacy for more equitable health access for all residents. [PEOPLE POWER]	Targeted Changes
Targeted Change 2-2: Youth and young adults influence health care and access in Richmond. [YOUTH LEADERSHIP]	
Targeted Change 2-3: Residents take leadership in changing systems policies and practice. [PEOPLE POWER]	
Increased access to health coverage for remaining uninsured.	Advocacy for the Uninsured Work Group
Passage & implementation & funding for Contra Costa CARES.	
API's engaged in advocacy and policy change efforts.	API Work Group
STRATEGY: Develop, analyze, and share data on API's so their issues, needs, and perspectives are visible.	
OUTCOME: API's issues, needs, and perspectives more visible to policy makers.	

EQUITABLE SYSTEMS	
Targeted Change 2-1: Residents and community organizations increased community awareness & advocacy for more equitable health access for all residents.	Targeted Changes
Targeted Change 2-2: Youth and young adults influence health care and access in Richmond.	
Targeted Change 2-4: Richmond has integrated, seamless system of health care and community health education.	
Enrollment into Contra Costa CARES and culturally competent language access.	Advocacy for the Uninsured Work Group
Established practice of connecting re-entry folks, newly enrolled, mixed status families, API to access health service navigation support.	Accessing Health Services Work Group
Improved cultural competency with systems and providers regarding API, other immigrants, and refugees.	API Work Group
More equitable health system that is responsive to API, immigrant, and refugee needs, issues, and perspectives.	
Develop, analyze, and share data on APIs so their issues, needs, and perspectives are visible TO WHOM? STRATEGY: Develop, analyze, and share data on API's so their issues, needs, and perspectives are visible.	

OUTCOME: API's issues, needs, and perspectives visible to SERVICE PROVIDERS [?].	
<ul style="list-style-type: none"> Increased provider network awareness of services available to immigrant families for extended medical (DACA populations) <ul style="list-style-type: none"> County workshops for immigrant families (CCHS, EHSD, County Clinics, and Catholic Charities) and providers, community clinics (e.g., Rubicon, Lao Family Services – enrollment entities. Nuances b/t old & new medical, DACA. <p>-->DACA and PRUCOL state, federal programs</p>	Health Enrollment Work Group
<ul style="list-style-type: none"> Integrated systems approach for enrollment and navigation/EHSD, CCHS, County clinics Building capacity of providers 	
<ul style="list-style-type: none"> Effective implementation practices for systems/clinics 	

DETERMINANTS FOR EQUITY	
Targeted Change 2-2: Youth and young adults influence health care and access in Richmond.	Targeted Changes
<ul style="list-style-type: none"> Improved health outcomes Lower rates of uninsured Increased economic productivity 	Advocacy for the Uninsured Work Group
Cultivate and bring API leadership (adults and youth) to initiative [PEOPLE POWER]	API Work Group
X% of returning citizens receive health coverage information upon leaving jail/prison	Accessing Health Services Work Group

Brainstorming of Health Equity Outcomes – Economic Revitalization Action Team
July 22, 2015

EQUITABLE POLICIES & RESOURCES	
Targeted Change 8-4: Residents have coordinated, integrated programs that build family economic stability, employment potential, and innovative economic alternatives.	Targeted Changes
Increased/Expanded economic investment from outside Richmond that distributes economic benefits equitably.	Changing the Narrative Work Group
For-profit business licenses and fees are equitable for new, small businesses. “It’s expensive to do business in Richmond.”	Neighborhood Impact Work Group

EQUITABLE SYSTEM	
Targeted Change 8-2: Expanded employment and business environment.	Targeted Changes
Targeted Change 8-4: Residents have coordinated, integrated programs that build family economic stability, employment potential, and innovative economic alternatives.	
Increased funds to support small business creation and obtaining insurance. <ul style="list-style-type: none"> • procurement, • Business Capacity Model. How to help small businesses scale up and compete with larger anchor institutions (incl UCB), • How to get access to capital, insurance in bonding policies are not overwhelming. More small business staff training resources. [LEVERAGE PARTNERSHIPS AND RESOURCES]	Neighborhood Impact Work Group

DETERMINANTS FOR EQUITY	
Targeted Change 8-1: Increased resident capacity. [PEOPLE POWER]	Targeted Changes
Transformed local business ecosystem by creating a space for new voices to be heard and by implementing targeted strategies that allow for actual participation (representative of diverse local community). [PEOPLE POWER]	Business Opportunity Work Group
Transparent, de-mystified, celebrated community – across race, class, neighborhood, occupational dimension.	Changing the Narrative Work Group
Residents are able to develop their ideas for business in an environment that values the ideas and not just the business. [PEOPLE POWER]	Neighborhood Impact Work Group

Brainstorming of Health Equity Outcomes – Schools & Neighborhood Action Team
July 29, 2015

EQUITABLE POLICIES & RESOURCES	
Targeted Change 7-3: Residents leadership in systems, policies and practices changes to improve health and wellness.	Targeted Changes 7-3
<ul style="list-style-type: none"> • Building out policy on FSCC <ul style="list-style-type: none"> - Full Service Community Schools (FSCC) - Health and Wellness Policy - Health Academy-linked learning 	Targeted Change 7-2

EQUITABLE SYSTEMS	
Targeted Change 7-2: Changed school policies and programs to promote healthy eating & active living.	Targeted Changes 7-2
<ul style="list-style-type: none"> • Change (improved) school climate *need to come together e.g. implementation of ToolBox <ul style="list-style-type: none"> - restorative justice - equitable implementation of school climate efforts across district 	Targeted Change 7-3
<ul style="list-style-type: none"> • Increased access to school based health centers • Full service Community Schools • Coronado w/ full clinic • Kennedy Health Clinic 	Targeted Change 7-4
Expanded Health Academies <ul style="list-style-type: none"> • Expanded health careers career pathways • Expanded workforce/health services 	
<ul style="list-style-type: none"> • Expanded networks of leading schools 	

DETERMINANTS FOR EQUITY	
<ul style="list-style-type: none"> • Strong vibrant neighborhood (increased awareness) through the efforts of: <ul style="list-style-type: none"> - Urban Tilth - Pogo Park - Enhanced collaboration - BBK work 	Targeted Change 7-2

PEOPLE POWER: DRIVER OF CHANGE	
Parent engagement with LCAP, SSC, PB.	Targeted Change 7-3
Targeted Change 7-1: Students leadership to improve educational	Targeted Changes

policies and practices.	
Young people as agents of change. (a critical mass of youth) [LISTED UNDER YOUTH LEADERSHIP ALSO]	Targeted Change 7-1
• Youth educated on issues that impact them.	
• Youth able to articulate ideas.	
• Able, interested and driven to make change in schools.	
• To gain a better understanding of what they want and need.	

YOUTH LEADERSHIP: DRIVER OF CHANGE	
Targeted Change 7-1: Students leadership to improve educational policies and practices.	Targeted Changes 7-1
Young people as agents of change. (a critical mass of youth) [LISTED UNDER PEOPLE POWER ALSO]	Targeted Change 7-1
• Youth educated on issues that impact them.	
• Youth able to articulate ideas.	
• Able, interested and driven to make change in schools.	
• To gain a better understanding of what they want and need.	

ENHANCED COLLABORATION: DRIVER OF CHANGE	
Targeted Change 7-4: School based comprehensive services & programs through public-private collaboration.	Targeted Changes 7-4

CHANGING THE NARRATIVE: DRIVER OF CHANGE	
Targeted Change 7-1: Students leadership to improve educational policies and practices.	Targeted Changes 7-1

Appendix C: Outcomes, Potential Indicators and Evaluation Questions

Drivers of Change Indicators	Healthy Richmond Accomplishments Across Workgroups	Qs for Reflection & Measures
Resident Power <ul style="list-style-type: none"> Healthy Richmond adult residents occupy positions of influence and authority in their communities, across public, community-based and private institutions. Healthy Richmond residents have voice and power in local government agencies and nonprofit decision-making processes. Pathways and campaign/constituency building structures are in place within organizations and community-wide to support Healthy Richmond resident healing, leadership development and organizing, with residents leading organizing efforts for local, regional and statewide impact. Local structures—formal and informal—are in place to support mobilizing resident voice and power. Multi-racial and inclusionary alliances build people power and deepen impact. 	<p>AQH:</p> <ul style="list-style-type: none"> Collaborated to plan Town hall for the Latino immigrant community Convened 35 people representing 20 organizations (Action Team organizations and other local, statewide, and national organizations) to plan a Town hall to be hosted 11/15 and enrollment efforts for the API community Coordinating #OneContraCosta messaging to support collaboration around advocating for the uninsured population ACCE's work with residents to build community power behind #ONECONTRACOSTA. [added] <p>ER:</p> <ul style="list-style-type: none"> The Neighborhood Impact working group is working to helping residents take ownership of their city so they can be involved in the process of economic development through (1) Supporting the implementation of restorative practices; (2) Providing educational offerings that enhance residents' understanding of economic development; (3) Building resident networks; (4) Encouraging residents to contribute and invest in their own city; (5) Mobilizing community ambassadors to provide knowledge to community on economic development; (6) Supporting digital literacy and feeling connected – challenges feel more manageable when people feel more connected to one another <p>S&N:</p> <ul style="list-style-type: none"> The Team provided over 8 trainings to over 130 parents & students on the LCAP, budgeting, the District public comment process, District meeting structure, etc. Parents and students, after trainings, felt more confident to do public comment 	<p><i>To what extent has there been an increase in community political action?</i></p> <ul style="list-style-type: none"> Community members are attending advocacy events. Community members are contacting decision makers to express their points of view. Community members are participating in policy-related forums. <p><i>To what extent has there been an increase in advocacy capacity?</i></p> <ul style="list-style-type: none"> Community members have increased <i>knowledge</i> about advocacy, mobilizing, or organizing tactics. Community members have increased advocacy <i>skills</i> (e.g., talking to the media or decision makers). Groups affected are involved in advocating for the solution. Community has an increased ability to monitor or evaluate the advocacy strategy. <p><i>To what extent has there been an increase in constituency?</i></p> <ul style="list-style-type: none"> Community groups or organizations are ready to mobilize or act on the issue. New or non-traditional partners have been recruited to the

	<ul style="list-style-type: none"> An allocation for preventative student program for African American students would have been less likely if one of the parents trained had not recognized her power as a parent on the committee Partners and parents advocated for more documents to be translated in Spanish which started to happen at the end of the campaign. 	<p>advocacy effort.</p> <ul style="list-style-type: none"> Community groups or organizations are coordinating their advocacy work. Community groups or organizations are delivering consistent messages.
Youth Leadership <ul style="list-style-type: none"> Local youth increasingly occupy positions of influence in their communities. Pathways and structures to support local youth healing, leadership development and organizing are in place. Youth voice and leadership are incorporated in decision making by public agencies and community based organizations. Public and private institutions prioritize and increase funding to promote healthy youth development, resiliency, and power. 	<p>AQH:</p> <ul style="list-style-type: none"> RYSE produced health videos posted on Health Richmond website Will be coordinating on enrollment messaging to the BMOC population with RYSE <p>ER:</p> <ul style="list-style-type: none"> Exposing youth to communities that look like Richmond that have reached economic success so that they can return and contribute to Richmond's economic development The Team provided over 8 trainings to over 130 parents & students on the LCAP, budgeting, the District public comment process, District meeting structure, etc. Parents and students, after trainings, felt more confident to do public comment An allocation for preventative students program for African American students would have been less likely if one of the parents trained had not recognized her power as a parent on the committee Partners and parents advocated for more documents to be translated in Spanish which started to happen at the end of the campaign. <p>S&N</p> <ul style="list-style-type: none"> Youth and youth serving organizations – RYSE, Youth Together, and the School - were part of the team and focused on youth engagement Youth were at trainings and participated actively in public comment 	<p><i>To what extent has there been an increase in community political action?</i></p> <ul style="list-style-type: none"> Youth are attending advocacy events. Youth are contacting decision makers to express their points of view. Youth are participating in policy-related forums. <p><i>To what extent has there been an increase in advocacy capacity?</i></p> <ul style="list-style-type: none"> Youth have increased <i>knowledge</i> about advocacy, mobilizing, or organizing tactics. Youth have increased advocacy <i>skills</i> (e.g., talking to the media or decision makers). Youth affected are involved in advocating for the solution. Youth increased ability to monitor or evaluate the advocacy strategy.
Enhanced Collaboration and Policy Innovation <ul style="list-style-type: none"> Local government agencies, community based organizations, residents and other stakeholders work collaboratively across issue areas to establish and pursue shared 	<p>AQH:</p> <ul style="list-style-type: none"> Actively participating in the Contra Costa County Stakeholders Group Creating space for residents to participate in local efforts to advocate for a healthcare safety net for the uninsured (through Townhalls, etc.) The Data Work Group is collaborating to develop collective indicators to track the Action Team's impact 	<p><i>To what extent does the collaborative have these characteristics?</i></p> <ul style="list-style-type: none"> Common goals, Membership and participation, Clarity of roles and responsibilities

<p>outcomes and power.</p> <ul style="list-style-type: none"> • Local structures and practices grounded in the meaningful participation of Healthy Richmond residents are in place to promote and sustain ongoing, inclusive and collective efforts to advance health equity. • Coalitions, collaborations, and other structures that promote working across issues and sectors are in place to support innovative advocacy approaches to advance policy, systems and social norms change. • Local policies, practices and structures promote equity and inclusion of Healthy Richmond residents. • Community stakeholders, including nonprofit organizations, systems leaders, and policy makers integrate an equity lens in policy development and practice. 	<ul style="list-style-type: none"> • Hosting Enrollment Events (e.g. 11/15 event at Richmond Civic Center Auditorium, etc.) <p>ER</p> <ul style="list-style-type: none"> • The Business Opportunity Work Group is working on developing community benefit recommendations around the Richmond Bay Campus development among other strategies around supporting small business development, etc. • The Neighborhood Impact working Group is developing a set of principles among service providers around commitment and accountability <p>S&N</p> <ul style="list-style-type: none"> • Healthy Richmond connected the Team with Ed-Trust West, Public Advocates and the ACLU to provide technical assistance • Two advocacy letters were written to the District, which the Superintendent responded too • The LCAP Strategy Team met with the District twice since July and the District has agreed to meet with the group on a regular basis. The Team is excited about this new partnership. 	<ul style="list-style-type: none"> • Shared responsibility, Shared decision-making power, Joint problem solving • Effectiveness, • Well managed, Clear communication • Respect differences, Mutual benefit • Building relationships, Sense of community <p><i>To what extent has there been growth in HR's constituency or coalition in support of major campaigns (#ONEContraCosta, LCFF, Community Benefits Agreement with UCB)</i></p> <ul style="list-style-type: none"> • Community groups or organizations are ready to mobilize or act on the issue. • New or non-traditional partners have been recruited to the advocacy effort. • Community groups or organizations are coordinating their advocacy work. • Community groups or organizations are delivering consistent messages. <p><i>To what extent has there been an increase in advocacy capacity?</i></p> <ul style="list-style-type: none"> • Clear leadership on the advocacy strategy has emerged in the community. • Partners know and understand the advocacy strategy. • Groups affected are involved in advocating for the solution. • Community has an increased ability to
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		monitor or evaluate the advocacy strategy.
Leveraging Partnerships and Resources <ul style="list-style-type: none"> Community stakeholders in divested neighborhoods mobilize and secure new forms of private capital by building community development skills and fostering new relationships. Community stakeholders mobilize and secure increased investment of public dollars across sectors (e.g. public health, education, human services, transportation, public works, public safety, public housing, etc.) to address the social determinants of health, such as housing, jobs, food, transportation, and all the opportunities, resources, and services people and communities need to be healthy in disinvested neighborhoods. Local residents are directly engaged in the implementation and governance of partnership agreements, such as community benefit agreements, both to reinforce their power and to maximize the potential for sustainability. 	AQHC: <ul style="list-style-type: none"> The Team currently has five Work Groups which include: the Health Enrollment Event Work Group, the API Work Group, the Data Work Group, the Advocacy for the Uninsured Work Group, and the Accessing Health Services Systems Work Group Organized a series of enrollment events between the fall and spring of 2014 Created weekly e-blasts of enrollment events taking place in Richmond and West Contra Costa County between January and April of 2014 Hosted a training for Certified Enrollment Entities on Medi-Cal and DACA, PRUCOL ER: <ul style="list-style-type: none"> The Team launched three Work Group in June: (1) Business Opportunity, (2) Neighborhood Impact and (3) Changing the Narrative S&N <ul style="list-style-type: none"> Created a space to share resources through building relationships, hosting meetings, sharing e-communications, etc. Partners supported each other's advocacy letters that addresses school issues The LCAP Committee Strategy Team represents a group of over eight local and regional community organizations that are working together to support parents in having greater knowledge, skills, and capacities to influence quality education so that all West County children and youth experience greater academic success and improved well-being. The Action Team received a Healthy Richmond Community Grant to support a project to support parent & youth engagement in the LCAP/LCFF process. The exact project will be decided upon by a participatory budgeting process, with technical assistance provided by the Participatory Budgeting Project 	<p><i>To what extent has there been an increase in resources leveraged?</i></p> <ul style="list-style-type: none"> Increased resources or funding are available for advocacy <p><i>To what extent are there a unifying advocacy voices through bringing together individuals, groups, or organizations who agree on a particular issue or goal?</i></p> <ul style="list-style-type: none"> Recruitment of local coalition partners Recruitment of statewide coalition partners Recruitment of nontraditional coalition partners (voices who are not usually at the table) Implementation of coalition meetings or communications
Changing the Narrative <ul style="list-style-type: none"> People value health equity and 	AQH: <u>Messages:</u>	

<p>inclusion. They understand that the social and physical environment influence health and contextualize current inequities and community problems within a historical and structural context.</p> <ul style="list-style-type: none"> • The dominant narrative recognizes historically marginalized communities (Undocumented, Formerly Incarcerated, African-American, Latinos, API, etc.) as valuable members of the community and they are supported by policies, practices and structures that ensure their inclusion. • Local structures—formal and informal—are in place to facilitate adult and youth residents to tell their own stories. 	<ul style="list-style-type: none"> • Creating a Culture of Coverage; Healthcare is a Right, not a Privilege • These two messages were captured in a Richmond Confidential article about the Healthy Richmond December Health Fair and three articles in the Richmond PULSE about enrollment events and a Healthcare Town hall for the Latino Community • Producing three video testimonials / PSAs that encourage enrollment geared toward Latino, BMOC, and API population • Created a one-pager for local policy decision-makers on the work of the Action Team • The Changing the Narrative Bootcamp provided support to Access to Quality Healthcare Action Team members and other Healthy Richmond partners – the first session on messaging was held on August 14th and received excellent feedback from its 45 participants. The second session was held on 12/5 and also received excellent feedback with over 40 participants. The last session is being planned for 3/11 which will be a media pitching session and held at KTVU. It will involve panels and 20 different media representatives providing mentoring to Richmond and Oakland BHC partners. • Healthy Richmond/Aspiration TechFest will be hosted on September 25th and 26th at the East Bay Center for Performing Arts. The TechFest will be an opportunity for Healthy Richmond partners to learn more about how technology can be used to support changing the narrative. <p>ER:</p> <ul style="list-style-type: none"> • Launched a Changing the Narrative Work Group. The group's first project is to create a map of Richmond that (1) highlights positive assets in Richmond and creates a new cognitive map of Richmond and (2) attracts economic investment and spurs growth in a way that benefits the community. The group presented at the Changing the Narrative bootcamp - co-hosted by the Richmond and Oakland BHC sites - on how the creation of the map will help change the narrative. The group has launched the project and a PULSEP in app that will allow community members to pin ideas to the map from their phone or community – it is a participatory project. The End of the Year Hub Celebration held on 12/18 featured a presentation on the map and a participatory activity where partners posted success stories from 2014 on the map. 	<p><i>To what extent has there been an increase in public will result of HR's changing the narrative work?</i></p> <ul style="list-style-type: none"> • Community members have clear opinions on the issue. • Community members have favorable attitudes toward the policy solution. • Groups affected by the issue are supportive of the policy solution. • Community members believe their action on the issue will lead to change. • Community members believe the proposed policy solution will result in meaningful change. • Community members are willing to act in support of the proposed solution.
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	<ul style="list-style-type: none"> • The Neighborhood Impact Work Group is working on changing resident perspectives and empowering them so that they look at community programs as providing coaching services rather than just case management • The Neighborhood Impact Work Group will support the demystification of technology so that it can be used to connect Richmond residents to each other and engage residents. The group wants to address the digital divide and identify the right use of technology for Richmond residents and places of internet access. <p>S&N:</p> <ul style="list-style-type: none"> • LCAP Committee Strategy Team - Message: We Are the Experts • Launched a messaging campaign during the public hearings of the LCAP, message delivered during public comments made by parents, students, partners; on signs and on stickers worn by group members; and on social media/press release, etc. • The West Contra Costa Unified School District referred to “community involvement and engagement” and “transparency” more often after the campaign. They recognized at the last public hearing that this LCAP process was a learning process and they needed to engage the community more. The Team is excited to now to have regular meetings with the District now and going forward to build a partnership. The District hired a Community Engagement Director as a response to the demand for further Community Engagement – they included community members on the selection committee for this position after advocacy was done by many of our partners. 	
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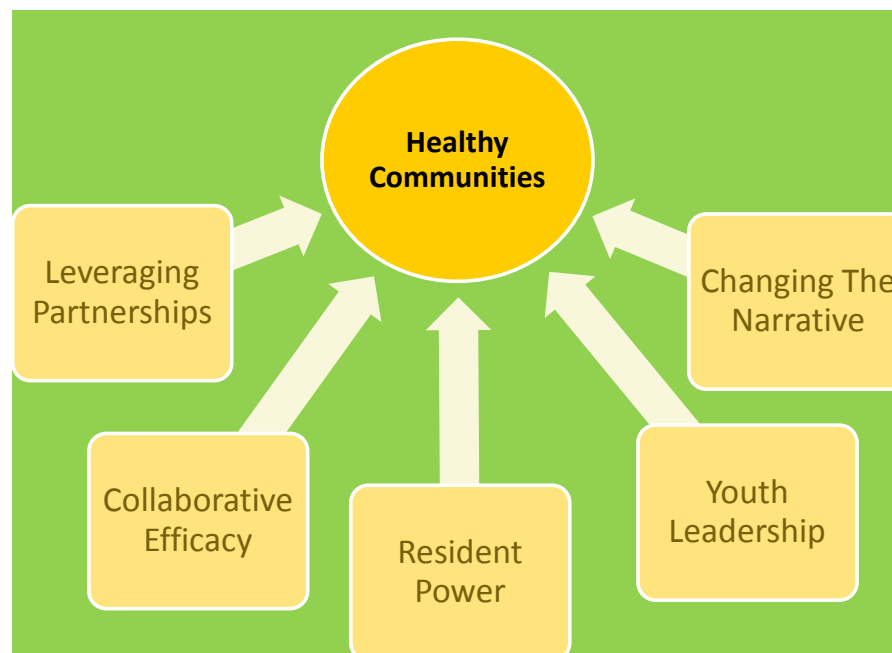
Drivers of Change

Leveraging Partnerships/Resources:

Strategic partnerships across sectors on BHC priorities to leverage new dollars or other resources to transform and sustain community.

Strategic partnerships across sectors on BHC priorities to leverage new dollars or other resources to transform and sustain community.

Collaborative Efficacy: Key partners collaborate to improve the quality and quantity of interactions among systems players, community-based organizations, and residents to promote constructive and innovative system change.



Resident Power: Resident organizing and training activities support resident engagement and leadership in decision-making forums and policy and systems change campaigns.

Changing the Narrative: Local media and local messengers influence elected officials and other leaders in weaving a new narrative about community health and prevention, and low-income communities.

Youth Leadership: Youth leadership training and other youth development activities support a network of activated youth leaders in reaching their full potential as leaders in the movement to create healthy and just communities.