

Capacity Building in

California Healthy Cities

and Communities

A Five-Year Expansion Program
Sponsored by
The California Endowment



A Center of the
Public Health Institute

CALIFORNIA

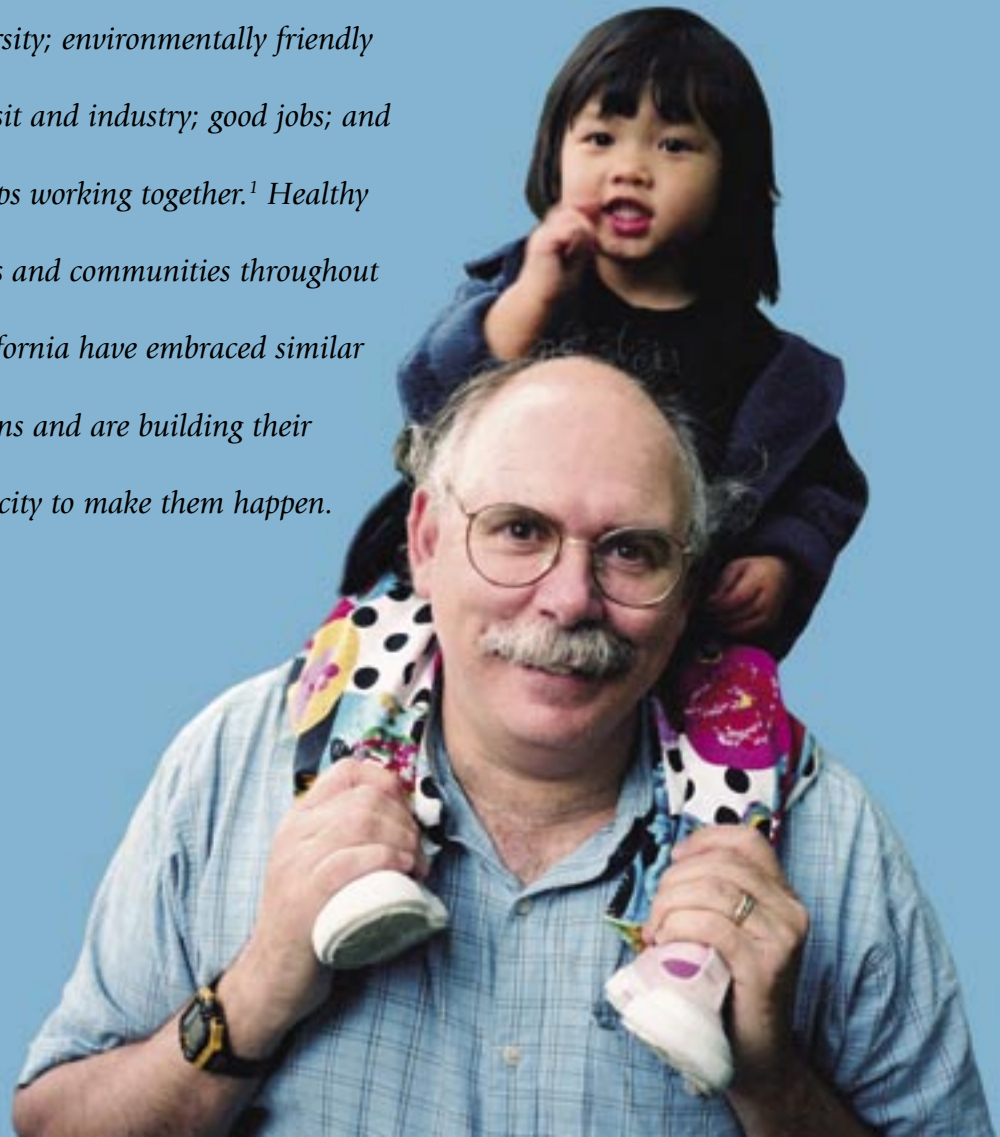
Capacity Building

Around the world, when community groups convene to discuss what they want for their community, the following elements are among the ones most consistently reported: green space; safe neighborhoods and parks; a vibrant downtown; celebration of diversity; environmentally friendly transit and industry; good jobs; and groups working together.¹ Healthy cities and communities throughout California have embraced similar visions and are building their capacity to make them happen.

Healthy Cities and Communities ascribe to:

- a broad definition of health
- a shared vision
- broad community participation
- development of local assets and resources
- improving equity and quality of life
- systems reform
- measuring progress and making improvements based on results

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Background

In 1987, California established the first statewide Healthy Cities project in the United States. Initial and continuing funding is provided through the California Department of Health Services, supported by the Preventive Health and Health Services Block Grant. During its first decade, the California Healthy Cities Project worked closely with

over 40 municipalities and their partners to improve community health and livability.

The statewide project was successful in advancing a holistic understanding of what *creates* health, and elevating the profile of cities as *settings* for prevention-oriented plans, programs and policies.



Expanded Program (1998 - 2003)

In 1998, The California Endowment funded an expanded program for \$5.3 million over five years. With this expansion, the project changed its name to California Healthy Cities and Communities (CHCC). This investment not only expanded the movement to 20 additional communities in different regions of the state, especially rural areas, but also provided opportunities to: engage nonprofits as conveners of healthy community initiatives; explore the benefits of structured planning and enhanced support (financial and technical); conduct a cross-site evaluation; and formalize the California Healthy Cities and Communities Network.

The goal of the expanded program was to enhance the capacity of recognized and emerging leaders

in geographically and socially isolated communities to address the structural and environmental determinants of community health and well-being, e.g. education, safe living conditions. The program was specifically designed to increase the sustainability of local efforts through the establishment of a learning community and through the development of new or re-structured resources.

Communities awarded a planning grant were eligible to apply for implementation grants for up to two additional years. First-year implementation grants were awarded based on a 50 percent local match by participating communities. The match could include community donations of in-kind programs and services. Second-year implementation

During the planning year, participants worked to:

- develop a governance structure for the collaborative
- engage a broad cross-section of the community to produce a shared vision and a well-articulated mission
- produce a community assessment
- identify a priority community improvement focus
- develop an action plan that involved community stakeholders and outlined goals, objectives, strategies, timelines, and evaluation plans

grants required that the entire 50 percent match come from financial contributions, although in-kind contributions were also encouraged. The match funding strategy was designed to build the capacity of communities to tap into local assets and resources, strengthen existing partnerships and form new ones, and take steps towards long-term sustainability. Communities were awarded \$25,000 in the planning year, and \$50,000 for each of the two implementation years, for a total of \$125,000 over a three-year period.

The 20 community participants were chosen to represent California's diverse population, cultures, geography and socioeconomic status. The median population size was 24,255.² Community populations ranged from 1,263 in a rural community to 129,837 in an urban area. The median household income for participating communities was \$37,236, contrasting with the California median household income of \$47,493. Seven communities had populations that were less than 50 percent Caucasian. In this brief, four communities are profiled, representing different regions of the state and each of the geographical settings i.e., rural region, rural municipality, urban municipality, and urban neighborhood.

Priority Focus Areas of Participating Communities

- Youth Development
- Civic Capacity Building
- Lifelong Learning/ Vocational Education
- Volunteerism
- Neighborhood Improvement
- Economic Development
- Recreation
- Cross-Cultural Understanding



Community members renovate the San Pascual Stairs.

Highland Park

Highland Park is a predominantly Hispanic community of 67,990 people, located in Northeast Los Angeles. It is separated from surrounding communities by freeways, hills, and waterways, lending to social isolation.

Highland Park community members developed an asset inventory through a door-to-door survey of over 900 households and businesses. They learned that the residents had a vested interest in improving the community. The survey also identified needs and priority issues, especially computer literacy and access. A community effort brought together high school students who built 20 computers which were placed in 6 development centers throughout Highland

Park. Over 150 residents attended computer courses, with 60 percent demonstrating improved skills. The courses assisted a small group of residents to secure employment which was a related, though more challenging, goal of the program. The collaborative leveraged their CHCC grant for a \$5 million investment to expand the program.

"The centers are a wonderful way for people to connect and network and get support from one another."

– Patricia Bowie, former Director, Hathaway Family Resource Center

Community members also wanted to improve safety and the ability to walk between two schools. The connecting stairwell was in need of repair due to graffiti and an overgrown landscape. Community members hand painted and placed the new tiles, making the renovation of the San Pascual Stairs a source of much neighborhood pride.

Plumas County



Residents collaborate on the Plumas Vision 2020.

Located in the northeastern Sierra Nevada, Plumas County is a rural region with a population of 20,824 that encompasses over 2,500 mountainous square miles. Rates of employment, income and educational attainment all fall below the state average.

A broad-based collaborative of residents, organizations and county staff partnered to develop a long-term plan known as Vision 2020 to improve quality of life. Over 500 residents participated in 30 forums to develop Vision 2020, which focuses on promoting a healthy physical environment, vital economy, and supportive social climate.

A living document, Vision 2020 has guided Plumas' efforts to improve emergency preparedness, safety, youth development and recreation, senior activities, community connectedness, and physical assets. On a policy level, Vision 2020 has been: endorsed by the County Board of Supervisors; used to develop a K-12 health education curriculum approved by the unified school district; and adopted as part of a community statement. Plumas County's leveraged resources exceeded \$530,000. The newly incorporated Plumas Community Foundation will continue the work begun by Plumas Vision 2020.

"The Plumas Vision 2020 helped us to look at all the wonderful things in our county. It broke down barriers and represents the wishes of residents. We worked with residents rather than dictate to them."

– Barbara Biddle, Health Education Coordinator for Plumas County Health Services

San Marcos



Teens and seniors participate in the Panorama Family Resource Center's intergenerational tutoring and mentoring program.

San Marcos, a city of 54,977, is located in Northern San Diego County. The City's economy includes agriculture, light industry, and a growing business center. San Marcos is one of California's fastest growing cities with a 30 percent population increase in the past 8 years. Growth has been the most dramatic among the new immigrant population, many of whom enter the workforce as agricultural or service workers.

San Marcos teenagers conducted a door-to-door community assessment with interviews in English or Spanish with 300 residents. City government, the school system, and colleges were identified as local assets. A lack of after-school activities for teens was identified as a priority issue. Based on these results, the city made a three-year commitment (for rent and utilities) to open the Panorama Teen and Family Resource Center with an expressed willingness to continue its commitment.

On a daily basis, about 45 teens frequent the center and participate in intergenerational tutoring and mentoring programs. Before entering the tutoring program, students' average GPA was below 2.0. After one-year of participation, the average GPA increased to above 2.5. Also, participants in the Healthy Lifestyles classes experienced a 45 percent increase in skills to make healthy lifestyle choices.



Approximately 25 seniors use the computers and other resources, and up to 100 parents participate in health education classes, parenting classes, and translation services. Leveraged resources totaled over \$140,000. A Youth Governance Council has been created and, due to the Panorama's incorporation, a Board of Directors has also been formed.

"Everybody has supported us from day one. The Panorama Center would not have been where it is right now without the support of CHCC. We are growing and just became incorporated as our own nonprofit. We see so many doors opening. We are going to be here for a long time."

– Enrique Perez, Director,
Panorama Family Resource
Center

Santa Maria

Santa Maria, a city of 77,423, lies in a fertile valley within Santa Barbara County. Nearly 60 percent of Santa Maria's population is Hispanic. Agriculture-related jobs have attracted many new immigrants to this diverse community. Low wages, linguistic and cultural barriers contribute to the social isolation experienced by many new immigrant families.

A community assessment garnered information from 525 residents and 75 agencies and identified community capacity building as the top priority. In response, the City's All America City Coalition sponsored a series of six-month



Residents participate in civic education.

civic education courses for newly arrived residents. The civic education program increased civic knowledge and involvement by nearly 50 percent in 75 residents. Residents continue to participate in civic education through a newly formed community-based organization. Civic education graduates testified before the Planning Commission and the City Council for a neighborhood family resource center which was opened with City funding. A Valuing Diversity Council was created to educate the community about cross-cultural understanding. Leveraged resources totaled nearly \$1.2 million.

"While the funding for this project was modest, the outcomes transformed a community of 80,000. Our civic education courses made the most significant difference in this community that will be made in this century."

– Ginnie Sterling, Special Projects
Manager, City of Santa Maria

Evaluation

A cross-site evaluation, conducted by Michelle Kegler, Dr. P.H., Rollins School of Public Health, Emory University, and colleagues, was designed to answer two major questions:

1. What is the process of community development in the participating Healthy Cities and Communities initiatives?
2. What changes have resulted from communities participating in California Healthy Cities and Communities efforts?

Overall, the evaluation findings point to a strong central outcome: participation in the California Healthy Cities and Communities Program fostered development of increased community or civic capacity. Specific aspects of capacity that appeared to flourish in the participating communities included leadership, mechanisms for civic participation, inter-organizational and social networks, skill-building in participants, and the ability to leverage resources."³

Major accomplishments included:

- Approximately 1,100 new civic leadership roles were created, involving over 1,500 individuals. Members of the local governance teams were very involved, i.e., serving as officers (47%) and helping with assessments (91%).
- New collaborative practices or policies improved access to services for populations previously facing major barriers. On average, each Healthy City/Community initiative contributed to four to five changes in organizational policies or practices, most commonly within public institutions.
- Most communities reported moderate to high levels of involvement from 12 sectors, most notably community-based organizations, education, public health, recreation, human services and healthcare.
- Most communities reported at least one public policy change, e.g., government restructuring, financing, and re-prioritization of services or policies. Coordinators reported that

three-quarters of the 32 changes were *directly* influenced by the Healthy City/Community initiatives.

- All participating communities reported at least one change (average of three) in the physical environment, e.g., facilities construction, expansion and renovation; public utilities and public safety; and neighborhood beautification.

Sustaining Progress:

By the end of the grant period,

- Participating communities had leveraged \$21 million, an 8.4 fold return on investment.
- Eight collaboratives either incorporated or formed new organizations to continue promising programs or services.
- Most coordinators reported substantial progress in several sustainability strategies, e.g., the collaborative serves as a forum for encouraging connections among major institutions and important informal networks.⁴

Lessons Learned / Confirmed

Community development process

It can take up to 18 months, or more, for a community to conduct its planning activities and successfully transition to implementation. The planning, implementation, and evaluation of local initiatives is a fluid, cyclical process. Remaining flexible allows communities to take advantage of serendipitous events and to adapt to unexpected delays and the broader political and economic context. Also, a good balance of planners and implementers in a collaborative helps to sustain momentum.

Cadre of diverse leaders and partners

Community leadership must be both broad and deep. A sound, inclusive recruitment plan helps to ensure leadership from multiple sectors including grassroots organizations. Leadership diversity fosters ownership and innovation in community improvement efforts

through the contributions of various abilities and perspectives. Recognition opportunities help to sustain existing leaders and attract new ones.

Sound governance and management

A clear mission statement and operational procedures foster a shared understanding of the collaborative's role and its work. These components guide decision-making on resource and program management, and allow for effective administration.

Staffing resources

It is important to have a "coordinator," ideally full-time, who can interface with the collaborative and the community-at-large. For this Expanded Program, participation by coordinators in the statewide effort enhanced their community building skills and advanced the learning community.

Sustainability

Multi-year funding with an incremental match requirement provides a good opportunity for community grantees to increase their capacity to tap local assets, develop new resources (in-kind and financial), and strengthen partnerships that may lead to policy and environmental changes. These efforts are most effective when conducted more than one year prior to end of grant.

Customized technical assistance

Technical assistance is most effective when tailored to individuals, group and community dynamics. It is essential to facilitate peer exchange and to use multiple methods, e.g., on-site consultation that includes one-on-one coaching and group facilitation, as well as educational and skill-building programs.

Community Participants

in Expanded
CHCC Program

Rural Areas

Rural Region

Alderpoint,
Blocksburg,
Casterlin

Amador County

Mendocino Coast

Montgomery Creek/
Round Mountain

Mountain Valley

Plumas County

Southern Inyo County

Rural Municipality

Anderson

Guadalupe

Santa Maria

Selma

Urban Areas

Urban Municipality

Citrus Heights

East Palo Alto

Lemon Grove

San Marcos

Richmond (Greater)

Urban Neighborhood

Clairemont

Highland Park

Southwest Modesto

San Bernardino 92411



The Center's California Healthy Cities and Communities staff are extremely grateful to the participating communities for the contributions they have made, and will continue to make, to the Healthy Cities and Communities movement in California and beyond.

Visit www.civicpartnerships.org for additional information on the program, community participants (see "Profiles of Participating California Healthy Cities and Communities") and the evaluation.

End Notes:

1. Hancock, Trevor, "Seeing the vision, defining your role," *Healthcare Forum Journal*, Vol. 36, No. 3, 30-6, 1993.
2. U.S. Census Bureau, *Census 2000*.
3. Kegler, Michelle, C., Norton, Barbara L. and Aronson, Robert E., *Evaluation of the Five-Year Expansion Program of California Healthy Cities and Communities, Final Report, September 2003*.
4. *Ibid.*

The Center for Civic Partnerships includes programs and services to promote community and organizational development through technical assistance, consultation, educational programs, publications, resource brokering, and the California Healthy Cities and Communities Network. The Center is part of the Public Health Institute.

The Public Health Institute is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for all people through research and evaluation, training and technical assistance, and building community partnerships.



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Created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation, The California Endowment (The Endowment) is a private, statewide health foundation. The Endowment is committed to working with organizations and institutions that directly benefit the health and well-being of Californians. Our mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.