

Dialogue4Health Web Forum  
TAKING ACTION TO PROMOTE HEALTH EQUITY:  
LESSONS FROM THE CALIFORNIA ENDOWMENT'S  
BUILDING HEALTHY COMMUNITIES PROJECT  
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>> Laura Burr: Welcome to today's Dialogue4Health Forum Taking Action to Promote Health Equity -- Lessons from the California Endowment's Building Healthy Communities Project. We thank Trust for America's Health and sponsors Robert Wood Johnson Foundation, The California Endowment, and the W.K. Kellogg Foundation. My name is Laura Burr. I will be running today's Web Forum along with my colleague, Kathy Piazza.

And now it is my great pleasure to introduce our moderator for today, Dr. Nadine Gracia, Executive Vice President and Chief Operating Officer at Trust for America's Health where she is the Senior Policy Advisor to the president and manages core business functions and internal operations. She has more than 20 years of leadership and management experience in federal government advocacy organizations, academia, and clinical practice. Prior to joining, Dr. Gracia served in the Obama Administration as the Deputy Assistant Secretary for Minority Health at the U.S. Department of Health and Human Services. I want to welcome back Dr. Gracia. Thank you for joining us.

>> Dr. J. Nadine Gracia: Thank you very much, Laura. And thanks to everyone in our audience for joining us today for our Web Forum. We've had such an amazing response for this webinar series Taking Action to Promote Health Equity: Using the Lessons From Cutting Edge Practices to Improve Health and Well-Being. And your level of participation shows the amount of interest and engagement on health equity.

Let me welcome everyone to the first in a series of four webinars on the topic of equity. This one featuring lessons learned from The California Endowment Building Healthy Communities. I will be your host on this and each of the three upcoming webinars and look forward to an engaging discussion.

As some background, Trust for America's Health is a nonprofit, non-partisan public health policy research and advocacy organization based in Washington , DC. We envision a nation that values the health and well-being of all and where prevention and health equity are foundational to policy-making at all levels of society. Trust for America's Health with support

from The California Endowment, the Kellogg Foundation and the Robert Wood Johnson Foundation will focus on the critical importance of equity abuse, of the importance to the health and well-being of individuals, families, and communities. Without addressing the disproportion at burden of illness, injury, and preventable deaths in communities of color, low-income communities, and socially and economically disadvantaged communities, and addressing the root causes of these inequities, the U.S. cannot improve its overall health status or control the burgeoning cost of healthcare or ensure that all communities have a fair and just opportunity to be healthy.

There's been an increase in awareness. It is talked about frequently and often elevated to the level of top priority by many organizations. And we know that there's still much more to be done. In talking to and observing many of such organizations, we have noted that there remains a strong desire for more information about the action steps that may be the most feasible and effective.

So this webinar series is intended to provide useful and constructive information to address that need. It's different than other educational efforts in a few ways each of the four webinars will focus on an important aspect of efforts to advance health equity. The examples that we will highlight are more than promising practices. They also illustrate some cutting edge, instructive initiatives, and those that offer important lessons that you may want to apply to your work in advancing equity.

The webinars will be conducted as conversations with those who are involved in this work rather than as formal panels with set presentations. We believe that this will allow us to more deeply explore the models and will strive to answer such questions as what was behind the successes of the initiative, what setbacks did the presenters encounter, and how did they strive to overcome them? Importantly, if you peel back the day-to-day logistics and mechanics of the initiative, what was the transferable essence of the work?

At the end of today's webinar I will also share the exciting news about the other webinars in this series. You won't want to miss hearing about the upcoming plan, so I strongly encourage you to stay with us until the end.

So today we're going to hear about an innovative and transformational effort to promote equity. It's a 10-year, \$1 billion comprehensive community initiative that was launched by The California Endowment called Building Healthy Communities which seeks to transform the conditions in 14 communities in California impacted by health inequities in a manner that has never been done on this scale before.

To help us understand the lessons from that effort, we have three truly remarkable guests: a senior leader of The California Endowment and two community leaders from communities where the investments were made. So it's now my pleasure to introduce them.

First, we have Dr. Tony Iton, the Senior Vice President for Healthy Communities at The California Endowment. Prior to his appointment, he served as the Alameda County Public Health Department Director and Health Officer.

Next we have Andrea Manzo who is the Regional Equity Director for East Salinas Building Healthy Communities. She leads the Building Healthy Communities strategy team and co-leads the local Racial Equity Committee.

Third we have Sandra Celedon, who is the President and Chief Executive Officer for Fresno Building Healthy Communities. She leads the local multi-sector collaboration to foster healthy and safe community conditions.

So many thanks to all of our panelists. Before we start our discussion I'd like to bring

up on your screens our second poll question. Is your organization addressing health equity? The choices are yes, no, or not at the moment but we want to.

The audio and slides will be available on the Dialoge4Health following the Web Forum and will provide the websites at the end of the webinar for you to access.

We'll close the poll question now and look at the results. So we see here that the vast majority of those of you attending are, indeed, your organization is addressing health equity, which is wonderful to see. So really a great opportunity for us to delve in and talk about some innovative efforts that may be useful tools in your ongoing work to advance and achieve health equity.

It's now my pleasure to start our panel discussion. And also, at the end of this discussion we will have a question and answer session, so please do submit questions as we're going through today's dialogue. We will try to answer as many questions as possible.

Tony, I'd like to start with you in helping us set the stage and provide some history and perspective as we talk about building healthy communities. Can you tell us briefly a little more before about The California Endowment and its history and early priorities?

Tony, if you're speaking, I believe you may be on mute and we'll need to unmute you hear you.

>> Anthony Iton: Can you hear me know?

>> Dr. J. Nadine Gracia: Yes. Thank you.

>> Anthony Iton: Good morning, everybody, or good afternoon wherever you may be. So the history of The California Endowment is that it is a so-called conversion foundation which is the product of a conversion of a for profit -- or not for profit company to for profit status, and that was Blue Crossing of California back in 1996. When it converted, because it had been a not for profit for something approaching 70 years, it basically had to disgorge or give all of its assets to -- back to the state or to create a charitable foundation to serve the original purposes of the organization. So The California Endowment is that charitable foundation and it's been active since 1996.

In the first decade of the endowment, the foundation took kind of a traditional public health focus with a regional focus across California on three basic issue areas: access to healthcare, culturally competent care, and health disparities. But in 2007, the board did kind of a thorough reassessment of what progress the organization had made and looked at epidemiologic data across the state and saw that for the most part the epidemiologic data suggested that things had not gotten better, particularly for low-income communities of color, and that there was some mapping data that showed that you could see very dramatic differences in life expectancy across relatively small geographic areas.

So the board decided that it needed to take another approach to doing its work. And when it looked at its own work, it noticed that where there had been real bright spots where in areas like asthma, where a comprehensive approach had been taken looking at the environmental conditions, looking at housing issues, looking at school health, looking at access to health care, clinical quality, and state policy as well with respect to asthma.

And there we had seen some improvements in the overall epidemiologic data. So the board decided that it wanted to do something that kind of modeled that comprehensive approach and attack the root causes of diseases as well as address inequities where they were being formed, at the community level. So the endowment created Building Healthy Communities which is a 10-year initiative designed to tackle the root causes of health inequity across the state.

And as Nadine mentioned, 14 low-income communities across the state representing the geographic diversity of the state were identified. About 90,000 people per community. And the idea was to build power in those communities so people could more effectively participate in decision making, to foster what we described sometimes as radical collaboration, to bring the butcher, baker, candlestick maker together, break down silos across various different disciplines to people can actually create plans that pursue root causes, and then finally change the narrative both about what actually produces health and about the communities that are most impacted by adverse health and allow the narrator, the people living in these communities, to tell their own stories.

So that's what Building Healthy Communities is. And the board committed, as I said, 10 years and over \$1 billion to that effort.

>> Dr. J. Nadine Gracia: Thank you, Tony. It's really an amazing effort and really important level of commitment. Can you tell us why 10 years? We often hear about so many initiatives that are either shorter, you know, a two-to three-year initiative. What went through, as far as the rationale, for a 10-year commitment and the expectation that you were hoping to have regarding the initiative?

>> Anthony Iton: Well, I really salute our board for this. And I should say that our board is not a sort of traditional corporate board. This is a board -- The California Endowment was forged out of advocacy and organizing. And the people that took on Blue Cross back in the mid '90s to force them to disgorge all of their assets were advocates that had been working on issues facing low-income people of color throughout California's, you know, history.

So the original board is a group of people who have been working in the trenches who understand what it takes to make change and understand what health equity means. And they recognize that you can't do this in an 18-month period or even a three-year period or quite frankly even a 10-year period. But they figured that 10 years was a good period of time to commit to a consistent, grassroots, focused approach that was tackling the root causes in these places. And then after 10 years we could reassess and see, you know, what was working, what isn't working, and decide whether we want to continue with this approach or modify and go forward.

>> Dr. J. Nadine Gracia: Great. And, Tony, you noted the 14 communities. I'm sure there was a lot of thought that went into the process of identifying those communities to invest in. What were some of those factors about how you identified those communities in California?

>> Anthony Iton: Well, one of the things that -- I wasn't here at the time but one of the things that I have since come to recognize is that there are probably 200 communities in California that could have been in that original 14. There's nothing so special about the 14 that makes them stand out. But one of the things that the folks that were assessing the state looking for potential sites, that they looked for, was a track record of some collaboration across disciplines. So there was an effort -- some experience of education working with health, working with land use, working with law enforcement, and that they had delivered something collectively together. Because that ability to collaborate is really critical to be able to do this work, particularly over the long term.

Certainly all of the sites had very clearly documented health disparities, particularly racial health disparities. They represented the geographic diversity of the state from, you know, the far north, Native-American reservations, to the south of the border, to the central valley, to the urban areas in the bay area and Southern California as well as the central coast.

So with a diverse sort of reflection of California, half rural, half urban, half

progressive, half conservative, we wanted to be able to test this approach in very different types of settings but we wanted settings in which people had a track record of working together on something.

>> Dr. J. Nadine Gracia: And Tony, as the foundation and from what you've seen certainly of the communities, of these strategies about seeing successful collaboration and track records of collaboration and actually having impact, were there strategies you were able to identify as these communities themselves were identified or seen progress in these communities? What strategies really got those communities collaborating and working together? And certainly we'll hear from Andrea and Sandra about their perspectives at the community level.

So let me just say very quickly for the benefit of the audience, while Andrea is getting back on, that what we're trying to do at the endowment in concert with a lot of other people around the country and certainly around the State of California is to try to elucidate what a health equity practice looks like, what are the elements of a health equity practice. And one of the things that we tried to do here is to boil it down into some core elements. We concluded -- and I'm a simple-minded person so I like simple things. We've concluded that this is basically about A, B, C. There's three things that you need to ensure that are happening if you want to get to the root cause of health inequity and enlist the participation of people that are most impacted by health equity in crafting the solutions.

The A stands for agency or power; this notion of having some control over what happens to you and your life both at the individual level and then at the community level; that communities have some control about things like grocery stores and parks and the quality of education and the environment and pollution and how policing is done. Agency is absolutely critical to health. So part of our goal is to invest in increasing both individual and collective agency in the communities that we're working with.

B stands for belonging or essentially having a voice, being seen, being heard, being valued. We think belonging in some ways is the opposite of racism. Racism excludes you, makes you feel marginalized, makes you feel unseen, unheard, devalued. And belonging is the opposite of that. So we do that primarily through changing the narrative and the narrator. The narrative about what causes health and who belongs in the society and who is valuable, how everybody, you know, has a role. And we also want to change the narrator. Let people tell their own stories and stop having others talk for poor people.

C is the simplest of them all. It's just about conditions, changing the conditions this work is not about programs; it's about the fundamental underlying conditions. What can we do to reset the conditions to change the odds so that there's a greater likelihood that people can navigate a healthy life?

So A, B, C is what we're spending a billion dollars on. And our two colleagues from Building Healthy Communities, Andrea [Audio Drop] and Sandra are experts at this.

>> Dr. J. Nadine Gracia: Great. Thank you, Tony.

Again, for anyone rejoining us or joined while we got disconnected, that was Dr. Tony Iton, Senior Vice President for Healthy Communities at The California Endowment. I'm Dr. Nadine Gracia, Executive Vice President at Trust for America's Health. And two of our other panelists and speakers with us today are Andrea Manzo who is with the East Salinas Building Healthy Communities and Sandra Celedon, who is with Fresno Building Healthy Communities.

I'm going to turn some questions over now to Andrea and Sandra.

Sandra, let me start with you as we might still be trying to get Andrea's audio back. Tell us, what was your reaction to this new approach by The California Endowment? When you learned about Building Healthy Communities, what were your initial thoughts when you initially learned about this initiative?

>> Sandra Celedon: Well, thank you. And hi, everyone. So when The California Endowment first started to convene stakeholders and community members way back in 2007, 2008, there was really I think the initial reaction was a little bit of doubt, right, we had heard time and time again before funders and other big actions like The California Endowment come in to places like Fresno and kind of make all of these promises and tout this as a new approach. So there was definitely some doubt initially. And I think what really made it real at least from my perspective was this commitment of sticking around for the long term, right, 10 years. I think most of us that have been doing community work are used to doing things, you know, piecemealing it, you know, one year, two years at a time.

So as the conversation grew in kind of this preplanning period, I think there was this synergy in the community. And in Fresno where we were already having conversations across the board with multiple agencies, our Public Health Department, our City Planning Division, our community-based organizations, faith groups and others who had been tackling a number of issues from different perspectives. So there was already some work happening. There was some conversation.

So I think when The Endowment came in and started to convene and really wanted to listen, I think that was the one thing that was different from the beginning. It wasn't where it was being prescribed to the community. It was more about what's going on in your community what are the priorities in the areas that you all are working. And that really set the tone for the conversation. And it was a conversation that took us a good two years to really get it right and really identify the priorities of community members, primarily, and how community-based organizations and others could really partner.

And that was also different. There was this idea of partnership. It was no longer about clients or servicing or providing some type of program. It was really about partnering with community members on the ground and really affecting change in a way that was meaningful and long term. That was really visionary. It allowed folks like myself and agency members and community members to think big picture, be able to dream, think about what would our communities look like in 10 years.

So I think after we worked through the initial doubt, it really did help kick off this really robust and rich conversation that enabled us to implement Building Healthy Communities and grow it to what it has become to date.

>> Dr. J. Nadine Gracia: Great. And Sandra, you've pointed out several key points about moving from doubt to then really believing the sincerity, the commitment of the endowment in working, as you noted in partnership with communities. And that the conversation didn't happen in just one setting, that, you know, as you said, a two-year conversation and that there really seemed to be this commitment to partnership.

Many organizations or entities will talk about that notion of partnership. Was there something that was different here? Were there elements to this partnership that was different than what you had seen before from other entities that had that commitment of wanting to have community engagement or participation, if you will?

>> Sandra Celedon: Yes. And I think the one key for me, at least, was fact that when we talk about partnership that really means that community members have to have decision making

authority. Right? So it's not that we are checking in with community members about whether our conceptions or our concepts are correct. It's really that we're starting with community members before we even develop a concept or an idea about what we're going to do next. And that is really time intensive and requires a lot of resources and staffing to ensure that we're constantly being informed and that our agenda and our direction is being set by community members.

And that to me, is kind of the key to partnership. So it's not about inviting community members to be part of an advisory committee or to be part of a stakeholder group. It's really about making sure that we create structures that onboard community members as direct decision makers in the agenda for the coalition and then the agenda for the site.

And because we've been able to do that, you know, it has led to huge victories. It has led to a change in culture, to building cohesive community, and also really challenging ourselves in going through the growth curves of bringing people together from different walks of life, from different perspectives, from different priorities, and really starting to develop a culture of community that serves everyone.

So when we talk about Fresno Building Healthy Communities and our mission and vision to help create One Healthy Fresno where all children and families live health, safe, productive lives, we have to constantly ask ourselves who is included in the all. And if they are included in the all, how are we making sure that they're part of the decision making table? And if they're not, are we actually creating one healthy Fresno? That's a question that we have to consistently ask ourselves.

So when we talk about partnership, that was really what set the tone and set the difference for Building Healthy Communities the initiative and that community members, and young people particular, right, have had a decision making seat at the table from the very beginning, till this day. And that's something that's very different, that I don't see a lot of other initiatives doing or doing really well.

>> Dr. J. Nadine Gracia: Right. So give us kind of a bird's eye view then, Sandra, of what you are doing in Fresno with Building Healthy Communities and the One Healthy Fresno, just an overview of the specific works and efforts that you've had. You mentioned that some work was already underway but certainly with this partnership with The California Endowment, that has expanded.

>> Sandra Celedon: Yes. So with Fresno Building Healthy Communities, similar to other communities across the state and even across the country, there is this division, this tale of two cities in Fresno. And that's the haves and have notes. So it's split between North and South Fresno. So if you live in South Fresno, you're more likely to be a person of color, most likely Latino, most likely to live in poverty, have low educational attainment, and really struggle to make ends meet. And we know that the vast majority of residents are living at or below poverty level so are struggling to just have a roof over their heads.

I think you see this across the country. In some places the split is east and west. So it may look a little bit different in your community but I think a lot of us share similar challenges.

So with Fresno, there was this narrative around the tale two of cities kind of this acceptance of this is just the way things are. So when we really started with Fresno Building Healthy Communities what we wanted to really provide was this vision for something different, for a unified Fresno that actually provides folks with the opportunities to be successful and thrive. And that was really the framework of One Healthy Fresno. It was the counterpart to the tale of two cities. It was the idea and the vision that we can actually create health through our

built-in environment, policies that we affect.

So what we were focusing on at times, there was a lot of conversation already -- because most of us came from a community-based organization background and specifically a health background, there was a lot of conversation around access to care and quality of care and making sure that people were living healthy.

So we know, as Dr. Iton mentioned earlier, that there was a huge prevalence of diabetes and other preventable chronic illnesses we know and we have seen that individuals in South Fresno are most likely to live 30 years less than their North Fresno counterparts. So we know that there's some real challenges. What we also knew is when we talked to community members, it wasn't that they didn't know that this was happening. It was that they were under the impression that this was just normal, that it was part of life.

So as we engaged in the work what really came out as we were having conversations with community members, the priorities that folks identified were really around land use. And people weren't using the language of land use. They were talking about their neighborhoods. They were talking about the fact that they live in neighborhoods that do not have access to a grocery store. They live in neighborhoods that lack basic amenities like sidewalks and street lighting. And there's a huge population of loose dogs and so they're not able to walk as much as they want to walk or they're not able to enjoy the foods that they want to eat or they're not even able to afford them. We were hearing a lot of conversation around parks and access to parks and the fact that there wasn't any quality parks in the neighborhoods.

So as we started to really listen and capture what residents were sharing with us, we really understood that our lever was land use policy. So land use became a huge agenda item for our coalition. So through this lens we really started to plot and think about how do we address the issues that residents are bring forth as priorities. So how do we make sure that there is adequate housing and that there are grocery stores near neighborhood, that people have the ability to walk and bike in their community, that people have access to green space like parks because we know all of the benefits that come with parks not just around improving health but improving mental health, improving property values, creating wealth, creating jobs. We heard a lot about the need for creating jobs especially for young people and how this can serve as an avenue not only for self-development but also as a step out of poverty.

So as we started to really think more broadly and more holistically, we were able, then to really set our agenda around these big, broad issue areas or these buckets which is around land use, environmental justice, healthy access -- access to healthy foods, access to youth opportunities, and access to preventative care.

When we started to think about how do we use land use in order to shape that, we really got involved in our city's general plan work. And the general plan really helped to set the tone for the policies we would pursue. So now that we've been at this for eight years, we've been able to, one -- first thing we were able to do very successfully is bring community members to the table to really be able to make the decisions about how our community is built.

So in the general plan worked through the city we were able to, for first time in our city's history, insert community members as active informers and decision makers of the general plan. This was something that has been unseen in our community where the general plan is typically something that is an issue that is dealt between our council members and developers. And that's really as far as it went. Well, we engaged over 1,000 individuals directly

in submitting comments, participating in information sessions with the city, and meeting with their elected officials around what they wanted to see in their community.

And that led to a number of other specific plans, the Southwest Pacific plan, the park master plan to address the inequity around parks. And then, of course, it also led to a lot of issues around environmental justice and really thinking about how we're structuring communities that are being over polluted and what that does to not just the makeup of the community but also the health of individuals that reside within that community.

So it really led us to where we are today where we have been able to successfully influence where resources are allocated from our city, how our city will grow from within the next 30 years, and to the point where we have elevated parks as a huge, important issue where now there is a broader coalition putting forth a sales tax initiative on the November ballot that will, if it's passed, will yield dedicated resources for our parks in the City of Fresno which includes all of the issues that residents have elevated as important to them around jobs for young people, jobs for veterans, maintaining parks and providing recreational opportunities.

So all of this work has been directly influenced by community members and community members have stuck with us the last eight years as we've pushed through each layer.

So I think part of, again, going back to why we've been so successful, it links back to the ABCs that Dr. Iton mention the earlier. It's about community not being told that their community sucks, right, or that there's all of these challenges in their community because they already know that but it's really about orienting and providing the on ramp to how community members can take control and influence and use their collective power to influence the decision that are being made. It's about them belonging, being acknowledged and being seen, being taken into consideration as these decisions and resources are allocated. And it's also about addressing the underlying conditions that have created these neighborhoods. We always talk about the fact that neighborhoods that are lacking, they are not built by accident. They are planned that way.

So when we start to address the condition, it also does this amazing thing that I've had the pleasure of witnessing and being part of, that it removes this shame from individuals where we have all internalized that the reason that our neighborhood is the way that it is is because of us. There's something that lacks within us. But we're really understanding that there's all of these external factors that we could influence that are fundamental to why our community is the way that it is. So it really does provide the tools that enable community members to then make these decisions on their own and decide what steps they want to take.

So the work that we do at Fresno Building Healthy Communities is really about providing the technical assistance and the support that enables community members to take on the work that they want to carry. And that has really been the success of Fresno Building Healthy Communities.

>> Dr. J. Nadine Gracia: That's a great, great overview, Sandra. And it's certainly one that really highlights how you've addressed the issues of equity and taken a framework that really embraces the social determinants of health through the multiple sectors to improve health in the community.

I understand that we have Andrea back on our audio and want her to join into this conversation as well.

Andrea, specifically in the work that you're doing in East Salinas, uniquely, also addressing inequities but using a racial justice framework and for many who work in health

equity, being able to address it through such a lens of racial justice may be challenging and it would be great to hear more about the successes as well as some of the challenges and obstacles that you may have experienced in doing this work in East Salinas.

>> Andrea Manzo: Hi. Can everyone hear me well?

>> Dr. J. Nadine Gracia: Yes. We can hear you.

>> Andrea Manzo: Yes! Great. Talk about obstacles and challenges to technology. [Laughter] I want to thank everyone for being very patient as I tried to get back onboard.

As you mentioned, I think Sandra mentioned as well, that each side has very similar priorities but also has its individual differences that make it unique and that actually impact systems across not only the region but across the state.

One thing I did want to mention, in terms of The California Endowment, there was a bit of a different experience because there had been an initiative before and so there was a level of mistrust in our community. So we had to definitely address that right from the beginning which really only happened with the developing of relationships that already have had collaboration across some sectors but deepening that trust and relationship to realize that this was going to be an investment that was very different.

And as Sandra mentioned, the planning process leading up to this was extremely extensive, something that hadn't happened before, and so there was a level of curiosity, I think from residents and folks from different sectors around the differences between this initiative and the previous initiative that had been in our community.

So I know that we had definitely evolved from the beginning of this initiative to really looking at, you know, what are some of the priorities folks are looking at. Nothing has changed dramatically from now in terms of residents needing housing, acknowledging trauma and violence in our communities, needing access to healthcare and really transforming our schools to have more [Indiscernible: Speaking too fast] practices but I think what has evolved in our approach has been that emphasis and focus around doing a policy insistence change through something that's grounded in the framework.

I emphasize the healing piece to it because as you mentioned, this is very, very challenging work and it requires a depth of emotional fortitude for the individuals that are leading this work and also a level of acknowledgment of historical trauma that has happened and residents being able to get to a place where they can actually engage at the level of advocacy and using their power in the way that they are.

So I do want to give just a quick recap of background on how this racial equity came to be, starting with the fact that in our particular site there was a deep investment in healing. So having organizations like [Indiscernible] network really see an approach that has a holistic view of the person and humanization of individuals, not only residents but system folks, and that being a foundation to our work. Knowing that our work shifted dramatically.

Some of you can see on the screen there's a case study that tells the story in a little more detail but I think that's where the dramatic shift was in our community. We had already started to do some engagement around the economic development of part of a general plan and really shifting the way the city was doing engagement with residents and them being part of the engagement process and doing meetings on the east side in Spanish, which is something with the population of 75% Latino, that there hadn't been done before in the language. It's always been translated to Spanish but never conducted in Spanish. So there was already starting to be some work that was being done and moving in a different direction on systems change.

I think the catalyst to this racial justice work was in 2014, with the officer-involved shootings for Latino men were killed in a span of four months. So while there was a shift in how government was doing things differently, there was a real acknowledgment that something else was going on. And because we had already developed this relationship specifically with the city of Salinas, we decided go on this venture together for this racial justice work.

So there have been a lot of obstacles because you have folks that believe and acknowledge that there's something that's deeper within just the individual action that employees take or the individual policies but there's something that's deeply rooted in our system that has been there for hundreds of years and that folks don't even realize it's part of how they do their everyday work.

So I think that has been one of the challenges in terms of removing the individual, the most difficult part of our conversation is getting people out of that place of we're not telling you you're a racist that you're doing racist things. It's more acknowledging the impact that the policies and practices within the system are having that are causing inequities. And instead of closing the gap, they're actually widening them. So how is it that you can reflect on the policies and practice within your system and knowing that it's overall and not just you as an individual or a individual department but actually the interaction of the different departments within government but also as we start to look at structural racism in our community. It's actually the interaction across multiple institutions.

So our work has dramatically evolved from look at individual policies as the answer for change and taking a real deep structural analysis to these issues and looking at the root causes of what that is and doing it in a way that balances both process and outcomes. Knowing that in the way that we do things is how we're going to achieve the lasting change that we want to see. Because if we just focus on the outcomes itself, there's zero room for the accountability built into that.

I can tell that you it's still very, very challenging, knowing that we are on this arc of change and there's only so far that our community will take it. And as Tony mentioned in the beginning, 10 years is probably not enough to address structural racism in our community and knowing that there's a lot more work to be done moving forward.

So we are working in different areas using this heal framework around health for all, getting residents access, undocumented residents, access to healthcare, land use as Sandra mentioned, one of the critical emphasis across the state. There's so much power around the ownership of land, around land use policies, housing, and open space. And then education is a critical component as well to our work where parents are being engaged as part of the decision making of where the money goes and having an emphasis on ensuring that it's not purely epidemic but social and emotional support that impacts the student's education.

And then we have an extensive amount of youth work that is being spread through our youth participatory action resource that's focused around civic engagement in the schools and how the education and institution is actually supporting the specific engagement of young people. And also one of the areas of land use, how are we looking at our built-in environment as a preventative effort instead of focusing on violence as a system what are we doing in terms prevention.

And lastly, youth justice reform, which I think is probably one of the most challenging areas of work that we have around getting Prop 47 savings -- the proposition that changed some felonies to misdemeanors and build savings from that to really go to the right places

instead of more money to law enforcement but really to mental health services, job training, whatever that looks like.

Early on there was a reduction around the juvenile hall. And presently I think we're dealing with a lot of the work around having school resource officers on campus and the impacts that it has on our communities and how that is a testament to the challenging work that we're doing around centering this racial justice framework.

So it's an ongoing process. It doesn't just stop with getting a policy pass or getting one win. It's the commitment to the long term.

>> Dr. J. Nadine Gracia: Very key lessons. Root causes, again, the themes of partnership and to your point about being able to address what may be some challenging and at times issues that are filled with great tension but to address them in a transparent way. And capitalizing and utilizing something that could have really, I think, created more tension in a community and identifying that as a rallying point for action, as you talked about what happened, the tragic events that were happening in 2014 in your community.

Thank you, Andrea, for that overview.

Tony, we often start out efforts and initiatives with a specific vision in mind. I would love for you to share with everyone did this unfold, develop, the building healthy communities, as The California Endowment anticipated? Were there any unexpected turns, if you will, of the initiative with regards to the campaigns or other work that the communities were doing? What did you learn from that? How does the foundation react to those differences than what you may have thought would have been some of the efforts in the communities?

>> Anthony Iton: Yeah. I think that it changed in two really fro found ways for us. One was really in a content way. And the second really was more thematic.

I'll start with the second. When we began the work, we thought of Building Healthy Communities as primarily a policy and systems change initiative, where the goal was to get policy winds. Policies around healthy land use, around access to healthy food, around access to healthcare, around criminal justice reform, education reform, etc., etc. And we started racking up policy wins within four years of the initiative we were in the 500 kind of, you know, range and we're now closer to 800 policy wins.

We realized sort of half way into the work that this really wasn't about policy and systems. As both Andrea and Sandra have said. It was fundamentally -- it was about recalibrating democracy in these communities. It was really before optimizing the quality of civic participation.

We thought of power as a means to an end and that end was policy change. What we realized half way through was that power was both a means and an end in itself. And the goal was really about change the power dynamics in this place so that moving forward these communities were much better positioned to set the agendas and to advocate for the priorities that mattered for them in their communities.

So that was a learning for us. And we learned that from listening to people like Sandra and Andrea and others who constantly reminded us that this was not just about policy wins.

The second way that this changed, which was quite dramatic and it taught us another big lesson, was that we had kind of an agenda content-wise that was focused on sort of schools as sort of a healthy environment for children, around land use, and around access to healthcare. Early on in the initiative some of our communities pushed back, including Fresno, and started talking about school discipline reform, so-called school pushout, and the

School-to-Prison Pipeline. We initially said, no, we don't think that that's a health issue. That's an education issue and we're a health foundation. They kept pushing us, particularly young people in Fresno, Los Angeles, and Oakland.

And finally we had a board meeting in Fresno. And these young people just held us accountable for this issue. We decided, ok, we're going to take a deeper look at this. We looked at the data and we saw that 800,000 suspensions were happening throughout California every year, more than a number of kids that graduated. It was ridiculously disproportionate for African American boys and Native-American boys and disproportionate for Latinos as well. And there was a dramatic variation in terms of the performance of school systems across the state. So we decided we would take this issue on. And we followed the lead of our communities.

So the big lesson there, at the end of this we ended up reducing school suspensions and expulsions by 50% across California within five years. Some of our districts are down to zero, and that includes for African American boys and Native-American boys. So a dramatic improvement in the State of California as a result of policies passed at the state level, implementation at the school district level, and the leadership of young people and advocates.

The lesson for us was that you don't go to a community with a precooked agenda and tell them that this is what we're going to work on. You go to the community with a point of view. But community has a point of view. And then we negotiate. It's a dialectical approach where we work together to try to find that synergy, that overlap, that space where we all agree that we can make some progress.

And that's what Building Healthy Communities taught us, not to be prescriptive about the agenda but to negotiate with communities. It doesn't mean that you completely give in to the community's agenda but it does mean that you listen and that you're transparent and that you're open to taking another path.

We not listened to the communities around school discipline, we wouldn't have been able to cut school suspensions by 400,000 in California. And it's turned out to be probably our biggest win in many ways because it has this sort of ripple effect on school climate and on how young people of color, particularly boys of color in some of these school systems are perceived and how they're able to participate in their education.

Excellent example. Thank you, Tony. And really the lessons learned and the openness of the foundation to, as you said, to listen and be able to make adaptations to what you didn't initially anticipate as being a priority area for these communities.

We're going to actually turn now to some question and answers with our audience to ensure we get some of these questions in that are streaming in now.

Tony, to your point about cutting school discipline by 400,000 in the State of California, we're talking about the number of policy wins, blends nicely into one of the questions that we have from our audience members. Talk a little bit more about the performance measures or the outcomes and metrics that the local communities were using to actually see are we having an impact, is there change happening and transformation happen in the communities. It's a question for any of our panelists today but I think our audience in particular would like to hear about the local efforts.

>> Anthony Iton: Let me start quickly and then turn to my colleagues. Our theory of change is very simple. If you can imagine four boxes lined up, the first box is power. Our goal is to build socioeconomical power in a mass of people living in these communities so they can more effectively participate in decision making and shift the agenda around to issues that impacted

them and their well-being. So we want to build power and we want to measure how power is being built.

So we have a series of measures for that that we look at in our communities. Not an easy thing to measure, by the way. But that's one of the things we measure.

The next box is policy change. So we build power so people can actually impact decision make. And the result of that are new policies and systems changes that impact health. And we have measures for that is correct as I mentioned, close to 800 policies and systems changes, tangible changes that are documentable across our 14 sites.

And then the next box is essentially a change in the opportunity environment; that people now have the ability to do things that they couldn't do before. We can measure the number of people that now have insurance across the state of California and in our communities as a result of the access to care changes. We can measure the reduction in school suspensions and expulsions. We can measure the access to things like parks and healthy food in our community. So those are opportunity and environmental changes.

And the fourth box, which is the distant box which we actually have relatively little direct control over is health status changes. Those are the things that we think will take much longer time but they will be the direct result of changes in the opportunity and environment.

There are some things we started to see a little bit of change in but we're still in the process of measuring the actual health status, changes that relate to those three earlier boxes. I should turn to my colleagues to talk about how they're measuring their progress as well.

>> Dr. J. Nadine Gracia: Great. Thank you, Tony.

Sandra or Andrea, examples you would like to share from your communities?

>> Sandra Celedon: Yes. So for us, part of what we've taken a seat in is absolutely documenting outcomes, right, around health, indicators that we have identified that align with I think some of the earlier indicators that we took on around chronic -- preventable chronic illnesses. But beyond that, what we really wanted to look at is not just how many individuals are involved in our coalition but really looking through their growth.

So part of what we track is, for example, with the young people we want to track their leadership development. What are the opportunities that they're engaging in now? For example, we have been able to successfully bring back the Fresno City Youth Commission that is an Advisory Commission to the city council that is comprised of young folks. A number of the young people that are part of our coalition have gotten seats at this table.

We're also looking at resident leadership development. So part of what we've been looking at is not just are we able to train and provide the tools for residents to then sit on the Planning Commission or other decision making bodies but also are we integrating them into our own board -- organizational board? Right? We've really been able to take an assessment of our partnership organizations and really looking at how are you including community members in the decision making seats at your organization. So we've been looking at that as well.

So the other growth for us that we've been engaged in the last couple of years is assessing the capacity of our partner organizations. Who is doing what? What are the capacities that we have in place? And since we've been working together as a coalition and we've determined that we want to continue working together, what are the capacities that we see that we need? And then really developing a collective strategy around how are we going to develop those capacity advertise? What are the steps we're going to do together?

So we're really looking at power and influence from the ground up. We're looking at

how are we preparing residents and community members that have lived experience to be able to then influence the decision that are being made in our community, across our community, through our community-based organizations, through our decision-making bodies that are appointed.

And then, is there a connection that we can make to folks who want to then run for office? And that's been something new that came about from community members who really felt like, you know, we know what's going on in our neighborhood; we just don't know how to get into those seats. So we said we're going to learn and figure it out.

So one of the things we've implemented last couple of years is the board commission training. So it's all about the ins and outs of being on a board, Robert's Rules of Order, the Brown Act and all of these things that folks should be familiar with but that really are not the primary focus of being a good representative.

So that's been how we measure our successes how well are we doing at creating pathways and structures that enable our folks in our community to then have the seats and then be successful in the seats.

So our motto is you don't have to know everything. You just have to know some of the people who do. And that's how we're going to build our collective power. So that's part of what we do. So we want to make sure that we have the capacities in place with our partner organizations and with our partner community members. So we're constantly assessing what we do have and then how do we build on that.

>> Andrea Manzo: And for East Salinas, I think we are also looking at some of the same measures and looking at it in three buckets. I realized when I first spoke I kept saying we and didn't emphasize who the we was that was doing the accountability. I really want to emphasize just the investment around the organizing and the power building.

So one of the ways that we are tracking that, like Sandra said at their site, is we have a resident leadership ladder. So how we are not only -- it's not only tracking how many residents we have but also at what level and how are we creating pathways for them to continue moving up and knowing that there are some folks what that are only going to be attending meetings but there are others that want to play a more in-depth leadership role. And how are we ensuring them to play that leadership role and implementing those decisions? So looking at different -- each of the different action teams, which are the different issue areas, has a leadership ladder where they have identified how the leaders are of moving up the ladder and the pathways for them to continue building their leadership.

The second one is around what systemic change has actually happened. So looking at the residents that are being engaged in these different planning efforts and what is the system itself. For example, a particular case in the city of Salinas, how were they engaging residents in a community planning process for a specific plan for the east side? They have actually adopted something that we call a community engagement to ownership. So assessing at what level are they truly engaging residents. Are they just informing, consulting, involving or are they really delegating power and giving community ownership to this process? And then actually assessing and evaluating how well are we doing as part of it to have more of that inclusion in the decision making.

And lastly, which I think is going to be the more challenging one, which is connected to the systemic change, are these policies and practices translating into real budgetary decisions? Where are the priorities going? Are the priorities actually something that closes the inequities in our community?

So looking at that in different levels and knowing that we have it to have a very good balance around power and policy. Because if we're building community power and residents are learning the issues and getting to a place where they can advocate but they're not getting any wins, then we're still not winning. Right? And if we get the policies individually themselves without the community organizing to get them accountable, to keep the systems accountable, we are also not winning. So there needs to be a very good balance around the two and to ensuring that -- whatever happens, 10-year initiative that there is enough capacity to keep this work going and ensure sustainability.

>> Dr. J. Nadine Gracia: So sustainability is top of mind for our audience members and some who are posing the questions we are having questions streaming in about sustainability of this work, sustainability of this initiative. How do you sustain these efforts? What advice would you have to give?

And some of our audience members in particular, are citing that they may be in more resource-limited environments. They note that this is generously supported by The California Endowment and may not be in an environment where they have such support.

If we could have one of you or a couple of you speak to this issue of sustainability in particular from a resource perspective and a funding perspective of what happens beyond, for example, a 10-year commitment which we've all noted you need even more time to really see the type of change you're trying to effectuate in communities.

>> Anthony Iton: Let me take that on. This is a question that we get a lot. It's a very legitimate question.

I want to point out a couple of facts. One, The California Endowment has got \$3.5 billion in the bank. We spend about \$150 million a year on trying to improve health in California, which is a state of 40 million people. My prior job was with the Alameda County Public Health Department, part of the services agency. Annually the healthcare services agency spends about \$1 billion just in Alameda County on health and healthcare services. So does one county spends roughly eight, nine times what The California Endowment spends for the whole state in the year.

So the real money is in government. The money is not in foundations we literally have a bag of nickels. So the question is, How do you use that bag of nickels to leverage the resources that are in government?

So I think that focusing too much on the foundation's dollars and less on the basic strategy of leveraging government is a mistake. You're not going to be able -- The California Endowment or the Robert Wood Johnson Foundation, Kellogg, whomever, isn't going to be able to guy their way to health equity. They're going to have to influence the operations of government.

So when we think about how do we create sustainability, we think about three things basically. One is that, you know, we could leave some money in these places for folks to actually continue to operate some of the core activities like the hub function which Sandra and Andrea oversee or participate in or the organizing function or the youth leadership development function. We could do that. We could figure out a way to try to create a continuing source of resources for these communities. But we think that that's really not the big focus. The issue around sustainability is the people. It's the leaders that we've invested in and helped find their footing as leaders. Because leaders do one thing, and that is that they lead. Long after The California Endowment is no longer funding in Fresno, you have a crop of newly minted leaders and some very established leaders that will continue to organize and bring issues from

the community to these decision making tables. So we think that's critical, too.

And thirdly, the actual policy changes that have happened. This is about leveraging public capital. The policy changes in school discipline, in land use, in law enforcement, are about moving resources, as Sandra spoke to, you know, towards investing in young people and youth development, in prevention. And these resources continue long after the initiative is gone.

So I do think that this can be done anywhere. Does it help to have a large foundation funding? Obviously yes, it does. But the fundamental issue isn't about how do you optimize democracy in these places and how do you leverage the public capital and some private capital, by the way, to bring it to these issues of creating equity.

>> Dr. J. Nadine Gracia: Thank you for that, Tony. I think that's an important message in particular about the leveraging of our public agencies as well, and that we all have a role to play.

Just in the interest of time because we want to try to get in another question and then some key takeaways, I'm going to move on to one final question from the audience which I think any of you certainly can answer. I just ask for a brief answer before we move on to the key takeaways.

From the audience: How are you ensuring that this work, you know, improvements made in the community, these transformation that are happening in the communities -- there's a concern from many that sometimes these types of initiatives could lead to displacement of those who actually create the change or lead to Gentry fiction. And you've all talked about the important infrastructure, the true engagement of the community residents and leaders. Advice that you can share with audience members about how you ensure these kinds of equity initiatives don't lead to displacement of the very communities that either create the change or that we're trying to serve.

>> Sandra Celedon: Yes. This goes back to I think even the question before about sustainability. So part of the work that we do when we talk about bringing investment to communities, we absolutely are thinking about preventing displacement.

So often, and too often across the country, and when we look at revitalization efforts, they are really gentrification efforts. So part of that requires that you're working in partnership with community members from the neighborhoods that you're working in and making sure that you're constantly ground trooping the work that you're doing. And sometimes that means that you're going to be on opposite sides of the aisle from your colleagues, from other community-based organizations, from other folks that you've done work with. Because if you're doing work around equity and you're really involving community members as decision makers in the work, there are going to be times where something that looks positive is actually not that great of a deal for community in the long run.

And it does take some backbone. It takes some courage to have to stand up and say, no, this is not something that we're willing to co-sign. And that's actually, I think, the hardest. Because too many of us that have privilege, it's challenging to go against city-elected officials or our friends from other agencies, or even our colleagues from other non-profits that are doing similar work and believe that this is the way to move forward.

So I think that's one. And part of the work that we've been doing in Fresno around influencing policy language around anti-displacement and around inclusionary zoning. And that's been really challenging because I think as most of us know, that really is about race. And displacement really is about who we value.

So if we're doing this hard work of ensuring that every individual is valued, and we don't have inflationary zoning, then we haven't actually completed our work and making sure that everyone is valued.

So I think it goes back to this issue of sustainability. Sustainability is not about how does Sandra keep a job or how do we keep moving the hub. It's about how do we make sure that the wins, the policy wins, the implementation of those, are sustainable and that our folks, the community members, are actually getting the benefit.

So when we're looking at sustainability in that way, we are looking at leveraging resources from public sources. We're looking at how are hospitals spending their community benefit dollars that they should be investing in our neighborhoods. How is the city council allocating a budget? How is the state allocating cap and trade dollars? And are those dollars making it on the ground? And if they're not, then that's where we need to be and that's how we influence.

So I think, you know, privilege has allowed us to do this work I think relatively quickly with the support of the endowment. But I do absolutely believe that this is work that can be carried on in every neighborhood. It really is just about making sure that you have partners at the table that are reflective of the community that you're working in that are from that community, that are able to understand the complexities of those communities, of that community, and are really going to be advocates for that community.

And that, I think, is the hardest part of this work is how do you stay true to the community that you're partnering with. When you are from that neighborhood, when you are from that community, the way that you stay true is that you don't want to face Sandra or you don't want to face John and have to explain why decisions are being made that are not reflective of the values in that community. So I think it does start with being very clear about your values and who is included.

>> Dr. J. Nadine Gracia: Thank you for that, and how to stay true to the community that you are partnering with and value, valuing everyone and valuing the principle that everyone should have that fair and just opportunity to be healthy certainly are key lessons and takeaway as well from this webinar.

We are incredibly already at the hour even have, I'm sure, so much more that we could discuss on this topic. We have seen that a vast majority of you have stayed on with us through the end of the webinar and we truly thank you for your participation. I really want to thank all of our incredible panelists for their commitment, their passion, and their work toward advancing health equity.

We are going to, before we end the Web Forum, put up a final poll question. As we do that poll question, I'm actually going to talk you through what's going to happen next with regards to our webinar series.

Our final poll question is after today's webinar, I came away with new ideas on how to advance health equity within my community, and the choices are yes or no. So we'll give you a moment to complete that poll question.

Again, I want to thank our panelists, Dr. Tony Iton with The California Endowment, Andrea Manzo with the East Salinas Building Healthy Communities, and Sandra Celedon with the Fresno Building Healthy Communities, truly for such an enlightening and inspiring conversation of your commitment to community and your partnership in community.

We also want to thank our co-sponsors, The California Endowment, the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation as well as the Dialogue4Health

staff and Laura Burr for their work behind the scenes in helping us to host this Web Forum and certainly, importantly to everyone who tuned in. We appreciate your participation in this Web Forum.

We will see if we have our polling results up. And wonderfully we have a majority saying that they have learned some key lessons on thousand advance health equity, new ideas in their communities.

So this has been taking action to promote health equity series. The first in the series focusing on Lessons Learned From The California Endowment Building Healthy Communities. You can download a recording of today's Web Forum and the materials online at our [Dialogue4Health.org](http://Dialogue4Health.org) or at [TFAH.org](http://TFAH.org).

As mentioned, the goal of this webinar series is to shine really a bright light on some of the most cutting edge activities to help advance health equity. We hope that you will join us again for our second webinar of this series, which is on your screen, the next slide on the screen, called Show Me the Money -- Innovative Funding to Promote Health Equity taking place October 3, 1:00 eastern, featuring initiatives leveraging diverse funding, assets, and commitments of multiple sectors to advance health equity. And including in that session will be information on successful healthy -- health equity zones in Rhode Island, which has managed the challenging task of converting categorical funding into community-driven equity work.

We'll have our third webinar on October 16. We'll send out notices about these upcoming webinars. And that will focus on the important work being done to achieve health equity again through non-health sectors such as education and criminal justice and specifically through efforts funded by the Kellogg Foundation. And we'll hear from the Mississippi Roadmap to Health Equity as well as Healthy Heartlands, which has been working with Midwestern organizations in racial healing and collaboration.

On November 1, we'll have our fourth and final webinar in the series. That will highlight two very insightful voices on health equity in the nation. Our guests will be Dr. Gail Christopher, formerly a Senior Advisor and Vice President at the W.K. Kellogg Foundation and who is now the leader of the truth racial healing and transformation initiative as well as Heather McGee, formerly the Executive Director of DMOS and who is now a regular guest on national news and analysis television and radio programs truly remarkable leaders who share not only a great deal of wisdom but also happen to be mother and daughter. So we're thrilled to have them doing that final webinar for us.

So thank you, again. Thank you to our panelists for joining us to kick off this webinar series on health equity.

This concludes today's Web Forum.