

TEN OUTCOMES

Outcome One: All Children Have Health Coverage

Why we are interested

- Approximately 700,000 children in California are still uninsured.
- More than half - 385,000 - are eligible for affordable health coverage through Medi-Cal and Healthy Families, but are not enrolled.
- The monthly cost for providing health coverage is a fraction of the cost of emergency room (ER) care. It costs California \$100 a month for coverage vs. \$400 per ER visit.
- Federal matching funds are available for 58 percent of California's uninsured children. The state is eligible for \$1 to \$2 from the federal government for every dollar we invest in children's health insurance.
- Every dollar spent on childhood immunizations saves \$13 in health care costs later in life.
- Every year California spends \$330 million to provide health services to uninsured kids.
- Employers and schools lose hundreds of millions of dollars annually in lost productivity from parents' and childrens' absences from work and school.

How we will make changes

- Support the creation of a seamless system of care that works for children and families through realistic policy changes and technology solutions such as improving the efficiency, effectiveness and coordination of existing public health coverage programs; improving outreach, enrollment and retention practices, health care financing, and the delivery system; to ensure high quality health care.
- Support local coalitions and residents engaged in advocating for coverage for all children (e.g., Children's Health Initiatives).
- Facilitate the connections between the activities at the local level and broader systems change and policy efforts at the state and national level.

How we will know we are succeeding in *Building Healthy Communities*

- All children from 0 to 18 years of age in California have access to comprehensive health benefits and quality health services at an affordable price for their families and communities.
- Health care funding for all children efficiently and effectively utilizes public revenue.
- Health benefits include comprehensive medical, dental, behavioral and vision care.
- The enrollment of children in all available health insurance coverage programs is simple and efficient.
- There is statewide adoption of improved technology to expedite enrollment and then reduce enrollment and retention costs; and to facilitate participation in multiple programs serving low-income children.
- Inefficient and costly documentation requirements, such as income verification, assets tests and periodic eligibility reviews are reduced and/or eliminated.
- Enhanced coordination between existing public and private coverage programs.
- Premium payment strategies maintain coverage for children over time (e.g., automatic payroll deduction).
- Strategies are implemented for creating regular and effective communications with families to maintain their coverage and to understand changes or policies that could impact their coverage.
- Families have established health homes and use preventive services.
- Local groups (including residents) and coalitions have increased capacity to advocate for health access and coverage for all children.
- Cultural and linguistic competence in provider networks.
- Stronger and more integrated safety-net providers.

TEN OUTCOMES

Outcome Two: Families Have Improved Access to a Health Home That Supports Healthy Behaviors

Why we are interested

- Health homes ensure that health care is accessible, comprehensive, coordinated, family centered, culturally competent and includes prevention.
- Children and families in underserved communities throughout California struggle daily to obtain high-quality health care services, usually from a safety net of community health centers, public hospitals and health departments, solo and small physician practices and school health services.
- Medical, behavioral, dental, vision, community and other health care services are not coordinated or integrated.
- Health insurance coverage does not guarantee access to high-quality health care; a national study reported that insured patients do not get the recommended high-quality care 45 percent of the time.
- Patient-centeredness and equity are two essential characteristics of high quality health systems.
- Health plans and health systems focus on managing disease and costs rather than promoting wellness and reducing health disparities.
- Comprehensive health care services and prevention programs that help individuals and families manage their own health and identify and address health risks are often unavailable in underserved communities.
- There are chronic shortages of health professionals willing to serve in underserved communities.

How we will make changes

- Increase capacity of safety-net health care providers to provide more integrated and comprehensive health care services.
- Increase language access, improve cultural competency and reduce racial, ethnic and other disparities.
- Develop and implement health homes where families receive accessible, comprehensive, evidence-based, culturally and linguistically appropriate, and coordinated health care services.
- Include and prioritize prevention and health promotion in all aspects of health care service delivery.
- Advocate for increased payments for and inclusion of primary prevention and health promotion in all health care services.
- Promote and expand linkages between health care services, schools, human services systems and other community resources (e.g., medical-legal partnerships).
- Increase patient and family engagement, shared decision-making and self-management of their health.
- Implement health information technologies that provide health information to patients and their families to support and maintain their own health, and to providers to monitor and reduce health disparities.
- Support the development and use of systems to coordinate personal health records.
- Implement team-based and community-based models of health care service delivery with greater reliance on allied health professionals, community health workers, promotoras, etc.
- Promote the recruitment, education, training, hiring and retention of culturally and linguistically competent health professionals in underserved communities.

How we will know we are succeeding in *Building Healthy Communities*

- Local health systems effectively integrate (e.g., cooperative organizational practices and operational linkages) medical, behavioral, dental, vision, and community health and social services.
- Health home models are developed and implemented in community health centers, school-linked health centers and other safety net providers.
- Public and private funding prioritize and support primary prevention and health promotion.
- Culturally and linguistically competent health professionals are available and accessible in underserved and diverse communities.

TEN OUTCOMES

Outcome Three: Health and Family-Focused Human Services Shift Resources Toward Prevention

Why we are interested

- Only 2 to 3 percent of current health care expenditures are devoted to prevention services.
- Every child and family needs a support system to live a healthy and productive life; typically, these supports come from a combination of sources: family members, friends, community institutions, faith-based organizations, employers and public agencies.
- Almost 30 percent of families in The Endowment's selected places are below the poverty line; resource-poor families living in isolated neighborhoods often are more reliant on public health and human service systems.
- Most health and human service systems are not organized to promote optimal health because they are reactive, i.e., individuals have to "fail" – be sick, be unemployed, be arrested, fragmented and uncoordinated, and ineffective at engaging consumers in decisions that affect their lives.

How we will make changes

- Support the development of a seamless, coordinated, culturally competent and accessible "quilt" of health and human services designed to strengthen individuals, families, and communities.
- Identify, adopt and finance best practices of coordination of services.
- Support health and human services systems (medical, behavioral, dental, vision and community health services; employment training and development; social and economic benefits; foster care; youth services; and juvenile justice) to become more preventative in nature, intervening earlier to stop problems such as child abuse and neglect, unemployment, hunger, homelessness, dropping out of school and juvenile delinquency.
- Organize and mobilize service providers and their consumers to inform and influence public policies and systems so that the service delivery system focuses on prevention.

How we will know we are succeeding in *Building Healthy Communities*

- All families have access to coordinated health and human services (public benefit programs) through community portals such as schools, family resource centers and other community institutions.
- Human services systems and providers use a whole family-centered approach that recognizes the role of fathers, mothers, grandparents, extended family members and other caretakers.
- Public health departments and community organizations partner to promote health improvement goals, and work together to strengthen social networks and build community cohesion.
- Juvenile justice systems promote early intervention through community partnerships and collaboration that link youth and families with appropriate health and social supports.
- Health and human services financing systems reimburse and promote prevention strategies.
- Employment systems partner with health and human services to address health issues of jobseekers.

TEN OUTCOMES

Outcome Four: Residents Live in Communities with Health-Promoting Land-Use, Transportation and Community Development

Why we are interested

- Our ability to be healthy and stay healthy depends on where we live.
- Health suffers when people live in buildings with lead, mold and other toxins; breathe polluted air; drink water that is contaminated with pesticides and other toxins; are vulnerable to injury from dangerous road conditions, lack of sidewalks or incomplete streets; have poor access to healthy food or safe parks and recreation facilities, and other opportunities for physical activity; and are without reliable public transportation to get to jobs, schools and shopping for essentials.
- Asthma rates are higher for children who live near freeways, along truck routes or other places where trucks idle; asthma is also more prevalent among children who live in places, or attend schools or afterschool programs where pesticides or other toxics are present.
- Obesity rates for children are higher when they have limited access to safe places to play and be active; families cannot stay healthy when there are no accessible grocery stores, and the only stores that are available sell primarily alcohol and cigarettes.
- Families cannot be healthy when their communities lack basic public and private services, including health care, child care, banks, transit systems, employment opportunities, activities for youth and families, parks and playgrounds.

How we will make changes

- Use land use design principles that consider health impacts when physical changes are being considered for communities; incorporate health impact assessments into general plans, zoning and community development plans (e.g., walkable streets and roads, street lights, mixed-use development, landscaping, etc.) that support physical activity, access to services and social interaction.
- Promote health and economic development through transportation decisions, and resources encourage walking, biking, use of parks and recreation facilities and link communities to essential resources.
- Consider health impacts and opportunities for shared use with the community when choosing sites for building new schools or renovating or expanding existing schools.
- Establish community priorities for access to healthy food, including grocery store development, farmers markets, community gardens, and local and regional food systems.
- Eliminate neighborhood blight and promote efforts to improve neighborhoods.
- Hold landlords accountable for improving substandard or otherwise dilapidated housing.
- Promote improved air quality through, for example, limits on diesel trucks idling in residential neighborhoods and near schools, limits on wood burning stoves, pesticide and other toxins, particularly in proximity to places where children live, learn and play.
- Utilize land use design principles that promote safety in public areas.

How we will know we are succeeding in *Building Healthy Communities*

- Land use planning decisions consider health through tools such as health impact assessments.
- Shared and multipurpose facilities (e.g., family resource centers, schools, parks) are safe and accessible for community use.
- Changes to the physical neighborhood promote safety and recreation (e.g., lighting sidewalks, pedestrian crossing signs).
- Schools are built and maintained as environmentally healthy buildings and property (asbestos-safe, lead-free, hazard-free, adequate playgrounds, etc.).
- Increased number of complete streets and safe routes to schools.
- Public transit is available and accessible and meets the needs of the community.
- Children are not exposed to mold, mildew and lead in their homes or pesticides or other toxins in their neighborhoods and schools.

TEN OUTCOMES

Outcome Five: Children and their Families are Safe from Violence in their Homes and Neighborhoods

Why we are interested

- Violence is a public health issue: serious physical injuries, post traumatic stress syndrome, depression, anxiety, substance abuse and other longer-term health problems are associated with the exposure to violence.
- Public safety is a key concern of California residents, particularly issues of drugs, gangs and youth violence.
- Violence inhibits economic recovery and growth in cities across California; violence increases the cost of health care, reduces productivity and tears at the social fabric in communities.
- Research suggests that, especially for young people, exposure to violence in the home, in dating relationships and in the community are all closely linked. In fact, early exposure to violence in the home is a strong predictor of future involvement in violent activity.
- Boys and young men of color are disproportionately affected by violence, often as both victims and perpetrators.

How we will make changes

- Encourage residents to work together with law enforcement, public officials, schools, health and human service providers and community organizations on a shared vision and plan to reduce violence through prevention as well as intervention and enforcement strategies.
- Emphasize prevention, especially primary prevention, as a way to change norms in communities where violence is prevalent.
- Engage communities in developing comprehensive approaches to violence prevention that involve multiple stakeholders, including residents, civic leadership, faith communities, school and business leaders, youth employment organizations, public health experts, behavioral health and primary care providers, law enforcement and community advocates.
- Develop and implement violence prevention strategies which respond to local needs and concerns and build upon community strengths, local data and best practices: use a developmental approach to violence prevention that includes a focus on psychosocial development, parental and peer influences and early intervention.
- Focus strategies and interventions on reducing risk factors while building resiliency factors at the societal, community, family and individual levels.

How we will know we are succeeding in *Building Healthy Communities*

- Violence prevention strategies are created and implemented by an inclusive community collaboration process.
- Schools and communities promote social norms for nonviolent approaches to problem-solving.
- All young people have access to safe, youth-oriented spaces that promote health and wellness, skills building, leadership and connection to caring adults and community assets.
- Communities create opportunities for youth where they have choice, decision-making power, shared responsibility and meaningful and substantive relationships with adults in the community.
- Neighborhood environments are free of blight, nuisance properties, poor lighting and vacant lots, and restrict access to alcohol and drugs for youth.
- Youth are linked to viable economic and career development opportunities.
- Families have access to culturally competent services and supports through multiple systems and develop strong social networks.
- State policy redirects investments to support early violence prevention strategies for young children and their families such as a continuum of services that require appropriate diversion and community placement over incarceration.

TEN OUTCOMES

Outcome Six: Communities Support Healthy Youth Development

Why we are interested

- An alarming proportion of California's youth live in communities plagued by chronically high school drop-out rates, pervasive violence and substance abuse, inadequate preparation for the job market, limited opportunities for physical activity and easy access to unhealthy foods.
- A strength-based or asset-based approach to building youth development and resilience is more effective than a deficit approach to "fixing" youth problems.
- Other supports and opportunities that contribute to positive youth development include meaningful engagement and membership, challenging and interesting learning experiences, supportive relationships with adults and peers and safe environments.
- Community-wide efforts to build developmental assets for youth enhance those at the organization, family and individual level.
- Youth can become key actors in their own development and in shaping the world around them.

How we will make changes

- Mobilize youth as leaders and change agents by supporting youth advocacy, youth organizing and a youth voice at all levels of our work.
- Engage adults in schools, health and human service systems and community organizations to develop long-term relationships with youth that provide guidance, mentorship and emotional and practical support.
- Create incentives for all sectors of the community (schools, faith-based organizations, youth service providers and health and human service providers) to actively engage youth in ways that build and support positive youth development.
- Invigorate, expand and enhance youth development programs, including mentoring programs, alternative safe spaces and positive membership and leadership opportunities so that they are accessible to all youth in the community.
- Influence media to present positive portrayals of youth as community leaders and key change agents in building healthy communities.

How we will know we are succeeding in *Building Healthy Communities*

- Youth have alternative activities and opportunities to mitigate the influence of gangs, and involvement with alcohol, drugs, violence and the juvenile justice system.
- School yards and facilities are available for programming for youth and community residents after school, on weekends and during summer.
- Youth development programs are strength-based and asset-based and promote healthy behaviors, including leadership development, civic engagement, healthy eating and increased physical activity.
- Public and private financing support strength-based and asset-based youth development programs.
- Youth-serving agencies in the public and private sectors collaborate to implement youth development plans at the local level and link to regional and statewide youth development efforts.
- Youth-serving organizations help link parents to schools and other youth-supporting networks.
- Youth have elected or appointed positions in decision-making bodies.

TEN OUTCOMES

Outcome Seven: Neighborhood and School Environments Support Improved Health and Healthy Behaviors

Why we are interested

- Sixteen percent of all students suffer from asthma, resulting in millions of missed days of school each year.
- Children and families who live near agricultural fields where pesticides are sprayed, truck routes that produce diesel exhaust or local industry that creates toxic hazards, have poorer health and suffer from asthma at disproportional rates.
- Schools that promote unhealthy food and beverages and fail to provide mandated physical activity time place students at risk of obesity.
- Neighborhood businesses and activities like farmers markets, local grocery stores with fresh vegetables and fruits, youth centers and family recreation facilities can promote community health.
- School facilities are often closed to students and community after school hours, on weekends and during summer, leaving many communities without places for meetings, access to playgrounds or safe places to play.
- Schools and youth centers can be safe havens for children and youth and encourage cooperation, problem-solving and dispute resolution.
- Schools, youth centers and family resource centers can provide preventive health care services and linkages to other health and human service providers.
- Schools can influence local institutions so that they support healthy behaviors.

How we will make changes

- Improve indoor air quality in schools.
- Provide opportunities for healthy food and physical activity in schools and neighborhoods.
- Establish comprehensive, prevention-oriented school health clinics and linkages to health and human service providers.
- Improve mechanisms to collect and analyze data on student attendance and implement early interventions which address root causes to reduce chronic absenteeism.
- Establish standards and processes to ensure that all schools are safe for and respectful of all students.
- Create joint use agreements between local government and schools in order to expand community use of school facilities.
- Create health and safety buffer zones around schools. Engage local governments to ensure that local parks and playgrounds are safe, well-lighted and maintained.
- Ensure that local youth centers and family resource centers are accessible to all youth and families.
- Partner with local businesses to promote economic and community development which promotes health (e.g., more grocery stores than liquor stores).

How we will know we are succeeding in *Building Healthy Communities*

- Schools are actively partnering with local public and private agencies to solve health challenges facing neighborhood children.
- All schools offer preventive services for physical and behavioral health.
- Schools are 100 percent compliant with nutrition and physical education requirements.
- Schools adopt standards and practices that support equity, safety and high achievement for all children.
- Schools ensure that indoor air quality is healthy and does not contribute to poor health.
- Healthy food and opportunities for physical activity are available in the community such as farmers markets and organized family recreation activities.
- School facilities are open evenings, weekends and during summer, and are used for community purposes.
- Local parks and playgrounds are safe and offer activities for children, youth and families.
- Local youth centers and family resource centers are used by community residents to access family-strengthening supports and are linked to health and human services.

TEN OUTCOMES

Outcome Eight: Community Health Improvements are Linked to Economic Development

Why we are interested

- There is a well-documented connection between income and health status; people with higher incomes live in communities that support and encourage healthy living.
- Income is determined by education and the availability of employment opportunities.
- Employment opportunities are unevenly distributed, often determined by employers' location and the availability of affordable housing and accessible transportation.
- Chronic under-investments in community, economic and employment development restrict employment opportunities for individuals and their families living in those under-invested neighborhoods.
- Health care is one of the few parts of the economy where significant and continued growth in job opportunities will occur.
- Other family income support strategies (savings, investments, etc.) require outreach, support for financial literacy and maintenance for families to create, save, invest, build and preserve their social, intellectual and financial assets.

How we will make changes

- Promote and expand career and technical education (utilizing the Multiple Pathways model) in middle and high schools to fast-track career opportunities in high-growth employment sectors, (e.g. Health Academies, Green Academies).
- Engage local workforce development agencies and employers to prioritize creation and retention of health care jobs and other high-growth employment opportunities (e.g., "green jobs").
- Leverage training, education and career advancement opportunities for those already working for local health care employers.
- Establish community benefit agreements, first hire agreements and other community development strategies to leverage employment opportunities for local residents.
- Broker summer jobs, internships and mentorship programs with local businesses for local community youth and adults.
- Address health-related barriers to employment such as access to behavioral health services, dental care, etc.
- Promote financial literacy and other family income support programs in local communities.

How we will know we are succeeding in *Building Healthy Communities*

- High schools and allied health training programs increase enrollment, retention and advancement of racial and ethnic minority students into health careers.
- Health care organizations partner with workforce development agencies to develop health workforce training and career advancement opportunities for local youth and current employees in the health sector.
- Health workforce development strategies and funding prioritize local resident employment and career advancement, especially for those underrepresented in the health workforce.
- Local youth have access to multiple education and career pathways to employment opportunities.
- Local families build up their own financial assets.

TEN OUTCOMES

Outcome Nine: Health Gaps for Boys and Young Men of Color are Narrowed

Why we are interested

- African American men ages 15 to 29 die at 1.5 times the rate of white men. In the 25 to 29 age group, when the rate of preventable deaths drops for most groups, it rises among African American men.
- The leading causes of death for young African American and Latino men ages 15 to 29 are homicide, unintentional injury and suicide—all preventable conditions.
- African American and Latino men are overrepresented in the criminal and juvenile justice populations, and in the populations with unmet mental health needs.
- Fewer African American men between the ages of 16 and 29 are in the labor force compared with their age cohorts in other ethnic groups; twice as many of African Americans and Latinos live in poverty as do white men in the same age group.
- African American men and Latino young men older than age 25 are twice and seven times, respectively, as likely to be without a high school diploma as whites; the difference in college attendance and graduation rates are also stark, and lead to life-long differences in income and educational attainment.
- American Indian, Southeast Asian and Pacific Islander boys and young men also experience disparities in education, health and employment opportunities.
- Public and institutional policies in schools, juvenile justice and criminal justice systems, as well as continuing societal discrimination perpetuate these disparities for boys and men of color.
- Few education, health and social service programs are designed to promote positive youth development specifically for boys and young men of color.

How we will make changes

- Promote and expand prevention-focused, comprehensive and culturally competent health services for boys and young men of color.
- Engage local workforce development agencies and employers to prioritize creation and retention of health care jobs and other high-growth employment opportunities for those (e.g., green jobs).
- Leverage training, education and career advancement opportunities for those already working for local health care employers.
- Establish effective transitions and continuity of care within and between the education, juvenile justice criminal justice and health care systems.
- Create multiple education, training and career pathways that maximize options and opportunities for boys and young men of color.
- Address health-related barriers to employment such as access to mental health services.
- Invest in systems that allow health, human service, education and juvenile justice data to be collected and analyzed to understand and address the impacts on boys and young men of color

How we will know we are succeeding in *Building Healthy Communities*

- Local health and human services are tailored to effectively meet the needs of boys and young men of color.
- Schools achieve educational equity and support equal educational opportunities and achievements for all, especially for boys and young men of color.
- Local communities have accessible and meaningful employment, career advancement and economic opportunities for young men of color.
- Juvenile justice systems (police and sheriff departments, probation departments, juvenile courts, etc.) use diversion, probation and other culturally competent community alternatives to arrest and incarceration.
- All youth released from custodial systems (i.e., juvenile justice; foster care; community/continuation schools) are provided support to re-enroll in school, access health care, develop skills and avoid negative pressures.
- Local youth centers, family resource centers and other community organizations offer positive youth development programs for boys and young men of color.

TEN OUTCOMES

Outcome Ten: California has a Shared Vision of Community Health

Why we are interested

- Californians consistently rank health as a personal and public policy priority.
- Where we live, work, go to school and play have a great impact on our health - much more than having access to health care services when we are already sick.
- These “social determinants” and environmental factors have a significant influence on improving and sustaining our individual and community health.
- With increased knowledge about prevention and the role of our environments in achieving and maintaining improved health, Californians can identify needs and resources in their communities.
- Public and policymaker awareness of these social determinants and environmental factors and their impacts on our health is critical to developing and implementing long-term solutions that will improve our health and the health of our communities.
- Both traditional mass media and emerging new communications media influence public and policymaker knowledge, attitudes and opinions about health.
- Youth are using new information and communications technologies to educate themselves, create social networks, build virtual communities, and organize and mobilize on many issues, including health.

How we will make changes

- Engage local community residents to become active in shaping the conditions of the environments in which they live, go to school, work and play.
- Empower and support local residents as spokespersons and advocates for improved health.
- Build the advocacy capacity of populations that are underrepresented.
- Educate and support public policymakers and institutional leaders about the social determinants and environmental factors which support improved health, and ensure that they support the implementation and funding of prevention strategies which address those factors.
- Increase the capacity of mainstream, new, local, and ethnic media to use and promote a social determinants, environmental and prevention framework to improve individual and community health.
- Use a wide range of information and communication technologies to educate, build social networks, organize and mobilize for improved health, including new media options.
- Support local resident organizing and mobilization to advocate for policy and systems changes to improve health, especially among youth.

How we will know we are succeeding in *Building Healthy Communities*

- Community residents are informed about and engaged in addressing the social determinants and environmental factors that influence health.
- Strong social networks and resident-led neighborhood organizations exist in all communities.
- Youth leaders have a strong voice and are active in local health promotion and health improvement activities and strategies.
- Public opinion polls, community needs assessments and other data demonstrates increased awareness about the importance of social determinants and environmental factors that influence health.
- Public policymakers have increased awareness of the importance of addressing prevention in their policy and funding priorities, and decisions.
- Media reporting and programs result in the promotion of policies which support prevention strategies and a social determinants and environmental approach to improved health.
- Local, statewide, state-level and federal policies support increased priority and resources for prevention and addressing the social determinants of health.