

Building Healthy Communities Evaluation



Overview of presentation

- Why are we collecting data
- Brief review of the evaluation logs
- Sneak peek at year four evaluation data



Why collect log data

- Track resident engagement
- Track youth engagement
- Steps to community change





People Power
Youth Leadership

Partnerships
Narrative Change
Collaboration



People Power: 2020 Goals

- Increase by 30% the number of residents actively organizing on health issues.
- Develop community organizing efforts that engage at least 200 adult residents in public decision-making processes in support of BHC in each of the 14 sites by March 2014.



Youth Leadership:2020 Goals

- Engage 1,000 more young people in organizing on health issues
- Youth organize and leverage their power
- Form health advocacy teams of at least 50 youth to bring youth voice to policymakers in each of the 14 sites by March 2014.

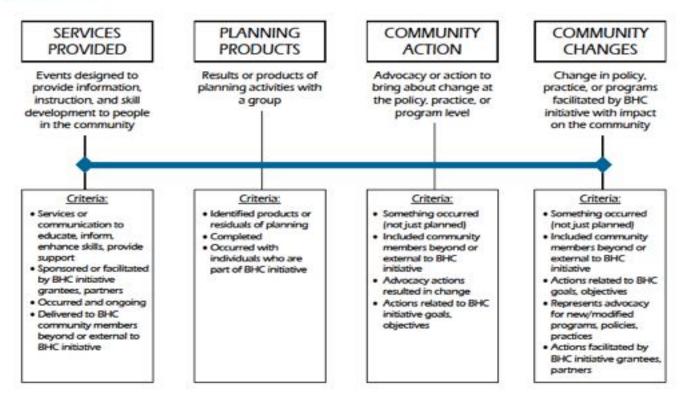
What we aim to describe

- Services provided (SP): providing information, instructions, skill-building, referrals
- Planning Products (PP): results of planning activities, forming committees, plans
- Community Action (CA): action taken to mobilize community or bring about changes in the community.
- Community Changes (CC): new or modified programs, policies, practices

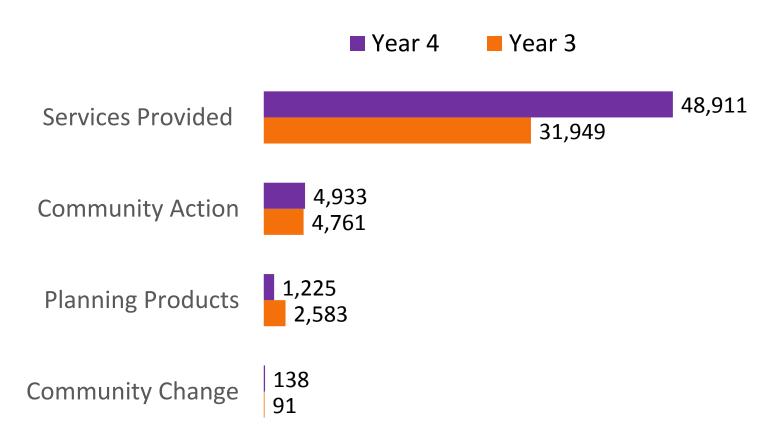


CONTINUUM OF RESIDENT & YOUTH ENGAGEMENT

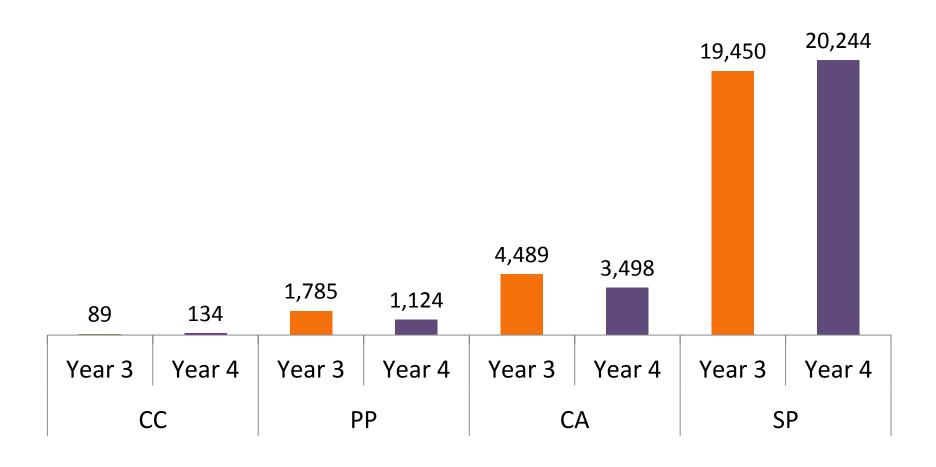
BHC Initiative, South Sacramento



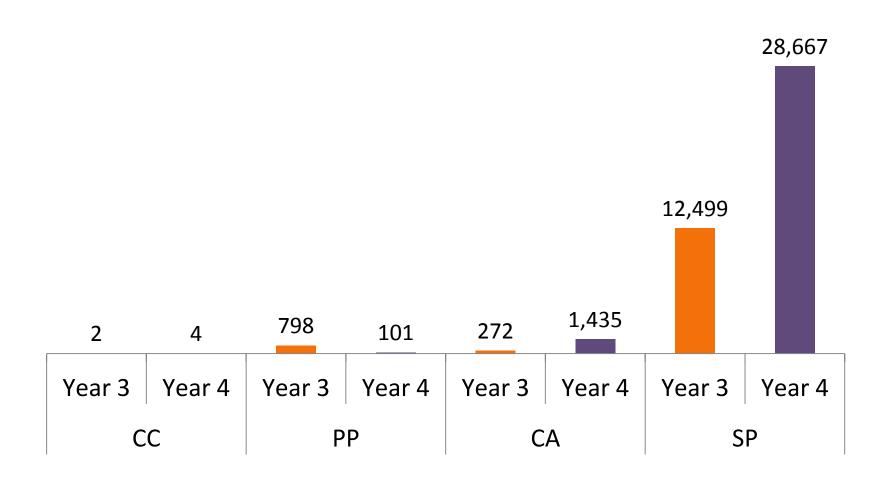
Resident Involvement



Residents 19 and Over



Youth 18 and under



S. Sac BHC Community Indicators

■ Health Happens with Prevention:

Health care for all



■ Health Happens in Schools:

Health in every school



Health Happens in Neighborhoods:

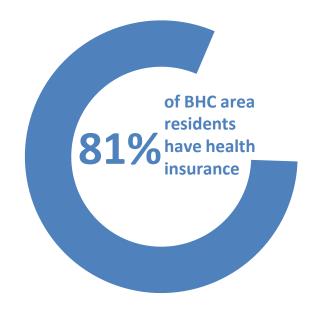
Health in Every Neighborhood



Community Indicators by Work Group Focus Areas

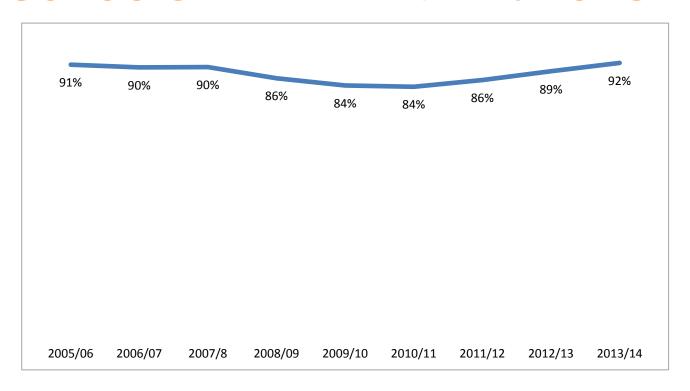
- Prevention: Health Access: Health insurance enrollment
- *Schools:* Youth Development: Suspensions, expulsions; student access to healthy food
- **Neighborhoods:** Land Use: Physical improvements (e.g., pedestrian and bicycle routes); health equity via *Healthy* Food for All gardens, urban agriculture policy and practice
- Community Engagement: People power, increased capacity for advocacy, inclusionary, structures and pathways to mobilize

Prevention: Health Insurance Enrollment and Access to Care



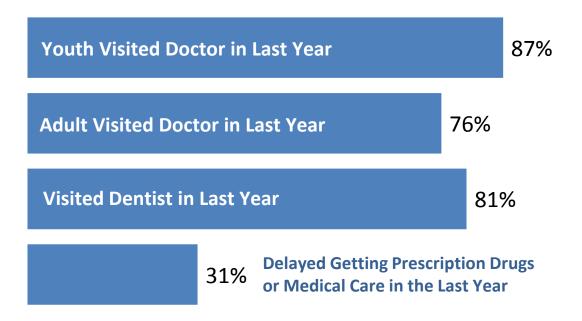
Source: 2008-2012 American Community Survey 5-Year Estimates; n=78,075

Kindergartners from BHC Schools with Immunizations

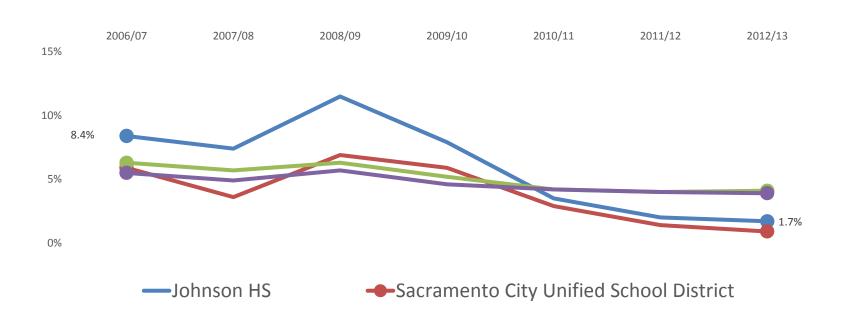


Source: California Department of Public Health (based on n of about 1,000 per year)

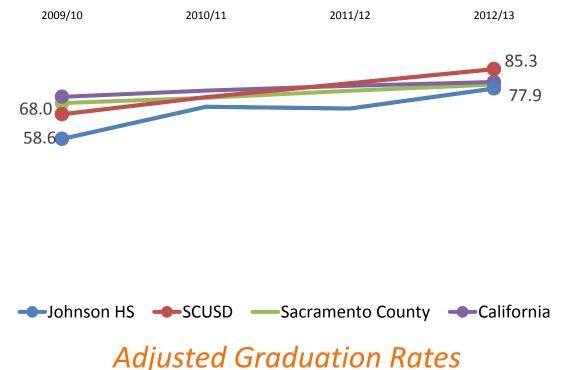
Access to Health Care



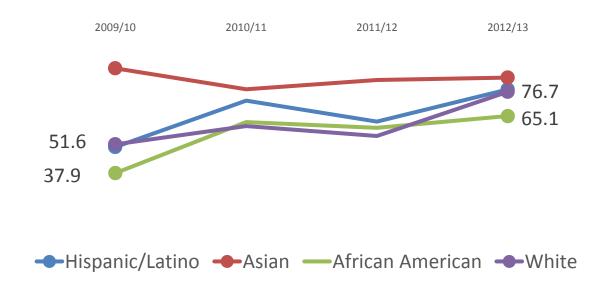
Source: 2009 California Health Interview Survey; expect update between now and 2020



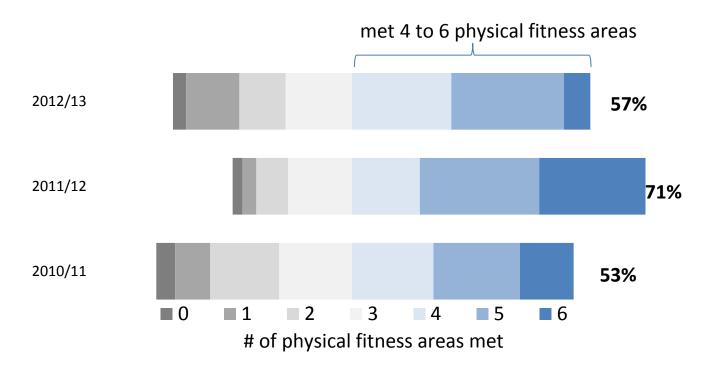
Adjusted Dropout Rate Comparison



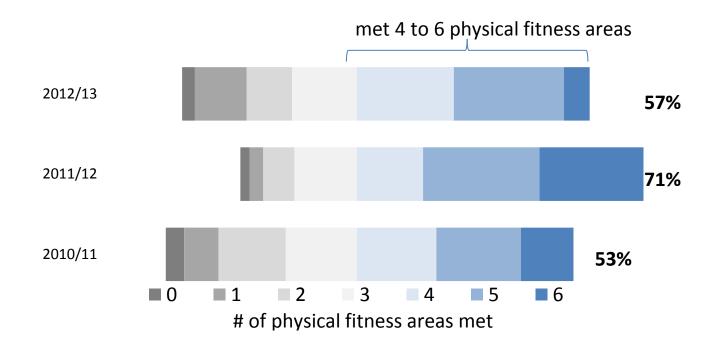
Adjusted Graduation No



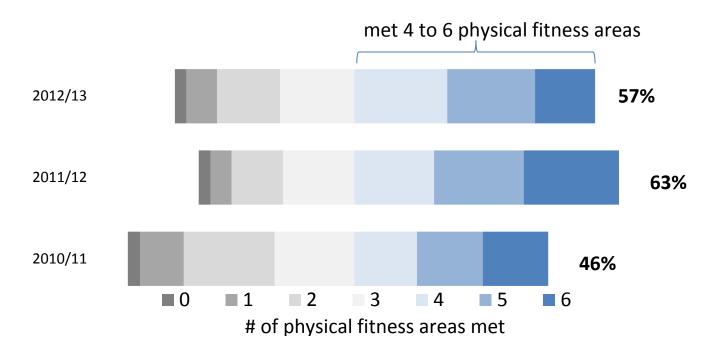
Graduation Rates for Hiram Johnson HS by Race/Ethnicity



Percent of 5th Graders meeting 4-6 physical fitness areas



Percent of 7th Graders meeting 4-6 physical fitness areas



Percent of 9th Graders meeting 4-6 physical fitness areas



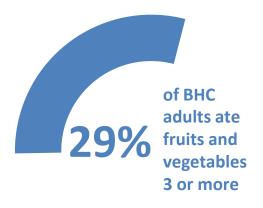


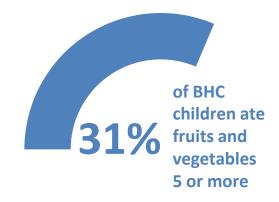
Source: 2013 Mercy General Hospital Community Health Needs Assessment



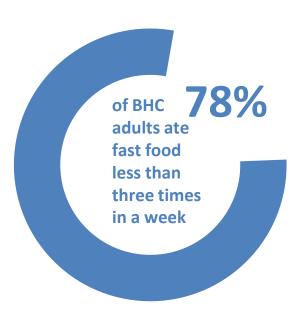


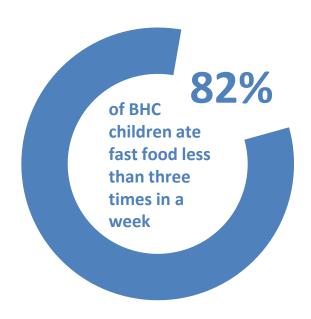
Source: Regional Transit



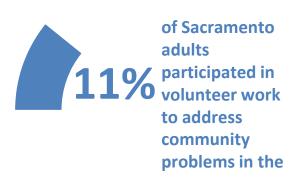


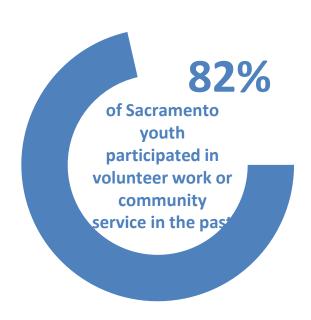
Source: 2009 California Health Interview Survey





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Community Indicators: Trends over Time

- Measures of collective grantee work at community level, over time
- Alignment with TCE goals and S.Sac Work Group priorities or focus areas
- Will add or change indicators on request; will be in Year 4 Report (soon coming!)
- Will complement this data (10,000' perspective) with program and project level data and findings (on the ground)