



Healthy Richmond

Narrative Explanation of the Logic Model

**Submitted to The California Endowment
Building Healthy Communities Initiative
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Introduction: The Healthy Richmond Logic Model

Healthy Richmond (HR) was selected by The California Endowment (TCE), a private, statewide health foundation, as one of 14 community efforts in California to work over the next 10 years to improve health systems and the physical, social, economic and service structures that support healthy living and wellness. The goal of TCE's Building Healthy Communities initiative is to achieve deep and lasting improvements in the health of children and youth.

Richmond and the other communities were selected by TCE because they are impacted by deep poverty and low health outcomes, yet have the potential to develop into communities that can be modeled, replicated and inspire the creation of healthy environments for all Californians. Richmond was identified as a community with the leadership and capacity to realize the Building Healthy Communities vision.

For the past 18 months, a broad range of residents, including youth, systems representatives, community-based organizations and other stakeholders has demonstrated through their thoughtful input, tireless participation and passion that achieving healthy outcomes for the residents of Richmond is a critical issue for the community. Indeed, Richmond has a rich history of achievement and vibrancy, a diverse population and a proven record of grassroots collaboration and participation.



During the planning phase of this effort, the community has demonstrated that this spirit is still part of Richmond. From the Mien seniors to the youth activists, faith-based health educators, community organizers, Latino parents, parolees, long time grassroots leaders, neighborhood council members, elected officials and community based organizations, it is clear that no one has given up on improving the lives of children, families and the entire community.

While this current effort focuses on five neighborhoods that are heavily impacted by poverty, crime, illness and other issues, — the Iron Triangle, North Richmond, Belding Woods, Coronado, and Pullman neighborhoods, the strategies embraced in this plan will benefit all of Richmond.

This plan is just the beginning: as the planning phase Healthy Richmond Steering Committee (HRSC) completes its work and turns over the task of implementing the work to a new collaborative hub structure, Healthy Richmond reiterates the vision it adopted at the onset of this work as a starting point for the community to build upon:

“Healthy Richmond is a community that is economically viable and sustainable, physically designed to promote healthy eating and active living, culturally vibrant, and connected across generations. Social support and vital services flow through a seamless network of neighborhood institutions and agencies. Community members are engaged and see their priorities reflected in all aspects of the community – environment, governance, schools, cultural life, and business development.”

This document explains the Healthy Richmond Logic Model — a picture that describes the priority outcomes, suggested strategies to reach the outcomes, and the resources and capacities needed in the community to achieve success. While the logic model is a highly summarized planning document that may not include each idea proposed by the hundreds of people who gave input to this process, this narrative explanation of the HR Logic Model hopefully recaptures many of these ideas. Sub-strategies are suggested which continue or expand existing programs, or point the way to new efforts. The HRSC hopes that with support from The California Endowment and other funders, the dreams and hopes that underpin these sub-strategies will be realized in the months and years to come.



The Steering Committee also hopes that, as this planning process moves to implementation, Healthy Richmond helps generate a community-wide commitment to developing a new vision for health in Richmond.

The Healthy Richmond Steering Committee November 1, 2010

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Section 1: Context to Healthy Richmond Planning Process

The Healthy Richmond planning process included the following milestones:

- ◆ Community-wide kick-off event in June 2009 involving 140 community organizations and individuals, systems leaders, and residents.
- ◆ Formation of HR Steering Committee and Management Committee in July 2009.
- ◆ Creation of work committees to gather resident, community stakeholders and systems stakeholders input. Additional committees were created to analyze and present health indicators and policy data, develop the Logic Model, and develop the Healthy Richmond administrative hub.
- ◆ Community engagement meetings and focus groups, December 2009
- ◆ Systems stakeholder interviews and focus groups, December 2009 through February 2010.
- ◆ Broad community engagement campaign including door-to-door canvassing, community surveys, and meetings with community organizations, June through September 2010.
- ◆ Youth engagement campaign, July through September 2010.
- ◆ Community resident strategy convenings, September 2010.

Through the entire planning process, Healthy Richmond involved over 1700 residents, community organizations, systems stakeholders, with a specific focus on youth input, including:

- ◆ 150 community organizations and representatives through small meetings and focus groups.
- ◆ 70 systems stakeholders and leaders through interviews and focus groups.
- ◆ 1100 residents through canvassing and community surveys.
- ◆ 250 youth through community events and surveys.
- ◆ 200 residents and other community members in two strategy convenings.

This community participation, anchored by the active and tireless leadership of the Healthy Richmond Steering Committee, is the foundation for the strategies developed in the Healthy Richmond Logic Model.

Lessons from the planning process.

Guaranteeing the resident voice. From its initial formation, through its community planning stage, and to the completion of the logic model, the Healthy Richmond initiative has focused on ensuring that the authentic voices of Richmond's diverse residents would be the foundation for its ten-year vision. The Healthy Richmond Steering Committee (HRSC) undertook steps to insure that residents participated in identifying priorities and strategies and provided leadership and vision for how to improve Richmond. In selecting the HRSC, Healthy Richmond sought the participation of as many new partners as possible.

The need for transparency, inclusiveness and cultural sensitivity was underscored throughout the many months of planning. The Steering Committee recognized that to accomplish the magnitude of systems change required by this effort, it would be necessary to look at issues of power and privilege and alter existing dynamics in sustainable ways. To accomplish this, engaging residents who are traditionally not engaged in public life had to be a priority.

The HRSC operated under a set guiding values that will hopefully be extended through the implementation of Healthy Richmond:

- ◆ Transparency throughout the process;
- ◆ Inclusiveness;
- ◆ Healthy disagreement;
- ◆ Curiosity about disagreement rather than defensiveness;
- ◆ Focus on assets and possibilities rather than deficits and scarcity;
- ◆ Shared understanding about actions and the implications of decisions for the community;
- ◆ Shared understanding of our collective history and the forces that have brought our community to this place in time;



- ◆ Diversity in all forms (age, gender, sexual orientation, race, class, and ability);
- ◆ Respect for the timeline and the logic of the process;
- ◆ Collective thinking and creative problem-solving;
- ◆ Self-determination at the individual and organizational level; and
- ◆ Cross-sector partnership.

It was clear from the beginning that having a resident-led process to develop outcomes and strategies was critical. The Steering Committee undertook the following steps to accomplish this:

- ◆ Included residents on the Steering Committee to ensure full participation from each neighborhood and stakeholder group.
- ◆ Broadened the Healthy Richmond initiative boundaries to include additional neighborhoods, reflecting the interconnectedness of the neighborhoods and the issues faced there.
- ◆ Trained the Steering Committee on community organizing principles to insure a resident-led process.
- ◆ Contracted with the Contra Costa Interfaith Supporting Community Organization and other organizing groups to coordinate engagement strategies for involving a broad range of residents.
- ◆ Trained youth and adult organizers to engage residents and build community capacity.

Developing systems and community collaboration. It is clear from this planning process that the vision and goals of Healthy Richmond cannot be achieved without true collaboration among the systems and institutions of Richmond/Contra Costa County, together with the residents of Richmond. There is a long history of collaboration, as evidenced by a number of important collaboratives that are currently active in Richmond. Residents, community organizations, and systems stakeholders all recognized not only the need for partnerships and collaboration, but also committed to addressing the challenges and barriers that so often prevent true collaboration from happening.

Community capacity-building. The Healthy Richmond planning process underscored the importance of maintaining active participation and leadership of community residents in creating change in Richmond. This can only be accomplished by a commitment by residents and institutions alike to strengthening community capacity and neighborhood institutions as vehicles for civic participation and leadership. Systems change and a healthier community will only come about through active community organizing and involvement.

Youth leadership. The overarching commitment of TCE Building Healthy Communities initiatives to youth engagement and leadership was echoed throughout the Healthy Richmond planning process at all levels — real change in Richmond will not occur without the active participation of youth as full partners in planning and implementation of systems change strategies. This started with concerted outreach to youth and young adults, but will only be realized in the implementation work of Healthy Richmond if youth remain active partners and assume leadership.

Section 2: Outcomes Prioritization

Healthy Richmond selected the following TCE Building Healthy Communities outcomes as its priorities for the first three years of this initiative:

- ◆ **Families have improved access to a health home that supports healthy behaviors.**
(TCE Outcome 2.)
- ◆ **Children and their families are safe from violence.**
(TCE Outcome 5.)
- ◆ **Neighborhood and school environments support improved health and healthy behaviors.**
(TCE Outcome 7.)
- ◆ **Community health improvements are linked to economic development.**
(TCE Outcome 8.)

Prioritizing the ten TCE outcomes was a difficult task for a number of reasons. The outcomes themselves were overlapping and highly integrated, making it difficult for residents and other community members to prioritize one outcome over another. It was also clear from the beginning of the community engagement work that resident concerns would be expressed in different, often more concrete ways. The process then became expressing resident and community concerns in the framework of the TCE outcomes.

However, through the Healthy Richmond planning process, Richmond has a set of outcomes priorities that reflect the genuine voice of residents. A multi-method process was used that included community dialogues, community meetings, house meetings, door-to-door surveys, focus groups and the creation of a dynamic youth-led engagement process. In each setting, residents and stakeholders created a vision for Richmond's future, identified issues and challenges, and prioritized outcome areas for the next three years.

The results of the community engagement processes — both quantitative data from surveys and qualitative findings from the dialogues and interviews, were summarized and presented at the resident strategy convenings in September, for resident affirmation of priorities, and their development of strategies for achieving the outcomes. These strategies were the foundation for the targeted changes and strategies presented in the Healthy Richmond Logic Model.

In creating the logic model for TCE, the Steering Committee set as an additional and perhaps more critical goal the increasing of leadership capacity of community residents to address the issues that directly impact their lives, including and perhaps most especially youth and young adults. As evidenced in the final strategy convenings, this became a process in which residents were involved, engaged, and had real power in the process.





Section 3: Strategies Related To Outcomes

Following the extensive resident and community engagement process, Healthy Richmond developed its targeted changes and strategies for the logic model. Its strategies were selected from strategy proposals made from a variety of sources. To help identify the priority strategies, the HRSC adopted the following strategy development criteria that was implemented by the HRSC's Logic Model Committee.

1. Is the strategy relevant to one of the four outcome areas we have emerged from the community engagement work?
2. Does it reflect or reasonably interpret the participation and voice of residents, youth, stakeholders, and systems?
3. Will it contribute to systems change?
4. Will it create cross-sector change opportunities?
5. Is it based on or consistent with promising, emerging, or effective practices in this community, or other communities?
6. Does it create opportunities for discovery, creativity, and innovation?
7. Is it appropriate for Richmond?
8. Does it cultivate or build on emerging or latent efforts in Richmond? Is it a continuation or extension of an existing effort?
9. Is it "SMART": Specific, measurable, action-based, realistic, time-based?
10. Is it likely to produce visible progress over the next three years?
11. Is there an interaction and relationship with community organizing and capacity-building?
12. Will it provide an opportunity for residents to stay engaged and build leadership capacity?

In reviewing the strategy proposals, the Logic Model Committee identified key strategy clusters which helped organize the analysis and prioritizing of strategies. The clusters served as a tool for identifying common strategies across outcomes areas, and developing a framework for community change of the next 10 years. The clusters include:

1. **Change Awareness and Empowerment Strategies.** Just as literacy in the educational setting is the foundation for educational excellence, literacy around creating individual and community change will be the foundation for Healthy Richmond. With increased awareness and understanding of resources and strategies available to them, residents will gain control and management over the issues, conditions, and solutions for creating healthier neighborhoods.
2. **Guiding and Empowerment Strategies.** These strategies emphasize the community developing its own assets and resources to assist residents in moving from awareness to control over their health, economic opportunities, educational environments, and safety. Teams of residents, advocates, and organizers will help residents navigate complex systems such as the health care system or educational systems, and empower residents to organize to change their conditions.
3. **Capacity-Building and Community Infrastructure Strategies.** No change occurs without the essential elements of organization, community infrastructure, capacity, and leadership. These strategies will promote the development of resident and community vehicles for maintaining direction, momentum, and leadership over the 10 years of the Healthy Richmond initiative.
4. **Collaboration Strategies.** These strategies restate the fundamental premise that collaboration and partnerships among systems and institutions, together with the community's residents, are essential to





lasting community change. For Healthy Richmond, the critical tasks will be understanding the challenges and barriers that have blocked true community change, proposing collaboration strategies that will extend and go beyond past efforts, and developing effective collaborative capacity and accountability.

5. **Systems and Policy Strategies.** Achieving the outcomes for Healthy Richmond will require major initiatives to reform systems practices and policies, and create new policies that will change the community. This requires the community working actively with change agents both within and outside the institutions and systems. These strategies include, for example, changes in land use planning, educational policies, regional economic development planning, etc.
6. **Cultural Shift Strategies.** Changes envisioned for Healthy Richmond require a complete shift in how the community views itself. Strategies for broad public education, awareness-building, and community action will not only change the image and profile of Richmond, but also change the roles residents will take in leading that change.

Healthy Richmond Logic Model: Outcomes, Targeted Changes & Strategies

Targeted changes and strategies of the Healthy Richmond Logic Model are organized under the each of the priority TCE Outcomes, and are numbered according to the respective outcome. Where appropriate, sub-strategies were also developed to provide greater insights on strategies.

Outcome: Families Have Improved Access To A Health Home That Supports Healthy Behaviors. (TCE Outcome 2)

Targeted Change 2-1: Residents and community organizations increase community awareness of health care alternatives and advocate for more equitable and just health care access for all residents. (*Guiding and Promoting & Capacity-Building and Organizing*) The foundation for changing the effectiveness of the health care system is residents taking responsibility and control over their health and wellness. This starts with residents understanding their alternatives for health care access and coverage, adopting wellness and prevention practices for managing health conditions such as obesity, diabetes, etc., and taking advantage of health care coverage and insurance and establishing a health home. Residents must also transform this awareness into action by becoming advocates for creating more equitable and just health care in Richmond. Residents must have greater involvement and leadership in determining their health care and the programs and institutions needed by the community.

Strategy 2-1: Recruit, train, and support peer health educators, navigators and promoters that will empower residents to manage their health care alternatives and choices, promote wellness and prevention, and advocate for more equitable and just health care for residents. Creating an active network of health advocates, educators, and navigators involves residents in the process of creating better health access and changing the health care system. It is a specific vehicle for empowering residents to work on their own behalf, and creating leadership on health care reform.

Sub-strategies and examples:

- ◆ This strategy is meant to go beyond health promotion models of education and resource-identification, to more advocacy, organizing, and participation in systems change. This strategy can be tailored to particular needs of individual neighborhoods and residents, and their specific health issues and concerns..
- ◆ This strategy can be helpful for increasing enrollment and participation in the spectrum of health coverage alternatives from lower-income families and children and other harder-to-reach populations.

Targeted Change 2-2: Youth and young adults take responsibility and leadership to influence health care and access, and change the underlying conditions of violence in their neighborhoods. Youth and young adults were a primary focus of the Healthy Richmond planning process, particularly on health and wellness issues. Programs addressing the health care and education needs of young people must be based on their active involvement in planning, implementing, and leading health care systems change.

Strategy 2-2: Create a network of youth health advocates and navigators that promotes and builds leadership and capacity; advocates for health care responsive to the needs and priorities of youth; and organizes youth-led health-related initiatives that address the root causes and impact of violence. (*Guiding and Promoting & Capacity-Building and Organizing*) This is a systems change strategy that goes beyond traditional models of health education and resource-identification. This model shifts health-related



initiatives and policy work toward youth engagement — youth will take responsibility, action, and leadership for their own health and wellness through specific activities such as health education, peer resourcing, and advocacy and systems change.

Sub-strategies and examples:

- ◆ This strategy can help make health care and education accessible to all students by promoting the blend of school-based health clinics and programs, mobile health vans, and other county and city community-based services and programs.
- ◆ County and city health services agencies, community-based providers, and hospitals should work directly with youth and young adults to better meet their needs. This can result in greater systems collaboration, information-sharing, and program planning.

Targeted Change 2-3: Residents take leadership in changing systems policies and practices that influence their health and wellness. Residents must be at the center of changing health systems policies and practices that affect the lives of families and children. This can only happen through strong resident leadership capacity and involvement in systems change.

Strategy 2-3: Create a grassroots organizing structure that empowers residents to advocate for policy and systems changes that determine access to quality and affordable health care. (Capacity-Building and Organizing & Systems and Policy Initiatives) This strategy not only builds community infrastructure for organizing and policy development, but empowers residents to select, analyze, plan, and implement action on health and wellness issues that the most important to them.

Sub-strategies and examples:

- ◆ The entire community needs to come together in broad public awareness campaigns to transform Richmond into a city that values wellness, prevention, nutrition, and active living as a foundation for a strong and healthy community.
- ◆ Policy issues raised by residents included equitable access to health care, culturally competent health care, and health eligibility and coverage for undocumented immigrant populations.
- ◆ This strategy can be used to develop a collaborative of city and county government, community organizations, businesses, schools and residents to implement policies and actions in the Health Element of Richmond General Plan, one of the first of its kind in the U.S.
- ◆ Other resident policy vehicles could include creating a Resident Health and Wellness Commission; community initiatives for providing residents with local access to fresh produce, healthy foods, and opportunities for better nutrition involving major grocery companies, neighborhood grocery stores, farmers markets, community gardens, and food programs; implementation of the City's Secondhand Smoke Protections Ordinance, including smoke-free parks, service areas and special events; and implementation of tobacco retailer licensing and land use permitting to insure that no new tobacco shops are permitted to open within 1000 feet of youth-sensitive areas.

Targeted Change 2-4: Richmond has an integrated, seamless system of health care and community health education promoting health equity and cultural and language access. As is the case with any institution or systems, the local health care system is a complex set of agencies, programs, policies and practices, often leaving residents-consumer with fragmented service and a set of barriers to quality health care. Residents and health care stakeholders alike see coordinated and integrated care as an important step to equitable health care for all members of the community.

Strategy 2-4: Create a system-wide initiative to guarantee integrated and coordinated health care for all residents through collaboration and information-sharing, interagency training, and sharing of best practices. (Systems and Policy Initiatives) Through the Healthy Richmond planning process health systems stakeholders pointed out the need for greater systems collaboration. Such collaboration can lead to a seamless system of health care and wellness that more effectively serves residents.

**Outcome: Children And Their Families Are Safe From Violence.
(TCE Outcome 5)**

Targeted Change 5-1: Residents build the leadership and capacity to create healthy neighborhood environments and a culture of peace and safety. Safe neighborhoods, and crime and violence prevention was the principal concern voice by residents throughout the Healthy Richmond process. Residents must be at the center of



creating a neighborhood environment that is safe and healthy for families and children. This can only happen through strong resident leadership capacity and involvement in systems change.

Strategy 5-1: Create a grassroots organizing structure that empowers residents to change conditions in neighborhoods that lead to safety and violence issues, and improve the quality of life in the community. (Guiding and Promoting & Capacity-Building and Organizing) The community currently has many existing efforts projects and activities to improve neighborhood conditions, enhance the built environment, and address issues of violence and safety. An active community organizing infrastructure will insure resident voice and leadership, and lead toward a more integrated neighborhood approach to safety and violence prevention.

Sub-strategies and examples:

- ◆ This strategy includes work with police and law enforcement, community residents, neighborhood and resident councils, neighborhood watch organizations.
- ◆ As residents work with the Police Department and other law enforcement agencies to identify problem areas and hotspots, Richmond will have a true community partnership that increases safety and reduces crime and violence.
- ◆ Residents serve as educators and organizers on violence prevention and community safety, and identify and work to change conditions in the neighborhood environment that lead to crime, violence, and a sense of fear and danger.
- ◆ Residents will build the leadership capacity to work with public agencies to develop the community assets and built environment essential to a better quality of life.

Targeted Change 5-2: The entire community, including youth and young adults, creates a collaborative system of youth-centered policies and practices that reduce violence and its root causes. To support youth and young adults, there must be a comprehensive core of policies and programs youth development, designed by youth to meet their specific needs.

Strategy 5-2: Develop a comprehensive youth violence model of response, support, and recovery that strengthens young people involved in critical incidents of violence. (Collaboration & Capacity-Building and Organizing) Youth-centered violence prevention starts from involving youth in its planning and implementation. It must represent a spectrum of services and programs that address response, support and recovery, and address the underlying conditions that give rise to youth violence, including economic conditions, oppression, and ineffective institutional and systems policies and practices.

Sub-strategies and examples:

- ◆ Youth must be engaged as key stakeholders and decision-makers in citywide safety and violence prevention initiatives.
- ◆ This strategy highlights systems change and youth engagement, and promotes institutional policies and practices that respond to and prevent trauma by reducing the conditions in which trauma occurs and/or is exacerbated. This includes models such as restorative justice.
- ◆ Systems and institutions, and community-based organizations need to build strong collaborations to provide violence prevention and family-support services in a seamless, comprehensive way. There must be a comprehensive, coordinated network of services and programs that will provide youth and young adults with information and access to total wrap-around services, e.g., life skills, educational achievement, violence prevention, employment and job readiness, etc.
- ◆ This strategy will create comprehensive support and advocacy programs for juveniles at risk of or entering the juvenile justice system and their families to address public benefits, health access, education and criminal justice issues.

Targeted Change 5-3: Richmond develops a comprehensive strategy to support residents re-entering from criminal and juvenile justice systems, including a coordinated network of high quality, effective services and programs. Residents re-entering from incarceration and supervision was voiced by residents as a high priority, not only for preventing future incidents of violence and crime, but more importantly, integrating these residents productively into their families and communities, and providing avenues for opportunity and success.

Strategy 5-3: Create and support collaborations for successful re-entry for the formerly incarcerated, including programs for counseling, support services, housing, employment and training. (Collaboration) This strategy should build from existing planning work in West Contra Costa County on re-entry services and programs. Key to this strategy's success is broad collaboration among all agencies that interact with re-entry residents.



Targeted Change 5-4: Systems and institutions work collaboratively to serve victims and survivors of interpersonal violence in a seamless, comprehensive way. Addressing interpersonal violence (domestic violence, child abuse, elder abuse, etc.) is an important part of building healthy, loving families. Reducing the fragmented and isolated services and programs is also critical.

Strategy 5-4: Create and sustain public-private collaboratives supporting victims and survivors of interpersonal violence through integrated, coordinated services and prevention strategies. (Collaboration) As part of the consistent theme developed throughout Healthy Richmond’s planning process, collaboration and systems integration is key to effectively serving families and children facing issues of interpersonal violence.

Sub-strategies and examples:

- ◆ Models for co-locating programs can be an effective model for increasing collaboration, and building more seamless services for families and children.
- ◆ Parents and families can be strengthened through comprehensive parenting support and education programs.

Targeted Change 5-5: Residents, youth and young adults, community organizations and institutions, law enforcement, and systems leaders come together to reduce the impact of gun violence, and its underlying causes. This was a major issue voiced by residents in safety and violence prevention discussions. Gun violence and its impact on victims, perpetrators, and their families was seen by residents as a linchpin to other neighborhood safety issues: stopping gun violence as a community can set the conditions for addressing other issues of violence and crime. Richmond must be mobilized to change its values and culture toward peace and safety.

Strategy: Develop a comprehensive, coordinated multidisciplinary model for reducing gun-related violence, injuries, and homicides, and their devastating impact on victims, perpetrators, and their families. (Collaboration & Capacity-Building and Organizing) Stopping gun violence and its impact require the commitment of the entire Richmond community. This effort must involve everyone, at all levels of the community. It must address the needs of victim, as well as perpetrators.

Sub-strategies and examples:

- ◆ Multi-systems approach is needed, involving community residents, criminal and juvenile justice systems, youth and young adults, and the faith-community and other community institutions. This strategy includes a strong, comprehensive initiative of public awareness, community education, and community organizing that can mobilize the entire community. This is modeled after the Ceasefire initiative from Chicago and other cities.
- ◆ There should be restorative justice programs and other services focusing on youth and young adults at risk of becoming involved with the criminal and juvenile justice systems.

Outcome: Neighborhood And School Environments Support Improved Health And Healthy Behaviors. (TCE Outcome 7)

Targeted Change 7-1: Students take responsibility and leadership in influencing and changing policies and practices that impact their quality of education. Involving youth in educational systems change was a high priority of residents and youth throughout the Healthy Richmond process. Youth must be empowered to take on leadership and decision-making on issues that affect their future so profoundly as education.

Strategy 7-1: Create comprehensive youth initiatives for influencing and changing educational policy and practices through engagement, organizing, and capacity-building. (Capacity-Building and Organizing & Systems and Policy Initiatives) This strategy emphasizes three overarching themes of the Healthy Richmond initiative: the active empowerment and engagement of youth; collaboration between the community and institutions; and policy and systems change. To accomplish this, this strategy will provide youth with a comprehensive structure to advocate and organize on the many issues facing the schools.

Sub-strategies and examples:

- ◆ This strategy can take on policy areas such as school discipline, suspensions and expulsions; educational justice; violence prevention and restorative justice; etc.
- ◆ A citywide youth council made up of youth councils from all middle and high schools could be used as a vehicle to represent students in policy issues such as quality of education, school violence prevention, and creating a healthier school environment.

Targeted Change 7-2: Richmond schools have the necessary policies, school environment, programs and



community support to promote healthy eating and nutrition, and active living. The issues of obesity, nutrition, and active living, and their impact on diabetes and cardiovascular disease are at almost epidemic proportions. School environments play a key role in improving the health and active living behaviors of students, making the improvement of these environments a critical policy issue.

Strategy 7-2: Develop district-wide policy initiatives to improve food quality and nutrition in schools, and promote healthy and active living, physical education, and afterschool exercise and recreation. (Systems and Policy Initiatives) This change initiative will require the involvement of everyone in the school community, from the WCCUSD Board of Education, site administrators teachers, and staff, to parents and youth.

Sub-strategies and examples:

- ◆ This strategy begins with major health and wellness policy changes at the district level and school sites regarding school breakfast and lunch programs, snacks on campus, and physical education. There should be required education on nutrition, healthy foods and active living in school curriculum at all grade levels
- ◆ Schools should reinvest in programs for permanent physical education, and active living and recreational activities during school and after school.
- ◆ The strategy can adapt community-school models for creating safe pathways to and from schools throughout the neighborhoods to increase physical activity for students and families and foster a sense of community around the school. This builds on safe passage violence prevention strategies, and the Safe Routes to School Program.



Targeted Change 7-3: Parents have greater knowledge, skills, and capacities to influence quality education and change school policies and practices. Active parent engagement is a critical element to any educational excellence initiative. Parents must be actively involved in their children’s education, and take on issues affecting educational quality.

Strategy 7-3: Create comprehensive parent engagement programs to build the capacity of parents to advocate educational systems change. (Guiding and Promoting & Capacity-Building and Organizing) This strategy creates a community-school partnership designed to increase the involvement of parents as well as their participation and leadership in changing school policy. It focuses on parent education, parent-school communication strategies, capacity-building, and leadership development.

Sub-strategies and examples:

- ◆ This strategy can create coordinated programs of parent networking and communication, e.g., home visit strategies, parent-teacher-student education teams, etc. Parents will actively shape their children’s education through involvement in schools activities, supporting education at home, and advocating for quality education.
- ◆ This can include the creation of Healthy Richmond Schools Advocates for each school in the who are responsible for identifying, coordinating, and developing resources for parents and teachers. This can also include
- ◆ Parents will advocate for their children’s education, participate in school improvement and reform, and take leadership in the schools and community issues.

Targeted Change 7-4: School sites become the centers for comprehensive services and programs provided through public-private collaboration to build strong families, resilient children and youth, and safe neighborhoods. Residents voiced the need for comprehensive community services centered around school sites, which are one of the natural anchors for any community. The school-based hubs not only provide comprehensive neighborhood-based services and programs, but build stronger community-school relationships.

Strategy 7-4: Create a comprehensive interagency collaboration strategy for creating multidisciplinary service hubs at neighborhood school sites. (Collaboration) School district and site collaboration with the community and other systems was a high priority for residents. This requires the creation of policies, collaborative values and structures, and more effective partnerships and relationship with the schools.

Sub-strategies and examples:

- ◆ This strategy can include creation of a Healthy Richmond Interagency Education Team, including



public agencies, community organizations, and community resident, that will help identify services, programs and resources, facilitate school-community partnerships, and support site administration in bringing community services onto school campuses.

- ◆ There is a need for a culture shift in the schools that invites collaboration. This includes developing a policy framework for increased collaboration, a legal and financing framework, structure for shared power, funding, and parent involvement.
- ◆ School sites and facilities will become key centers for initiative such as violence prevention and creating a neighborhood culture of peace; and youth-led community health initiatives on nutrition, obesity, and active living.

Outcome: Community Health Improvements Are Linked To Economic Development. (TCE Outcome 8)

Targeted Change 8-1: Residents build their capacity and financial stability, and take advantage of employment and other economic opportunities. An important step in building a strong economy in Richmond is assisting families in stabilizing their finances, protecting assets such as homes, and increasing their awareness of programs and strategies for moving residents away from poverty to economic opportunity. Education, capacity-building, and financial literacy is part of that work.

Strategy 8-1: Develop asset and income preservation programs that increase economic stability and move families from persistent poverty toward economic opportunity. (Change Awareness & Empowerment) This strategy will create the information and structure for assisting residents facing financial challenges, stabilizing their income, and preparing them for opportunities for employment, job readiness, and training.

Sub-strategies and examples:

- ◆ This strategy can promote economic self-sufficiency through education and advocacy, improved financial and economic literacy and power for residents, and opportunities to address long term poverty, and chronic unemployment and underemployment. Programs could include mortgage and home ownership protection, housing rights, and consumer protection from predatory lending practices.
- ◆ This can also include programs for protecting and expanding public benefits, allowing residents to take advantage of income maintenance programs that can help stabilize their family incomes.
- ◆ This work residents can be done through collaboratives working with residents re-entering the community from juvenile or criminal justice system incarceration and supervision.

Targeted Change 8-2: Richmond creates an employment and business environment that bring growth and economic vitality to the region. Improving Richmond's economic vitality will also require policy and systems work at the city, county and regional levels.

Strategy 8-2: Develop policy initiatives that build Richmond's future as a regional center for sustainable employment, responsible economic development and growth, and economic opportunity for local residents. (Systems and Policy Initiatives) It will be important to involve residents, businesses and corporations, small businesses and entrepreneurs, and government in a collaborative strategy to improve the business environment, as well as Richmond's image as a community.

Sub-strategies and examples:

- ◆ This strategy will help promote socially responsible economic development practices, including sustainable jobs creation and green jobs, economic development zones, tax incentive programs, community benefit agreements, first hire agreements and other community development strategies to create employment opportunities for residents.
- ◆ There should be a continuing effort to invest in the promotion and improvement of the public image of Richmond through public awareness campaigns and marketing.

Targeted Change 8-3: Public schools and community colleges actively work with the community, city and county government, businesses, and corporations to create an long-range strategy to increase job readiness and employment for Richmond's youth and young adults. Collaboration between schools, the business community, and residents is critical to having a prepared, career and job-ready workforce graduating from Richmond schools. There is a need to support current job readiness programs, and to initiative new, innovative training and professional development strategies in schools.

Strategy 8-3: Create a Healthy Richmond Economic Development and Education Council that insures



long-term partnerships between business, corporate, and education sectors to effectively prepare youth and young adults for careers and employment. (Collaboration) This strategy builds on the themes of collaboration with the educational system, and preparing youth and young adults to take advantage of all economic opportunities before them.

Sub-strategies and examples:

- ◆ This strategy can create health care workforce development programs to take advantage of changing landscape of health care reform.

Targeted Change 8-4: Residents have coordinated, integrated programs that build family economic stability, employment potential, and innovative economic alternatives.

Strategy 8-4: Develop a coordinated family-support, training, and employment development model involving the City of Richmond, community organizations, business/corporate community and residents that will provide economic opportunity and pathways to family economic stability. (Collaboration & Capacity-Building and Organizing) This strategy promotes seamless coordination and collaboration of programs and services needed to insure that all residents and families in Richmond can take advantage of economic opportunities. More than coordinated job readiness and employment training, this strategy promotes any of the programs and services that are important to stabilizing family incomes, developing self-sufficiency, and strengthening residents' capacity to support their families.

Sub-strategies and examples:

- ◆ This strategy can insure that Richmond has a seamless spectrum of employment training, job readiness and social support programs that link residents with employment opportunities. This could include working with existing collaboratives such as the SparkPoint Collaborative.
- ◆ There should be increased support for small businesses and other resident-led entrepreneurial efforts within Richmond, including technical support and economic assistance programs that build an active sector of small businesses and resident-initiated micro-enterprises.
- ◆ Richmond businesses should commit to creating greater job opportunities for residents, particularly harder-to-reach populations, e.g., youth and young adults, re-entry residents, etc. This could include the creation of city-funded public service positions, particularly for youth and the harder-to-employ residents.

Sub-strategies and Early Wins

Some of the sub-strategies suggested in the logic model are existing Richmond programs that have demonstrated good results and require continuing support. Others are best practices not yet implemented in Richmond, but considered as having excellent potential.

While long-ranged planning and a strong vision to guide those long-term efforts are important, it is also critical that projects be identified that build the community's sense of achievement and progress. TCE will work with the community to identify a number of short-term "early win" projects that can be funded while implementation of the logic model's more complex facets is beginning.

To ensure that early win projects advance the logic model's intent, the following criteria were developed to guide decision-making by Healthy Richmond and TCE:

Congruency: While "early win" projects may not be systems change efforts that are the foundation of the 10-year logic model, they should be congruent with the priorities and outcomes described in the logic model.

Shovel Ready: Consistent with the intent to launch projects that can demonstrate immediate results, projects that require relatively little pre-planning time and are ready for implementation should be given priority.

Best Practice/Evidenced Based: Projects considered for early win strategies should be based on proven approaches and best practices. They may be adapted from or extend existing models and programs.

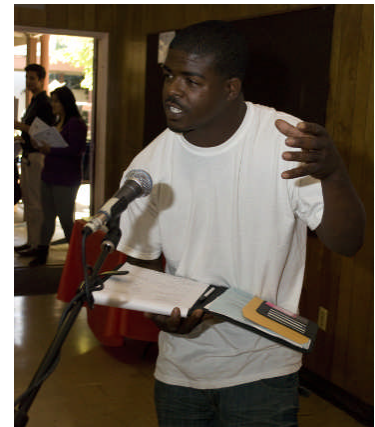
Duration: Consistent with the intent to launch "early win" projects, the duration of projects should be less than one year in duration from launch to completion.

Tangible Results: Projects recommended as "early wins" should have tangible, visible results that demonstrate a sense of progress and momentum to the community.

Section 4: Capacities and Resources

Healthy Richmond has analyzed the resources and capacities that will be needed to be successful in implementing its priority strategies over its first three years. They have been organized by **strategy clusters** which help define and organize the priority strategies. (See above.)

Resources are assets and assistance for the implementation process that are external to the Healthy Richmond collaborative, and include people, relationships, and facilities. Capacities are skills, knowledge, assets, and relationships internal to the Healthy Richmond collaborative that are needed for strategy implementation. Resources and capacities may overlap. This inventory serves only as a starting point, and will be continually expanded as the collaborative identifies future needs and gaps.



Resources (External Assets)

<p>Change Awareness and Empowerment Strategies</p>	<ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas, e.g., health care reform and policy shifts in health care coverage; re-entry services and programs; educational excellence and achievement; economic development; environmental justice; cultural competency and multicultural/multilingual services; immigration and immigrant rights, and their impact on health access; and sustainable funding alternatives for initiatives such as health access, economic development, violence prevention, youth services, neighborhood resources and built environment. ◆ Promising practices and models for health access alternatives and community health care, economic development, and violence prevention, including models for continuum of services; educational excellence and achievement, and parent involvement. ◆ Effective and accessible resources and materials for community education. ◆ Multicultural and multilingual support.
<p>Guiding and Promoting Strategies</p>	<ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas. (See above.) ◆ Training for resident and youth advocates, navigators, and promoters. ◆ Trained and experienced resident and youth organizers. ◆ Broad youth involvement and engagement strategies, including youth and young adults not currently served by existing programs and organizations.
<p>Capacity-Building and Organizing Strategies</p>	<ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas. (See above.) ◆ Strategies and experience in resident engagement and participation, building from residents identified through HR community engagement. This includes strategies for strengthening the involvement of resident and neighborhood councils; non-English speaking communities; Latino immigrant communities; Asian Pacific Islander communities, particularly the Lao and Mien communities; re-entry/formerly incarcerated residents; and homeless residents. ◆ Multicultural and multilingual support. ◆ Promising practices and models for community organizing and resident organizations.
<p>Collaboration Strategies</p>	<ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas. (See above.) ◆ Network of stable, experienced community-based organizations. ◆ Relationships with youth development agencies and collaboratives. ◆ Involvement of systems stakeholders and leaders. ◆ Relationships with existing collaboratives on early education, re-entry, employment and economic opportunity, and violence prevention, and other planning initiatives in Richmond and West Contra Costa County.
<p>System and Policy Initiative Strategies</p>	<ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas. (See above.) ◆ Increased involvement by political leadership and policymakers, including the City of



	<p>Richmond; County of Contra Costa; and other political leadership at local, regional, state, and federal levels.</p> <ul style="list-style-type: none"> ◆ Systems stakeholder involvement, including Contra Costa County health system leadership; community health care providers and private medical providers and hospitals; major health care coverage systems, e.g., Kaiser Permanente; City of Richmond agencies; Contra Costa County agencies; law enforcement agencies, including police, sheriff’s office, probation and parole, and juvenile justice; West Contra Costa County Unified School District; individual school sites, site administrators, and parent organizations; public and private funding sources, including the corporate sector ◆ Relationships with existing collaboratives on early education, re-entry, employment and economic opportunity, and violence prevention, and other planning initiatives in Richmond and West Contra Costa County. ◆ Data and policy resources and analysis, including general demographic profiles of key Richmond neighborhoods; state of economic conditions of Richmond and West Contra Costa County, including employment, underemployment, and foreclosures, etc.; employment and economic development data; community health indicators data from County Health Services Agency and other resources; school district data; ◆ Research relationships with colleges, universities, and other research and policy groups. ◆ Demographic mapping support, e.g., TCE Healthy Cities application.
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Capacities (Internal Assets)

Capacities are presented as either *active*, which are currently in place, or *developing*, which may be new or in need strengthening.

<p>Change Awareness and Empowerment Strategies</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Existing expertise in community engagement and organizing, e.g., Contra Costa Interfaith Supporting Community Organization, Alliance of Californians for Community Empowerment, Asian Pacific Environmental Network, Lao Organizing Project & RYSE Youth Engagement Team. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Greater representation and involvement from other community collaboratives and empowerment initiatives
<p>Guiding and Promoting Strategies</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Existing relationships with guide/navigator programs for parent involvement and health education. ◆ Involvement in ongoing work with neighborhood organizations working on built environment, and improving school and community health. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Increased training capacity for peer advocates and navigators. ◆ Stronger link between systems stakeholders and resident peer advocates and navigators.
<p>Capacity-Building and Organizing Strategies</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Resident contacts and organizing structure from HR community engagement processes. ◆ HR community contacts database. ◆ Youth engagement structure and organizers. ◆ Resident and youth leader training. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Leadership development training for residents, youth and young adults. ◆ Increased youth engagement, particularly for harder-to-reach youth and young adults. ◆ Resident involvement, outreach, and organizing capacity, particularly for harder-to-



	<p>reach population, including non-English speaking residents, homeless, undocumented, formerly incarcerated, and disabled.</p> <ul style="list-style-type: none"> ◆ Strategies for community dialogue, visioning, systems change analysis, and community planning. ◆ Community participatory research. ◆ Multicultural/multilingual community relations and bridge-building.
<p>Collaboration Strategies</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Communication and information-sharing with existing collaboratives and planning initiatives through One Richmond. ◆ Network of community-based organizations currently involved with HR through community engagement work. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Processes and strategies for collaborative convenings, development, and coordination/communication.
<p>System and Policy Initiative Strategies</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Demographic and policy resource database used during HR data analysis. ◆ Experience and expertise in health indicators and policy analysis. ◆ Involvement of County Health Services Agency. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Content expertise for key outcome and issue areas. (See Resources, above.) ◆ Data analysis and presentation. ◆ Policy analysis and presentation. ◆ Advocacy development and implementation.
<p>Internal Healthy Richmond Collaborative Structure and Governance</p>	<p><i>Active:</i></p> <ul style="list-style-type: none"> ◆ Shared values in systems change and community building. ◆ Relationships among stakeholders, organizations and residents within HR Steering Committee. ◆ Emerging collaborative leadership, including youth and young adults. ◆ Governance structure. ◆ Planning expertise within the Building Healthy Communities model. <p><i>Developing:</i></p> <ul style="list-style-type: none"> ◆ Governance and decision-making. ◆ Engagement and capacity building of residents: Maintaining resident participation and leadership in the HR process. ◆ Greater representation and participation from City, County, and other levels of government. ◆ Leadership development, particularly for residents and youth involved in the governance structure. ◆ Staffing and project management systems. ◆ Internal systems for management, information-sharing, decision-making and communication with the collaborative and community. ◆ Accountability structures and processes. ◆ Evaluation. ◆ Communications, external relations and community education. ◆ Media and messaging. ◆ Web presence and social networking connections. ◆ Engaging the Richmond community at-large over the long term initiative.

Section 5: Accountability & Addressing The Remaining Outcomes Not Prioritized

Accountability to the community will be a critical element to the success of Healthy Richmond. Throughout the community engagement process, residents consistently commented on the many past planning efforts and assessment processes that have yielded very little progress or change for Richmond. The challenge will be to insure that resident input and feedback results in action and tangible community change.

From the one-on-one contacts with hundreds of residents, community meetings, and the resident strategy convenings, residents were clear on their desire to stay connected with Healthy Richmond. It is therefore incumbent on Healthy Richmond’s structure to maintain comprehensive communication with residents, and create pathways for participation and leadership.

The RFQ for the host agency of the Healthy Richmond administrative hub emphasizes that communication is an essential function of that role. Positions for community outreach, engagement, and media coordination will be part of the required hub staffing. Healthy Richmond will continue to use web-based communication and information-sharing through its website, www.healthyrichmond.net. It will also take advantage expanded web-presence through Facebook and other social networking application, interface with existing virtual communities such as RYSE’s virtual center for reaching youth and young adults, and continue to share information and communicate with other TCE-funded locations through CalConnect.



Beyond these virtual connections, direct community engagement, outreach, and participation structures will be critical to maintaining community accountability.

- ◆ Healthy Richmond will continue to work with the vast network of community based organizations that are connected to existing efforts to improve health outcomes, economic development and crime prevention.
- ◆ It will continue its community engagement and organizing work, emphasizing the strengthening of resident and neighborhood organizations as stable vehicles for action.
- ◆ It will conduct regular resident and community convenings to provide updates on the progress of the initiative, and involve residents in planning and strategy development.
- ◆ It will continue an active youth engagement and organizing effort, capitalizing on the current work of training youth organizers and leaders.
- ◆ It will provide opportunities for capacity-building and leadership development.
- ◆ It will maintain strong relationships with existing collaboratives and planning initiative in Richmond and West Contra Costa County.

Work on future outcomes and strategies. Throughout this journey, Steering Committee members, residents, and other stakeholders underscored the importance of all of the TCE outcomes to building a Healthy Richmond. By prioritizing these outcomes and strategies, the HR Logic Model for the first three years creates a strong foundation for the entire initiative and beyond. First, it invests heavily in community infrastructure and capacity, which will be a condition for any successful community change effort. Second, because of the highly integrated nature of all the TCE outcomes, ground work on health access, safety, education, and economic opportunity will easily extend into other outcome areas. Third, building

momentum and success on these four outcomes will instill confidence and commitment to take on the challenges of the other TCE outcomes. Fourth, the guarantee of long-term funding from TCE and hopefully other funding sources will allow Healthy Richmond to plan not for years, but for decades.

Finally, an effective, inclusive hub structure, involving residents and youth, will hopefully provide the stability and direction for evaluating progress, developing new strategies, and maintaining a long range vision for change in Richmond.