August 2023

ADVANCING COMMUNITY-CENTERED HEALTH: EXPERIENCES FROM COHORT 2

Photo Credit: Better Together Montgomery Facebook

AN EVALUATION OF BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION'S COMMUNITY-CENTERED HEALTH INITIATIVE

REPORT BRIEF

"People are realizing that they have power over their lives and recognizing when things are unjust…They can speak to those things and [see] that they're not alone."

- Organizational Partner

About Community-Centered Health

Considering health from a community-centered perspective accounts for how our health depends not primarily on clinical care, but on the social, environmental, structural, and economic factors that shape our communities. In 2015, the Blue Cross and Blue Shield of North Carolina Foundation (the Foundation) launched the Community-Centered Health initiative. This initiative takes a broad view of supporting health. Through five-year investments in multi-sector, community-based partnerships throughout North Carolina, Community-Centered Health addresses the root causes of inequitable health outcomes and has evolved during this time to include an explicit focus on racial equity. The Foundation began by supporting three grantee partnerships (referred to as Cohort 1). In 2019, it expanded the initiative to support an additional six grantee partnerships (referred to as Cohort 2). Cohort 2's work began with a 15-month planning grant prior to the five years of implementation funding. These nine funded partnerships across North Carolina engage community residents to identify prevention-focused priorities and create more equitable conditions for living healthy lives.

About the Evaluation

In early 2020, the Foundation partnered with Engage R+D to evaluate and learn from its Community-Centered Health investments. Overall, the evaluation aims to describe the core components of the Community-Centered Health approach, document progress and impacts of funded partnerships, and share lessons for future program planning. Key audiences for the evaluation include the Foundation, grantees, and other funders and communities implementing or supporting clinical-community partnerships. The evaluation centers Equitable Evaluation Framework™ (EEF)[1] principles and includes an advisory group with representatives from Cohort 2 partnerships (see Appendix A for a glossary of commonly used terms).

With Cohort 1, the evaluation team used a retrospective approach to document grantees' progress and the evolution of their work, including through the COVID-19 pandemic. We reported those findings in April 2022. With Cohort 2, we are exploring how the work is unfolding within and across the six partnership communities, documenting progress and outcomes at key time points, and sharing information that can inform future work. Exhibit 1 summarizes the evaluation questions we explored for Cohort 2. This evaluation report summarizes findings and lessons from Cohort 2.

[1] Dean-Coffey, J. (2017). Equitable Evaluation Framework™. Retrieved from Equitable Evaluation Initiative: https://www.equitableeval.org/framework

Exhibit 1. Evaluation Questions for Cohort 2

- **Evolution of the Approach.** How have the key ingredients of the Community-Centered Health approach and structure within and across partnerships evolved?
- **Progress Toward Goals.** How have partnerships made progress on addressing non-medical drivers of health inequities? How have partnerships and the Foundation integrated racial equity and power-building?
- **Facilitators and Barriers.** Which key components of partnerships' work have both helped and hindered progress toward goals? How do other factors, both internal and external to the initiative, affect progress?
- **Conditions for Lasting Change.** To what extent have partnerships laid the groundwork for continuing beyond the funded years of the initiative? How, if at all, is the approach scaling, deepening, and spreading?
- **Feedback on Foundation Supports.** How has the Foundation's grant funding and non-monetary support helped and/or hindered progress? How could these learnings inform the Foundation's role moving forward?

Evaluation Methods

To collect the information for this report, Engage R+D conducted:

- Interviews with site leads and partners from each Cohort 2 partnership (n=30; 2020/2022)
- Surveys of a broader subset of partners from each partnership (n=57 in 2021 and n=72 in 2022)
- Interviews with Foundation staff (n=4; 2022)
- Interviews with coaches providing facilitation and technical assistance to partnerships (n=4; 2022)
- A review of partnerships' implementation plans and other background documents

We designed our mixed-methods approach to tell a holistic story about the work of Community-Centered Health partnerships.

Limitations

Some key limitations of the evaluation data collected include:

- **Selection bias**: Our perspective on the work of the partnerships draws on two main sources of data: interviews with site leads and core partners, and a partnership survey that went to a broader set of partners identified by site leads. We did not interview a broad range of community residents, nor did we directly observe the work in the six communities as part of this evaluation. Thus, the findings may not fully reflect the landscape of this work or range of viewpoints held by community residents involved in partnerships' efforts. Additionally, only a subset of selected partners chose to respond to the survey which may have introduced bias. Lastly, both interview and survey data may be subject to recall bias as we asked participants to reflect on a year's worth of prior work.
- **Understanding changes over time**: For the purpose of this report, changes over time within and across partnerships is explored qualitatively. While we collected similar survey data in both early 2021 and late 2022, we found minimal changes between the two time periods for the majority of survey items.

However, data showing changes over time should be interpreted with caution for several reasons, including: 1) we did not track individual responses across years, and variations in the partners who completed the survey in each year could account for some of the observed changes; 2) given the small sample size by partnership site, we did not run any statistical tests to understand the significance of changes over time; and 3) many of the items we asked about (e.g., culture change, clinical shifts, community power building) are longer-term processes, and we did not expect to see notable shifts from year to year. Given limitations of the survey data in exploring changes over time (i.e., small sample size, different respondents at each time period), those data are not included in this report.

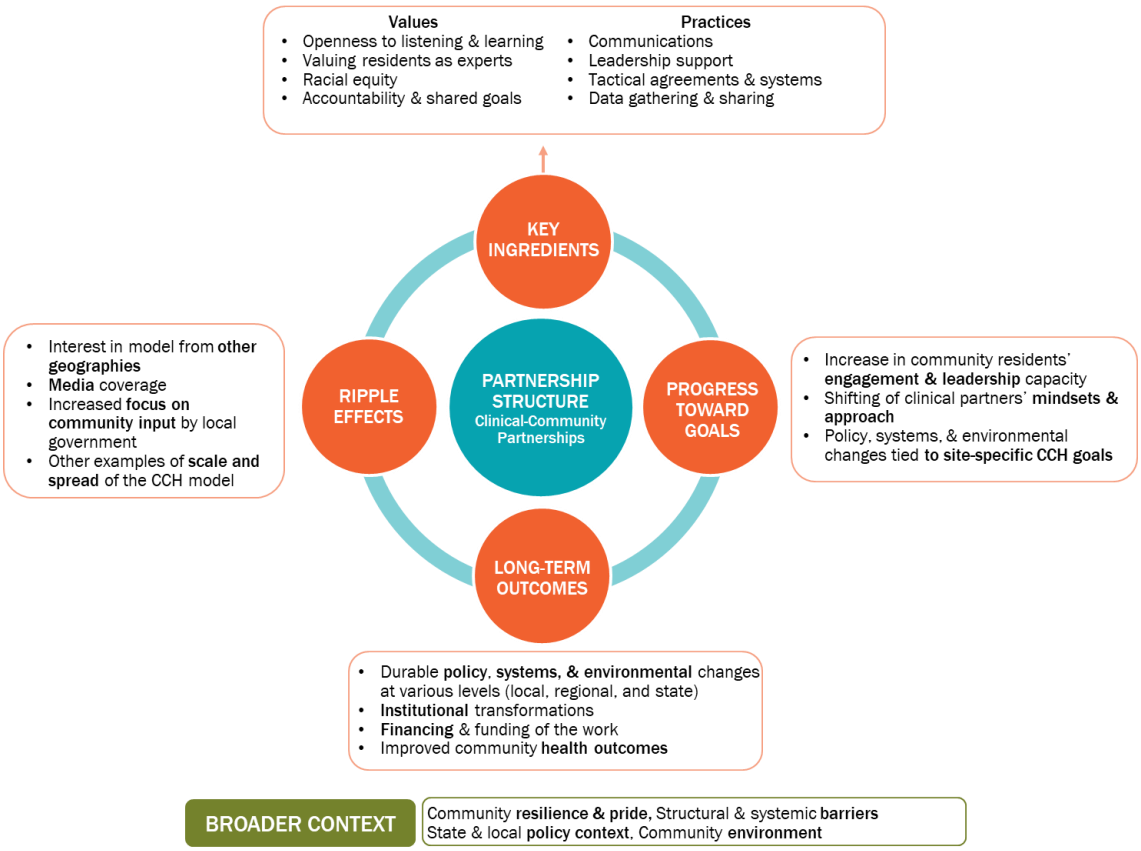
- **Balancing individual and cross-partnership perspectives.** The survey results reflect the individual-level perspective on partnership progress rather than a holistic understanding of progress within each of the six partnerships. Furthermore, collapsing results across the six sites may miss valuable site-specific information. There are some limitations to doing this type of analysis, due to the small survey sample size within sites, and the desire to respect individual sites' privacy. However, further exploring site-specific results could help to strengthen the findings and recommendations.

Despite these limitations, we believe this evaluation offers useful insights for future Community-Centered Health work and similar efforts.

The Community-Centered Health Impact Framework

The evaluation team worked closely with Foundation staff and the evaluation advisory group and drew upon lessons from the evaluation and relevant literature to develop the *Community-Centered Health Impact Framework* (Exhibit 2). The Framework provides a visual representation of the common structure and outcomes of Community-Centered Health work. As shown in the visual, the central **structure** of clinical-community partnerships serves to develop and harness **key ingredients** to make collaborative **progress toward goals** and durable **long-term outcomes** possible. Its design can also enable **ripple effects**, with influence beyond initial goals and outcomes. The framework accounts for the **broader context** in which each partnership operates. This evaluation report is structured around the elements and outcomes identified in the framework.

Exhibit 2. The Community-Centered Health (CCH) Impact Framework



An Evolving Community-Centered Health Approach

The Foundation launched its second cohort of six additional grantees working to advance health and racial equity across the state in 2019. The Cohort 2 partnerships are focused on improving community health and wellbeing across a range of health issues, with an explicit emphasis on shifting the underlying social determinants of health that impact local neighborhoods and communities. They are based within five different counties throughout North Carolina. Exhibit 3 below provides a snapshot of each partnership's context and work.

Exhibit 3. Description of Cohort 2 Community-Centered Health Partnerships

Better Together Montgomery	Caswell Chapter of The Health Collaborative	Farmworker Health Collaborative
Troy	**Yanceyville**	**Caswell County**
Goal: Eliminate health disparities and chronic diseases in Peabody and Brutonville communities by partnering with health care providers and service entities to ensure equity and access to health care, food, physical activity, and economic stability.	***Goal:*** Build community wealth and cohesion by creating physical and social infrastructure, building strong community and partner relationships, and breaking siloes to increase capacity and collaboration.	***Goal:*** Improve the health of farmworkers in Caswell County by increasing access to health care, improving employment conditions and economic opportunity, and creating opportunities for community-building and social cohesion.
Areas of focus: Healthy Food Access, Economic Stability, Access to Care, Physical Activity	***Areas of focus:*** Economic Stability, Broadband Access, Community Wealth Building	***Areas of focus:*** Occupational Health, Chronic Illness, Employment

Hunger and Health Coalition	Transforming Rocky Mount	West Marion Community Forum
Boone	**Rocky Mount**	**Marion**
Goal: Improve food access, food security, and chronic disease management and increase access to affordable, equitable housing for Watauga County residents.	***Goal:*** Use community-centered practices to share power and build trust and collaboration among Rocky Mount residents and build change makers who can push for more equitable housing and economic opportunity-oriented policies that work for those most in need.	***Goal:*** Develop community- and people-centered strategies to improve the health of children and families across McDowell County, with a focus on aligned early childcare and pediatric settings, addressing food insecurity, and reducing childhood obesity.
Areas of focus: Healthy Food Access, Economic Stability, Housing	***Areas of focus:*** Housing, Economic Stability	***Areas of focus:*** Healthy Food Access, Active Living, Transportation, Economic Stability

PARTNERSHIP STRUCTURE

Community-Centered Health has maintained several core features across cohorts and grantees which are summarized in Exhibit 4 below. Understanding these features provides context for the evaluation findings around sites' progress.

Exhibit 4. Key Features of the Community-Centered Health Approach: Cohorts 1 and 2

Core areas of focus for the work	• Clinical-community partnerships that bring together health care and local community-based organizations • An orientation toward policy, systems, and environmental changes • A commitment to clinical shifts in health care practice

Monetary supports	• Multi-year planning and implementation grants • Flexibility for grantees in terms of how they use their funds as priorities shift
Non-monetary supports	• Coaching technical assistance to support implementation • Professional development to build core capacities • Cross-cohort convenings • Additional supports (i.e., leadership training, professional networking)

The Foundation evolved the Community-Centered Health approach to respond to an ever-changing context. While the initiative has maintained some common elements, based upon the experience of Cohort 1 grantees, the Foundation's own reflections on the work, and shifts in the context, the Foundation made several key adjustments to the model for Cohort 2. These shifts included:

> **"The Foundation would credit [Cohort 1 grantees] with giving us real insights into how we think about racial equity and how it unfolds in the community context. They were doing that work even if they weren't naming it that…and helped us get our arms around racial equity in a formal, public-facing way."**
>
> **– Foundation Staff Member**

- **Becoming more explicit about how the initiative was addressing racial equity.** In the context of this work, **racial equity** "is achieved when racial identity no longer predicts, in a statistical sense, how one fares in life. Racial equity includes work to address the root causes of inequities, not just their symptoms. Therefore, racial equity is both a process and an outcome."[2] While the partners identified racial equity as an inherent part of this work from the start, this focus has become more explicit as the work progressed for a variety of reasons. These reasons include lessons from Cohort 1, heightened public attention to racial inequities nationwide, and the Foundation placing a greater emphasis on addressing racial equity within the initiative.
- **Shifting the structure and approach to providing non-monetary support.** With both cohorts, the Foundation provided partnerships with dedicated technical assistance and coaching support. However, with Cohort 2, the support had a stronger focus on racial equity principles and community ownership. Specifically, Cohort 2 partnerships received Diversity, Equity, and Inclusion (DEI) training at the launch of the initiative and support in conducting DEI assessments with a technical assistance provider during the planning phase. (Cohort 1's technical assistance support around DEI came later in their grants.) In addition, Cohort 2 partnerships received individualized, ongoing coaching support through the selection of coaches from a vetted pool offered by the Foundation. These coaches brought an explicit focus on equity and understanding of the influence of structural racism on North Carolina communities. (Cohort 1 partnerships also received coaching support but did not have the same degree of ownership over selection of their coaches.)
- **Integrating a focus on evaluation and learning.** The evaluation launched in 2020 to retrospectively document lessons from Cohort 1, and prospectively capture learnings from Cohort 2, to inform the work and share lessons more broadly with others.

[2] This definition for "racial equity" was provided by the Blue Cross and Blue Shield of North Carolina Foundation (2023).

As with Cohort 1, the Foundation continued to offer opportunities for cross-site learning, convening, and training, although these opportunities shifted to a virtual format during the height of the COVID-19 pandemic.

Partnerships reflected on the value of existing non-monetary supports, as well as what else would be helpful. Interview participants from Cohort 2 noted that **cross-site learning opportunities** and other technical assistance, such as racial equity training, was valuable to their work. They also appreciated the coaching support offered through the Foundation and having the **coaches as thought partners** offering an outside perspective on complex work.

Interview participants from all six partnerships expressed an interest in additional opportunities for cross-site learning and resource-sharing. As one interview participant put it: "Hearing [other partnerships'] challenges is helpful and hearing their successes or areas that they've been able to be effective and productive in, that works to inspire me to give me ideas." Some also noted an interest in tailored support to meet other emergent technical assistance needs, such as grant-writing support or additional racial equity training.

Building Partnerships to Advance Health

Each partnership entered the Community-Centered Health work with different degrees of existing infrastructure (e.g., dedicated staff, payment mechanisms, MOUs) to establish clinical-community partnerships.

Regardless of where partnerships started, the evaluation revealed common elements that helped to both facilitate and create barriers to change. Despite the diversity of the partnerships, the evaluation revealed common elements—i.e., values, practices, or key ingredients—that supported their ability to make progress. At the same time, partnerships faced common challenges to advancing progress toward their goals when key ingredients were not in place. In other words, key ingredients both helped to support and created challenges to progress, as the examples below demonstrate.

- **Building trust and relationships.** Across partnerships, a focus on building trust and relationships with the community, maintaining an openness to learning, engaging in authentic communication, and valuing residents were all factors that helped to create strong collaborative structures. Specifically, some noted that putting community input front-and-center in their work helped to ensure a trusting foundation with community residents. However, interviewees also noted that establishing this trust was an ongoing process that took time and intentionality to maintain.

> **"[Our partners] have different strengths, and we come together… We don't all have the same talents or focus…But this historic partnership has led to strong and effective communication and trust."**
>
> **– Community Partner**

- **Creating clear communication structures**. Many interviewees spoke of the value of having clear communication between various partners, as well as developing formal tactical agreements and systems to support working toward common goals within diverse groups of partners. Conversely, the absence of these structures could hinder progress for partnerships. For example, one interviewee reflected on challenges around communication within their partnership: "The level of trust among partners has been a challenge… there remains an underlying and unaddressed notion that there are 'sides' and some are on one side or another."

- **Having shared goals and accountability**. Interviewees also reflected that developing shared goals—grounded in racial equity and a focus on root causes of health inequities—helped lay the groundwork for their partnerships making progress in their Community-Centered Health work. In addition, some noted that having structures in place to support shared accountability toward reaching goals was critical. Without these shared goals, partnerships struggled to work through the conflict that inevitably arises when engaging a broader group of partners and shifting to center the perspective of resident leaders.
- **Strengthening internal systems and infrastructure**. When systems and infrastructure are in place to support cross-sector collaborative work—such as adequate staff capacity to lead and coordinate the work and clear payment and collaboration mechanisms for partners—it can help to facilitate progress. However, some sites struggled with internal issues such as determining fair compensation and payment mechanisms for residents' work and establishing MOUs with clinical partners. In addition, sites often had to navigate staffing and capacity limitations, including staff transitions, other staffing limitations, and physical space limitations.

Survey results suggest partnerships are building strong, collaborative cultures. With these key ingredients in mind, the Cohort 2 survey asked a range of partners within each collaborative to rate the strength of their partnerships across different elements. Highlights from the most recent survey data (fall 2022) are summarized below and in Exhibit 5.

- **Partnership culture ratings were high in areas related to creating strong, collaborative environments.** Eighty-eight percent or more of those surveyed agreed or strongly agreed with statements about the strength of their partnerships' culture (n=72). This included strong agreement with statements such as whether their partnership fostered a trusting and respectful environment; created a space where participants felt safe expressing opinions; and created a meaningful engagement structure.
- **Ratings were relatively lower in areas related to shifting power to community residents.** While ratings of partnership culture were high across the board, they were relatively lower in areas related to shifting power to community residents, as compared to those related to creating a positive and inclusive collaborative environment. This finding is reflective of the amount of time it takes to truly shift power to community residents.

Exhibit 5. Partnership Ratings of Collaborative Culture, Fall 2022 (n=72)

Making Progress Toward Goals

In addition to establishing and expanding around shared values and practices, partnerships shared evidence of their **progress toward goals**. Through surveys and interviews, representatives from all six partnerships pointed to ways they were making progress toward the three core goals of Community-Centered Health: 1) increasing community residents' engagement, leadership, and power; 2) shifting clinical partners' mindsets, approaches; and policies; and 3) working toward policy, systems, and environmental changes. Partnerships reported making progress with regard to their racial equity work and shared external challenges to progress, as described below.

All six partnerships have demonstrated early progress toward their goals. Exhibit 6 highlights qualitative examples of how partnerships were making progress toward each of the three core goals of their Community-Centered Health work, which are described in more detail later in this section (see Appendix B for site-specific examples of what progress looks like in each community).

Exhibit 6. Examples of Partnerships' Progress Toward Goals

Increasing community residents' engagement, leadership, and power	• Engaging in community needs assessments • Creating formalized leadership roles for community residents in partnerships • Working to fairly compensate the labor of community residents • Hiring multilingual staff to build trust with a broader segment of the community
Shifting clinical partners' mindsets, approaches, and policies	• Implementing trainings for health care providers on racial inequities and how to address the root causes of poor health • Hiring for new positions that reflect community-centered values (i.e., institution-wide DEI positions, Community Health Workers) • Prioritizing community input within strategic planning
Showing early markers of progress toward policy, systems, and environmental changes tied to site-specific goals	• Engaging government officials to address community residents' policy concerns and advocate for statewide changes • Leveraging health equity data and evaluation to bring community-level health inequities to the attention of policymakers • Generating new food supplier partnerships to increase access to healthy foods in communities

All partnerships demonstrated progress with engaging community residents in their work, to varying degrees. The survey data provides more detail across sites about the ways in which survey respondents reported their partnerships were sharing power with community residents. We adapted the different stages from a commonly used spectrum of community engagement[3] into a mark-all-that-apply survey question. The question asked respondents to reflect upon the different ways in which their partnership engaged community members in their collaborative's work (see Exhibit 7). A majority of respondents reported that they *provide the community with information* (64%) and *gather input from the community* (58%). To a lesser extent, respondents said their partnerships e*nsure community needs and assets are integrated into processes and inform planning* (44%), *foster democratic participation and equity through community-driven decision-making* (31%), and *ensure community has capacity to play a leadership role in implementation of decisions* (29%). Literature on collaborative development suggests that these deeper forms of community engagement typically do not occur until a collaborative is in a mature stage.[3] Thus, the fact that partnerships were focused on earlier stages of community engagement is aligned with the length of the Community-Centered Health investments at the time of this report.

[3] Movement Strategy Center. The Spectrum of Community Engagement to Ownership. (2019). Retrieved from https://movementstrategy.org/wp-content/uploads/2021/08/The-Spectrum-of-Community-Engagement-to-Ownership.pdf. Accessed December 7, 2021.

Exhibit 7. Ways Respondents Reported Partnerships Engaging with Community Residents, Fall 2022 (n=72)*

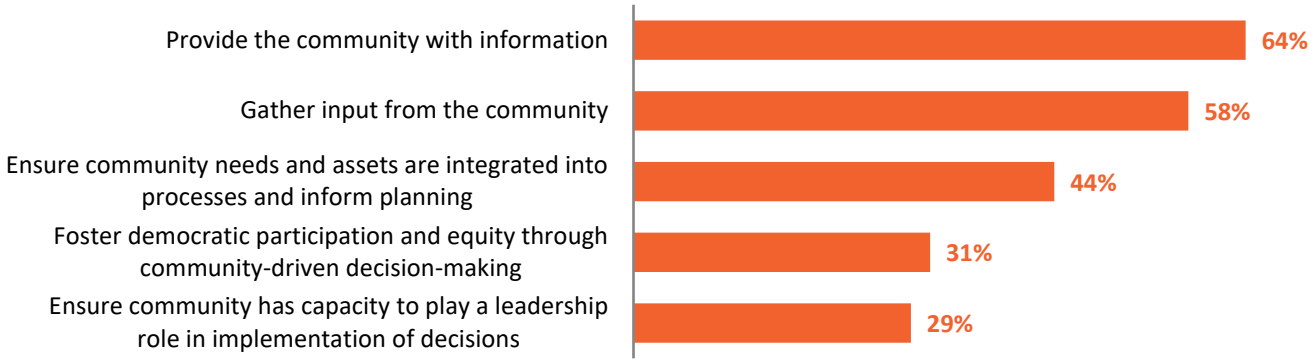
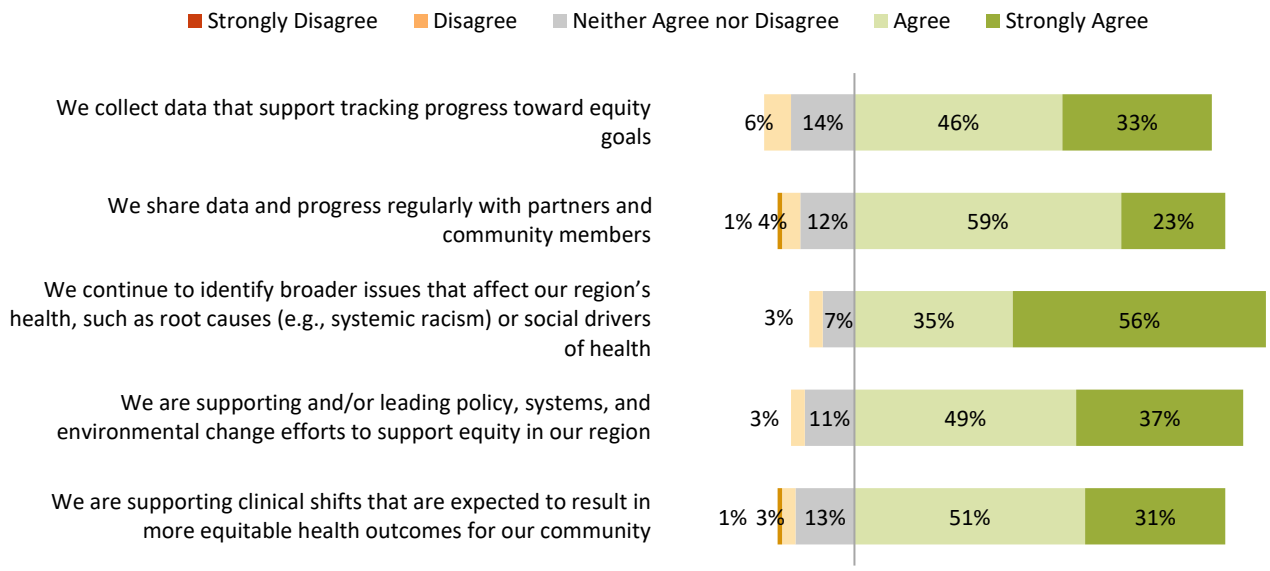


*Chart represents the five most common responses. Percentages add up to more than 100 since respondents could check all activities that applied.

Partnerships shared concrete examples of how their work was helping to shift mindsets of clinical partners, while also sharing challenges in this area. The majority of survey respondents (82%) reported working toward clinical shifts that were expected to result in more equitable health outcomes in their communities (see Exhibit 8). Partners offered examples of these shifts through interviews and open-ended survey responses, including having hospitals shift their approaches to embrace a community-centered ethos and health care providers shifting their practices to address more upstream approaches. At the same time, interview and survey respondents pointed to challenges in this area, including the need for better data to track progress and stronger health systems collaboration both within and beyond Community-Centered Health partnerships to support broader scale.

To varying degrees, partnerships showed early progress toward site-specific policy, systems, and environmental change goals. The stage of progress varied at this phase of work, with some partnerships seeing more incremental change and others securing larger-scale wins. Most survey respondents (91%) indicated their partnership was continuing to identify the root causes and social drivers of health inequity in their communities, and 86% noted they were supporting or leading policy, systems, and environmental change efforts when reflecting on their work in 2022 (see Exhibit 8). Examples of change in this area included increasing access to affordable housing and helping to prioritize racial equity in local and organizational policies.

Exhibit 8. Partners' Perceptions of CCH Progress, Fall 2022 (n=72)



Partnerships also described how they were actively working to integrate racial equity into their work. As described above, the Cohort 2 grantees' work included an explicit focus on racial equity. The evaluation sought to understand how this racial equity commitment showed up in practice. Survey respondents cited the various ways that their partnerships were working to advance racial equity (see Exhibit 9). Almost all survey respondents noted that their partnerships were *building awareness around and acknowledging inequities* (90%). About one-third noted that their partnerships were working on *diversity and representation*, promoting *inclusive decision-making*, and *explicitly naming racial equity*. In addition, just over half noted their partnerships were supporting policies that promoted racial equity. These findings suggest that, as of the time of the most recent survey, partnerships had made the most progress with raising awareness about issues related to racial inequities, but, at the same time, also were actively shifting their behaviors and policies in ways that promote racial equity.

Exhibit 9. Ways Partnerships Are Working to Advance Racial Equity, Fall 2022 (n=72)*

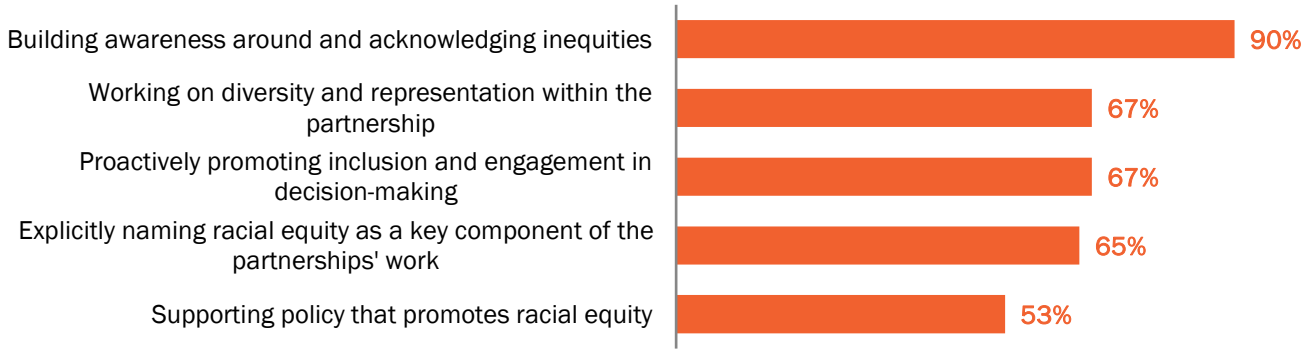


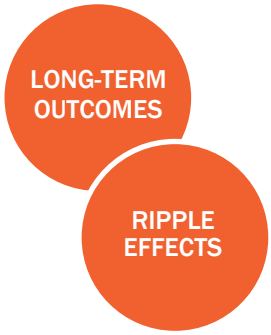
*Chart represents the five most common responses. Percentages add up to more than 100 since respondents could check all activities that applied.

While partnerships reported making progress toward goals, they also experienced a range of challenges to progress. These challenges related to both the internal context within partnerships and the broader external environment. They included:

> "The biggest community context [issue] that you can talk about was [and still is] COVID and the pandemic… you're not able to do things the way you would ideally do them. And you're not able to gather in the way that you wish you could. And a lot of this community work, in order to authentically engage people, cannot be done during COVID."
>
> – Organizational Partner

- **Pandemic setbacks.** All six partnerships described pandemic-related challenges that impacted their ability to fully leverage funding resources, build community connections, and make progress toward goals. Though partnerships did try to employ creative engagement activities, relationship- and trust-building with community residents was put on hold in some cases because opportunities for in-person connection were not possible.
- **Institutional and local policies and practices.** Partners shared examples of how institutional and structural barriers can slow policy and systems change, including healthcare bureaucracy (e.g., difficulty establishing MOUs), power dynamics, and local leadership's hesitancy to partner on issues related to equity, institutions' unwillingness to cede power, and the length of time it takes to advance meaningful systems change.
- **Challenging socio-political context.** Across partnerships, interview participants reflected on how the socio-political context posed significant barriers in their communities. Some partners and community residents shared fears of retribution from efforts to advance racial equity work or that they had experienced such retribution directly already.

Poised for Lasting Community Change



Almost all Cohort 2 partnerships at the time of our data collection reported seeing signals of long-lasting change emerge through their work. These **ripple effects** refer to the ways in which the Community-Centered Health approach exerts influence beyond the initial program goals and outcomes. Examples shared by sites include generating interest in the Community-Centered Health model from other communities, promoting cross-partnership training, and demonstrating the importance of local governments collaborating with community. Ripple effects can be positive or negative, as the following findings illustrate.

> "The funding for [our new pilot project] is definitely a ripple effect. It also reaches to a neighboring county. While we're primarily serving our county, this opportunity may extend our reach and our discussions with surrounding communities to build the services to the region…"
>
> – Community Partner

Almost all partnerships reported evidence of their work having a positive influence beyond the program's initial goals and outcomes. These partnerships reported increased interest and attention in the Community-Centered Health model from other stakeholders or communities. For example, one community partner said that their grassroots community work is being modeled elsewhere around the state with government, education, and healthcare industries taking interest. Several sites leveraged their Community-Centered Health work to achieve additional recognition

nationally, such as through receiving national awards or presenting at conferences. Other sites leveraged their work to garner additional funding and support, including from local foundations.

On the other hand, some partnerships experienced negative ripple effects, such as unwanted attention, skepticism, or hostility. Systems-change work that highlights inequities can inevitably invite repercussions and blowback, as the following examples illustrate:

- Some partnerships reported experiencing backlash against efforts to center resident Black voices. They reported, for example, that efforts to ensure participation of Black residents in local policy conversations prompted a surge in racial resentment and counterattacks on their community's leaders.
- Some partnerships reported being the target of local media stories that produced what they saw as biased reporting and painted the progress of Community-Centered Health in a negative light.
- Some partnerships reported being overlooked for their role in advancing health improvements in their communities. At one site, interviewees noted that local residents had not received adequate recognition for their contributions to community change, as local government took credit for certain accomplishments made possible by the Community-Centered Health partnership.

What Have We Learned?

The actions and experiences of the Foundation and its Cohort 2 grantees impart useful cross-cutting insights about supporting community-centered partnerships. These lessons inform the Foundation's continued support of the initiative and may offer instructive considerations for other funders and those implementing similar community-centered approaches.

Multiple factors affect partnerships' success in making systems-wide changes. Each Community-Centered Health partnership operates in a unique local context, includes its own blend of organizations and individuals, and identifies priorities specific to its community. The Foundation has welcomed variation among sites by avoiding an overly rigid partnership model. At the same time, the evaluation revealed several factors that, when considered for each partnership, can help identify the types of support they may need and inform an understanding of their progress and development (see Exhibit 10).

Exhibit 10. Key Factors that Influence Partnership Development and Progress

Contextual factors	• History of relationships among organizations, local government, and the community at large that may help or hinder rapport • Community cohesion and political climate around a timely issue that may predict interest in or resistance to change
Organizational readiness to contribute to Community-Centered Health work	• Leadership commitment to upstream approaches to health and equity • Capacity to dedicate staff to the partnership's work • Experience with and culture supportive of cross-sector collaboration

Elements of effective Community-Centered Health partnership	• Common understanding of and commitment to health equity and community engagement • Specific shared goals and accountability • Trust among partners, supported by clear communication • Agreements about roles and process • Active relationship-building with the community, including open listening and learning, communication, and valuing residents' expertise

Attention to racial equity can impact how community health work unfolds and advances. The Cohort 2 partnerships could not ignore the role of racial inequity as a root cause of health disparities in their communities. Centering racial equity in their work tended to bring partners together around shared understanding and action, although in some cases it also led to backlash from parts of the community. Specifically:

- Partnerships learned that developing shared goals explicitly grounded in racial equity helped them address the root causes of health inequities and make progress toward change.
- Authentic communication with an openness to learning, as well as a partnership culture of valuing community residents whose experiences often reflected racial inequities, helped partnerships work well together toward health goals.
- Several partners identified deep racial polarization in their communities as a barrier to progress on efforts to advance policy changes to rectify racial inequities.

Grantees value support around sustainability planning. This commitment to improving racial equity, shared by the Foundation and its partner grantees, has helped reinforce a common vision for the work and ensure that different aspects of the initiative work together to advance health for all.

"The greater, stronger focus on racial equity is something that I'm really proud that we've done. In the early stages of the collaborative, there was [more] resistance… We used the phrase 'health equity' when (we) wanted to talk about racial equity… We're in a place now where when we [name racial equity], we give others permission to do this work too and to use clear, more explicit language."

– Organizational Partner

"[The Foundation's] strategic thought partnership, nurturing guidance, and realistic view of what it means to be in the roles that we are in in our communities allows us to be our best selves."

– Organizational Partner

Funders can support systems change when they respond to grantees' operational needs. Grantees emphasized that *how* foundations provide support can make a big difference to the stability of their programs and their capacity to tackle long-term systems change. In the Community-Centered Health initiative, Cohort 2 grantees valued the Foundation's **long-term investment** that recognized the enduring effort required for systems change. This funding security allowed partners to plan and implement sustained strategies and budget for committed staff time. Grantees also appreciated the **flexibility** of the Foundation's support, which enabled them to pivot their approach as the context and needs evolved (particularly with the global pandemic), rather than being held accountable to original goals and activities.

In part based on the Foundation's assistance, grantees made further suggestions about how funders in general can support durable change. They recommended offering **sustainability planning**, for example by assisting grantee partners in identifying and planning for funding gaps to avoid progress being cut short. They also suggested that current funders, such as the Foundation, help with **bringing in other funders** through collaboration and conversation to spread philanthropic interest in the mission and approach. In this way, funders could take on more of the heavy lifting necessary to maintain and grow the legacy of an initiative by connecting grantees with promising sources of ongoing support.

Grantees benefit from peer sharing and learning. Community-Centered Health grantees and partners emphasized the value they found in connecting with their peers in other communities and were eager for more such opportunities. They appreciated both in-person and virtual touchpoints that allowed them to learn from the experiences of others, share their challenges and successes, and build community. For the Foundation and other funders looking to support similar efforts, creating space and designated time for informal, unstructured peer sharing, in conjunction with facilitated gatherings, is a worthwhile opportunity to provide support beyond dollars and foster a resourceful network that can last into the future.

> "I like learning more about lessons learned in other communities… Building power together, that's the biggest thing. We learn so much while we're together."
>
> – Organizational Partner

Funders can support grantees' success by investing in coaching and technical assistance, as well as maintaining a flexible approach to these supports as needs evolve. Efforts like the Community-Centered Health initiative are complicated. Collaborative cross-sector partnerships involve thoughtful relationship building, flexibility, and diplomatic negotiations. Planning and implementing strategies to change systems is additionally challenging in a nuanced and dynamic context. In these circumstances, the Foundation's Cohort 2 grantees highlighted the benefits of having coaches who helped navigate their work. Coaches served as valuable guides who provided thought partnership in carrying out and adapting grantees' plans. The Foundation also supported grantee partners with leadership training and professional networking, among other technical assistance. Lastly, the Foundation was flexible with its approach to providing non-monetary support, offering more targeted support around racial equity as the initiative's priorities evolved. While these types of support require substantial investment and coordination, they can be beneficial in terms of smoothing grantees' course along an inevitably challenging and bumpy road.

> "[Our coach] has a different take and can just sit back, ask a couple of key questions, and let us strategize amongst ourselves. She's not putting herself too much in the project but becoming… almost like a mirror that we can look at and reflect off of. That's so valuable."
>
> – Organizational Partner

APPENDIX A: GLOSSARY OF TERMS

Community Residents or Community Members	People, including those not part of the collaboratives' core membership, who have lived experiences related to the focus areas of their respective Community-Centered Health partnerships.
Clinical Partners	As part of the Community-Centered Health model, each partnership has a primary clinical partner who plays a key role in the collaborative. These clinical partners are organizations that provide direct clinical services, including healthcare providers and health systems that provide direct patient care. They work alongside the site lead organizations and other partner organizations within each collaborative to holistically address the social determinants of health.
Community and Organizational Partners	In this report, references to organizational partners include funded partnership leads (e.g., coordinators) and primary clinical partners. References to community partners include community residents, people who work in the community, and others who have important ties to the community and are involved in the Community-Centered Health work.
Clinical Shifts	Shifts in clinical organizations' knowledge, mindsets, and approaches to embrace a more community-centered ethos. These shifts can allow them to better address the social determinants of health alongside their clinical responsibilities. Clinical shifts can take place within the primary clinical partner organizations, as well as other local healthcare partners within each community.
Equitable Evaluation	The Equitable Evaluation Framework™ includes principles and orthodoxies designed to help integrate equitable practices into the field of evaluation. Within the context of this project, Engage R+D is committed to embedding Equitable Evaluation in its work and has strived to follow these guiding principles through the evaluation:[4] • Orient toward participant ownership. • Address questions relevant to Community-Centered Health communities. • Embrace multiple realities and truths about how and why the work is proceeding. • Explore the impact of Community-Centered Health approaches on drivers of health inequities. • Recognize our own biases. The Community-Centered Health evaluation explicitly centers racial equity and community-centered principles and practices. One concrete way this has been

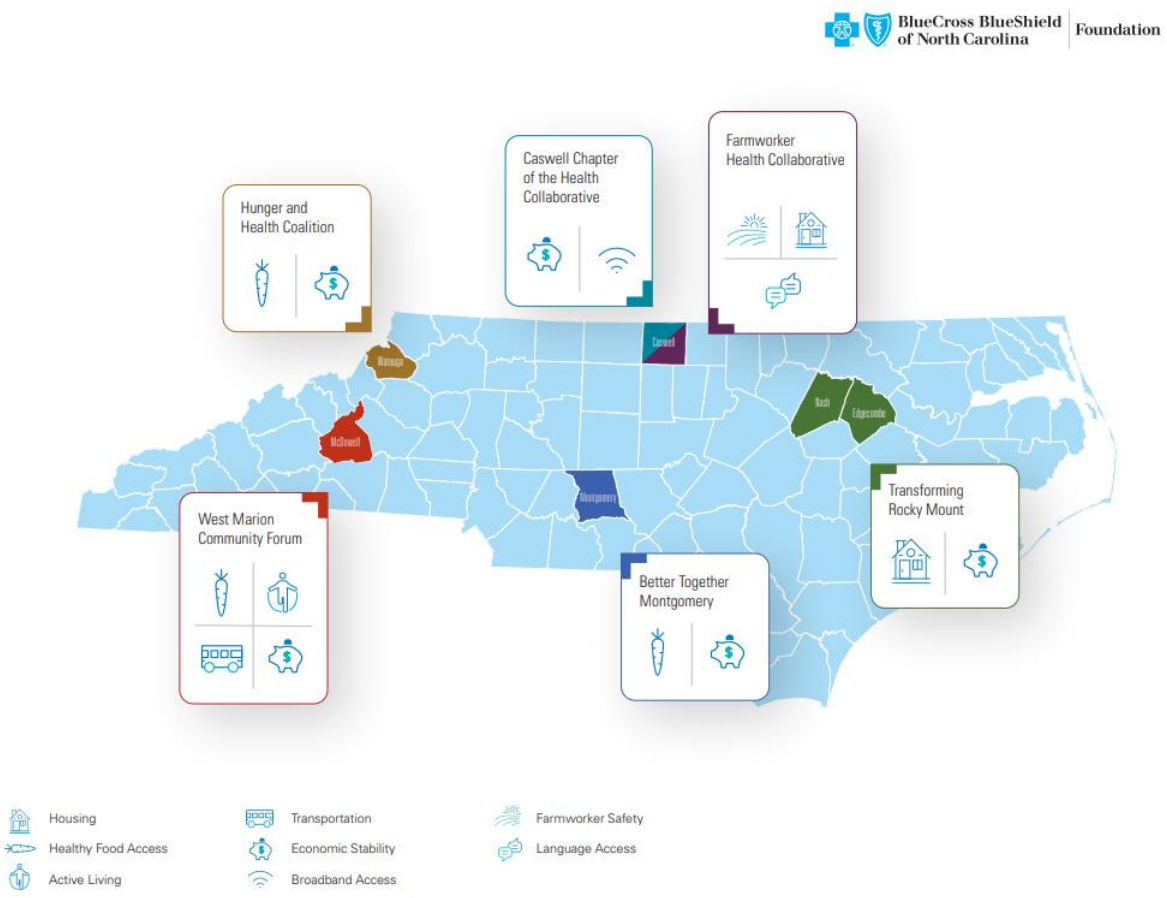
[4] [a] Adapted from Dean-Coffey J. 2017. Equitable Evaluation Framework™. *Equitable Evaluation Initiative.* https://www.equitableeval.org/framework

	operationalized is through the launch of, and close partnership with, an Evaluation Advisory Group composed of a subset of Cohort 2 partnership leads and clinical partners. Participants elected to join the group based upon their interest in shaping the evaluation and are compensated for their time. They play an important role in identifying evaluation activities aligned with their own learning needs, as well as providing feedback on evaluation concepts, methods, and approaches. They also serve as a primary audience for learning and evaluation activities.

APPENDIX B: SITE-SPECIFIC STORIES OF PROGRESS

What Progress Looks Like Within Sites

At the time of this report, Cohort 2 grantees were more than halfway through the five-year implementation phase for Community-Centered Health. All six of the partnership communities (depicted in the visual below) had shown evidence of progress toward policy, systems, and environmental change goals. This appendix highlights select examples of what progress looks like within each site. The examples below provide snapshots of select work from 2022 in each site and are not meant to be a comprehensive accounting of their progress.



Better Together Montgomery

Using Community Feedback to Spur Clinical Shifts


Credit: Better Together Montgomery

Better Together Montgomery is working to shift the status quo within their local healthcare system. Leveraging the Community-Centered Health funding allowed them to secure funding from another source to specifically gather input from residents via a survey and focus groups. Community residents shared feedback on the services they received from the local healthcare institution. The feedback suggested that some residents of color did not feel welcome or well-reflected by healthcare providers at the institution. The healthcare institution subsequently took action to respond to community needs by creating a Patient Advisory Committee in 2020. One community member shared their appreciation for this process: "[Our clinical partner] invited us to the table to ensure that they were meeting the needs of our communities. They recognized that there was a lack of communication, a lot of misunderstandings…They created an advisory board to address those issues."

Caswell Chapter of The Health Collaborative

Promoting an Inclusive Partnership to Facilitate Community Change


Credit: Caswell Chapter of The Health Collaborative

The Caswell Chapter of The Health Collaborative has focused on building a collaborative, inclusive partnership, despite working in a highly challenging sociopolitical context. A majority of partners surveyed by Engage R+D reported that the partnership involves community members in decision-making, proactively promoting inclusion and engagement. One partner elaborated further on this point: "There's an effort to have diverse perspectives represented at all levels of the work… Traditionally, most decision-making was [not inclusive]." With its inclusive culture, Caswell Chapter partners noted they have made notable progress in several areas. These areas include facilitating an initiative to support small farmers, food pantries, and a local health clinic. They are also engaging community members and organizations in addressing health and socioeconomic disparities which has resulted in two new tutorial sites in the county, the publishing of a regional Health Equity Report, and an aligned vision for the community through the Health For All Action Plan. The collaborative's approach and achievements have earned the attention of an unlikely stakeholder. A partner shared that a hospital that historically had not been a partner on equity issues was now at the table. Seeing Caswell's community-centered approach and its successes to date, hospital executives had reached out to say they wanted to be a part of the partnership's work. "We're really excited about that," the partner remarked.

Farmworker Health Collaborative

Building Community through Grassroots Organizing


Credit: NCCHCA

Farmworker Health Collaborative seeks to elevate small community-led projects focused on improving the health of farmworkers across North Carolina. Prior to the pandemic, the partnership worked carefully to establish trusted relationships with agricultural workers and engage them in dialogue. As one partner reflected, the purpose of this dialogue was to learn more about what "their [agricultural worker's] needs were, their motivations, and their abilities to participate in something like [Community-Centered Health]." Using a grassroots organizing approach, the group discovered that the community's needs were different from what they had assumed. Through a series of focus groups, agricultural workers shared the types of support they would find helpful in their community, such as ways to connect around sports, music, and food; the desire for *tiendas* [shops] in their area; and the ability to connect with spiritually-based advocates in their community.

Although the partnership made early inroads with workers, the pandemic and staff turnover created setbacks and hindered some of the early progress. Now, working past pandemic-related challenges and with a new team and renewed energy to engage community members, one partner noted that the collaborative "is going strong again and really putting the 'community' into Community-Centered Health."

Hunger and Health Coalition

Addressing Food Insecurity and Shifting Clinical Practices


Credit: Hunger & Health Coalition

Through Community-Centered Health, the Hunger and Health Coalition has strengthened and expanded its innovative Food is Medicine program. To address poor nutrition and its effects on health, the program provides medically tailored food boxes to families experiencing food insecurity and diet-related chronic illness. Food is Medicine requires robust collaboration between community nonprofits and medical partners.

The partners began their Community-Centered Health work with a strong working relationship and have been able to expand Food is Medicine with the use of their food insecurity screening tool within medical practices throughout the regional healthcare system. One partner described the growth as "a huge clinical shift that's built awareness [among] healthcare providers of the issue of food security."

Transforming Rocky Mount

Using Community Input to Shape Local Housing Policy

Credit: Transforming Rocky

An example of ripple effects from Community-Centered Health work comes from Rocky Mount, where the partnership's work has laid the groundwork for more direct community input into local government decisions. Transforming Rocky Mount has made notable progress toward equitable city policy on housing and development.

The partnership developed the Workforce Housing Advisory Council, composed of community residents who worked with city planners to study future land use maps, discuss where development should and should not occur, and how best to protect historically Black communities.

One partner described the influence this advisory council was able to exert on the planning process: "We co-authored this historic corridor study with planners… grounded [in] African American heritage and tourism, because the residents were engaged. They said, 'This is what we want to preserve in the city. And this is how development should happen in our city.'"

West Marion Community Forum

Teaching Others How Shift Happens


***Credit:** West Marion Community Forum*

West Marion Community Forum has received positive attention and interest from nearby communities and across the state about their approach to community forums. In 2020, the partnership published *Shift Happens in Community: A Toolkit to Build Power and Ignite Change*, which has further raised their profile, eliciting positive reviews from local, state, and national stakeholders.

The partnership lead talked about how they have leveraged foundation support for their book into additional funding opportunities: "the Foundation hired us to do a virtual workshop in March 2022. And now, we're going to do probably three or four workshops for [another partner] this year. So, everyone sees the work we're doing, so that creates openings to other doors. And everything, the book proceeds and the workshop proceeds, a certain percentage comes back to our community. So, that's working on a sustainability plan, too."

About this Report Brief

This evaluation was commissioned by the Blue Cross and Blue Shield of North Carolina Foundation; however, its contents do not necessarily represent the views of the Foundation.

About Engage R+D We are dedicated to helping organizations achieve their greatest possible impact. We partner with leading foundations, nonprofits, and public agencies throughout the U.S. to help them design, implement, measure, and improve their work. We believe that creating social change and advancing equity requires bringing together good data, stakeholder voice, and field insights in creative ways to inform strategy and drive results. We approach our work with an organizational development lens, recognizing that people and relationships are central to this work. We also exchange ideas and share insights with the broader field so that together we can create a more just and equitable future. Learn more about our work at: https://www.engagerd.com/

About Blue Cross and Blue Shield of North Carolina Foundation The Blue Cross and Blue Shield of North Carolina Foundation is a private, charitable foundation established as an independent entity by Blue Cross and Blue Shield of North Carolina in 2000. Its mission is to improve the health and well-being of everyone in North Carolina. Over the past two decades, the organization has worked with - and supported - nonprofit organizations, government entities, and community partnerships across the state, investing $214 million into North Carolina through more than 1,300 grants, collaborations, and special initiatives. Within its focus areas of access to care, early childhood, healthy communities, healthy food, and oral health, the Foundation strives to address the key drivers of health, taking a flexible approach designed to meet identified needs in partnership with the community. www.bcbsncfoundation.org