Addressing Drivers of Health by Centering Community as the Catalyst for Change

"A healthy state is dependent on healthy communities."

Community-Centered Health

Foundation Focus and Strategy

Structure and Guiding Principles

Community Profiles

Integrating Drivers of Health

Assessing Impact: Lessons Learned, Power Shifts, and Systems Change

What We Believe

We believe North Carolina has the potential to be one of the healthiest states. This only happens once everyone living here has a fair opportunity for good health.

Our belief is simple. Everyone in North Carolina deserves the opportunity to be healthy. And this should be true regardless of where a person lives, their financial situation, or the color of their skin. Unfortunately, that is not yet the case – both here in North Carolina and across the United States. There are significant disparities tied to race, poverty, geography, education, and more – a result of systemic failures that stand in the way of all people having the same opportunity for good health.

Community-Centered Health

In nine communities across the state, diverse partnerships of stakeholders are working together to break down barriers to good health.

Background

A person's health is influenced not only by the health care they receive, but more so by the interplay and influence of social, environmental, structural, and economic factors. This reality calls for a way of addressing health in partnership with those most impacted by inequities and inclusive of all sectors – public, private, and government – to identify and implement improvements within communities that support better health for all.

Community-Centered Health: Structure and Guiding Principles

Approach vs. Intervention

Elevation and Value for Lived Experience and Community Voice

Community Power Building as a Strategy for Social Change

Community Self Determination: Power <u>With</u>, not Power <u>Over</u>

Race and Health Equity

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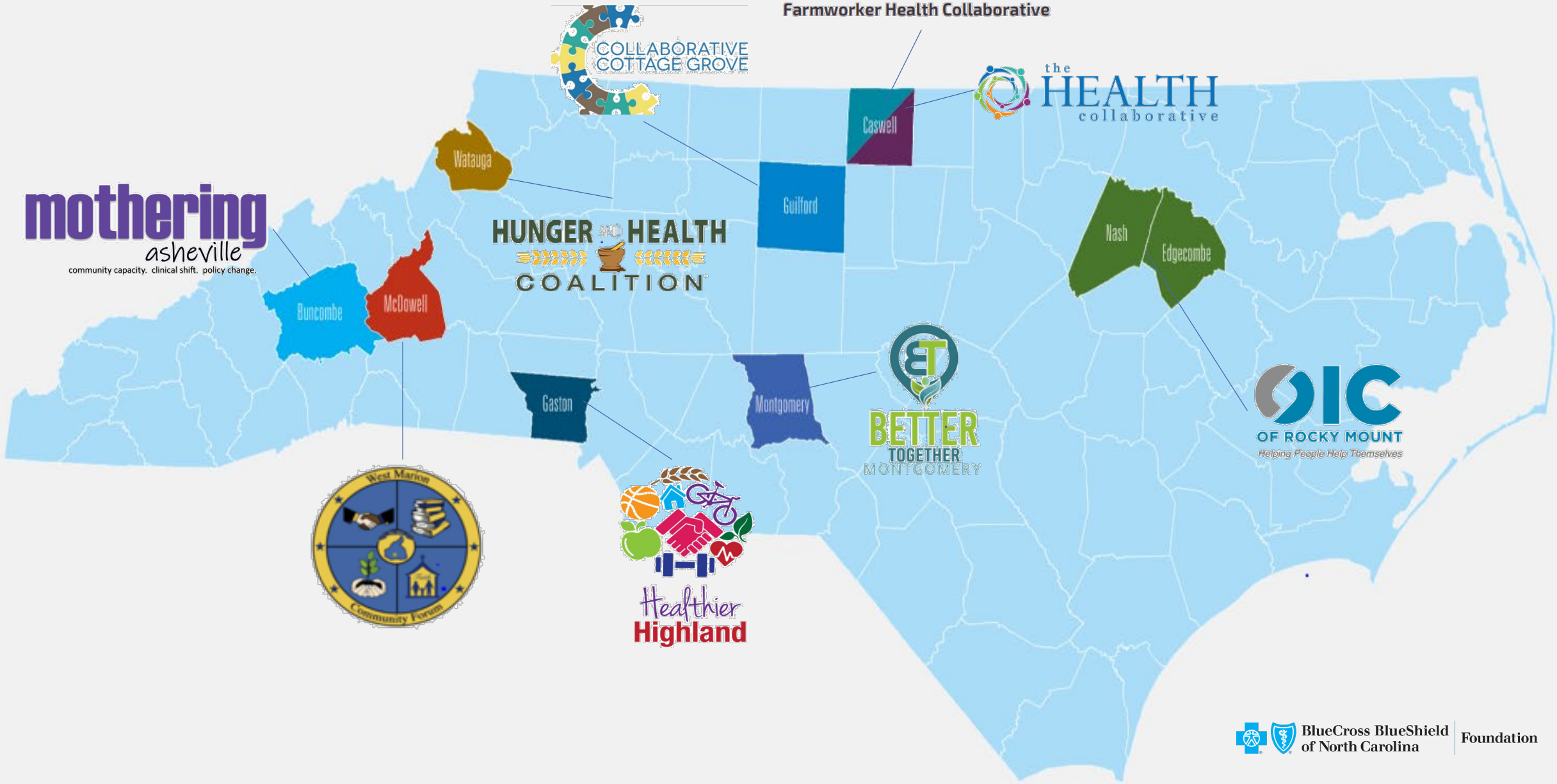# Structure and Guiding Principles: Core Components

Multi-sector partnership in which community members impacted by health inequities have leadership roles

Orientation to policy, systems, and environmental changes

Clinical shifts and upstream, non-medical barriers to health

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Community Profiles

Integrating Drivers of Health

Buncombe County: **Healthy Birth Outcomes for Black Babies and their Mothers**

Caswell County: **Economic Stability, Chronic Disease, Broadband Access, Community Wealth Building**

Caswell County: **Occupational Health, Chronic Illness, Employment**

Edgecombe and Nash Counties: **Housing, Economic Stability**

Gaston County: **Active Living, Infrastructure, Health Care Access**

Integrating Drivers of Health

Guildford County: **Healthy Affordable Housing, Asthma, Active Living**

McDowell County: **Healthy Food Access, Active Living, Transportation, Economic Stability**

Montgomery County: **Healthy Food Access, Economic Stability, Access to Care, Physical Activity**

Watauga County: **Healthy Food Access, Economic Stability, Housing**

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Assessing Impact:

Lessons Learned

Power Shifts

Systems Change

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Highlighting Community Leadership and Community Voice

COMMUNITY-CENTERED
HEALTH

Discussion/Q&A

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Thank you!