



# Highland Shows UP, Speaks UP, Steps UP Aligning Systems for Health: Community-led Collaboration Advancing Health Equity

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## I. Introduction

For generations Gastonia, located outside of the urban hub of Charlotte, North Carolina, was home to a prominent and thriving textile industry. In the past few decades as textile jobs have been sent abroad and Charlotte has grown dramatically, the Highland neighborhood has felt the brunt of these losses and inequities. In 2015 a unique collaborative of key partners across sectors and organizations, Healthier Highland (the collaborative), came together to develop initiatives to advance health equity and foster a healthier community. What made the collaboration extraordinary was its commitment to be community-led and driven by the residents through strong engagement. This evaluative investigation of sustained multi-sector collaboration seeks to capture Healthier Highland’s accomplishments and learning, focusing on how authentic community engagement is essential to impacting systems and reducing health disparities.<sup>1</sup>

In the five years since its inception, Healthier Highland has made significant gains for the community: today they can celebrate a new local food enterprise, a youth garden, elected Council members and a mayor that are representative of the neighborhood, and developed infrastructure improvements like water fountains in schools, expansion of the Highland Rail Trail, sidewalks, and bathrooms in public parks – all contributing to a healthier community. In 2020 with COVID exacerbating health issues and police accountability drawing more attention to structural racism, the collaborative is looking to younger generations to be engaged and carry the torch for changes into the future.

## II. About Healthier Highland

### The Collaborative

*With community engagement and commitment, we gain our voice and power to make changes.*  
~ Evaluation committee members

In 2014 a group of leaders came together to address health disparities in the Highland neighborhood of Gastonia (See text box for their affiliations). By 2015 they were awarded a grant to deepen this work using the Community-Centered Health model (CCH).<sup>2</sup> Bringing together residents, in what would soon become the Highland Neighborhood Association, with the key partners, their primary goal was to improve community health through designing and implementing strategies and programs based on community identified priorities and engagement. The new effort, that got off the ground fully in 2016, would become known as Healthier (or Healthy) Highland. With community engagement now at its core, the collaborative facilitated cross-sector collaboration and alignment to advocate for and sustain change. The group identified obesity as the priority health condition to address together. They chose to impact obesity because improvements in BMI can contribute to improvements in diabetes and hypertension.

#### **COLLABORATIVE PARTNERS**

- *Highland Neighborhood Association*
- *Kintegra Health - FQHC*
- *Gaston County DHHS Public Health Division*
- *City of Gastonia*
- *CaroMont Health*
- *NC Cooperative Extension - Gaston County*
- *HealthNet Gaston*

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<sup>1</sup> The project was a part of the “Aligning Systems for Health” initiative of the Georgia Health Policy Center (GHPC), a national effort to better understand improved health and well-being in communities funded by the Robert Wood Johnson Foundation.

<sup>2</sup> See Appendix D for more detail on funding sources.

Healthier Highland’s approach was to work across sectors to impact systemic barriers and upstream factors contributing to these poor health conditions and outcomes.<sup>3</sup> They devised a plan of action that would build a culture of healthy eating and active living, foster community engagement, reinforce networks of social support, support clinical changes within the health center, shape community development projects, elect/appoint residents to leadership positions, and secure financial and in-kind support for partnership work. One of the first steps of the new collaboration was to find a well-respected community member to serve as coordinator. Fortunately one person quickly surfaced as the perfect person for the job: Donyel Barber. As soon as she was hired in early 2016, Donyel began engaging and rallying the community to advance towards their shared priorities and goals.

## Neighborhood Context

*They created a powerful bridge with community. They could discuss race, income, history and the systemic causes of poor health. ~Rich Bell, Technical Assistance Provider*

### Demographics

Highland residents face higher rates of economic instability, health issues, and adverse social and environmental factors, than those in neighboring areas and in the county more broadly.<sup>4</sup> As Table 1 shows, the area has high rates of poverty and unemployment and low wealth: 65.5% of people have incomes below 200% the federal poverty level while 38.4% have incomes below 100% of the federal policy level. For African Americans, the number jumps to 47% with income below 100% the federal poverty level. The unemployment rate (19.8%) is more than double that of the county (8.3%). The median household income (\$18,447) is less than half as much as that for the county more broadly (\$46,626). The community also faces challenges with education: 26.9% of people age 25 and older have not graduated from high school; 32% have completed high school or received their GED; and 15.7% have a bachelor's degree or higher education.<sup>5</sup>

Table 1: Highland Neighborhood metrics compared to surrounding areas and Gaston County

| Metric                                   | Highland Neighborhood<br>(Census Tracts 319 and 320) | 28052<br>(Highland Zip Code) | 28054<br>(neighboring zip) | 28056<br>(wealthier nearby neighborhood) | Gaston County |
|--|--|------------------------------|----------------------------|--|---------------|
| People living below 100% federal poverty | 38.40%   | 26.5%                        | 15.9%                      | 11.9%                                    | 16.10%        |
| People living below 200% federal poverty | 65.50%   | 55.9%                        | 41.5%                      | 28.1%                                    | 40.80%        |
| Median household income                  | \$18,447.00  | \$49,850                     | \$58,787                   | \$84,462                                 | \$46,626      |
| Unemployment rate                        | 19.80%   | 9.8%                         | 8.1%                       | 5.0%                                     | 5.9%          |
| Renter-occupied housing                  | 69%  | 55.3%                        | 43.9%                      | 21.1%                                    | 34.0%         |
| Average value of owner-occupied home     | \$61,150   | \$96,600                     | \$128,900                  | \$164,400                                | \$126,000     |

As Table 2 shows, there have been significant changes in health outcomes from 2016 to 2019 with chronic illness and Emergency Department rates dropping during this time, even to a greater extent than on the County level, which also experienced reductions.

<sup>3</sup> “Healthy Highland BUILD 3.0 Awardee.” <https://buildhealthchallenge.org/communities/healthy-highland/>

<sup>4</sup> The Highland neighborhood, located in Gaston County, neighbors the urban hub of Charlotte, NC.

<sup>5</sup> The neighborhood has a total population of 5,040 residents. Located in the 28052 zip code, and more specifically in the Census tracts 319 and 320) All US Census data is from the American Fact Finder, American Community Survey 5-Year Estimates 2013-2017 at <https://data.census.gov/cedsci/advanced>.

Table 2: Health metrics for Kintegra Health Center (as compared to Gaston County)

| Metric  | 2016<br>Highland<br>Neighborhood | 2016<br>Gaston<br>County | 2019<br>Highland<br>Neighborhood | 2019<br>Gaston<br>County | Highland<br>3 yrs<br>% Change |
|---|----------------------------------|--------------------------|----------------------------------|--------------------------|-------------------------------|
| <i>Source: Kintegra Health<sup>6</sup></i>        |                                  |                          |                                  |                          |                               |
| Health Center Patients with Diabetes              | 9.3%                             | 6.0%                     | 6.23%                            | 5.88%                    | -33.01% (-3.07%)              |
| Health Center Patients with Hypertension          | 20.2%                            | 10.9%                    | 15.5%                            | 9.29%                    | -23.27% (-4.07%)              |
| Average Monthly Medicaid Cost                     | \$862.51                         | \$454.43                 | \$843.65                         | \$390.29                 | -2.2% (-\$18.86)              |
| Emergency Department Visits/100 Medicaid patients | 119.1                            | 71.8                     | 80.4                             | 56.4                     | -32.5% (-38.7)                |

### Reported Assets and Challenges

*"The pride and passion people have in the community, for generations, it amazes me." ~ Community leader*

*"The number one barrier to people thriving in Highland: racism." ~ Community leader*

When asked about their neighborhood assets and challenges, interviewees identified the main community asset is the depth of community connection and pride in the neighborhood. The primary challenges named were:

- *Racism:* There are historical and structural examples of how the neighborhood and residents have been treated and excluded.<sup>7</sup>
- *Access to healthy food:* There is no locally accessible grocery store in the neighborhood or health food options.
- *Economic opportunity:* Employment is seen as one of the biggest issues for residents.
- *Access to affordable health care:* Lack of insurance and information regarding services
- *Mental health:* Support and services were seen as marginalized as compared to physical health.

Additional (or second tier) challenges facing the neighborhood that respondents included: chronic health conditions including obesity, lack of affordable housing, the fact that many people are in survival mode, and the pressures of gentrification. It is notable that the primary issues are underlying contributors to some of the secondary issues.

## II. Methodology: Framework and Process

This summative evaluation looks at the process and outcomes of Healthier Highland with a focus on community engagement and its impacts on cross-sector collaboration and alignment for improving community health. The evaluation process followed the community-centered and driven approach of the collaborative. From the start, the participatory approach of the collaborative was modeled in the evaluation process by forming an evaluation committee that met monthly to co-create the project. Together we agreed on definitions (see text box), designed the learning questions and evaluation tools, identified populations for the focus groups and interviews, and provided input on the preliminary and final findings.

<sup>6</sup> Waiting on Obesity/BMI data from Kintegra health.

<sup>7</sup> For example, the only public park without after hours bathrooms in the was located in the neighborhood - in 2019 bathrooms have since been installed in response to community advocacy.

#### KEY DEFINITIONS

**Community engagement:** The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.... often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices (CDC, 1997, p. 9).

**Health equity:** Everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

The evaluation acknowledged the centrality of the social determinants of health—including power imbalances and historical legacies driving health outcomes and inequities—and assumed that individuals and communities are experts in their own experiences.

To collect multiple perspectives, the evaluation process used qualitative methods to include a cross section of stakeholders (See Appendix B). The evaluation framework is made up of three domains or levels of change: individual, collaborative/organizational, and community level. For the purpose of this project we focused on the collaborative domain as that is where we saw cross-sector alignment and collaboration, however there are significant intersections between the domains. Healthier Highland has

ambitious goals, requiring long term strategies and intermediate metrics to gauge progress. The evaluation looked for indicators (such as culturally relevant outreach, shared leadership and decision making, garnering resources for neighborhood infrastructure, etc.) that point to sustained community engagement, shifts in practices, and systems change. To fully capture progress and learning, the evaluation delved into developmental processes and transformative outcomes (See Appendix C for more on Engagement Metrics).

*The overarching learning questions were developed further with the evaluation committee to ensure we were addressing their learning priorities.*

- What was most important for centering and sustaining community engagement?
- What were the best strategies and structures for forming and building cross sector collaboration?
- What is needed to sustain this collaborative work including: internal systems and culture, strategic financing, adaptability, and community support?

### III. Findings: Centering and Engaging Community

In a relatively short period, the Healthier Highland was able to grow the community voice and cultivate greater local leadership to make significant changes. The collaborative serves as a vehicle for cross-sectoral collaboration and community engagement, as well as a launching pad for growing local leadership. While there were many factors contributing to this transformation, here we highlight five key findings.

#### 1. Building trust and shared leadership

*“When you’re able to see somebody’s heart then you know you can trust them. And that has meant everything to me. That’s what I try to do is really show people my heart and be open and honest and transparent and vulnerable.” ~ Vincent Wong*

Building trust was an essential foundation for the successful collaboration. Prior to Healthier Highland, there was little trust between the community members and the healthcare and other systems. There was a history of institutions and leaders being disconnected from the real needs of community members and moving forward with projects without consulting those most impacted. In this context, according to one interviewee, a “stroke of accidental genius” was sending a group of community members and the City Community Development Director to a conference where they would have an opportunity to get to know

each other on a personal level, in addition to sharing about their work.<sup>8</sup> Over time, the community saw Wong continually showing up, learning about their history, listening to their interests and needs, and engaging in difficult conversations. This and other relationships of trust that were built over time have proven invaluable.

The formation of a community-based leadership structure was also fundamental for embodying values and building trust. The collaborative sought and hired well respected local community members to serve in key positions. Program coordinator Donyel Barber was able to quickly engage the community, doing an exceptional job of ensuring their voices were core to all activities and importantly, in the decision-making. Community health worker Elveria Hoke was the first Highland resident employed as a community health worker in the Highland Health Center's history. Training for residents and local leaders provided leadership development opportunities and welcomed those newer to the group. At the same time, some individuals or groups with more positional power stepped back, either voluntarily or due to not being accustomed to operating in this way, and were less involved over time (see below).

## 2. Shift from organization to community driven

*"In the past we didn't know about decisions, we were notified later, after the project and decisions were made. Now people want to come to **our** table." ~ Evaluation Committee*

Changing attitudes, approaches, and practices from being more organization to community driven required a significant paradigm shift. At the beginning participating organizations and agencies were accustomed to designing and driving agendas. With the community-centered health model came greater recognition that patients and their families are experts in understanding their needs and barriers to improved health. At Healthier Highland the shift meant including community members in the decision-making processes; anchoring leadership in the neighborhood; inviting key organizational leaders to collaborative meetings; hosting events in the neighborhood to encourage relationship building; and providing training to collaborative members to build capacity.

Kintegra Health also played a central role in shifting to a community-driven model.<sup>9</sup> In the past, patients would go for services as needed, however the clinical model did not nurture deeper patient/provider or community-based relationships which caused some negative perceptions of the health center. The Department of Health and Human Services (DHHS) also improved its community connection through its involvement and support of Healthier Highland. By being a part of the collaborative, they began to connect healthcare with neighborhood organizing, as evidenced by the clinic hiring the community health worker whose primary role was to connect with local residents/patients. However, the shift to become community driven was not embraced universally. For example, the hospital participated less in the collaborative as they struggled to find their role in the community centered and driven approach. As the hospital stepped back, space was created for other actors to step into leadership. The collaborative members understand and recognize the importance of this key institution and there is a strong interest to bring the hospital back into the fold.

## 3. Centering community voice and engagement

*"Talking with the community first, asking what they think creates more buy-in and guides the whole process."*

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<sup>8</sup> Interview with Donna Elliott. In this case several collaborative participants attended the Communities Joined in Action Conference in 2016.

<sup>9</sup> Kintegra Health, formerly Gaston Family Health Services, operates a community health center site in Highland in collaboration with the Dept. of Public Health.



From its inception, Healthier Highland has centered its work around community voice and engagement. Community-determined goals served as the centerpiece as the collaborative formed four committees to encourage deeper participation and opportunities for leadership.<sup>10</sup> One of the first Healthier Highland events was hosting a “family reunion” that brought the neighborhood together for a social event with food and fun activities. Often health fairs focus on getting information out to individuals by disseminating health related materials. The family reunion was designed to lead with connecting with the community, and demonstrated intentional two-way communication. Families were invited to take a survey asking about their interests while their children played games, *and* health information and screening were also provided. Building from the strong African American family reunion tradition proved to be very effective in engaging the neighborhood, and this continues to be a favorite annual event.

Hosting workshops, meetings and events at local places familiar to the community, and within walking distance, also helped to foster community participation and engagement. The youth garden is a prime example of this: it was founded to organize and educate young people and their families to develop a closer relationship to the food they consume and the land, while also fostering ownership of the project, and access to healthier foods. The ability to move it forward so quickly -- from idea to garden in two years -- was made possible with the leveraging of resources by cross-sector allies: the land was donated by the City, the Department of Health and Human Services contributed supplies, Agricultural Extension shared essential expertise on gardening, and Healthier Highland provided additional leadership.

#### 4. Shifting institutions and systems change

*“The partnership and relationships established through CCH have opened up opportunities to engage in many different capacities....As opposed to City staff making decisions about the allocation of resources in Highland, staff now depend upon the neighbors of Highland and the Healthier Highland partners to help guide their work in the community”<sup>11</sup>.*

By centering the community, the traditional balance of power shifted in the collaborative and eventually beyond. Foundational to initiating and maintaining community involvement was talking to the community first about their concerns and priorities— and this continues to be a standard practice of the collaborative. The Highland neighborhood and the surrounding City of Gastonia have seen their governing and advisory bodies become more inclusive in composition and practice. Members of the Highland community now serve in public positions: four community members are part of City and County advisory committees and two City Council members and the Mayor are from the Highland neighborhood and were supported by Healthier Highland. The collaborative coordinator became the first African American woman elected to the Gastonia Council.

For decades the Highland community had very little voice in City governance. According to City leader Vincent Wong, the City had previously wanted input from the community, but it was difficult to get community members to attend their meetings. As a result, they would approve funding for various projects with little or no input from the community. This dynamic has changed considerably -- as the Council became more representative and City staff became more engaged through the collaborative -- community members now regularly attend and speak up at City Council meetings. There have been other shifts influenced by the collaborative work. For example, the recent decision of the Gaston Family Health Services

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<sup>10</sup>Committees included: Clinical Shift to Support Community Centered Health; Community/Environmental Policy Change; Increase Community Capacity and Sustainability; and Strategic Communications.

<sup>11</sup> BCBS of NC Foundation Community-Centered Health grant proposal 2019--2021

to rebrand as Kintegra Health. The new name acknowledges and is responsive to the importance of “kin” in the community, while also reflecting more comprehensive, integrated whole-person care.

## 5. Envisioning what comes next

*“I think it’s one of those rare instances where a group of people have gotten together without ego or without a real personal agenda because nobody is going to get rich from this. If the model is formed correctly, it could be applied anywhere . . . ” ~ Marcus Cyprian*

The collaborative is highly invested in the future of their community; they have demonstrated discipline, commitment and perseverance -- all needed to sustain this long-term work. They understand how immediate needs must be addressed, while also looking at the long term conditions to envision what comes next. The issues of employment, development, and gentrification will continue to impact the neighborhood and the well-being of the residents. The collaborative leaders are tuned into these changes and as noted by Donyel Barber, “we need to be integral parts of the balanced growth.” They understand the importance of continually developing their capacity, especially a younger generation of up and coming leadership, which is addressed in the next section.

An example of their forward-looking strategies and innovation is the development of a food enterprise. With food insecurity still a pressing issue and no immediate plans for a local grocery store, the collaborative looks to see what they can leverage and build locally. The food enterprise will provide affordable access to healthy meals while also creating economic opportunities through an entrepreneurial business model. At the writing of this report they had recently hired a local caterer from the community as the coordinator for the enterprise. The ultimate goal is to be able to consistently provide healthy foods that have been taste tested and approved by residents, at little-to-no cost.

## IV. Findings: Challenges as Learning Opportunities for Growth

### 1. Historical disparities run deep

*“Because we’re Black, and they think we’re subhuman. They don’t even think we’re human beings worthy of a bathroom. And if we could have one, because we’re Black, we would tear it up and abuse it . . . so we’re not deserving of that.” ~ Community leader*

The legacies of systemic racism and inequality run deep in the Highland neighborhood. Political power has traditionally been held outside the neighborhood, and there is a tension between a more progressive diverse City Council and a very conservative, white County Commission. Racial inequities show up in many ways, such as the disproportionate rates of COVID in the African American and Latinx communities. Kintegra Health has set up mobile trailers for free COVID testing every week in the Highland neighborhood. Thanks to the groundwork that has been laid in the Highland area, residents the trust the clinic to tap into this resource, which might not have been the case historically.

Another example of these kinds of tensions was demonstrated by the wave of protests against racism and police violence that galvanized the nation in the spring of 2020. In early June, in response to community mobilizing, the Gastonia City Council approved a “Black Lives Matter” mural at Erwin Park (in the Highland neighborhood) as a response and demonstration of support to the Black community. Although these are important indicators of change, ongoing commitment to address racism and inequality are still necessary. The collaborative has demonstrated how deep listening, community organizing, and cultural humility can contribute to shifting, aligning, and sustaining systems change.



## 2. Expanding the collaborative table

*“When we started it wasn’t clear that the medical organizations had a relationship with the neighborhood, or how residents would be included. Healthcare was not connected with the community. There was a lot of skepticism about their ability to succeed.” ~ Interviewee*

Expanding the table to those who have not participated before or those who may have reduced interest, will require focused outreach and organizing. The collaborative has shown an openness and flexibility to incorporating participation, but has had less success bringing in new groups. For example, several people noted the necessity to educate and invite additional faith leaders to get more involved. There is some collaboration with a few local churches around food distribution and now the food enterprise, but there are many that remain untapped. Another stakeholder type are more care providers. In the case of the hospital, who were at the table initially and have since been uninvolved, finding the right person, and one with authority within the institution, will be key to their re-engagement.

This is an ambitious and forward-thinking group: they have considered, and been approached, to expand beyond the neighborhood to other neighborhoods across the City. Their cross-sector collaboration and engagement could be a model for other places interested in health and other kinds of initiatives that center community.

## 3. Younger generation leadership development

*[People] want to see real tangible things and engage them to do things, not only about eating habits, rather a new job or business venture. ~ Young Adult Focus Group*

Given that most of the active members of the collaborative are older, they recognize the imminent need to engage more youth and young adults. In fact, it was foremost in their reflection and strategy. Healthier Highland understands the stresses young families are experiencing, some of them are part of intergenerational households themselves. Still, they are very interested in learning more about what would spark greater youth involvement.

One interviewee emphasized the importance of showing up consistently for youth as their interests and availability are often in flux and changing at that age. Others emphasized the need to adapt to what is most interesting and important to them. Supporting youth to build new skills and network pathways to develop job skills is an avenue that could grab their interest. For example, the garden has exposed young people to entrepreneurship as they learn about growing and selling produce. Opportunities for mentoring, such as a “shadowing program,” were cited as another way to reach youth. This will also require the elders to step back out of leadership in order to open up spaces for younger people to step into their leadership.<sup>12</sup> Effective outreach, including events that draw the youth with culturally-relevant entertainment and communications on various social media platforms, were seen as key mechanisms for bringing in youth. As was reaching younger people through the racial justice and police accountability organizing. Many youth mobilized in response to the 2020 racial justice protests— the moment could be ripe for increased interest through political education and civic engagement.

## 4. Reaching further into community

*“Those who are the most impacted by the work should come first and have the loudest voice and be part of the decision-making process.” ~ Donyel Barber*

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<sup>12</sup> 2017. Pastor, M; Rosner, R.; Canedo, R.; Haslip, M, Millett, R.; Morales, H. *America at a Crossroads: Engaging Next Generation Leadership for Truth Telling, Racial Healing and Transformation*. W.K. Kellogg Foundation.

Expanding outreach to individuals and groups that have not been engaged surfaced as an important next step. The Latinx community was named as a key constituency, and churches were seen as places to begin this organizing. Supporting families to navigate systems with translation is helpful for reaching limited English speakers and newer immigrants. With many people suffering increased job loss and insecurity they may be seeking more assistance, however they may also have less capacity to engage. In addition, addressing mental health issues more generally, and as they relate to homelessness, could bring in communities that have been marginalized or less visible.

One-on-one conversations with neighbors and grassroots leaders were seen as the most effective community engagement methods, however in the time of COVID this has not been possible. Another method is to recruit those who are tapping into the much needed food distribution hubs, offering them concrete ways to get engaged in the community more. To cast a broader net several interviewees suggested either hosting neighborhood block parties (like the precinct organizing they did for local elections) or working more with the schools to reach younger parents through their children.

## 5. Communicating and marketing successes

*Social media can bring a call to action, young people leading the charge. They are do-er's if we don't engage them, then we may get negative actions. ~ Tasha White, The Hope Network*

Strengthening communications and marketing successes could enhance and advance the work of Healthier Highland. The collaborative has not had much written about its work, in fact, this evaluation is the first formal documentation about them. According to some community members, local media tends not to cover the neighborhood well or be responsive, even when photos and information have been provided. Proactively connecting with the local media would help get more exposure to Healthier Highland and learn about positive changes in the neighborhood. Perhaps the support of those outside the Gastonia, such as a recent PBS Special, that aired in October 2020, will help garner more local media support and enthusiasm.

Utilizing a variety of communications methods catered to specific audiences will help get the word out. For instance, youth may be more likely to participate if they hear about their neighborhood on their social media platforms, and families may hear more through school newsletters. A strategic communications plan with various components would help to direct and develop strategies for greater reach and impact.

## V. Discussion: Implications for the field

Healthier Highland's process of centering and engaging community can be useful to collaborative efforts seeking cross-sector alignment for advancing community health. To conclude, three overarching findings synthesize and highlight powerful learning and practices.

### **Putting health equity into practice**

*"If it wasn't for you guys being willing to practice what you preach and put effort behind your words, I would not be a part of it." ~ Marcus Cyprian*

To be effective, an equity orientation must be matched with equitable practices and opportunities. Healthier Highland demonstrated how talking to the community first, and having inclusive tables for engagement, build greater buy-in and participation. The collaborative chose obesity as a priority not only because of the high rates, they chose it because of the underlying root causes of lack of investment in the neighborhood and other inequities. Drawing on the local knowledge and culture increases participation, accountability *and* provides powerful links between community and across sectors.

Centering the community is needed to set a different path for improving equity and the health of the most heavily impacted. This means being driven by community priorities and engagement, having representative leadership that employs inclusive organizing and decision-making processes, and directly addressing historical and systemic racism.

### ***A shared purpose and understanding of power***

*"I would say in a lot of ways the collaborative has transcended the boundaries of individual organizations to become one entity with a shared purpose and focus. ~Donna Elliott*

Having a common purpose is essential for effective collaboration, as is a shared analysis of power. The collaborative had clear purpose and clarity on their priorities and goals; it was equally critical that they had a shared understanding of the power dynamics in their community and the larger context (historical, economic, political, social, etc.). The Highland collaborative used a root cause analysis to determine the health condition (obesity) they wanted to impact and the strategies for improvement. Collectively, they determined that the lack of economic development in the community, access to healthy food and inequitable physical activity infrastructure were the root causes of obesity in their community. From there, the community created strategies to address these root causes based on their community assets. Their shared purpose and collaborative strategy development provided them with a clear path to action which has been critical to their success.

In the absence of a shared purpose and analysis there can be divergent or disconnected strategies. For example, there may be agreement on improving access to healthy foods, however the method to address this would be different depending on the collective understanding of systems and power. One might focus on changes like incentives or subsidies to bring in a fresh produce or grocery store or growing a local food enterprise, while another might focus more on health fairs or changing eating habits. Both contribute to healthier living; however, the focus and strategies differ depending on the strategies. The latter might emphasize individual education, and the former might encourage working across sectors (economic development, public health, workforce training, etc.) to open up opportunities for improved and affordable access to healthy foods. Having a shared purpose and understanding of power is particularly important for strong working relationships and effective alignment across sectors.

### ***Community voice makes a difference***

*You come to realize that you do have voice, a chair, [and] have to have the vision for people to join. ~ Focus group*

When asked what message they would like people to take away from this evaluative study, the evaluation committee responded - that community voice can make a difference. In Highland having a forum where all voices are listened to first was essential for determining what matters most to communities. The sustained community engagement got the attention of the healthcare providers, civil servants, elected leaders, philanthropic partners, and others. Collaborative partners and community members were able to see results, like the growth of a youth garden or being a part of a campaign to successfully elect their neighbor to the City Council -- which helps build greater confidence in systems and accountability to each other.

Healthier Highland is continually showing up to voice their concerns, speaking up to contribute to community-based solutions, and stepping up into positions of leadership. They can see ahead to the challenges of gentrification and the pressing austerity measures municipalities will be dealing with due to COVID. There will be difficult debates and decisions to be made. Having the collaborative in place provides the infrastructure to bring community voice into these complex debates and influential decisions. In just four years of formally coming together, Healthier Highland is ready—speaking up, showing up and stepping up—modeling how a commitment to place and people can be the north star for healthier communities.

## Appendix A: Evaluation Objectives and Learning Questions

### Evaluation project objectives

- To lift up community voices and perspectives when assessing the current state of Healthier Highland's engagement processes and results;
- To identify the contributing factors that supported community engagement and alignment within the collaborative and,
- Based on the findings, to share implications and recommendations for the field

### Meta Evaluation Questions

- What was most important for centering and sustaining community engagement?
- What were the best strategies and structures for forming and building cross sector collaboration?
- What is needed to sustain this collaborative work including: internal systems and culture, strategic financing, adaptability, and community support?

### Learning Questions

- 1) \* <sup>13</sup>What went well and the strengths?
- 2) \* What do we not do so well?
- 3) What were the unexpected outcomes?
  - (a) How can we capture what other communities are doing after they heard about Highland?
- 4) \* *What was most important for initiating and maintaining community engagement?*
  - (a) How do you get people involved, buy-in?
  - (b) Why get involved?
  - (c) How does communication get people involved?
  - (d) How to reach more people?
  - (e) What other things are in the toolbox?
- 5) \* Are the right people at the table?
  - (a) Who is not at the table, who's missing?
  - (b) How can more patients be involved?
  - (c) People who are directly impacted by decisions?
  - (d) *From the Healthier Highland collaborating partners perspectives': Are the right partners at the table? Who is not at the table, who's missing?*

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<sup>13</sup> \* were the priority questions

- 6) \* How to keep youth involved over time?
  - (a) How to get youth interested and keep them coming?
  - (b) How to get more young people involved?
  - (c) How do we keep high school success going?
- 7) Based on what we have learned, what are the implications for next phases for the work?
  - (a) How do we duplicate in other areas?
  - (b) What's next for the group short and long-term
  - (c) What is needed? And do we need to be doing?
- 8) *What were the best strategies and structures for forming and building the partnership? And for centering authentic community engagement?*
- 9) \* *What is needed and how to sustain this collaborative work including: internal systems and culture, strategic financing, adaptability, and community support?*
- 10) In what ways has Healthy Highland been able to respond to the current and unexpected COVID 19 pandemic?

## Appendix B: Evaluation activities and methods

To collect multiple perspectives, the evaluation process included: a review of existing materials, focus groups of residents (1- young adult and 1 of the collaborative), 12 interviews from leaders (see Appendix B with interviewee names and dates of interviews) within and outside of the collaborative, and ongoing meetings with the evaluation committee. From the initial findings we gleaned thematic results to share with the evaluation committee to validate and identify any significant gaps. Based on their feedback, we conducted some additional interviews.

- 2 Focus groups (co-facilitated with local people)
  - Young adults
  - Collaborative meeting
  - Youth cancelled due to COVID
- 2 Meetings of the collaborative and HNA (Dec, 2019 and Dec, 2020)
- 12 Interviews (via telephone)
- 8 Evaluation Committee conversations/meetings and observations
- Monthly check in calls with evaluation core team
- Survey of patients to be distributed in the clinic (cancelled due to COVID)

### Interviews:

1. Fred Williams, Law Enforcement – community policing: July 7, 2020
2. Dot Guthrie, School board and African American museum: July 17, 2020
3. Rev Rodney B. Freeman, Mt Zion Restoration Church: July 7, 2020

4. Tasha White, Homeless advocate: July 6, 2020
5. Elveria Hoke, Kintegra, Community Health Worker: August 14, 2020
6. Vincent Wong, City of Gastonia Dir of Community Services: June 26, 2020
7. Marcus Cyprian, NC Cooperative extension: June 26, 2020
8. Abby Newton, Gaston County Health Dept: June 29, 2020
9. Donna Elliott, Healthnet Gaston: June 26, 2020
10. Rich Bell and Linda Kinney, TA providers: April 29, 2020
11. Victoria Pendergrass, Counselor Woodhill School, July, 24, 2020
12. Ruth Dobbins, Volunteer, founder COVID Care, August 7, 2020

## Appendix C: Community Engagement Metrics

We looked for three types of results seeking to name metrics that fully capture changes on the different levels, again with a focus on the collaborative level:<sup>14</sup>

- ☐ Transactions: Markers for change;
- ☐ Developmental: Process of collaboration and alignment
- ☐ Transformational: Systems change (alignments and shifts in values, systems, behavior)

### Individual

- Transactions: The go-to person for press, events and resources
- Developmental: Shared leadership that is inclusive and committee structure that centers community engagement and fosters capacity building.
- Transformational: Trusted, local leaders that connect people to resources, anchors the work, and fosters collaboration (Community Resources Advocate, Collaborative Coordinator).

### Collaborative/organizational

- Transactions: A critical mass of community leaders and groups with shared power analysis and ownership.
- Developmental: Shared purpose and practices with programming that reflects the community's priority outcomes.
- Transformational: Seeing the connections across sectors, supporting each other (public/private/non-profit) and taking a holistic view of individual and community health.

### Community level change

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<sup>14</sup> 2011. Pastor, M., Ito J., Rosner, R. *Transactions, Transformations, Translations: Metrics that Matter for Building, Scaling and Funding Social Movements*. University of Southern California: Program for Environmental and Regional Equity. October. See: <http://dornsife.usc.edu/pere/home/metrics.cfm>



- Transactions: Large community turnout at culturally relevant events that are informative, social, and that serve as a hook for further engagement (and have healthier foods as the standard).
- Developmental: Supporting leaders that are representative of the community to step into governance positions and advisory positions with power (Elected City Council members).
- Transformational: Community programming and infrastructure that allows for healthier learning and living (youth gardens, water fountains in schools, and bathrooms at parks,).<sup>15</sup>

## Appendix D: Funding Sources

- The Lee Institute Community-Centered Health pilot: In 2015 the group received \$10,000 for work on Community-Centered Health core activities. They hosted focus groups with the community around the Community Health Needs Assessment to get their feedback and then presented the findings back to them and to other members of the community.
- Blue Cross and Blue Shield of North Carolina Foundation Community Centered Health Grants: They applied in August 2015 and were awarded \$125,000 in early 2016 for a one year grant term (April 2016-March 2017). They then renewed our funding at the same level for April 2017-March 2018, April 2018-March 2019, and April 2019-March 2020.
- Beaumont Foundation BUILD grant: 3rd cohort (2018 or 2019). The de Beaumont Foundation partners with other foundations to award the BUILD Health Challenge, and BCBS of NC Foundation is their funding partner in NC. Healthier Highland was awarded for two years at \$125,000/year in the fall 2019 and \$75,000/year from CaroMont Health, their hospital partner. \$200,000/year for two years total.
- Z. Smith Reynolds Foundation (2019): In 2019, Healthier Highland was awarded \$220,000 from Z. Smith Reynolds Foundation over a two-year period: \$145,000 the first year and \$75,000 the second year.

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<sup>15</sup>2010. Catherine Crystal Foster and Justin Louie. *Grassroots Action and Learning for Social Change: Evaluating Community Organizing* Blueprint Research & Design, Inc. March.