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Community-Centered Solutions to Improving Health
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BlueCross BlueShield of North Carolina | Foundation

About Us

- Established in 2000

- $131 million through 975 grants

- Historically funded in three core areas

  o Access to Care

  o Healthy Living

  o Nonprofit Capacity Building

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Community-Centered Health

Health

Philosophy

Support communities to determine and act upon **community-led** solutions to improving health
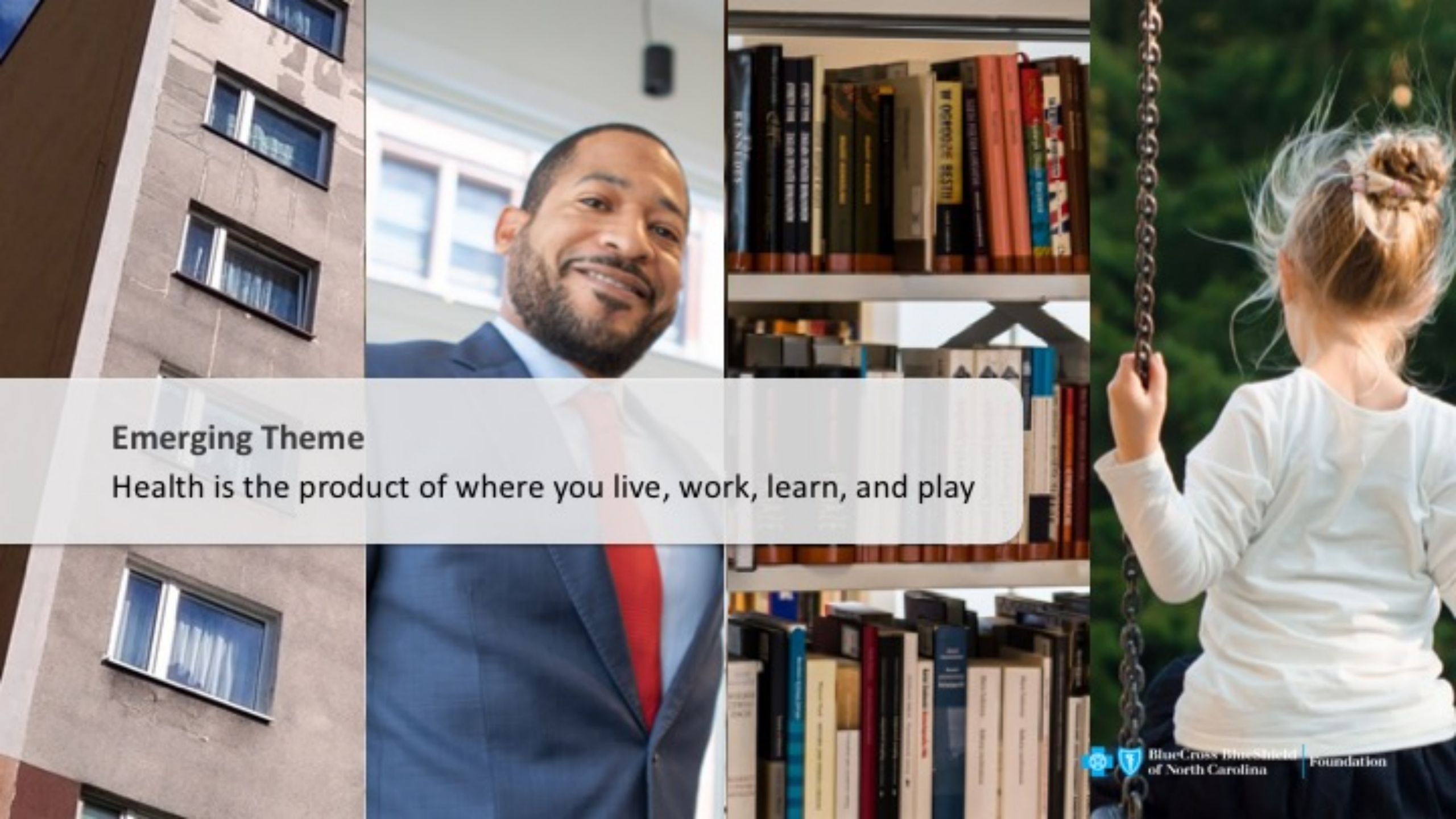
Health

Core Components

- Clinical-community partnership with leadership by community

- Clinical shift

- Policy and systems change with wide reach

Health

Elements

- Cross-walking data
- Acting through advocacy

Emerging Theme

Health is the product of where you live, work, learn, and play

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Where:
Asheville

What:
- Infant Mortality Disparities
- Systemic Racism

Where:
Gastonia

What:
- Obesity
- Neighborhood Safety
  & Civic Engagement

Where:
Greensboro

What:
- Asthma
- Healthy Housing

Successes

Healthier Highland

- Integrated community health worker

- Community members as thought leaders

- **Community investment by municipalities**

- Community members running for office

- **Partners:** CHC, LHD, City Planning, Hospital, Neighborhood Association

Successes

- Integrated community health worker
- Community members as thought leaders
- **Remodeling 170 unit apartment complex**
- Health system changing data sharing practices
- Health system changed their mission statement
- **Partners:** Free Clinic, Hospital, Housing Coalition, Faith-Based, Neighborhood Association(s), Universities

Successes

Mothering Asheville

- Integrated community health worker
- Community members as thought leaders
- **Community-led Doula program**
- Community members at the table with health leaders

Partners: Clinic, LHD, WIC, YWCA, Communities in Schools,

HHS, CHC, Family Justice Center, Neighborhood Assn, Legal Aid

Community-Centered Health 2.0

- Statewide RFP for community collaborations

- 170 letters of interest received

- 21 full proposals submitted

- 11 site visits conducted

- 7 to be selected for multi-year funding

What we've learned so far: Capacity

- Common language is important

- Capacity-building is essential

- Health care must take a back seat to community,
  but has technical skills for this work

- Equity sits at the center of most of this work

What we've learned so far: Sustainability

- Data must be looked at/shared in new ways

- Timelines for outcomes need re-set to 10 years and beyond

- Sustainability is hard

How this has impacted us

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Strategic Reframing

- Shifts leadership to a pillar for all our work

- Elevates equity to a core element and organizational value

- Prioritizes policy and systems change

- Amplifies community voice

- Centers funding priorities on non-medical drivers of health

Areas of Practice

- Health System

- Food and Nutrition

- Child Development

- Neighborhoods and Environment

- Community Capacity