



# 2016 RWJF Culture of Health Prize-Winning Communities

## Themes and Highlights



University of Wisconsin  
Population Health Institute  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

**BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE**

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## About the RWJF Culture of Health Prize

The Robert Wood Johnson Foundation (RWJF) Culture of Health Prize honors and elevates U.S. communities working at the forefront of advancing health, opportunity, and equity for all. The RWJF Culture of Health Prize is an annual competition that awards \$25,000 to Prize-winning communities. Communities selected as Prize winners will share their stories and lessons learned with the country and join a national network of past Prize-winning communities. For more information about the RWJF Culture of Health Prize winners and for details on the annual selection process, please visit [www.rwjf.org/prize](http://www.rwjf.org/prize). Please email [info@cohprize.wisc.edu](mailto:info@cohprize.wisc.edu) if you have any questions.

The RWJF Culture of Health Prize is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

# Executive Summary

The seven winners of the 2016 Robert Wood Johnson Foundation (RWJF) Culture of Health Prize provide an exciting snapshot of accomplishments carried out across the nation to build a Culture of Health. The purpose of this report is to highlight common themes across the 2016 winners, with a focus on:

- What strategies are they using to improve health and equity?
- What themes are emerging on how they demonstrate the six Prize criteria?

The highlights of their accomplishments are shared to create awareness about this impressive work and to inspire communities across the nation to learn from these examples. The accomplishments from the seven 2016 Prize winners are also presented to feature the various elements of the six Prize criteria (see page 3) that are embedded in their efforts.

## Cross-Cutting Themes

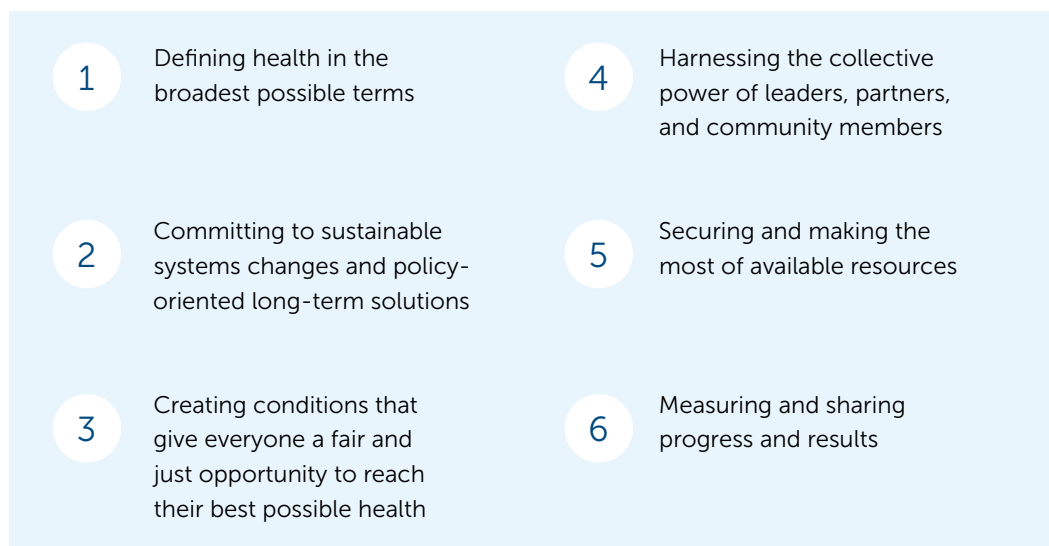
1. A total of 343 strategies were identified from Prize winner application materials and categorized based on the [County Health Rankings model](#); of these:
  - 158 (46%) addressed Social and Economic Factors
  - 94 (27%) addressed Health Behaviors
  - 48 (14%) addressed Physical Environment
  - 43 (13%) addressed Clinical Care
2. All seven 2016 Prize winners worked to improve health and equity by focusing on: education, income, employment, family and social support, access to care, the built environment for active living, and housing.
3. Prize winners demonstrate wide-ranging pathways to community improvement that balance innovation and evidence. Of the community strategies that could be matched with content in the [What Works for Health](#) (WWFH) database of evidence-informed policies and programs, almost all showed evidence of effectiveness.
4. Common themes related to how the 2016 winners demonstrate the Prize criteria include:
  - **Establishing Shared Priorities.** Prize winners were intentional about setting clear goals and priorities driven by data, including collective input from the community.
  - **Building Collective Power.** Prize winners incorporated resident voices into decision-making processes, prioritized efforts to improve health equity, and worked to develop the next generation of leaders.
  - **Leveraging Existing Assets.** Prize winners strategically used their existing assets and resources to maximize the value of what they already have.
  - **Spanning Sectors and Place.** Prize winners worked collaboratively across sectors within local communities and spanned jurisdictional boundaries across municipalities, states, and nations.

# Overview and Purpose

The accomplishments of the 2016 Robert Wood Johnson Foundation (RWJF) Culture of Health Prize winners represent a wide variety of strategies that were implemented in response to the priorities of each community, with a focus on the social and economic conditions that ultimately influence health outcomes. While each Prize-winning community's journey is unique, they all demonstrate a balance of innovation and evidence of effectiveness in their work. The community-specific stories and the highlights of their accomplishments are shared widely to encourage other local communities in their ongoing efforts to build a Culture of Health.

The purpose of this report is to describe common themes across the 2016 Prize-winning communities, based on analyses of the strategies they have used to improve health and equity and how they demonstrate the six Prize criteria.

## RWJF Culture of Health Prize Criteria



## Profile of the 2016 Prize Winners

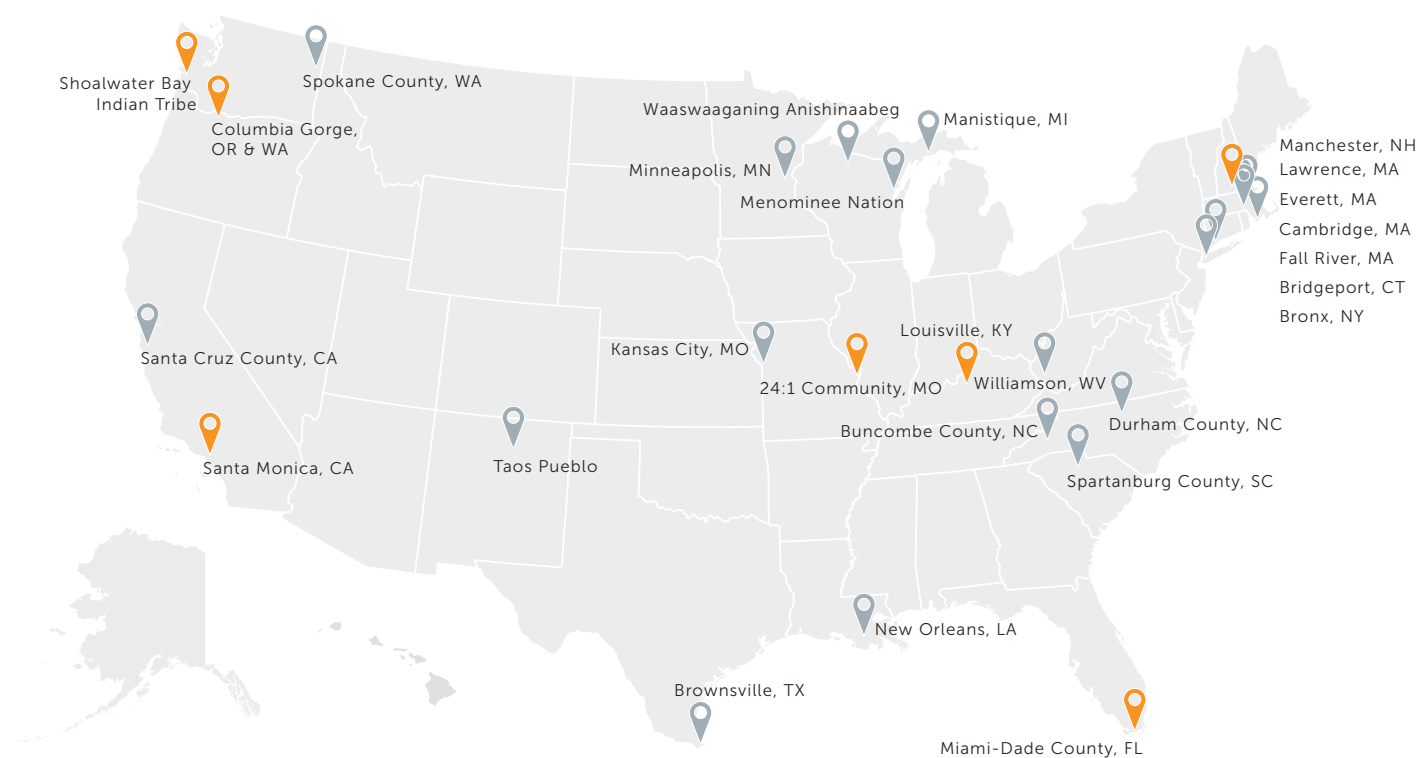
The seven 2016 Prize winners represent diverse communities — cities, counties, tribes, regions, and small towns; rural, urban, and suburban places — that face myriad physical, economic, and demographic challenges. For example, more than 50% of the 2016 Prize-winning communities have higher rates of children living in poverty than the 2015 national rate of 22%.<sup>1</sup> Children in poverty rates capture an upstream measure of poverty that assesses both current and future health risk. These rates underscore the importance of selecting strategies that improve social and economic factors, maximize existing assets, build partnerships, and engage residents to improve health and equity for everyone.

<sup>1</sup> Data from the United States Census Bureau / American Fact Finder (<http://factfinder2.census.gov>). County-level data was substituted for the federally recognized tribe, Shoalwater Bay Indian Tribe, without U.S. Census information for children in poverty rates.

TABLE 1: Demographics of 2016 Prize-winning communities\*

2016 PRIZE COMMUNITY	COMMUNITY TYPE <sup>2</sup>	U.S. REGION <sup>3</sup>	POPULATION SIZE <sup>1</sup>	% CHILDREN IN POVERTY <sup>1</sup>	% PEOPLE OF COLOR <sup>1</sup>	APPLICANT CONTACT SECTOR(S) <sup>4</sup>
<b>24:1 Community, MO</b>	Region	Midwest	43,950	37%	76%	Community Development
<b>Columbia Gorge Region, OR &amp; WA</b>	Region	West	82,579	19%	23%	Health Care; Nonprofit
<b>Louisville, KY</b> (consolidated with Jefferson County)	County	South	597,337	26%	33%	Foundation; Nonprofit
<b>Manchester, NH</b>	City	Northeast	109,565	21%	20%	Public Health
<b>Miami-Dade County, FL</b>	County	South	2,496,435	27%	86%	Public Health
<b>Santa Monica, CA</b>	City	West	89,736	8%	35%	Local Government
<b>Shoalwater Bay Indian Tribe</b>	Federally Recognized Tribe	West	138	27%	(Not available)	Tribal Government

## RWJF Culture of Health Prize Winners 2013-2016: 2016 winners highlighted in orange



<sup>2</sup> For purposes of applying for the Prize, communities identifying as a "Region" represent geographically contiguous municipalities, counties, and/or reservations.

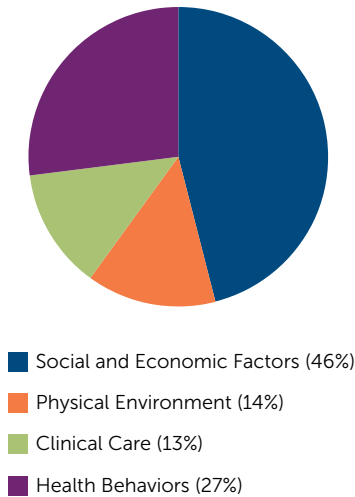
<sup>3</sup> Based on U.S. Census Regions and Divisions: <https://www.eia.gov/consumption/commercial/maps.php#us>

<sup>4</sup> Represents the sector(s) of the two organizational contacts listed on the Prize winner application; these contacts typically play the role of convening partners and connecting community-wide efforts to complete the application.



# What Strategies Are Communities Using to Improve Health and Equity?

**FIGURE 1**  
Community strategies aligned with health factors in the County Health Rankings Model



The strategies that 2016 Prize communities used to improve health and equity demonstrate a wide variety of work addressing multiple areas that influence health, such as, but not limited to, the factors in the [County Health Rankings model](#) (see Appendix I). A total of 343 community strategies were identified from the 2016 Prize winner application materials and were categorized according to the model.<sup>5</sup> Of these, 158 (46%) targeted Social and Economic Factors; 94 (27%) were focused on promoting Health Behaviors; 48 (14%) were efforts to improve the Physical Environment; and 43 (13%) addressed Clinical Care.

The number of community strategies that fall within each of the 13 health factor focus areas in the County Health Rankings model is shown in Appendix II. A detailed summary of the 343 community strategies categorized by their general approach to improving health is provided in Appendix III. These appendices illustrate the breadth of strategies 2016 Prize winners have used to spread and embed a broad definition of health.

Community strategies were also mapped to strategies in the [What Works for Health](#) (WWFH) database, which includes hundreds of policies and programs designed to make a difference in local communities, and assigns evidence ratings based on a thorough review of research on each strategy's effectiveness.<sup>6</sup> Of the 343 community strategies identified, 172 (50%) could be matched to a strategy in WWFH, as shown in Appendix IV. Almost all of these (94% of the 172 matched strategies) demonstrated empirical evidence for effectiveness, with ratings of Scientifically Supported, Some Evidence, or Expert Opinion. Almost half of the matched strategies (47%) were rated Scientifically Supported, the highest evidence of effectiveness rating.

Information about the remaining 171 community strategies (50%) that did not directly match to an existing strategy in WWFH is summarized in Appendix V. The ability to match strategies is affected by limitations in the data available, such as the level of detail provided in community application materials and the information included in WWFH at the time of analysis. Some unmatched strategies may include promising practices, pilot programs, or multi-faceted approaches that have either not yet been studied or may be beyond the scope of the types of interventions assessed in WWFH. The 171 unmatched strategies represent a variety of approaches to improving health and equity; these were distributed across the four health factors, with slightly more than half (51% of the 171 unmatched strategies) in the area of Social and Economic Factors, particularly family and social support (16%), education (15%), and community safety (11%).

## Common Ground: Health Factors Addressed by All 2016 Prize Winners

Looking across the 2016 Prize winners, the analysis revealed several focus areas addressed in all seven communities. There was work highlighted across the 2016 Prize winners to improve education, increase employment and income, and provide family and social support. This is significant given that social and economic factors are most directly associated with the underlying causes of poor and disparate health outcomes. These communities were also all working to enhance access to clinical care, improve the built environment to promote active living, and address housing needs. Highlights from each of the communities about the strategies employed in each of these areas are summarized below.

<sup>5</sup> See the Methodology section on p. 17 for details about how community strategies were categorized and analyzed.

<sup>6</sup> For more information, see: <https://www.countyhealthrankings.org/take-action-improve-health/what-works-health/our-methods>; strategies in this report were matched to existing content in What Works for Health as of March 2016.

## Social and Economic Factors: Education

Working in and with schools to improve educational and health outcomes for all children was a common focus in all of the 2016 Prize-winning communities. The efforts primarily focused on improving K-12 education and creating environments that support learning. Some highlights include:

24:1 Community's 5 by Age 5 initiative developed kindergarten readiness by coordinating resources such as early childhood centers, parent educators, in-home nurse visitations, and screenings.

The Shoalwater Bay Native Education Department provided cultural programming, enrichment programs including field trips to Washington, D.C., summer employment, and post-secondary scholarships.

Louisville offered a comprehensive suite of school-based initiatives, including piloting trauma-informed care in the school system, which was associated with an 18% decline in nurse office visits and a 70% decline in out-of-school suspensions.

Manchester employed a community schools approach and implemented several efforts to improve educational access and success, including bilingual/bicultural community health workers and Family Success Coordinators who served as peer liaisons.



MIAMI-DADE COUNTY, FL

A Federally Qualified Health Center provided services and/or access to health care for all students in 23 Miami-Dade County public schools.

Santa Monica's school district passed a plan to improve the educational experience at struggling Title I schools; the resulting Santa Monica Educational Foundation raised and equitably distributed millions of dollars each year, increasing funding at some schools by 1,000%.

The Columbia Gorge Region developed the first school-based health center in the region at a local high school. Collective impact efforts have also expanded this reach by developing new partners, including the regional Early Learning Hub, a collaborative effort to address Pre-K to 3 issues.

## Social and Economic Factors: Employment and Income

All seven communities implemented initiatives addressing income and/or employment, ranging from training and internship programs to partnering directly with workforce development agencies to create job opportunities. Some highlights include:

The 24:1 Community created a Wealth Accumulation Center to provide financial services and income support to residents, including assistance getting out of payday loans. They also developed a college savings program for students in the Normandy School District.

Miami-Dade County's Catalyst Miami connected low-income families to financial services, such as free tax preparation, financial coaching, and public assistance enrollment.

Tribal businesses prioritized hiring members from the Shoalwater Bay Indian Tribe.

Louisville created training programs for young adults to identify specific careers and provide a clear path to career entry.



**COLUMBIA GORGE REGION, OR & WA**

The Columbia Gorge Region built on the strengths of agriculture and growing technology sectors to establish collaborative workforce development with the Gorge Grown Food Network, The Next Door social service agency, Oregon State University Extension, and community health workers.

Santa Monica was the first city in the region to adopt a living wage ordinance and has also enacted a local hire policy and implemented career pathways and job training programs.

Manchester implemented free programs for families, operated through the community schools, to build financial literacy, provide income tax assistance, and enhance employability.



## Social and Economic Factors: Family and Social Support

Efforts to provide family and social support were diverse and included a wide variety of offerings, several of which helped build social capital and community cohesion. Some highlights include:

The 24:1 Community coordinated wraparound services for Normandy School District students and families and placed 13 family engagement liaisons to connect them to necessary services and resources.

The Columbia Gorge Health Council developed a regional service delivery system and funding model that integrated and streamlined human services and health care across the community.



**SHOALWATER BAY INDIAN TRIBE**

The Shoalwater Bay Indian Tribe invested in cultural restoration and community pride through teaching traditional lessons and native language using storytelling and participating in an annual Canoe Journey.

Manchester opened Families in Transition to provide shelter, nutritious meals, health services, therapeutic preschool, and career assistance for families in need of emergency housing. The "My Manchester" website connects residents, community partners, and city leaders to neighborhood-related projects and resources.

Santa Monica provided access to recreation and enrichment activities through low- and no-cost programs and financial assistance for low-income families. The city also invested heavily in libraries as learning centers to support a range of needs; the newest branch library is a hub of learning and well-being in Pico, one of the city's most ethnically diverse neighborhoods.

Louisville invested in arts-based programming that included a goal of reducing violence and promoting healing. African American poets and musicians conducted peer-to-peer writing, music, and performance workshops in five neighborhoods designated as Zones of Hope.

Miami-Dade County offered targeted interventions to their aging population, including linkages to elder service organizations, retirement planning to improve quality and length of life, and health and fitness fairs to promote wellness.

# Clinical Care

Efforts to increase access to care and improve quality of care were present across the 2016 Prize winners. All seven communities adopted varying alternate care delivery models that included multiple components. Some highlights include:



24:1 COMMUNITY, MO

24:1 Community's Prenatal Health Collaborative offered nurse home visitation for local families including immunizations, maternal depression screenings, and infant developmental screenings.

The Columbia Gorge Region implemented a health *promotores* program which has served as a culturally responsive resource and connection for residents from underserved populations.

Louisville provided immunizations at resource centers to the children of immigrants and refugees which enabled them to enroll in school on time.

Manchester offered the Health Care for the Homeless program which serves nearly 1,500 unduplicated individuals a year through shelter-based clinics. It expanded its reach by co-locating community health workers within the emergency rooms of two local hospitals.

Miami-Dade County's Health Connect helps low-income children and families gain access to medical insurance, teams of nurses, social workers and health aids, and provides physical, mental and behavioral health care in 23 under-resourced public schools.

Santa Monica implemented the Thrive Center at a high school which established universal mental health screening, provided coordinated care for the most at-risk students, and offered a range of well-being interventions.

The Shoalwater Bay Indian Tribe addressed mental health issues in school-aged youth through their Tribal Wellness Center. This holistic, one-stop approach to health and wellness has attracted interest from other tribes.

# Health Behaviors

All seven communities worked to support healthy behaviors among residents. Out of the 89 community strategies identified to address health behaviors, 73 (87%) were programs and policies to promote healthy diets and physical exercise. Prize winners showcased efforts to change eating habits, increase access to healthy food options, and provide information on physical activity. A major component of shifting health behaviors was improving the built environment to promote active living, specifically through making long-term sustainable changes to community infrastructure. Some highlights include:

The 24:1 Community developed a park and playground to revitalize one of the most distressed areas of the region, incorporating priorities identified by the community. They also invested in transit-oriented changes including traffic calming measures, bicycle and walking paths, and a Complete Streets policy.

The Columbia Gorge Region developed a robust vegetable prescription program, Veggie Rx, to address food insecurity and expanded it by engaging multiple partners across sectors to participate in screening and food distribution.

Manchester made improvements in the built environment through neighborhood park enhancements and streetscape design, such as pedestrian/bicycle safety infrastructure and imprinted crosswalks in high traffic areas.

Miami-Dade County installed outdoor Fitness Zones throughout the county, which consist of exercise equipment like machines found in gyms but located in community parks, thus increasing access for all residents.



**SANTA MONICA, CA**

Santa Monica transformed a parking lot, six acres of centrally located asphalt, into Tongva Park which connects the civic center to downtown Santa Monica.

Louisville offered a Sports Health Training program which used social networks to encourage people from all backgrounds to walk, jog, and run during a 15-week program leading up to the Kentucky Derby.

The Shoalwater Bay Indian Tribe built a gymnasium that doubles as an emergency shelter location and training center for tribal and non-tribal members throughout the community.

# Physical Environment

The 2016 winners demonstrated a sustained focus on housing initiatives that not only created housing infrastructure, but also provided supportive services to address other areas in residents' lives that influence health outcomes. Some highlights include:



MANCHESTER, NH

Manchester's One Touch Healthy Homes Project facilitated collaboration among health, housing, and energy organizations to deliver "One Touch" energy efficient and healthy homes treatments through coordinated service delivery and referrals. The city streamlined protocols and systems among existing home visiting efforts to develop a comprehensive healthy homes approach, including the adoption of Certified Healthy Homes Specialists.

The Columbia Gorge Region created a strong connection between the local health care industry and the issue of affordable housing, through the Bridges to Health Pathways alternative Medicaid payment model. The community received a grant to design and implement a pathway that focused on securing affordable housing for community members and providing supportive services.

Louisville's Rx: Housing Veterans collaboration ensured that newly identified homeless veterans would secure housing within 30 days. Over 600 veterans had been placed in permanent or transitional housing, and over 180 had developed a housing plan.

The 24:1 Community Land Trust creates permanent affordable housing, empowering individuals and families to purchase and own their homes. Homeownership Stewards worked with prospective homebuyers to improve their credit to purchase a home. In addition, the 24:1 Community built over 200 units of service-enriched affordable rental housing for families and seniors. Rental housing residents were paired with housing resource specialists to connect them with much needed resources and services.

Santa Monica used cross-disciplinary, data-driven strategies to address the root causes of homelessness and prioritized help for individuals most at-risk of severe harm. The city also increased affordable and supportive housing facilities through city subsidies, county health services dollars, creative development agreements, and zoning practices.

The Shoalwater Bay Indian Tribe addressed affordable, safe housing through construction and maintenance of 24 tribal-owned homes, some of which were given to seniors and some to other community members with rent-to-own options.

# What Themes Are Emerging on How Communities Demonstrate Prize Criteria?

Looking across the 2016 winners allows us to identify themes in what Prize communities are doing and how they are doing it. Prize winners demonstrate elements of each of the six Prize criteria and reinforce the importance of strong leadership and collaboration. This section highlights four main themes that emerged from examining how the 2016 winners demonstrated the Prize criteria:<sup>7</sup>

**Establishing Shared Priorities**

**Building Collective Power**

**Leveraging Existing Assets**

**Spanning Sectors and Place**

For each theme, a few stand out examples are described to illustrate how communities are working in these areas.

## Establishing Shared Priorities

One hallmark of Prize communities is that they are intentional about setting clear goals and priorities, and do so by both systematically collecting community data and engaging the voices of residents. Among the 2016 Prize winners are some diverse and impressive examples of how collective community input and assessment data can drive priority setting, and how it can also be a vehicle for increasing resident engagement and influence in the process. Notable examples include:

- Santa Monica became the first local government to create and use a research-based, community-informed Wellbeing Index that measures six dimensions of community health: Community, Place, Learning, Health, Opportunity, and Overall Outlook. The Wellbeing Index was implemented with action in mind: the data is used to identify community needs, align priorities, create common agendas across organizations and sectors, and provide a mechanism for assessment and continuous improvement. In its first round of implementation in 2015, the data revealed that social connections, economic equality, and mental health remained critical challenges in the community. This concrete data on community needs and pockets of opportunity is driving how the city – including public, social, and private sectors – directs its efforts and resources.
- Louisville used a data-driven approach to identify priorities and inform the focus of their health and community improvement activities. The Greater Louisville Project (GLP) was created over a decade ago to serve as a neutral place for data, research, and idea generation. GLP aims

<sup>7</sup> See the Methodology section on p. 17, last paragraph, for details on how information was analyzed to determine these themes.



to connect the dots between education, jobs, and quality of place, measuring Louisville's progress in several areas as compared with 14 peer cities. GLP analyses are used to identify community needs and set priorities along with other data sources, such as Louisville's ongoing Health Equity Report, the Healthy Louisville 2020 community dashboard, and Community Health Needs Assessments. Louisville has also responded to emerging community needs in real time, leading them to prioritize youth violence prevention, job training, and education.

- Manchester developed the Neighborhood Health Improvement Strategy, a city-wide, long-term effort to address generational poverty using reliable and valid neighborhood data, ongoing resident engagement, and predictive analytics. To implement this strategy, Manchester drew on best practices and evidence-based programs and worked to align partners around shared goals and measures. Priorities are driven by input from neighborhood residents, and progress is tracked in an integrated fashion across sectors using tools such as the Promise Scorecard, an interactive centralized data collection system. The process entails defining short-, medium-, and long-term outcomes and deploying a Results Based Accountability framework to measure success.

## Building Collective Power

Prize communities demonstrate a deep commitment to cultivating equal opportunities for all to be healthy. In particular, they are moving beyond targeting populations most affected by poor health outcomes, to building the collective power of those populations. The 2016 winners demonstrated this by incorporating resident voices into decision-making processes, prioritizing efforts to improve health equity, and developing youth and residents as leaders. Notable examples include:

- The Columbia Gorge Region created a meaningful opportunity out of Oregon's state-mandated Coordinated Care Organization (CCO) model by designing their CCO requirements to authentically engage Medicaid recipients and other underrepresented populations. A Community Advisory Council (CAC) that reflects the population of those receiving services provides consumer perspectives to the process. The CAC was intentionally implemented to develop leadership among consumer members so that they are true partners in collaboration and often the strongest voices at the table. They not only provide input but are respected as subject matter experts and are full participants in decision-making processes, including setting community health improvement priorities and allocating funding. Columbia Gorge Region also grew leadership capacity among community health workers in a unique way, by providing them with leadership training and skill-building to serve as policy advocates on housing, business, and education issues to improve health equity.
- In Louisville, improvement efforts were framed around a shared commitment to health equity. The Louisville Health Department regularly issues a Health Equity report that draws attention to health disparities between different groups and challenges the community to create opportunities to address root causes of inequity. The city elevated the importance of health equity by creating a Director of Health Equity position and a Health Equity Center, jointly funded by the University of Louisville and the Louisville Health Department. Community revitalization efforts, such as those in Louisville's oldest African American neighborhood, Smoketown, were informed by extensive resident engagement efforts. Louisville also demonstrated a unique focus on using arts and culture to address social justice issues and to support entrepreneurship and academic success among youth and residents. The community is developing leaders through programs such as Leadership Louisville, the Bingham Fellows program, and the YMCA's Youth Advocacy Council.



LOUISVILLE, KY

- Miami-Dade County has been intentional in its efforts to develop new leaders and mobilize the community to support health improvement. Programs like Leadership Miami, Fit2Lead, and Mentoring Matters have provided opportunities to develop young leaders and empower them to address health challenges across the community. Another program, Catalyst Miami, goes beyond connecting low-income families to financial services, to training community members in public policy and advocacy, including voter registration. The county also successfully mobilized residents to adopt several voter-supported tax levies to generate funds that are designated to address specific social issues, such as the Homeless Trust, Children's Trust, Health Trust, and Older Adults Trust.
- The Shoalwater Bay Indian Tribe made a concerted effort to involve youth in community improvement efforts, with a keen eye on building their capacity for future leadership. Youth engagement was critical in executing a community-wide survey that informed the tribe's health priorities. Youth were trained to administer the survey door to door, analyze the results, and share their findings and experiences at a community dinner. Youth are regularly encouraged to participate in tribal events and to embrace their culture, which has led to several young adults assuming leadership positions within and outside of the tribe.

## Leveraging Existing Assets

Another key characteristic of Prize-winning communities is their enterprising spirit. Beyond securing new financial resources, they used existing assets and resources to maximize the value of what they already have. The 2016 Prize winners were strategic in how they combined and consolidated resources – by aligning existing funding to maximize value, reclaiming and repurposing unused land and facilities to benefit the community, and utilizing the support of community partners. Notable examples include:

- The 24:1 Community, comprised of 24 municipalities, developed ways to collectively leverage and share resources to better meet the needs of residents. Together, jurisdictions invested in joint services including the Northside Police Department, garbage removal contracts, tree trimming, and street maintenance. In the absence of a Chamber of Commerce, local businesses formed the 24:1 Business Collaborative as a vehicle for networking and supporting the community. Community partners Beyond Housing and the 24:1 Land Trust provided ongoing support to the 24 municipalities to revitalize the built environment, increase the supply of affordable housing, and keep revenue in the community.
- Manchester aligned funders and funding toward a common agenda. As a result, the United Way shifted their priorities to require local private investors to focus their funding on the city's Neighborhood Health Improvement Strategy, a comprehensive, data-driven, integrated plan for improving neighborhoods. Existing funding was reallocated away from siloed work to instead support highly collaborative approaches, leading to increased collaboration and sustained commitment across partners, organizations, and sectors. Building on the United Way's approach, the city created a policy to no longer fund agencies that are not committed to collaboration.
- Santa Monica committed to increasing public access to open space and recreational opportunities by reclaiming public land, cultivating unique partnerships and business models that provide low- or no-cost public programs, and making the most of existing public space. They transformed a once desolate civic center area into a vibrant neighborhood, and connected it to downtown via Tongva Park, a six-acre park that was transformed from a parking lot and adjacent land. The city also worked to maximize Virginia Park as a community resource within the heart of one of Santa Monica's most underserved neighborhoods. Working with residents, neighborhood groups, and community partners, the park was re-engineered as a local hub that includes a new park center, teen center, weekly farmers market, community meeting space, recreational opportunities, and a library with diverse community programming.
- Miami-Dade County maximized a number of public and private resources for their efforts. In addition to several voter-supported tax levies dedicated to health and social services, the county government allocated \$20 million out of each annual budget to support nonprofit efforts. Miami-Dade County also leveraged a variety of community partners from multiple sectors and levels through the Consortium for a Healthier Miami-Dade County. The Consortium demonstrates the value of having a convening organization that brings community health partners together to focus on key issues in an aligned way. When stimulus funds became available in 2008-09, Miami-Dade was prepared to apply for and receive \$15 million in Communities Putting Prevention to Work funds that were used for Consortium efforts.

## Spanning Sectors and Place

Prize-winning communities work in active partnerships that span different organizations and sectors. They build coalitions that include schools, hospitals and health care systems, higher education institutions, government agencies, law enforcement, businesses, community-based agencies, and community residents to prioritize health and weave a health focus into their everyday practices. Beyond multisector collaboration, the 2016 Prize winners featured examples of unique partnerships that span geopolitical jurisdictions and demonstrate the ability to navigate multiple types of boundaries to further community improvement efforts. Notable examples include:

- The Shoalwater Bay Indian Tribe worked to bring much-needed services not only to their own tribe, but to the surrounding community as well. With the closest tribal clinic more than 70 miles away and in response to a series of miscarriages which threatened the tribe's future existence, the tribe advocated for federal funds to create the Shoalwater Bay Tribal Wellness Center. The wellness center expanded into a one-stop shop for health and wellness that is an essential resource for the entire area. The tribe also worked with and beyond their own members and geographic borders to ensure the sustainability of the surrounding land. They partnered with the Army Corps of Engineers to preserve lands and mitigate erosion on the nearby beaches and formed a Community Emergency Response Team of tribal and non-tribal residents to prepare for emergencies, such as a tsunami or earthquake, that could threaten their land and community.
- The 24:1 Community banded together across municipal lines in response to their school district losing state accreditation. They coordinated to address the root causes of poor academic performance and low school attendance by engaging parents, teachers, students, businesses, and community leaders across city lines. The 24 separate municipalities have institutionalized their partnership through the 24:1 Mayor's Collaborative, which meets monthly to coordinate better services for their residents, to decrease collective costs for municipal services, and to pursue joint economic development projects. The Collaborative built structures for buy-in and shared accountability; for example, it adopted 12 principles for being a good mayor, which includes conducting an annual audit, committing to a robust budgeting process, and creating a website to communicate with residents.
- The Columbia Gorge Region was faced with the unique issue of serving residents on both sides of the Columbia River – spanning the boundary between the states of Oregon and Washington. As the Coordinated Care Organization (CCO) model was being developed in Oregon, the local hospitals, health departments, and other service providers within the Columbia Gorge Region set aside their individual interests and joined forces to shape health care services for residents in both states, thus forming the Columbia Gorge Region Health Council. The council brought together consumers, community service organizations, and health care providers from both states to engage in decision-making, and to conduct and implement the region's first integrated Community Health Needs Assessment.

## Summary

The 2016 Prize communities exemplify how to effectively establish shared priorities; build collective power; leverage existing assets; and work across sectors and place. Their experiences provide themes and lessons learned that can contribute to a broader understanding of how local communities can work to build a Culture of Health.



# Methodology

To identify themes across all seven 2016 Prize winners, we focused on two of the Prize program's overarching learning questions:

1. What strategies are communities using to improve health and equity?
2. How are communities demonstrating the Prize criteria?

To be named a Prize winner, communities compete in a three-phase selection process that includes two written essays, a brief video, and a site visit from external reviewers (see [rwjf.org/prize](http://rwjf.org/prize) for further details about the Prize selection process). Staff at University of Wisconsin Population Health Institute (UWPHI) conducted a detailed analysis of existing documents from the seven 2016 Prize winners to answer the learning questions. The documents analyzed include: Phase I and Phase II application essays, which ask applicants to feature several community accomplishments that best exemplify the Prize criteria and describe how they are addressing each criterion; comprehensive site visit reports that synthesize the accomplishments and highlight the strengths and opportunities in the community's improvement journey; and the site visit itineraries from each community.

To examine the first learning question (what strategies communities are using to improve health and equity), we reviewed all Prize winner accomplishments and divided them into separate strategies. One component of the Prize criteria is how communities are acting across multiple areas that influence health, such as, but not limited to, the factors in the [County Health Rankings model](#) (see Appendix I). Annually and since 2010, the County Health Rankings has provided a conceptual model of population health that includes both health outcomes and health factors which has become well-known and widely used.<sup>8</sup> The model provides an easily understood, measurable, research-based framework for organizing and visualizing the many areas that influence how long and how well people live. A community strategy is defined as a specific unit of accomplishment that can be mapped to the health factors in the County Health Rankings model and potentially matched to specific strategies in the What Works for Health (WWFH) database. WWFH is also based on the County Health Rankings model and uses rigorous methods for better understanding the evidence base for communities' accomplishments.<sup>9</sup> WWFH also systematically rates strategies for impact on disparities. For these reasons, the analysis in this report uses the County Health Rankings model and What Works for Health to define and categorize community strategies.

A total of 343 Prize community strategies were identified through this review and were categorized according to the four health factors and 13 health factor focus areas in the County Health Rankings model (see Appendix II). Community strategies were further categorized into approaches that represent common priority areas for improving health, using categories from the What Works for Health database as a starting point (see Appendix III). Note that some strategies are categorized under more than one factor or focus area in the County Health Rankings model; therefore, the same strategy was counted twice in those instances. There are 285 unique strategies among the 2016 Prize winners, and 29 strategies are categorized more than once.

8 Remington PL, Catlin BB, Gennuso KP. The County Health Rankings: rationale and methods. *Popul Health Metr.* 2015;13:11.

9 Bergum A, Grigg L, Givens ML, Booske Catlin B, Willerns Van Dijk J. How to Be an Informed Consumer of Evidence Ratings: It's in the Details. *Prev Chronic Dis* 2019;16:190067.



Community strategies were then assessed for whether or not they could be matched to specific strategies in WWFH. Out of the 343 Prize community strategies included in this analysis, 172 (50%) could be directly matched with a strategy in WWFH and 171 (50%) could not be directly matched, for a variety of reasons. The WWFH database does not include all possible strategies that a community might implement to improve health and it depends on the availability of published research literature. For example, some community strategies that do not directly align with a WWFH strategy include promising practices or pilot programs that have not yet been rigorously studied. Other community accomplishments may be broad and incorporate several elements that do not map neatly to a single strategy in WWFH or are outside the scope of the types of interventions assessed in WWFH. Furthermore, there is a limited amount of space in Prize application materials to describe the full range of efforts in their communities. In some cases, application materials do not provide enough detail or specificity to determine whether an effort matches to a WWFH strategy.

Each strategy included in WWFH is assigned an evidence rating based on an extensive literature review and a multi-analyst assessment of the strength of the overall body of evidence (including the type, quality, number of studies, and consistency of findings) as it pertains to specified outcomes. Matching Prize community strategies with strategies in WWFH provides insight on communities utilizing strategies with high levels of evidence and their impact on addressing disparities, based on the already existing data and framework maintained by WWFH. The 172 matched strategies in this analysis were assessed for their level of effectiveness using WWFH ratings (see Appendix IV). The 171 community strategies that did not match to WWFH are further described in Appendix V.

To examine the second learning question (how communities demonstrate the six Prize criteria throughout their work), we conducted a detailed review of each community's Phase I and Phase II application materials and reports produced after the community site visits. Themes were developed from this review and informative examples were selected to demonstrate elements of the Prize criteria in action and to illustrate what makes these communities stand out as winners.

## Limitations

This report is based on existing documents for each Prize-winning community from 2015 to early 2016, which were produced for the purposes of competing for the RWJF Culture of Health Prize.

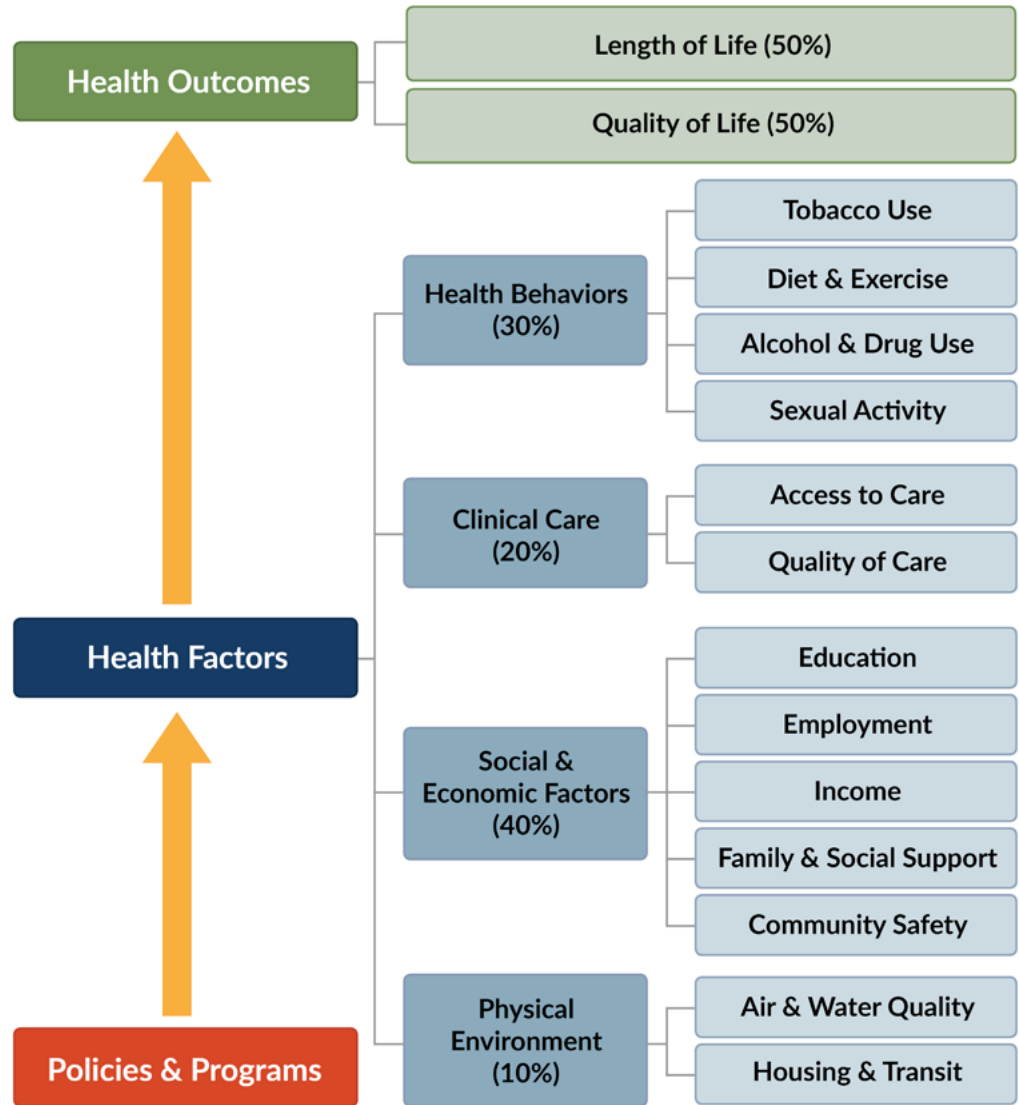
The strategies included in this summary are not an exhaustive list of all the strategies being carried out in the 2016 Prize-winning communities but only include accomplishments mentioned in the reviewed documents. Furthermore, the community strategies matched to strategies in WWFH reflect information included in the WWFH database as of March 2016.

To understand how communities are demonstrating the Prize criteria, we conducted a detailed review of each community's application materials and site visit reports. These materials do not represent an exhaustive source of information about how communities are working to improve health and equity, and are limited by the information available in the reviewed documents and the scope of the review.

Furthermore, the Prize selection process continues to evolve, including the criteria for selection, based on iterative learnings. Prize winners are selected through a group review process that includes multiple inputs. Each year there is some variability in the number of winners, community characteristics, and level of detail included in application materials, which affects the information available for analysis.

## APPENDIX I:

## County Health Rankings Model



County Health Rankings model © 2014 UWPHI

## APPENDIX II:

# Community Strategies Mapped to County Health Rankings Model

**TABLE 2: Community strategies categorized according to health factors and focus areas in the County Health Rankings model**

HEALTH FACTORS AND FOCUS AREAS	# OF COMMUNITY STRATEGIES	% OF TOTAL COMMUNITY STRATEGIES
<b>Social and Economic Factors</b>		
Family and Social Support	50	14.6%
Education	45	13.1%
Community Safety	30	8.7%
Employment	17	5.0%
Income	16	4.7%
<b>Subtotal</b>	<b>158</b>	<b>46.1%</b>
<b>Health Behaviors</b>		
Diet and Exercise	78	22.7%
Alcohol and Drug Use	8	2.3%
Tobacco Use	7	2.0%
Sexual Activity	1	0.3%
<b>Subtotal</b>	<b>94</b>	<b>27.4%</b>
<b>Clinical Care</b>		
Access to Care	31	9.0%
Quality of Care	12	3.5%
<b>Subtotal</b>	<b>43</b>	<b>12.5%</b>
<b>Physical Environment</b>		
Housing and Transit	41	12.0%
Air and Water Quality	7	2.0%
<b>Subtotal</b>	<b>48</b>	<b>14.0%</b>
<b>TOTAL</b>	<b>343</b>	<b>100%</b>

## APPENDIX III:

## Community Approaches to Improving Health

TABLE 3: Community strategies categorized by health factor focus areas and general approaches to improving health<sup>10</sup>

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2016 PRIZE WINNERS
<b>Social and Economic Factors</b>			
<b>Family and Social Support</b>	Build social capital within communities	17	Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase social connectedness	13	Columbia Gorge Region, OR & WA; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Ensure access to counseling and support	12	Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Build social capital within families	8	24:1 Community, MO; Columbia Gorge Region, OR & WA; Manchester, NH
	<b>Subtotal</b>	<b>50</b>	
<b>Education</b>	Create environments that support learning	18	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Improve quality of K-12 education	14	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase early childhood education	6	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Santa Monica, CA
	Increase education beyond high school	6	24:1 Community, MO; Louisville, KY; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Parent education programs	1	24:1 Community, MO
	<b>Subtotal</b>	<b>45</b>	
<b>Community Safety</b>	Prevent neighborhood crime and violence	15	24:1 Community, MO; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Support safe travel	5	Miami-Dade County, FL; Santa Monica, CA
	Improve emergency preparedness and response	3	Miami-Dade County, FL; Shoalwater Bay Indian Tribe
	Prevent child maltreatment	3	24:1 Community, MO; Manchester, NH
	Assist youth involved with the justice system	1	Miami-Dade County, FL
	Ensure sports and recreation safety	1	Manchester, NH
	Reduce mass incarceration	1	Shoalwater Bay Indian Tribe
	Prevent intimate partner violence	1	Louisville, KY
	<b>Subtotal</b>	<b>30</b>	

<sup>10</sup> The categories in this table are based primarily on categories that serve as an organizing framework for the strategies included in What Works for Health, as of March 2016, and align with the health factors and focus areas in the County Health Rankings model.

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2016 PRIZE WINNERS
Employment	Increase worker employability	12	Columbia Gorge Region, OR & WA; Louisville, KY; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase opportunities for employment and economic growth	5	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Shoalwater Bay Indian Tribe
	<b>Subtotal</b>	<b>17</b>	
Income	Support asset development	8	24:1 Community, MO; Columbia Gorge Region, OR & WA; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA
	Increase or supplement income	8	Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Santa Monica, CA; Shoalwater Bay Indian Tribe
	<b>Subtotal</b>	<b>16</b>	
<b>Health Behaviors</b>			
Diet and Exercise	Create opportunities for active living	39	24:1 Community, MO; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase access to healthy food options	22	24:1 Community, MO; Columbia Gorge Region, OR & WA; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Promote healthy eating	8	24:1 Community, MO; Columbia Gorge Region, OR & WA; Miami-Dade County, FL; Shoalwater Bay Indian Tribe
	Promote broad approaches to increasing physical activity	4	24:1 Community, MO; Louisville, KY; Miami-Dade County, FL; Santa Monica, CA
	Provide physical activity information and education	4	24:1 Community, MO; Louisville, KY; Miami-Dade County, FL
	Reduce access to unhealthy foods	1	Columbia Gorge Region, OR & WA
	<b>Subtotal</b>	<b>78</b>	
Tobacco Use	Reduce exposure to environmental tobacco smoke	6	Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Shoalwater Bay Indian Tribe
	Reduce initiation and/or increase cessation	1	Shoalwater Bay Indian Tribe
	<b>Subtotal</b>	<b>7</b>	
Alcohol and Drug Use	Reduce alcohol-impaired driving	5	Manchester, NH; Shoalwater Bay Indian Tribe
	Implement broad initiatives to reduce alcohol and drug use	3	Manchester, NH; Santa Monica, CA
	<b>Subtotal</b>	<b>8</b>	
Sexual Activity	Reduce HIV/STIs	1	Miami-Dade County, FL
	<b>Subtotal</b>	<b>1</b>	



HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2016 PRIZE WINNERS
<b>Clinical Care</b>			
<b>Access to Care</b>	Adopt alternate care delivery models	20	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase opportunities for oral health care	4	Manchester, NH; Miami-Dade County, FL; Shoalwater Bay Indian Tribe
	Reduce barriers to care	4	Miami-Dade County, FL; Santa Monica, CA
	Increase preconception, prenatal, and interconception care	2	24:1 Community, MO; Miami-Dade County, FL
	Increase access to vision services	1	24:1 Community, MO
	<b>Subtotal</b>	<b>31</b>	
<b>Quality of Care</b>	Increase coordination of care	7	Manchester, NH; Miami-Dade County, FL; Shoalwater Bay Indian Tribe
	Provide culturally competent care	2	Columbia Gorge Region, OR & WA; Louisville, KY
	Increase patient engagement	1	Columbia Gorge Region, OR & WA
	Reduce unnecessary spending and overtreatment	1	Columbia Gorge Region, OR & WA
	Improve patient safety	1	Louisville, KY
	<b>Subtotal</b>	<b>12</b>	
<b>Physical Environment</b>			
<b>Housing and Transit</b>	Support active travel	13	24:1 Community, MO; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Ensure access to housing	11	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Support affordable housing options	9	24:1 Community, MO; Columbia Gorge Region, OR & WA; Louisville, KY; Miami-Dade County, FL; Santa Monica, CA
	Improve housing quality	6	24:1 Community, MO; Manchester, NH; Miami-Dade County, FL; Santa Monica, CA
	Support shared transportation	2	Santa Monica, CA
	<b>Subtotal</b>	<b>41</b>	
<b>Air and Water Quality</b>	Improve environmental restoration and preservation	4	Louisville, KY; Santa Monica, CA; Shoalwater Bay Indian Tribe
	Increase water conservation and preservation	2	Santa Monica, CA; Shoalwater Bay Indian Tribe
	Reduce agriculture's environmental impacts	1	Shoalwater Bay Indian Tribe
	<b>Subtotal</b>	<b>7</b>	
<b>TOTAL</b>		<b>343</b>	

## APPENDIX IV:

# Community Strategies and What Works for Health Evidence Ratings

Out of a total of 343 community strategies identified from the 2016 Prize winner application materials, 172 strategies (50%) could be directly matched to existing strategies in the What Works for Health (WWFH) database, as of March 2016. As shown in Tables 4 and 5, these strategies have varying degrees of empirical support but almost all (94%) demonstrated some level of effectiveness (rated as Scientifically Supported, Some Evidence, or Expert Opinion). Nine of the 172 matched strategies were rated as having insufficient evidence, meaning more research is needed to determine their effectiveness, and only one strategy was rated as having mixed evidence of effectiveness.<sup>11</sup>

TABLE 4: Community strategies by WWFH evidence ratings

WWFH EVIDENCE RATING	# OF MATCHED STRATEGIES	% OF TOTAL MATCHED STRATEGIES
Scientifically Supported	82	47.7%
Some Evidence	58	33.7%
Expert Opinion	22	12.8%
Insufficient Evidence	9	5.2%
Mixed Evidence	1	0.6%
<b>TOTAL</b>	<b>172</b>	<b>100%</b>

TABLE 5: Community strategies by WWFH evidence ratings organized by health factors from the County Health Rankings model

	WWFH EVIDENCE RATING	# OF MATCHED STRATEGIES	% OF TOTAL MATCHED STRATEGIES
<b>Social and Economic Factors</b>	Scientifically Supported	25	14.5%
	Some Evidence	20	11.6%
	Expert Opinion	16	9.3%
	Insufficient Evidence	8	4.7%
	Mixed Evidence	1	0.6%
	<b>Subtotal</b>	<b>70</b>	<b>40.7%</b>
<b>Health Behaviors</b>	Scientifically Supported	28	16.3%
	Some Evidence	24	14.0%
	Expert Opinion	5	2.9%
	Insufficient Evidence	1	0.6%
	<b>Subtotal</b>	<b>58</b>	<b>33.7%</b>
<b>Clinical Care</b>	Scientifically Supported	16	9.3%
	Some Evidence	9	5.2%
	Expert Opinion	1	0.6%
	<b>Subtotal</b>	<b>26</b>	<b>15.1%</b>
<b>Physical Environment</b>	Scientifically Supported	13	7.6%
	Some Evidence	5	2.9%
	<b>Subtotal</b>	<b>18</b>	<b>10.5%</b>
	<b>TOTAL</b>	<b>172</b>	<b>100%</b>

<sup>11</sup> For more information about the What Works for Health evidence ratings and how they are assigned, see: <http://www.countyhealthrankings.org/take-action-improve-health/what-works-health/our-methods>

## APPENDIX V:

# Community Strategies Unmatched to What Works for Health

Of the 343 community strategies identified from the 2016 Prize winner application materials, 171 (50%) were not matched to an existing strategy in the What Works for Health (WWFH) database. WWFH includes a collection of nearly 400 strategies (as of March 2016) that address the health factors in the County Health Rankings model. WWFH does not include all possible strategies that a community might implement to improve health and it depends on the availability of published and grey literature. For example, some unmatched strategies include promising practices or pilot programs that have not yet been studied and/or included in the published and grey literature. Other accomplishments may be broad and incorporate several elements that do not map neatly onto a single strategy in WWFH or are outside the scope of the types of interventions assessed in WWFH. Additionally, Prize applicants have a limited amount of space in their application materials to describe the full range of efforts happening across their communities; in some cases, there is not sufficient detail or specificity to determine whether efforts match a WWFH strategy.

This appendix provides additional detail about the 171 unmatched community strategies. Table 6 shows that these strategies were distributed across the four health factors, with more than half (51%) in the area of Social and Economic Factors.

**TABLE 6: Community strategies unmatched to WWFH organized by health factors and focus areas from the County Health Rankings model**

HEALTH FACTOR	FOCUS AREA	# OF UNMATCHED STRATEGIES	% OF TOTAL UNMATCHED STRATEGIES
Social and Economic Factors	Family and Social Support	27	15.8%
	Education	25	14.6%
	Community Safety	19	11.1%
	Employment	10	5.8%
	Income	7	4.1%
	<b>Subtotal</b>	<b>88</b>	<b>51.5%</b>
Health Behaviors	Diet and Exercise	25	14.6%
	Tobacco Use	3	1.8%
	Alcohol and Drug Use	8	4.7%
	<b>Subtotal</b>	<b>36</b>	<b>21.1%</b>
Clinical Care	Access to Care	15	8.8%
	Quality of Care	2	1.2%
	<b>Subtotal</b>	<b>17</b>	<b>9.9%</b>
Physical Environment	Housing and Transit	23	13.5%
	Air and Water Quality	7	4.1%
	<b>Subtotal</b>	<b>30</b>	<b>17.5%</b>
	<b>TOTAL</b>	<b>171</b>	<b>100%</b>

Across the 13 health factor focus areas in the County Health Rankings model, the highest numbers of unmatched strategies are in family and social support (16%), education (15%), and diet and exercise (15%). Table 7 breaks down the number of unmatched strategies by type of approach within each of these focus areas. For example, within the area of family and social support, 10 of the 27 unmatched community strategies represent efforts to ensure access to counseling and support, and nine are efforts to build social capital within communities through strategies such as community-oriented learning opportunities and facilitation of community gatherings. Within the area of education, nine of the 25 unmatched community strategies are specific programs to enhance school curriculum, and seven are efforts

to create environments that support learning, such as through multifaceted approaches that integrate health and social supports in schools. Unmatched diet and exercise strategies include a mix of approaches to address food insecurity and increase access to healthy foods (nine of 25 strategies); provide opportunities for walking, biking, and physical activity (seven strategies); and promote healthy eating through various programs (seven strategies).

**TABLE 7: Top three health factor focus areas for community strategies unmatched to WWFH and associated approaches**

HEALTH FACTOR FOCUS AREA	APPROACH	# OF UNMATCHED STRATEGIES
<b>Family and Social Support</b>	Ensure access to counseling and support	10
	Build social capital within communities	9
	Increase social connectedness	5
	Build social capital within families	3
<b>Education</b>	Improve quality of K-12 education	9
	Create environments that support learning	7
	Increase education beyond high school	5
	Increase early childhood education	4
<b>Diet and Exercise</b>	Increase access to healthy food options	9
	Promote healthy eating	7
	Create opportunities for active living	7
	Reduce access to unhealthy foods	1
	Provide physical activity information and education	1

Some unmatched strategies represent examples of promising or innovative approaches that Prize winners are using to address the unique needs of their communities. Select examples include:

- Creating new models for equitably distributing school funding and for financing early childhood education;
- Implementing local hiring policies to increase employment opportunities for community residents;
- Providing culturally relevant education to enhance learning and social connectedness, such as incorporating cultural, historical, and artistic traditions in educational settings and offering dual-language immersion programs; and
- Integrating arts and cultural education with efforts to address youth violence and to improve health outreach efforts.

This review demonstrates a range of approaches that communities are using to address pressing health issues, several of which are multifaceted and/or innovative strategies that may not have been sufficiently researched yet to determine effectiveness. This information can be useful for demonstrating evaluation needs, identifying gaps in the published and grey literature, and indicating what strategies could be explored for future inclusion in the WWFH database.

# Credits

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The University of Wisconsin Population Health Institute advances health and well-being for all by developing and evaluating interventions and promoting evidence-based approaches to policy and practice at the local, state, and national levels. The Institute works across the full spectrum of factors that contribute to health. A focal point for health and health care dialogue within the University of Wisconsin-Madison and beyond, and a convener of stakeholders, the Institute promotes an exchange of expertise between those in academia and those in the policy and practice arena. The Institute leads the work on the County Health Rankings & Roadmaps and the RWJF Culture of Health Prize in collaboration with the Robert Wood Johnson Foundation. For more information, visit <http://uwphi.pophealth.wisc.edu>.



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