



2017 RWJF Culture of Health Prize-Winning Communities

Themes and Highlights



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Support for this report was provided by the Robert Wood Johnson Foundation

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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. Please email 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 eight winners of the 2017 Robert Wood Johnson Foundation (RWJF) Culture of Health Prize provide a window into the efforts made by local communities across the nation to build a Culture of Health. The purpose of this report is to highlight the common themes across the 2017 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 inspire communities across the nation to learn from these examples. The accomplishments from the eight 2017 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

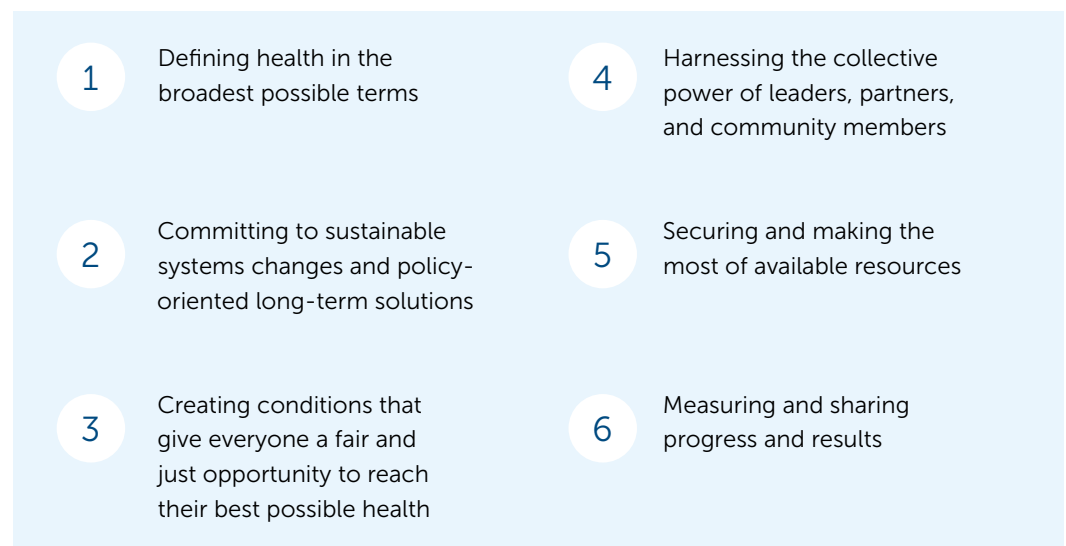
1. A total of 330 strategies were identified from Prize winner application materials and categorized based on the [County Health Rankings model](#); of these:
 - 147 (45%) addressed Social and Economic Factors
 - 105 (32%) addressed Health Behaviors
 - 44 (13%) addressed Physical Environment
 - 34 (10%) addressed Clinical Care
2. All eight 2017 Prize winners worked to improve health and equity by focusing on: education, employment, income, family and social support, access to clinical care, and diet and exercise.
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 2017 winners demonstrate the Prize criteria include:
 - **Mobilizing the community to create long-term solutions.** Prize winners built awareness and created conditions for residents to mobilize and advocate for systemic changes.
 - **Creating opportunities through improving neighborhood conditions and social supports.** Prize winners paid attention to neighborhood-level improvements to revitalize communities through affordable housing infrastructure and wraparound services geared toward individual needs.
 - **Using creative financing for community improvements.** Prize winners used comprehensive approaches to financing improvement initiatives through deep partnerships and strategic leveraging of resources.

Overview and Purpose

The accomplishments of the 2017 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 demonstrated 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 2017 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 2017 Prize Winners

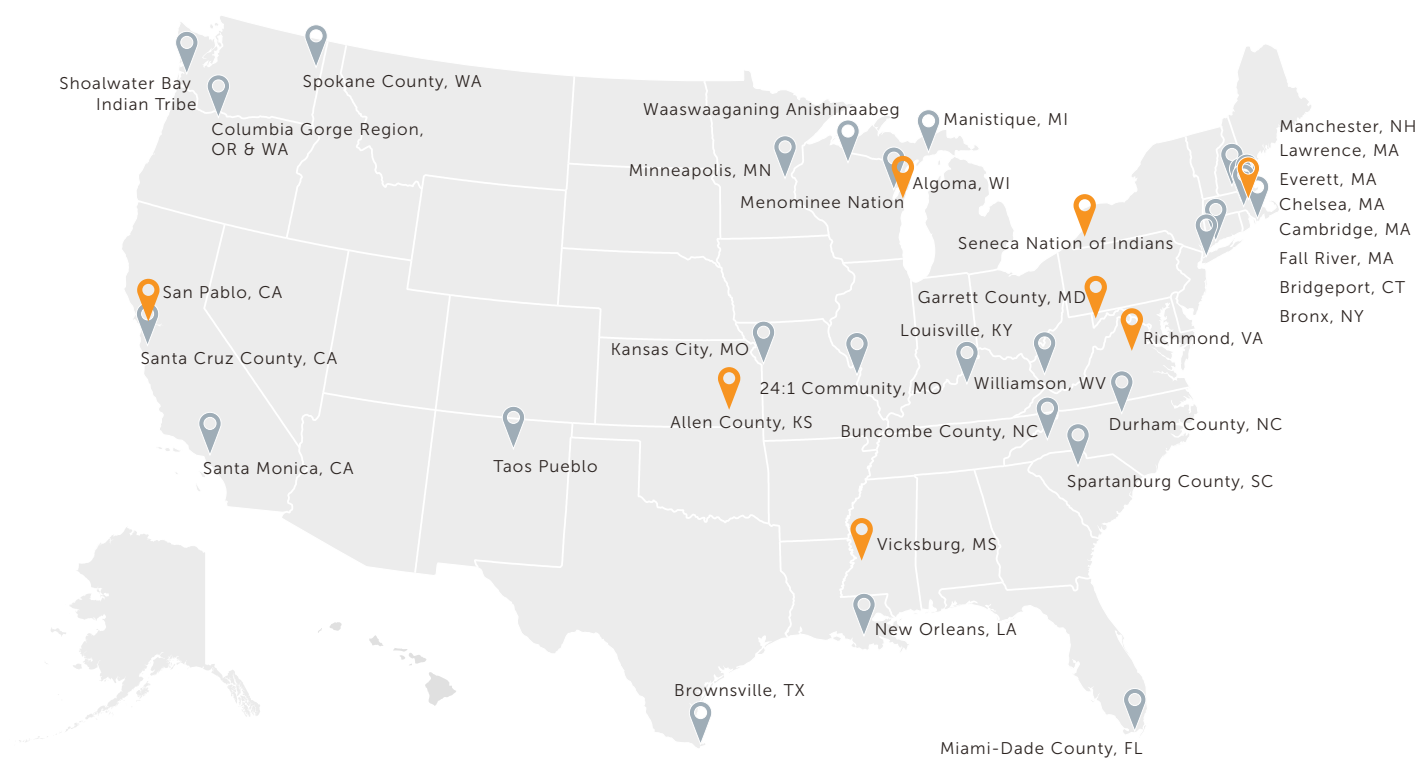
The eight 2017 Prize winners represent diverse communities — cities, counties, tribes, and small towns; rural, urban, and suburban places — that face myriad physical, economic, and demographic challenges. For example, more than 75% of the 2017 Prize-winning communities had higher rates of children living in poverty than the 2016 national rate of 21%;¹ 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 for everyone.

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

TABLE 1: Demographics of 2017 Prize-winning communities

2017 PRIZE COMMUNITY	COMMUNITY TYPE ²	U.S. REGION ³	POPULATION SIZE ¹	% CHILDREN IN POVERTY ¹	% PEOPLE OF COLOR ¹	APPLICANT CONTACT SECTOR(S) ⁴
Algoma, WI	City	Midwest	3,167	19%	4%	Education
Allen County, KS	County	Midwest	13,371	21%	9%	Nonprofit; Health Care
Chelsea, MA	City	Northeast	35,177	27%	77%	Nonprofit; Health Care
Garrett County, MD	County	South	30,097	18%	3%	Health Care; Public Health
Richmond, VA	City	South	204,214	41%	60%	Public Health; Local Government
San Pablo, CA	City	West	29,139	27%	91%	Community Development; Local Government
Seneca Nation of Indians	Federally Recognized Tribe	Northeast	8,278	23%	(Not Available)	Tribal Government
Vicksburg, MS	City	South	23,856	56%	73%	Nonprofit

RWJF Culture of Health Prize Winners 2013-2017: 2017 winners highlighted in orange



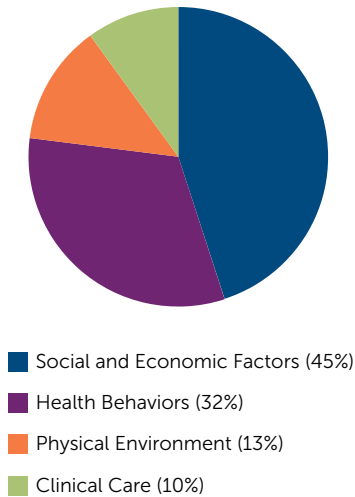
² For purposes of applying for the Prize, communities identifying as a "Region" represent geographically contiguous municipalities, counties, and/or reservations.

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

⁴ 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 2017 Prize-winning 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 330 community strategies were identified from the 2017 Prize winner application materials and categorized according to the model.⁵ Of these, 147 (45%) targeted Social and Economic Factors; 105 (32%) were focused on promoting Health Behaviors; 44 (13%) were efforts to improve the Physical Environment, and 34 (10%) 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 are shown in Appendix II. A detailed summary of the 330 community strategies categorized by their general approach to improving health is provided in Appendix III. These appendices illustrate the breadth of strategies 2017 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.⁶ Of the 330 community strategies identified, 208 (63%) could be matched to a strategy in WWFH, as shown in Appendix IV. Almost all of these strategies (98% of the 208 matched strategies) demonstrated empirical evidence for effectiveness, with ratings of Scientifically Supported, Some Evidence, or Expert Opinion. About half of the matched strategies (51%) were rated Scientifically Supported, the highest evidence of effectiveness rating.

Information about the remaining 122 community strategies (37%) 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 122 unmatched strategies represent a variety of approaches to improving health and equity; these were distributed across the four health factors, with nearly half (45%) of them in Social and Economic Factors, particularly family and social support (16%) and education (15%).

Common Ground: Health Factors Addressed by All 2017 Prize Winners

A review of 2017 Prize winner strategies revealed several focus areas addressed in all eight communities. There was work highlighted across the 2017 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, encourage healthy eating and active living, and improve the physical environment. Highlights from each of the communities about the strategies employed in each of these areas are summarized below.

⁵ See the Methodology section on p. 16 for details about how community strategies were categorized and analyzed.

⁶ 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 August 2017.

Social and Economic Factors: Education

All eight 2017 Prize winners were noteworthy for their emphasis on improving educational outcomes and most were using schools as central hubs that reflected and integrated larger community-wide efforts and priorities. Some highlights include:

In Algoma several businesses partnered with the local high school to provide projects, machinery, training, and mentoring onsite to help prepare students for careers in technical fields.

Vicksburg implemented city-wide, 4-year-old pre-kindergarten, and focused on improving the school to college pipeline through Star Academy, River City Early College, and the Vicksburg Warren College and Career Academy.

Allen County developed the Regional Rural Technology Center to offer college-level instruction to high schoolers in construction, welding, and Certified Nursing Assistant training – needs identified by local employers.



SENECA NATION OF INDIANS

Seneca Nation's Early Childhood Learning Centers and Faithkeepers School incorporated native language and traditions in the school curriculum and offered higher education scholarships through the Seneca Diabetes Foundation.

Richmond established Bridging Richmond, a cradle-to-career partnership anchored by Virginia Commonwealth University, and implemented RVA Future Centers in all public high schools to help students and families explore and access post-secondary options.

Garrett County ensured access to continuing education for all high school graduates and GED recipients through college scholarships, and provided project-based learning aligned with the math and science curriculum for elementary students.

San Pablo funded Full Service Community School Coordinators to provide additional supports to students and families, and School Resource Officers from the police department were embedded in the middle school to train students in communication, conflict resolution, and peer mediation.

Chelsea trained all teachers in the school district on trauma-informed practices, and local health care providers partnered with the schools to make integrated school-based health centers possible, including mental health and primary care.

Social and Economic Factors:

Employment and Income

Initiatives addressing employment and/or income were featured in all eight 2017 Prize winners and were wide-ranging, from increasing access to employment opportunities to providing workforce development training to offering supplemental services that helped residents achieve financial independence. Some highlights include:



SAN PABLO, CA

San Pablo's Economic Development Corporation provided training and technical assistance for small business owners and employment supports for residents.

The Seneca Nation supported economic growth by establishing a certified Native American Community Development Financial Institution, and providing banking services and wealth building for tribal members through the Seneca Nation of Indians Federal Credit Union.

The City of Richmond created the Office of Community Wealth Building dedicated to reducing poverty. The office's Center for Workforce Innovation partnered across agencies and employers to connect residents to living-wage employment through demand-driven job training, apprenticeships, and mentoring.

Algoma's East Shore Industries provided skills training, job placement, and employment opportunities for adults living with disabilities.

Garrett County collaborated with the I-68 Regional Economic Partnership to attract new businesses and advance infrastructure for workforce development.

Vicksburg focused on economic growth by revitalizing the downtown through the Main Street program and promoting an emerging tourism industry.

Chelsea worked to improve the financial mobility of low-income families through CONNECT, a financial opportunity center that provides employment services, adult education, financial coaching, public benefits enrollment, housing stabilization supports, and access to bank products and services in one central and supportive location.

Allen County attracted a new grocery store to its largest town, Lola – which was petitioned by residents – and built an adjacent mixed-use development to expand job opportunities and housing options.

Prize winners in 2017 described a variety of strategies designed to build social capital and increase social connectedness, such as efforts to engage youth in solutions and to provide recreational and enrichment programming to enhance skills and connections across all ages. Several Prize winners were also working to raise awareness about the impact of trauma in communities and create trauma-informed systems. Some highlights include:

Algoma developed leadership capacity to solve community-identified problems by training residents on the Plan-Do-Study-Act (PDSA) model for continuous improvement, and engaging youth in project-based learning opportunities through the Leadership Academy.

Richmond combined youth enrichment programming with youth development and leadership opportunities through the Six Points Innovation Center (6PIC), in the Highland Park neighborhood, which is focused on civic engagement, career success, and creative expression.

San Pablo fostered social connections within the aging population through an inclusive Senior Center, and uplifted youth voices through a city Youth Commission to develop skills in leadership, community service, and the legislative process.

Garrett County developed Garrettplan.org, an online platform to engage residents in health and community improvement, and expanded broadband internet access to better reach geographically isolated and lower-income households.

Chelsea provided comprehensive wraparound services, including mental health care, food and transportation assistance, and housing services, to high-risk teens and adults struggling with substance abuse through Community Navigators housed within the police department.

Allen County fostered social connections through the Bridges Out of Poverty, Circles, and Together We Can projects, which provided a social space for residents to interact across socioeconomic groups, discuss local issues, foster empathy, and build lasting relationships. They also engaged in a media campaign to build awareness about the causes of poverty.



CHELSEA, MA

The Seneca Nation emphasized native culture and values to increase resilience through Seneca language programs that help protect, preserve and develop a new generation of Seneca language speakers, and the Food Is Our Medicine Project which provides skills, knowledge, and opportunities for healthful eating while promoting Seneca traditions.

Vicksburg increased community members' capacity to lead through the Chamber of Commerce's Leadership Vicksburg program, which provides participants with a deeper understanding of the critical issues affecting the region and offers education, training, and opportunities to develop community service initiatives with nonprofit agencies.

Social and Economic Factors: Family and Social Support

Strategies to increase access to health care and improve quality of care were featured across the 2017 Prize winners, with an emphasis on alternate delivery models that increase access to care by moving beyond the walls of the clinic or hospital. Some highlights include:

Allen County worked to address transportation and financial barriers to care by building two satellite clinics in underserved areas of the county and leveraging schools as places in the community to provide basic health services.

In Chelsea, the Center for Community Health Improvement at Massachusetts General Hospital trained staff as both medical interpreters and community health workers, allowing them to facilitate medically accurate communications and be strong patient advocates.



Algoma embraced a Community Nurse Activator, funded by Bellin Health, who provides care in schools, workplaces, and community settings, connects people with resources, and offers guidance on healthy behaviors.

Vicksburg implemented an onsite clinic pilot program for city employees and made health services available to low-income and uninsured populations through a network of free clinics primarily sponsored by faith-based organizations.

Garrett County developed a partnership between the local hospital and the University of West Virginia to expand hospital services and established a regional cancer treatment center in response to community need.

Richmond embedded community health workers in public housing to provide navigation support for primary care, health care coverage, and social services, and to lead support groups for community outreach and education.

San Pablo voters approved a tax measure to increase emergency services including adding a squad of paramedics and a vehicle based at the fire station. The city also made a mobile clinic available at the middle school for students and their families and added school-based mental health services.

The Seneca Nation provided holistic and cost-effective delivery of services in a client- and family-centered health care setting through the Health Outreach Prevention and Education Unit that combines medical social workers, Women, Infants, and Children (WIC) services, and medical transportation.

Health Behaviors

The 2017 Prize winners implemented policies and programs to support healthy behaviors, including efforts to promote healthier diets and more exercise, and to address tobacco and substance use and abuse. Of the 105 community strategies focused on health behaviors, 85 (81%) targeted healthy eating and physical activity, often incorporating improvements in physical infrastructure to support active living. Some highlights include:

Vicksburg built a swimming pool, redeveloped parks and trails, and implemented community-wide nutrition programs to support weight loss and active living. The community's annual walk through Military Park brings residents together to promote fitness while engaging in conversations about race, racism, and history.



VICKSBURG, MS

Algoma created worksite wellness programs in local manufacturing companies to promote healthy eating and built a community fitness center connected to the local high school to support healthy lifestyles.

Allen County's largest town, Iola, passed a Tobacco 21 policy, and the county established a drug court to address addiction and recovery.

Chelsea banned artificial trans fats in local stores and restaurants, and established school district wellness policies to promote healthy eating.

Garrett County built the Community Aquatic and Recreation Center which provides affordable fitness opportunities for county residents of all ages and free swimming lessons to all local kindergarteners.

Richmond invested in bike and pedestrian infrastructure to improve connectivity in the city, and opened the Sarah Garland Jones Center for Healthy Living to provide health and wellness programming for the East End neighborhood.

Seneca Nation implemented Seneca Strong to address substance use prevention and addiction through holistic healing from generational trauma, access to mental health care and supports, and a peer outreach and recovery support model.

San Pablo developed a community recreation center co-located with the middle school, and adopted a Bike and Pedestrian Master Plan, Complete Streets design, and park improvements with a strategic focus on increasing opportunities for physical activity.

Physical Environment

The 2017 Prize winners demonstrated a sustained focus on improving the physical environment through environmental remediation and preservation efforts, and by placing an emphasis on creating housing infrastructure that incorporates supportive services to address other areas of residents' lives that contribute to poor health outcomes. Some highlights include:

Chelsea passed the Community Preservation Act with a 1.5% surcharge on residential property to increase revenue for historic preservation, affordable housing, open space projects, and access to the state Community Preservation Trust Fund for affordable housing.

Garrett County invested in environmental sustainability by deploying wind and solar energy sources, and by remediating land and water tainted by coal mine acid drainage and developing it into an elementary school playground and outdoor learning space.



RICHMOND, VA

Richmond expanded the Pulse Bus Rapid Transit System and built a bike/pedestrian bridge across the James River to increase transit options for residents to access housing, jobs, and recreation.

Algoma aimed to restore the natural environment and improve water quality by cleaning up Crescent Beach through the Great Lakes Restoration Initiative with funding from the Environmental Protection Agency.

Vicksburg cleaned up contaminated parts of the city through brownfield remediation efforts and repurposed the land to develop mixed-income housing.

Allen County remediated and repurposed land from a former cement plant to develop the Lehigh Portland Trails, contributing to environmental restoration and opportunities for active transportation.

San Pablo created the Rumrill Sports Complex through land remediation using Environmental Protection Agency funding, and invested in a Health Campus with centrally located health amenities, mixed-use development, and planned housing.

Seneca Nation restored natural habitats of native species and passed an Indigenous Plant Policy to ensure that new landscape planting in public spaces is exclusively comprised of local species.

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

Looking across the 2017 Prize winners, we see commonalities in their endeavors as well as in the unique ways they weave different elements into a holistic vision of community improvement. The 2017 Prize winners employed a mix of strategies that incorporated both evidence-based and promising practices. They all demonstrated elements of each of the Prize criteria in distinctive ways that are responsive to their community context. This section highlights three main themes that emerged from examining how the 2017 winners have demonstrated the Prize criteria:⁷

Mobilizing the community to create long-term solutions;

Creating opportunities through improving neighborhood conditions and social supports; and

Using creative financing for community improvements.

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

Mobilizing the Community to Create Long-Term Solutions

The 2017 Prize winners showcased impressive examples of how their communities mobilized to address pressing needs and challenges identified by residents. These Prize winners have worked to foster and support community organizing and advocacy efforts, move forward on issues that residents prioritized, and create the conditions to implement long-term, systemic changes. Notable examples include:

- Algoma engaged partners and residents to set priorities and to stimulate grassroots change. Working across sectors, the Live Algoma Initiative catalyzed collective action and provided a platform for community members to get involved in health improvement efforts via “activation teams” and regular community conversations. Training community members in the study of methods and strategies to promote the uptake of interventions that have proven effective was an intentional approach to involve residents, create a common language, and encourage youth and residents to take ownership of community-wide improvement efforts.
- Allen County came together to find the resources and build public and political will to meet important community needs including the construction of a new county hospital, a new grocery store, housing, and satellite health centers. Residents campaigned for these changes, petitioning for the new grocery store and passing a sales tax measure to fund the hospital. Community mobilization was also a strong component in efforts to pass a Tobacco 21 law in the county’s largest town. Thrive Allen County continues to engage residents and hold ongoing community conversations to keep resident voices front and center in the work.

⁷ See the Methodology section on p. 16, last paragraph, for details on how information was analyzed to determine these themes.

- Chelsea has a history of activism to address environmental justice issues led by community-based organizations such as GreenRoots, Inc. GreenRoots led the fight to reclaim the waterfront for public access and improved air and water quality in a heavily polluted area through community organizing. GreenRoots' youth wing, Environmental Chelsea Organizers, successfully advocated for a statewide reduced fare public transit pass (Youth Pass) and initiated the redesign of the Chelsea Creek waterfront to improve the ecological habitat of the creek and develop pathways for physical activity and connectivity. Other systemic changes fueled by grassroots campaigning include weatherization and energy efficiency measures for low-income residents to save on utilities; stopping the construction of a diesel power plant next to a public elementary school; and preventing freight trains from bringing ethanol through the city's neighborhoods.
- In Vicksburg, Shape Up Mississippi encouraged residents to be physically active by creating awareness and opportunities for residents to focus on their own health behaviors. They developed a network of events and programs to include residents directly and rally them around the goal of "making Vicksburg the fittest place in the nation." In addition, they reached out to residents from the African American community who were not using the city parks out of safety concerns to participate in community-wide walks that also became a springboard for conversations on race and discrimination.

Creating Opportunities through Improving Neighborhood Conditions and Social Supports

Many of the 2017 Prize winners worked across sectors and through multiple partnerships to improve neighborhood conditions that contribute to poor health outcomes. Prize winners interweave comprehensive strategies to address the many things that enhance health, opportunity, and equity, with a focus on community development and upstream investments, such as efforts to increase safe and affordable housing, employment, environmental protection, and access to healthy foods. Notable examples include:

- Chelsea created strong, safe, and vibrant neighborhoods through a range of efforts to improve the physical, economic, and social environment. The Neighborhood Developers rebuilt neighborhoods by focusing on affordable housing and the financial well-being of residents, and by engaging residents in redesign and beautification projects. The CONNECT program offered bundled services (employment, financial education and services, income and housing stabilization, and skill development) to residents. Chelsea developed the Hub and COR model which brings 17 service providers together to identify individuals with elevated risk factors in order to mobilize human service agencies toward a targeted and timely response, outside of policing, specific to individual and family needs.
- Garrett County worked to address the adverse effects of intergenerational poverty and wealth gaps through their 2G (Two Generation) approach. Service providers streamlined service coordination, promoted client decision-making and dignity, and provided wraparound care for a variety of social service and workforce development needs. The county was also intentional in developing high-quality, well-maintained, affordable low-income, mixed-income, and workforce housing units.
- Richmond brought partners from multiple sectors (government, schools, nonprofits, businesses, faith-based organizations, and transportation) to address generational poverty and created resource centers in public housing to provide onsite clinical and social services to address resident needs. Community Health Workers and Housing Advocates who are from the community were embedded in public housing communities to help



residents pursue self-sufficiency through education, employment, housing, health care, and social supports. Richmond is also redeveloping public housing to mixed-income housing with a planned approach to transition residents without displacing them.

- Vicksburg adopted a Main Street Approach to develop its historic downtown area, revitalize the local economy, and preserve its history and character. The strategy, tailored to meet local needs and opportunities, addressed economic growth and development of downtown through planning, beautification, and preservation of the central business district. Mixed-use development in downtown attracted local businesses and fostered the tourism industry in the city. The city also redeveloped contaminated land into mixed-income housing developments in low-income neighborhoods to reduce crime and spur neighborhood growth.

Using Creative Financing for Community Improvements

The 2017 Prize-winning communities harnessed financial resources by building partnerships to leverage funding to create a synergistic effect on community improvement efforts. Creative financing approaches involved braiding private and public resources and included evidence of anchoring strategies, community reinvestments, and the efforts of Community Development Finance Institutions (CDFIs). Notable examples include:

- Allen County aligned several resources to create community assets through strategic partnerships. Their hospital conversion funds launched the Allen County Rural Health Initiative, Allen County GROW Food Policy Council, and Thrive Allen County as vehicles to continue organizing around health initiatives. The Thrive Allen County coalition played a key role in the county's community improvement journey by catalyzing and supporting efforts to improve healthy lifestyles, health care access, and economic development and serving as a connector across efforts.
- Garrett County created a partnership between the local hospital and the University of West Virginia which leveraged grant funding and attracted \$4.9 million in donations to establish a local cancer treatment center, expand hospital services, provide transportation to patients, and fund an endowment to assist patients without health insurance. Combining private foundation, federal, state, and local funds to support programming, the community pursued resources collectively instead of competing for grants, which made the county more successful in obtaining funding.

- Richmond worked with the Federal Reserve Bank to engage the local financial sector as an investor and partner to align funding with the city's five strategic priorities to reduce poverty. It brought multiple sectors together and engaged the CEOs of three competing health systems to apply for the privately funded BUILD Health Initiative (including commitments of equal shares of the matching fund requirement). Key anchor institutions, such as the local universities, have restructured their work to prioritize community engagement and dedicated dollars to efforts that directly impact the community.
- San Pablo passed several voter-approved tax measures to finance their community improvement initiatives including: Measure Q to create the San Pablo Economic Development Corporation (EDC) and invest in youth services, safety, and job training; Measure K to fund emergency medical services in response to the closure of a major medical center, as well as park and library expansions; and Measure J to provide transportation services to seniors and to residents with disabilities. The EDC utilized New Market Tax Credits to build a community center and a sports complex that both benefit residents and bring more resources and vibrancy to the city economy.
- The Seneca Nation's Capital Improvements Authority financed \$160 million in tax exempt and taxable bonds to invest in capital improvement projects, infrastructure, and construction to create many community assets. The Nation aligned resources creatively to generate renewable energy, created a Native CDFI and Credit Union, and utilized New Market Tax Credits for an assisted living facility.

Summary

The 2017 Prize winners offer important examples of how to: effectively mobilize communities to make long-term changes and build collective power; improve neighborhood conditions and social supports through community-wide partnerships across sectors; and leverage existing assets to creatively finance community improvement efforts. These examples highlight themes and lessons learned that can contribute to our understanding of how local communities are building a Culture of Health.

Methodology

To identify themes across all eight 2017 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 for further details about the Prize selection process). Staff at the University of Wisconsin Population Health Institute (UWPHI) conducted a detailed analysis of existing documents from the eight 2017 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.⁸ 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.⁹ 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 330 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 282 unique strategies among the 2017 Prize winners, and 24 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, Willems 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 330 Prize community strategies included in this analysis, 208 (63%) could be directly matched with a strategy in WWFH and 122 (37%) 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 equity 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 What Works for Health. The 208 matched strategies in this analysis were assessed for their level of effectiveness using WWFH ratings (see Appendix IV). The 122 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 comprehensive site visit reports. 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 2016 to early 2017, which were produced for the purposes of competing for the RWJF Culture of Health Prize.

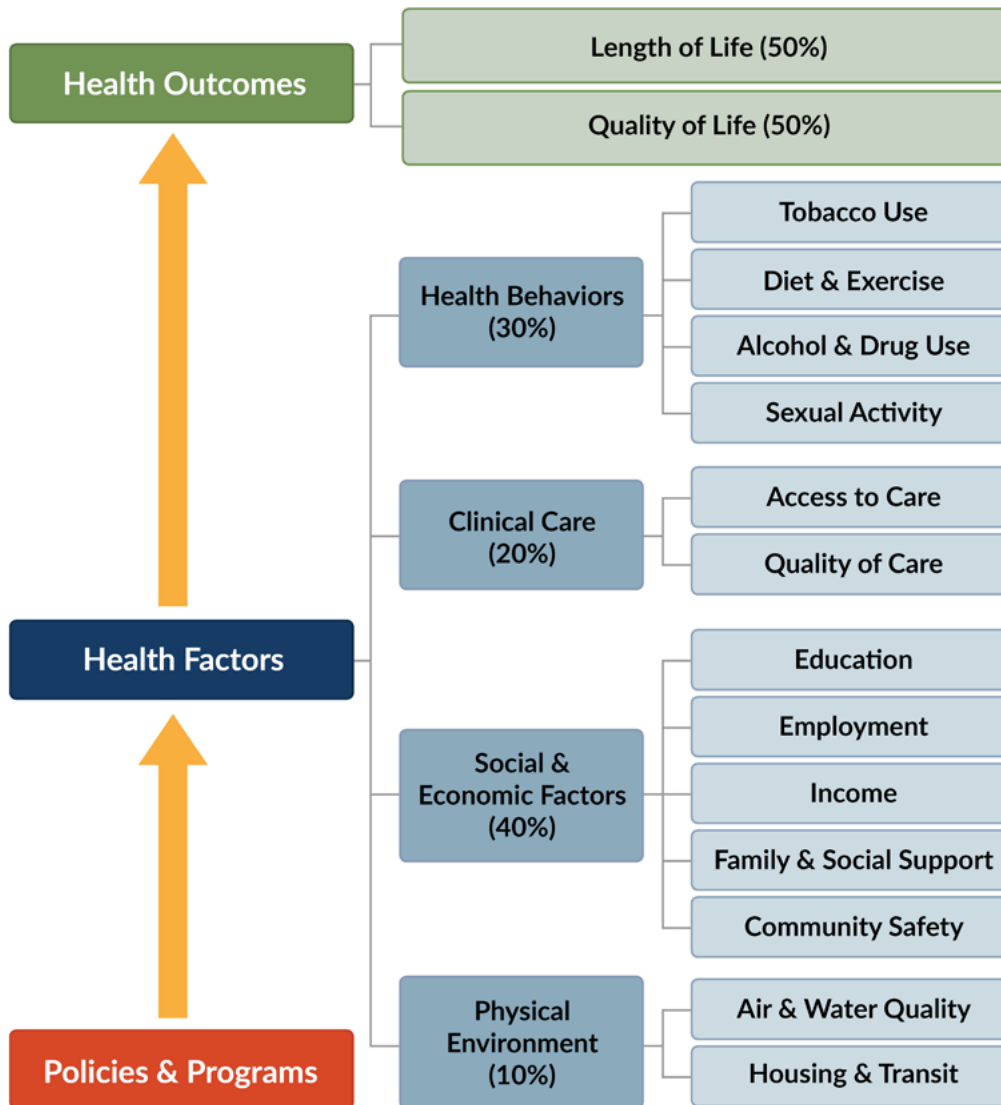
The strategies included in this summary are not an exhaustive list of all the strategies being carried out in the 2017 Prize-winning communities but only include accomplishments mentioned in the reviewed documents. Furthermore, the community strategies matched to strategies in WWFH reflect information included in the WWFH database as of August 2017.

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 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



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
Social and Economic Factors		
Family and Social Support	54	16.4%
Education	49	14.8%
Community Safety	20	6.1%
Employment	16	4.8%
Income	8	2.4%
Subtotal	147	44.5%
Health Behaviors		
Diet and Exercise	85	25.8%
Alcohol and Drug Use	10	3.0%
Tobacco Use	6	1.8%
Sexual Activity	4	1.2%
Subtotal	105	31.8%
Clinical Care		
Access to Care	29	8.8%
Quality of Care	5	1.5%
Subtotal	34	10.3%
Physical Environment		
Housing and Transit	32	9.7%
Air and Water Quality	12	3.6%
Subtotal	44	13.3%
TOTAL	330	100%

APPENDIX III:

Community Approaches to Improving Health

TABLE 3: Community strategies categorized by health factor focus areas and general approaches to improving health¹⁰

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2017 PRIZE WINNERS USING APPROACH
Social and Economic Factors			
Family and Social Support	Increase social connectedness	26	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Build social capital within communities	18	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Ensure access to counseling and support	7	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA
	Build social capital within families	3	Richmond, VA; Vicksburg, MS
	Subtotal	54	
Education	Create environments that support learning	16	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Improve quality of K-12 education	9	Garrett County, MD; Richmond, VA; Vicksburg, MS
	Increase education beyond high school	9	Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Increase early childhood education	8	Richmond, VA; Seneca Nation; Vicksburg, MS
	Increase high school graduation rates	7	Algoma, WI; Allen County, KS; Vicksburg, MS
	Subtotal	49	
Employment	Increase worker employability	13	Algoma, WI; Allen County, KS; Chelsea, MA; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Increase opportunities for employment and economic growth	6	Allen County, KS; Chelsea, MA; Garrett County, MD; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Ensure workplace safety	1	Chelsea, MA
	Subtotal	20	

¹⁰ 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	2017 PRIZE WINNERS USING APPROACH
Community Safety	Prevent neighborhood crime and violence	8	Allen County, KS; Chelsea, MA; Richmond, VA; San Pablo, CA
	Support safe travel	3	Allen County, KS; Chelsea, MA; Richmond, VA
	Assist youth involved with the justice system	2	Vicksburg, MS
	Reduce mass incarceration	2	Richmond, VA; Seneca Nation
	Ensure sports and recreation safety	1	Garrett County, MD
	Subtotal	16	
Income	Support asset development	5	Chelsea, MA; San Pablo, CA; Seneca Nation
	Increase or supplement income	3	Allen County, KS; Chelsea, MA; Vicksburg, MS
	Subtotal	8	
Health Behaviors			
Alcohol and Drug Use	Improve access to substance abuse counseling and treatment	6	Allen County, KS; Chelsea, MA; Garrett County, MD; Seneca Nation
	Reduce availability of alcohol and other drugs	2	Chelsea, MA; Garrett County, MD
	Implement broad initiatives to reduce alcohol and drug use	1	Seneca Nation
	Support responsible marketing and provision of alcohol and other legal drugs	1	Chelsea, MA
	Subtotal	10	
Diet and Exercise	Create opportunities for active living	41	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Increase access to healthy food options	26	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Promote healthy eating	9	Algoma, WI; Chelsea, MA; Richmond, VA; Seneca Nation; Vicksburg, MS
	Promote broad approaches to increasing physical activity	7	Algoma, WI; Chelsea, MA; San Pablo, CA; Vicksburg, MS
	Provide physical activity information and education	2	Allen County, KS
	Subtotal	85	
Sexual Activity	Reduce unintended pregnancy	3	Chelsea, MA; Vicksburg, MS
	Reduce HIV/STIs	1	Chelsea, MA
	Subtotal	4	
Tobacco Use	Reduce exposure to environmental tobacco smoke	3	Allen County, KS; Garrett County, MD
	Reduce initiation and/or increase cessation	3	Allen County, KS; Chelsea, MA; Garrett County, MD
	Subtotal	6	

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2017 PRIZE WINNERS USING APPROACH
Clinical Care			
Access to Care	Reduce barriers to care	16	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; San Pablo, CA; Seneca Nation; Vicksburg, MS
	Adopt alternate care delivery models	10	Algoma, WI; Allen County, KS; Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation
	Increase opportunities for oral health care	1	Allen County, KS
	Increase preconception, prenatal, and interconception care	1	Chelsea, MA
	Recruit providers to underserved areas	1	Allen County, KS
	Subtotal	29	
Quality of Care	Provide culturally competent care	3	Algoma, WI; Chelsea, MA; Garrett County, MD
	Increase coordination of care	2	Allen County, KS; Garrett County, MD
	Subtotal	5	
Physical Environment			
Air and Water Quality	Improve environmental restoration and preservation	7	Chelsea, MA; Garrett County, MD; Seneca Nation; Vicksburg, MS
	Increase water conservation and preservation	3	Algoma, WI; Seneca Nation
	Reduce emissions from mobile sources	1	Chelsea, MA
	Reduce exposure to environmental toxins	1	Seneca Nation
	Subtotal	12	
Housing and Transit	Ensure access to housing	9	Chelsea, MA; Garrett County, MD; Richmond, VA; Seneca Nation; Vicksburg, MS
	Support active travel	9	Allen County, KS; Chelsea, MA; Richmond, VA; San Pablo, CA; Vicksburg, MS
	Support shared transportation	7	Chelsea, MA; Garrett County, MD; Richmond, VA; San Pablo, CA; Seneca Nation
	Support affordable housing options	4	Allen County, KS; Chelsea, MA
	Improve housing quality	3	Chelsea, MA; Richmond, VA
	Subtotal	32	
TOTAL		330	

APPENDIX IV:

Community Strategies and What Works for Health Evidence Ratings

Out of a total of 330 community strategies identified from the 2017 Prize winner application materials, 208 strategies (63%) could be directly matched to existing strategies in the What Works for Health (WWFH) database, as of August 2017. As shown in Tables 4 and 5, these strategies have varying degrees of empirical support but almost all (98%) demonstrated some level of effectiveness (rated as Scientifically Supported, Some Evidence, or Expert Opinion). Three of the 208 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.¹¹

TABLE 4: Community strategies by WWFH evidence ratings

WWFH EVIDENCE RATING	# OF MATCHED STRATEGIES	% OF TOTAL MATCHED STRATEGIES
Scientifically Supported	106	51.0%
Some Evidence	58	27.9%
Expert Opinion	40	19.2%
Insufficient Evidence	3	1.4%
Mixed Evidence	1	0.5%
TOTAL	208	100%

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
Social and Economic Factors	Scientifically Supported	46	22.1%
	Expert Opinion	26	12.5%
	Some Evidence	11	5.3%
	Insufficient Evidence	3	1.4%
	Mixed Evidence	1	0.5%
	Subtotal	87	41.8%
Health Behaviors	Scientifically Supported	37	17.8%
	Some Evidence	34	16.3%
	Expert Opinion	13	6.3%
	Subtotal	84	40.4%
Clinical Care	Scientifically Supported	10	4.8%
	Some Evidence	6	2.9%
	Subtotal	16	7.7%
Physical Environment	Scientifically Supported	13	6.3%
	Some Evidence	7	3.4%
	Expert Opinion	1	0.5%
	Subtotal	21	10.1%
	TOTAL	208	100%

¹¹ 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 330 community strategies identified from the 2017 Prize winner application materials, 122 (37%) were not matched to an existing strategy in the What Works for Health (WWFH) database. WWFH includes a collection of more than 400 strategies (as of August 2017) 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 equity 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. Furthermore, 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, they do not provide sufficient detail or specificity to determine whether their efforts match a WWFH strategy.

This appendix provides additional detail about the 122 unmatched community strategies. Table 6 shows that these strategies were distributed across the four health factors, with about half of them (49%) 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	20	16.4%
	Education	18	14.8%
	Community Safety	9	7.4%
	Employment	9	7.4%
	Income	4	3.3%
	Subtotal	60	49.2%
Health Behaviors	Diet and Exercise	14	11.5%
	Alcohol and Drug Use	6	4.9%
	Sexual Activity	1	0.8%
	Subtotal	21	17.2%
Clinical Care	Access to Care	18	14.8%
	Subtotal	18	14.8%
Physical Environment	Housing and Transit	13	10.7%
	Air and Water Quality	10	8.2%
	Subtotal	23	18.9%
TOTAL		122	100%

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 access to care (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, 9 of the 20 unmatched strategies represent efforts to increase social connectedness. This includes, for instance, several community-wide celebrations, events, and forums designed to build community pride and provide opportunities for residents to be part of the community's health

improvement efforts. Within the area of education, there are a range of unmatched strategies; some examples include: reaching out to geographically isolated and low-income families with supplemental learning opportunities through a mobile bus with books and resources; a strengths-based curriculum to increase resilience for young men; and efforts to enroll children in early childhood education programs. Some strategies highlight the efforts of multisector networks to provide supports to improve educational outcomes for all children, especially through early childhood education. The unmatched strategies in the area of access to care were mostly focused on reducing barriers to clinical care such as: opening outreach clinics; establishing paramedic and Emergency Medical Technician (EMT) services in a firehouse; and providing community-oriented public health programs in a one-stop location to address linguistic and transportation barriers.

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
Family and Social Support	Increase social connectedness	9
	Build social capital within communities	7
	Ensure access to counseling and support	3
	Build social capital within families	1
Education	Create environments that support learning	5
	Increase education beyond high school	5
	Improve quality of K-12 education	4
	Increase early childhood education	4
Access to Care	Reduce barriers to care	15
	Adopt alternate care delivery models	1
	Increase preconception, prenatal, and interconception care	1
	Recruit providers to underserved areas	1

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

- Developing robust models of community engagement to promote a health equity agenda through grassroots leadership development supported by institutionally backed fellowships;
- Providing educational supports to students and reaching out to families to create learning environments outside of schools;
- Weaving employment skills and opportunities into high school education curriculum; and
- Integrating affordable housing with a variety of health, education, and employment-oriented resources to increase opportunities for financial stability.

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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Recommended citation

University of Wisconsin Population Health Institute. 2017 RWJF Culture of Health Prize-Winning Communities: Themes and Highlights. Fall 2019.

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