



2018 RWJF Culture of Health Prize-Winning Communities

Themes, Highlights, and Actions Toward Equity



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. 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 Robert Wood Johnson Foundation (RWJF) Culture of Health Prize (the Prize) honors and elevates U.S. communities working at the forefront of advancing health, opportunity, and equity for all. The four winners of the 2018 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 2018 winners, with a focus on:

- What strategies are communities using to build a Culture of Health?
- How are communities using diverse approaches to advance equity?

The highlights of their accomplishments are shared to create awareness about this impressive work and motivate communities across the nation to learn from these examples. The accomplishments from the four 2018 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

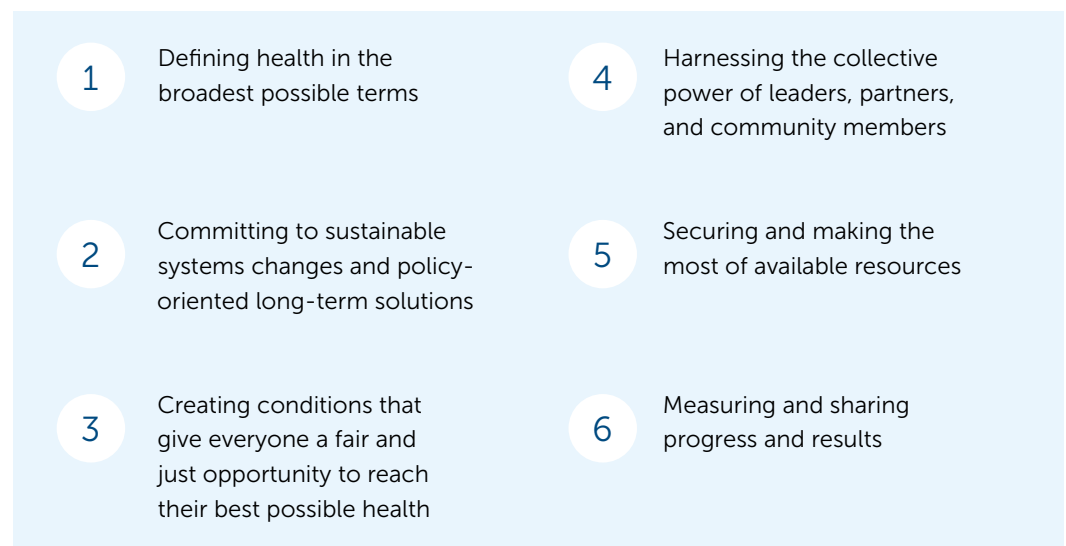
1. A total of 214 strategies were identified from the accomplishments featured in Prize winner application materials and categorized based on the [County Health Rankings model](#); of these:
 - 110 (51.4%) addressed Social and Economic Factors
 - 65 (30.4%) addressed Health Behaviors
 - 22 (10.3%) addressed Clinical Care
 - 17 (7.9%) addressed Physical Environment
2. Prize winners highlighted community efforts to improve health, opportunity, and equity with a focus on: education, supporting employment, family and social support, community safety, health behaviors, clinical care, and the built and natural physical environment.
3. Prize winners demonstrate wide-ranging pathways to 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. Examples of the diverse approaches that 2018 Prize winners are using to advance equity include:
 - Addressing root causes of disparities and improving social and economic conditions that influence health outcomes;
 - Prioritizing residents that are most affected by local challenges, such as those experiencing substance abuse, criminal justice involvement, or homelessness;
 - Implementing equity frameworks to guide work at governmental and institutional levels and developing more equitable processes to allocate resources;
 - Supporting resident leadership and involving those with lived experience in implementing programs;
 - Using data-driven approaches to target and improve community efforts by tracking, measuring, and sharing data with a focus on narrowing unjust disparities.

Overview and Purpose

The Robert Wood Johnson Foundation (RWJF) Culture of Health Prize (the Prize) honors and elevates U.S. communities working at the forefront of advancing health, opportunity, and equity for all. The four winners of the 2018 RWJF Culture of Health Prize provide an exciting snapshot of accomplishments being carried out across the country that exemplify both concrete strategies for improving local communities and ways of working together across residents, leaders, and partners to implement changes that benefit the whole community.

The purpose of this report, based on analyses of the strategies that communities featured in their Prize application materials, is to describe how Prize winners are working across multiple factors that influence health and to provide specific examples of their efforts to advance equity through the lens of the Prize criteria.

RWJF Culture of Health Prize Criteria



The accomplishments of the 2018 RWJF Culture of Health Prize winners represent a wide variety of strategies that are being 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 efforts. Highlights of their accomplishments and community-specific case examples are shared widely to inspire change in local communities.

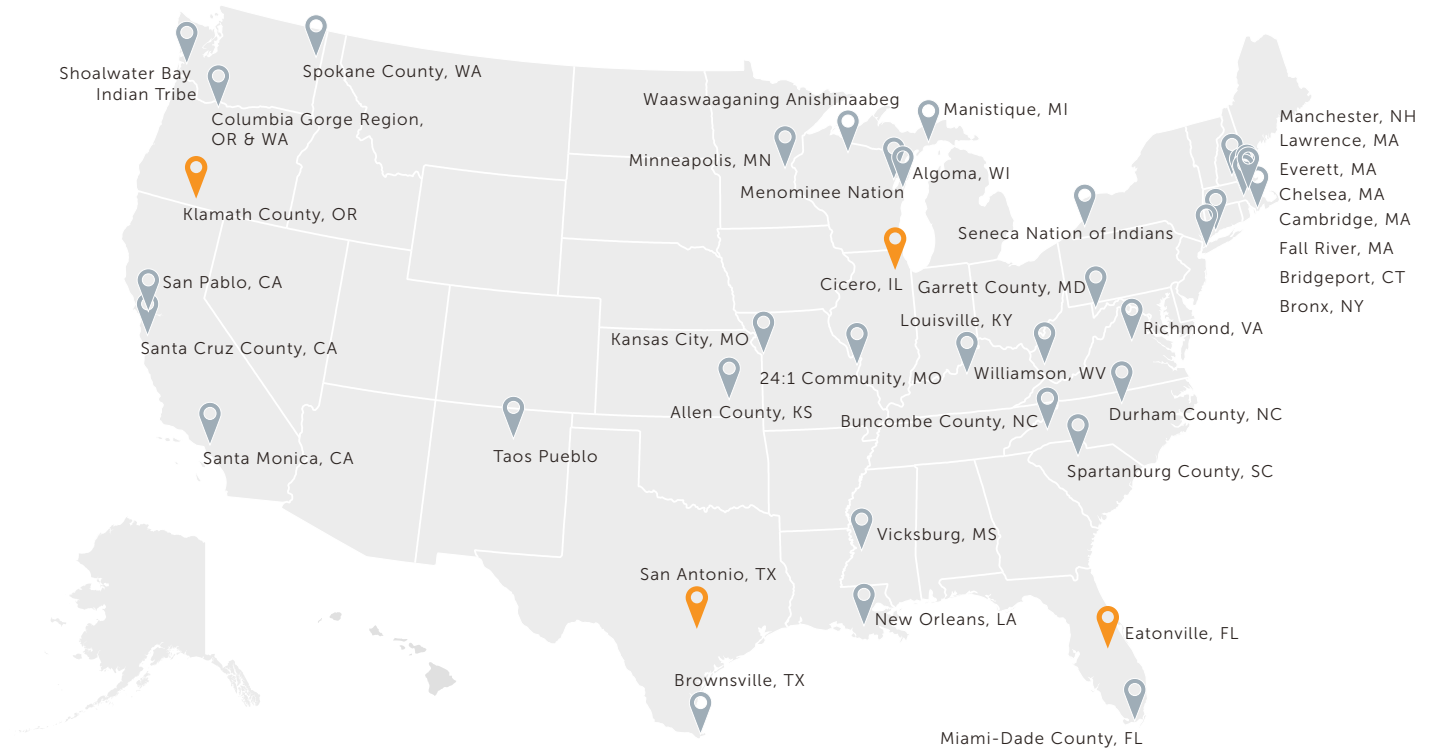
Profile of the 2018 Prize Winners

The four 2018 Prize-winning communities represent different community types, each with a unique set of physical, economic, and demographic characteristics. All four of the 2018 Prize-winning communities have higher rates of children living in poverty than the 2017 national rate of 20%;¹ rates of children living in poverty capture an upstream measure of poverty that assesses both current and future health risk. These rates underscore the importance of uplifting how these communities are taking bold steps to tackle social and economic factors to create conditions that improve health and well-being for all.

TABLE 1: Demographics of 2018 Prize-winning communities

2018 PRIZE WINNER	COMMUNITY TYPE	U.S. REGION ²	POPULATION SIZE ¹	% CHILDREN IN POVERTY ¹	% PEOPLE OF COLOR ¹	APPLICANT CONTACT SECTOR(S) ³
Cicero, IL	Town	Midwest	82,992	30%	92%	Nonprofit
Eatonville, FL	Town	South	2,277	55%	83%	Foundation; Government
Klamath County, OR	County	West	66,443	24%	20%	Public Health; Health Care
San Antonio, TX	City	South	1,492,510	29%	74%	Public Health; Nonprofit

RWJF Culture of Health Prize Winners 2013-2018: 2018 winners highlighted in orange



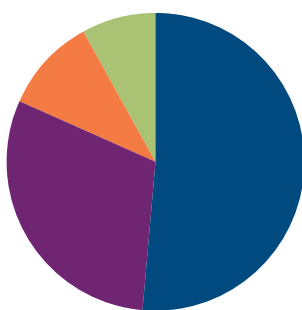
¹ Data from the United States Census Bureau / American Fact Finder (<http://factfinder2.census.gov>), 2017.

² Based on U.S. Census Regions and Divisions: <https://www.eia.gov/consumption/commercial/maps.php#us>

³ 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 Build a Culture of Health?

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



- Social and Economic Factors (51.4%)
- Health Behaviors (30.4%)
- Clinical Care (10.3%)
- Physical Environment (7.9%)

The strategies that 2018 Prize-winning communities used to improve health, opportunity, 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 214 community strategies were identified from the 2018 Prize winner application materials and were categorized according to the model.⁴ Of these, 110 (51.4%) targeted Social and Economic Factors; 65 (30.4%) were focused on promoting Health Behaviors; 22 (10.3%) addressed Clinical Care; and 17 (7.9%) were efforts to improve the Physical Environment. It is noteworthy that more than half of the total strategies across communities addressed social and economic factors.

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 214 community strategies categorized by their general approach to improving health is provided in **Appendix III**. These appendices illustrate the breadth of strategies 2018 Prize winners have used to spread and embed a broad definition of health in order to make their communities healthier places to live, learn, work and play.

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.⁵ Of the 214 strategies identified, 129 (60.3%) could be matched to a strategy in WWFH, as shown in **Appendix IV**. Almost all of these (97.7% of the 129 matched strategies) demonstrated empirical evidence for effectiveness, with ratings of Scientifically Supported, Some Evidence, or Expert Opinion.

About half of the matched strategies (48.8%) were rated Scientifically Supported, the highest evidence of effectiveness rating.

Information about the remaining 85 community strategies (39.7%) 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 85 unmatched strategies represent a variety of approaches to improving health and equity; these were distributed across the four health factors, with almost two-thirds (62.4% of the 85 unmatched strategies) in the area of Social and Economic Factors, particularly education (24.7%) and family and social support (20.0%).

Common Ground: Health Factors Addressed by 2018 Prize Winners

Looking across the 2018 Prize winners, the analysis revealed several focus areas addressed in the majority of the communities. There was significant work highlighted to improve education, support employment, offer family and social support, and enhance community safety. This focus 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 encourage healthy behaviors, increase access to and quality of clinical care, and invest in their natural and built environments. Highlights from the communities about the strategies employed in each of these areas are summarized below.

⁴ See the Methodology section on p. 17 for details about how community strategies were categorized and analyzed.

⁵ 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 October 2018.

Social and Economic Factors: Education

The 2018 Prize winners demonstrated broad-based strategies to address educational achievement, such as creating supportive environments to enhance learning and focusing on increasing high school graduation and education beyond high school. Some highlights include:

In Klamath County, community partners worked to increase high school graduation rates through Klamath Promise, part of the Regional Achievement Collaborative initiative in Oregon, which included an early learning hub, college and career preparation, dual enrollment programs, and one year of free tuition at Klamath Community College for recent graduates.

In San Antonio, absenteeism was decriminalized by changing the traditional court model and connecting case managers with students at high risk of missing school; the city's success in lowering truancy filings led to the Texas state legislature downgrading truancy from a criminal to civil offense and forced school districts statewide to address root causes of absenteeism.



In Cicero, to enhance learning and develop more meaningful and supportive relationships with students, staff throughout the school district were trained on trauma-informed practices, including more than 70 high school staff, and workshops on trauma were held for parents of incoming high school freshmen. In addition, the Cicero All Our Kids Network provided quality child care responsive to parents' needs.

The Town of Eatonville, in partnership with Orange County Public Schools, opened a new magnet school to serve as the main elementary school in the town, which provides an international baccalaureate program focused on Science, Technology, Engineering, and Math (STEM) to enhance educational outcomes and increase opportunities for the town's student population.

Social and Economic Factors:

Employment

Three of the 2018 Prize winners featured initiatives to address employment through job-specific training and creating supportive conditions through which individuals could pursue and sustain long-term employment. Some highlights include:

San Antonio's food bank offered free job assistance programs for unemployed and underemployed residents, including programs to develop culinary arts, farming, and warehousing and inventory skills, placing 955 individuals in gainful employment in the last five years.

Eatonville residents were provided opportunities to gain employment skills and earn vocational certifications in high-need trade areas, such as through the Valencia Construction Program, and restrictions were removed for people with criminal records to enroll in these programs.

In Klamath County, Klamath Works offered an adult job skills training program and a centrally located social services hub designed to streamline the delivery of critical services and connect clientele to the resources needed to overcome barriers to employment and move out of poverty.



Fostering inclusion and social connectedness was a common theme across the 2018 winners, with efforts to cultivate leadership skills and capacity among residents and to engage residents in activities that contributed to personal and neighborhood well-being. Some highlights include:



EATONVILLE, FL

Eatonville's nine churches along with the Healthy Eatonville Team, a partnership of residents and health and social service providers, have played an active and integral role in connecting families, seniors, and other residents to health education, fitness classes, food pantries, support groups, after school programs, and parish nurses.

In San Antonio, entire properties within the San Antonio Housing Authority were equipped with free or low-cost Wi-Fi and public housing residents were provided with devices, broadband access, and training to be resources to their neighbors as Digital Ambassadors.

Klamath County residents engaged in clean up and beautification efforts through the Mills Neighborhood Association and its partners to restore their neighborhood and enhance social connections.

In Cicero, Youth Crossroads created leadership and skills development opportunities for middle and high school students, such as service projects implemented by youth to help empower them to serve their local community and beyond.

Social and Economic Factors: Family and Social Support

Social and Economic Factors:

Community Safety

The 2018 Prize winners enhanced community safety through innovative partnerships between law enforcement and other sectors, including residents who took an active role in these efforts. Some highlights include:

In Cicero, community parents came together to monitor hot spots for gang recruitment and provide safe passage for students walking to and from school; the success of this "Parent Patrol" effort led the Town of Cicero to institutionalize the program through a budgetary allocation.

The Town of Eatonville partnered with local agencies, schools, law enforcement, transportation engineering, and residents to address road and pedestrian safety concerns, conducting walking audits and submitting a formal proposal to the Florida Department of Transportation to implement a Safe Routes to School plan.



In Klamath County, the Klamath Falls Police Department worked to address the root causes of crime by using crime data to strategize community projects, targeting arrests of drug traffickers instead of users, collaborating with behavioral and mental health partners, and engaging in relationship-building efforts with residents, including through the Community/Police Advisory Team.

In San Antonio, all new police officers and sheriff's deputies were required to complete 40 hours of mental health education and Crisis Intervention Training (CIT), and CIT was implemented within jails, courts, hospitals, and county mental health facilities as a timely intervention to mental health crises instead of incarceration.

Health Behaviors

A wide variety of initiatives to promote healthy behaviors were featured by the 2018 Prize winners, such as implementing long-term and systemic changes to address sexual health, tobacco use, chronic disease prevention, and substance abuse. Some highlights include:



In Cicero, the teen pregnancy rate decreased from 15% to 8% (2008-2016) following an array of local efforts including Corazon Community Services' Sexual Health Initiatives; the program partnered with the high school to engage student Health Ambassadors as both learners and messengers to advocate for the health of their peers, especially raising awareness about sexually transmitted infections and other sexual health topics.

Eatonville's Healthy Eatonville Team offered Health Risk Assessments, an evidence-based Diabetes Prevention Program, awareness-raising events, and cooking and exercise classes to address high prevalence of diabetes, obesity, and related chronic diseases in partnership with Hebni Nutrition Consultants which offered nutrition classes, a mobile market, and senior fitness programs.

Klamath County became the fourth county in Oregon to adopt a local Tobacco Retail Licensing ordinance, limiting youth access to tobacco products, and a community organization adopted a smoke-free policy for 150 acres of outdoor space.

In San Antonio, government agencies, the county hospital, and nonprofits collaborated to fund the construction of a groundbreaking facility, the Restoration Center, to provide 24-7 mental health care to those in crisis, including a sobering center for people who previously would have been arrested for public intoxication.

Clinical Care

The 2018 Prize winners expanded access to clinical care by adopting alternate care delivery systems such as school-based health centers, and by integrating services through partnerships to improve access to and quality of care. Some highlights include:

In Cicero, Pillars Community Health was created by merging a community-based organization and a Federally Qualified Health Center, resulting in an innovative health and social services provider and the first nonprofit in the state of Illinois to integrate primary medical and dental care with mental health and social services to improve quality of and access to care.

Eatonville's Community Health Centers, Inc., a Federally Qualified Health Center, developed partnerships in the community and participated on the Healthy Eatonville Team, which paved the way for coordination of services between the elementary school nurse and parish nurses in faith communities throughout the town.

In Klamath County, access to clinical care was expanded for the residents of Gilchrist, a rural, remote town with no medical clinic, by extending the hours of operation of their school-based health center and opening it to all town residents.

San Antonio's six local health care systems pooled resources to invest in an online patient navigation system, TAV Health, which streamlined processes and resulted in a coordinated discharge policy from local hospitals and reduced use of unnecessary emergency medical services by high utilizers.

KLAMATH COUNTY, OR



Physical Environment

Investments to enhance the physical environment were common across the 2018 Prize winners, through restoring the natural environment and building new community assets. Some highlights include:

In Cicero, several community assets were developed including the 11-acre, family-friendly Cicero Community Park with an outdoor activity area, recreation facilities with basketball courts, a community center, and eight neighborhood parks, all co-located with the Town Hall and Police Department.

In Eatonville, to increase access to long-term housing, the Wayne Densch Center was working to transform its transitional housing program into affordable apartments providing high quality, service-enriched affordable and supportive housing, with a focus on serving individuals and families formerly experiencing homelessness using a Housing First model.



In Klamath County, geothermal energy was used to heat sidewalks, crosswalks, and multiple buildings during cold weather, and local agencies have leveraged the county's natural landscape to build trails and bike paths for outdoor activities.

San Antonio's River Authority restored acres of aquatic and riparian habitats marking one of the largest urban ecosystem restorations in the nation; the city also tripled its park lands in less than 20 years and passed a tree canopy ordinance that requires developers to either replace any removed tree or pay a fee based on the tree's diameter.

How Are Communities Using Diverse Approaches to Advance Equity?

The 2018 Prize winning communities implemented diverse and broad-based strategies designed to advance equity, in ways that span the six Prize criteria. Some areas of work that stood out during the Prize selection process included:

- Addressing root causes of disparities and improving social and economic conditions that influence health outcomes;
- Prioritizing residents that are most affected by local challenges, such as those experiencing substance abuse, criminal justice involvement, or homelessness;
- Implementing equity frameworks to guide work at governmental and institutional levels, and developing more equitable processes to allocate resources;
- Supporting resident leadership and involving those with lived experience in implementing programs; and
- Using data-driven approaches to target and improve community efforts by tracking, measuring, and sharing data with a focus on narrowing unjust disparities.

A snapshot of each community's equity-focused work is summarized below; these case examples are shared to highlight promising approaches that may be informative to others working to build more fair and just communities. In all instances, leaders, partners, and residents in these winning communities worked together to design and implement initiatives to have lasting impact.

CASE EXAMPLE #1:

Cicero, IL

Cicero is a densely populated town just outside of Chicago that has long been an immigrant community. Two decades ago, Cicero families came together to address community challenges they faced, including high rates of poverty, gang violence, and limited resources. The community's strategic response involved focusing attention on early childhood education, teen health improvement, and crime reduction – investments targeted toward prevention and getting at the root of issues in order to create more equitable opportunities for all.

Cicero stands out in how residents with lived experience, including youth, were involved in implementing health, education, social service, and violence prevention programming. One example is the Parent Patrol, which started with local parents volunteering to provide safe passage to students to and from school. Their successful efforts helped curb gang recruitment of school-age children and resulted in the town funding the program through budgetary allocation, instituting a long-term systemic change. Another example is the way grassroots community organizers in Cicero rallied to keep their school-based health center open when the state announced a decision to close six school-based clinics due to budget shortfalls. Through community advocacy and support, Cicero's center was the only one of the six to remain open, with continued operation ten years later.

The community's strategic approach also incorporated trauma-informed practices into health, education, and law enforcement settings in response to the dearth of mental health service providers in town. Specific strategies to narrow disparities included: trauma training in the police department and school district; school-based mental health counseling to assist Spanish-speaking students that face a different burden of stigma for mental health conditions; funding for 800 new preschool slots in the town; and promotion of the importance of early childhood development through the All Our Kids Network.

Organizational partners in Cicero are deliberate about making the town a place where all residents feel a sense of security, belonging, and trust. For example, the Cicero Community Collaborative formed a Welcoming Committee that works to build relationships with and address the needs of newly arrived residents, and the town has invested in open spaces and facilities that promote social cohesion.

Eatonville, a small town on the outskirts of Orlando, honors and draws on its cultural heritage to create and sustain good health. Its small size, significant history as the first Black incorporated municipality in the United States, and shared racial and cultural identity have contributed to a strong sense of interconnectedness. This has shaped how the town makes economic and educational investments and how it cares for its people, through a strong tradition of neighbors looking out for one another, a town government that provides responsive and accessible services, and an array of informal supports offered by churches and volunteers.

CASE EXAMPLE #2:

Eatonville, FL

The Association to Preserve the Eatonville Community and the associated Zora Neale Hurston Festival are efforts to preserve the town's rich history and legacy, which has helped the community band together and advocate against potential encroachments, like the county proposing to build a highway through the town.

Eatonville has intentionally fostered resident advocacy and leadership through community organizing, civic engagement trainings, and leadership development opportunities. For example, residents helped revise the town charter to improve government functioning—ensuring it was transparent, understandable, and aligned with community goals and state policy—which voters then overwhelmingly approved. The town incorporated principles of healthy community design across its planning documents and made multiple infrastructure improvements to benefit all residents. The community-based Healthy Eatonville Team partnered with the Polis Institute and Rollins College to launch Leadership Eatonville, which equips residents of all ages with skills, tools, and supports to implement projects and initiatives that improve the town.

Powerful partnerships between the town government and local hospital, higher education institutions, philanthropies, nonprofits, and churches have brought together resources to provide opportunities for all residents to improve their health and well-being. This includes free and low-cost health management services, nutrition education, fitness and sports classes, afterschool care, youth development programs, and student internship opportunities. Recognizing the importance of improving socioeconomic conditions to address the root causes of disparities, Eatonville recruited new businesses and worked with them to ensure they would benefit the community, such as tech firm HostDime which will provide Wi-Fi access, scholarship support, and educational opportunities as well as increased revenue to the town.

CASE EXAMPLE #3:**Klamath
County, OR**

Klamath County, a rural county in south central Oregon, has embraced a multi-pronged approach to removing obstacles to good health and improving well-being for all residents. This includes working to build trust across the community, utilizing data to identify and address specific needs, and reducing gaps in opportunity between different groups in the county.

The community took a purposeful approach to building awareness around structural inequities. For example, in this region which has been inhabited by the Klamath tribes for centuries, the Klamath Regional Health Equity Coalition, Klamath Tribal Health & Family Services, and other health partners implemented a Social Exclusion Simulation to educate stakeholders on systemic barriers that the tribal population faces when trying to access community resources. The effort was pivotal for relationship building across groups in the county. Similarly, the Safe Zone Project provided training across multiple sectors to recognize implicit bias and create safer and more inclusive spaces for LGBTQ residents and other historically excluded groups. In Klamath Falls, the most populated city in the county, the police department made concerted efforts to develop trust and positive relationships with residents through a community policing model.

The county also strategically used data to inform and drive its efforts, including geographic information system (GIS) mapping to identify community needs and a data dashboard to track outcomes and indicators by demographic groupings. In response to severe shortages of health care professionals in this remote area, Oregon Health and Science University and Sky Lakes Medical Center developed a rural medical residency program which works to recruit and retain medical residents and place them in Klamath Falls clinics to improve health care access for rural, minority, and under-served populations in Oregon.

The community is committed to reducing socioeconomic disparities by focusing on high school graduation and career preparation, such as through the Klamath Promise partnership which prioritizes quality education from early childhood through college and career readiness. The community also increased accessibility of services by developing a centrally located health and human services hub in downtown Klamath Falls that includes a job training program and supports through Klamath Works, housing assistance, and social services.

CASE EXAMPLE #4:**San Antonio, TX**

In San Antonio, a large metropolitan area in southern Texas, the city government and partner organizations across the community have made concerted efforts to change policies and systems to address persistent income inequality and racial/ethnic disparities in the city.

San Antonio implemented several institutional efforts led by the city, such as creating a new Office of Equity, applying the Government Alliance on Race and Equity (GARE) toolkit, administering an equity assessment, and disaggregating community needs and outcome data by zip codes. They used the zip-code level data to communicate explicitly about disparate outcomes between different parts of the city to call the community to action. To ensure a continued data-driven and equity-focused approach, the city developed the SA2020 dashboard which identifies and tracks more than 40 indicators to continue monitoring disparities within and across the city's districts and to drive progress toward a shared community vision. The city also used participatory budgeting practices, which involve including the voices of residents in budgetary decision making to develop a more equitable process to distribute resources.

The community has also worked to implement targeted strategies to support those residents most impacted by local challenges. For example, the city invested in children and youth by working to decriminalize school truancy, creating a new model in children's courts, and building more supportive learning environments in schools. Instead of arresting and incarcerating those in need of substance abuse or mental health treatment, all new police and court officers were trained in Mental Health Crisis Intervention to provide appropriate interventions as an alternative. A Restoration Center was built to steer residents with addiction issues away from the criminal justice system whenever possible and instead offer transitional shelter and comprehensive behavioral health services. The Haven for Hope campus was created to provide housing and wraparound services for residents experiencing homelessness.

San Antonio's efforts have helped drive policy change at the state level. The city's success in reducing trancies contributed to the state legislature downgrading truancy from a criminal to civil offense. The city also played an integral role in working with the legislature to change state benefit enrollment processes, which expanded enrollment in the Supplemental Nutrition Assistance Program (SNAP) and Affordable Care Act (ACA) insurance marketplace, giving more families access to crucial income supports.

Summary

The 2018 Prize winners offer instructive illustrations of how communities are working to promote equity through a diverse set of strategies. These efforts, which span the six Prize criteria, represent comprehensive and coordinated approaches that target multiple levels of intervention to tackle deeply rooted disparities. In each of these communities, there is an intentional focus on eliminating obstacles and creating fair and just conditions for all. These examples highlight themes and lessons learned that can contribute to our understanding of how local communities are building a Culture of Health.

CICERO, IL



Methodology

To identify themes across the 2018 Prize winners, we focused on two overarching learning questions:

1. What strategies are communities using to build a Culture of Health?
2. How are communities using diverse approaches to advance equity?

To be named a Prize winner, communities compete in a three-phase selection process that includes two written essays, a community 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 four 2018 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 are communities using to build a Culture of Health), 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.⁶ 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.⁷ 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 214 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 WWFH 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 198 unique strategies among the 2018 Prize winners, and 15 strategies are categorized more than once.

⁶ Remington PL, Catlin BB, Gennuso KP. The County Health Rankings: rationale and methods. *Popul Health Metr.* 2015;13:11.

⁷ 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 214 Prize community strategies included in this analysis, 129 (60.3%) could be directly matched with a strategy in WWFH and 85 (39.7%) 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 129 matched strategies in this analysis were assessed for their level of effectiveness using WWFH ratings (see Appendix IV). The 85 community strategies that did not match to WWFH are further described in Appendix V.

To examine the second learning question (how are communities using diverse approaches to advance equity), 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 case examples are featured from each community 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 2017 to early 2018, which were produced for the purposes of competing for the RWJF Culture of Health Prize.

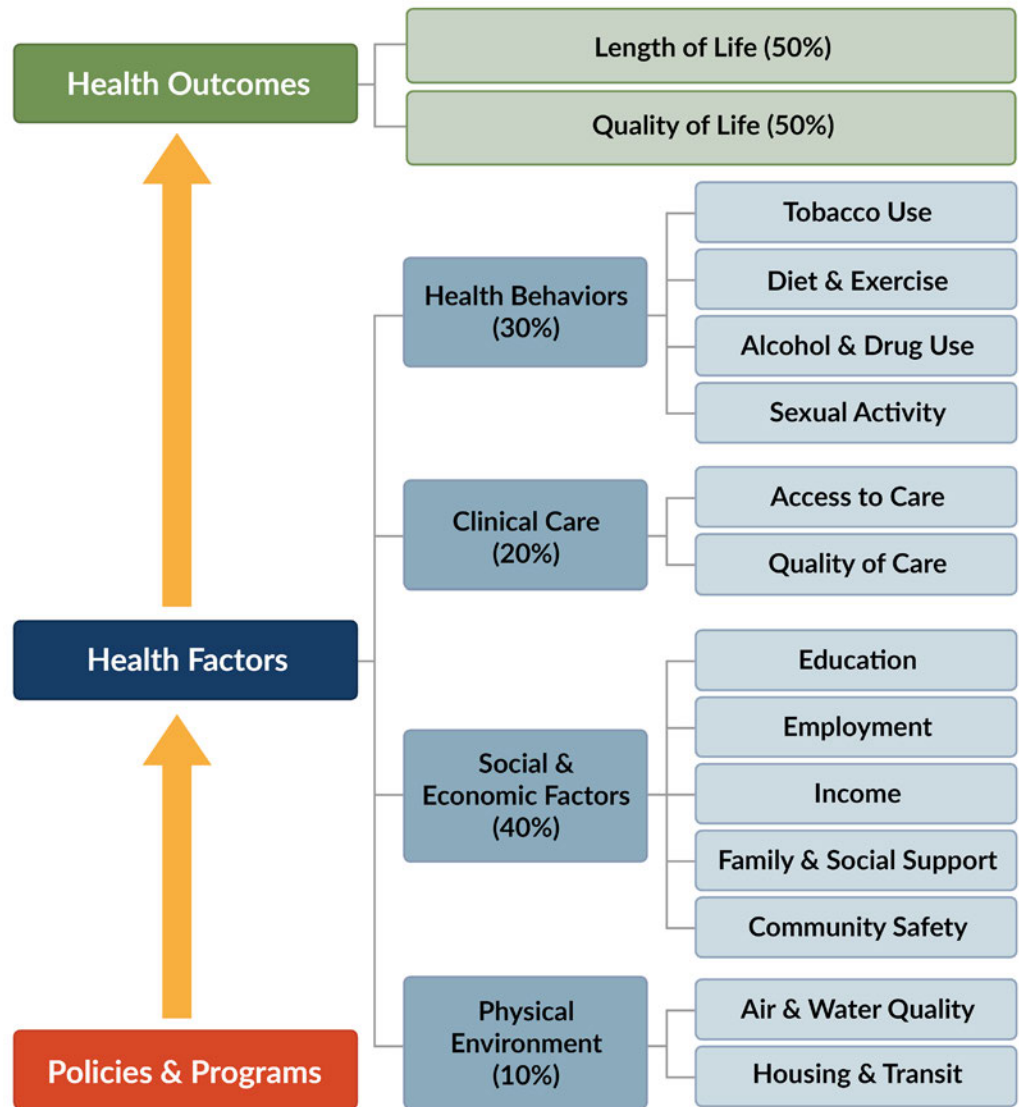
The strategies included in this summary are not an exhaustive list of all the strategies being carried out in the 2018 Prize-winning communities but only include accomplishments mentioned in the reviewed documents. Furthermore, the community strategies matched to strategies in WWFH reflect information included in the WWFH database as of October 2018.

To understand how communities are demonstrating the Prize criteria in ways that advance equity, 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 learning. 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
Social and Economic Factors		
Education	44	20.6%
Family and Social Support	35	15.9%
Community Safety	18	8.9%
Employment	13	6.1%
Subtotal	110	51.4%
Health Behaviors		
Diet and Exercise	56	26.2%
Sexual Activity	5	2.3%
Alcohol and Drug Use	2	0.9%
Tobacco Use	2	0.9%
Subtotal	65	30.4%
Clinical Care		
Access to Care	18	8.4%
Quality of Care	4	1.9%
Subtotal	22	10.3%
Physical Environment		
Housing and Transit	13	6.1%
Air and Water Quality	4	1.9%
Subtotal	17	7.9%
TOTAL	214	100%

APPENDIX III:

Community Approaches to Improving Health

TABLE 3: Community strategies categorized by health factor focus areas and general approaches to improving health⁸

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2018 PRIZE WINNERS USING APPROACH
Social and Economic Factors			
Education	Create environments that support learning	18	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Improve quality of K-12 education	7	Cicero, IL; Eatonville, FL; San Antonio, TX
	Increase early childhood education	7	Cicero, IL; San Antonio, TX
	Increase education beyond high school	7	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Increase high school graduation rates	4	Eatonville, FL; Klamath County, OR
	Parent education programs	1	Cicero, IL
	Subtotal	44	
Family and Social Support	Increase social connectedness	22	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Ensure access to counseling and support	7	Cicero, IL; Klamath County, OR; San Antonio, TX
	Build social capital within communities	6	Eatonville, FL; Klamath County, OR
	Subtotal	35	
Community Safety	Prevent neighborhood crime and violence	11	Cicero, IL; Klamath County, OR; San Antonio, TX
	Support safe travel	3	Eatonville, FL; Klamath County, OR; San Antonio, TX
	Assist youth involved with the justice system	1	Cicero, IL
	Ensure sports and recreation safety	1	Eatonville, FL
	Prevent child maltreatment	1	San Antonio, TX
	Reduce mass incarceration	1	San Antonio, TX
	Subtotal	18	
Employment	Increase worker employability	7	Eatonville, FL; Klamath County, OR; San Antonio, TX
	Increase opportunities for employment and economic growth	6	Eatonville, FL; Klamath County, OR
	Subtotal	13	
Health Behaviors			
Alcohol and Drug Use	Improve access to substance abuse counseling and treatment	2	Klamath County, OR; San Antonio, TX
	Subtotal	2	

⁸ 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 October 2018, and align with the health factors and focus areas in the County Health Rankings model.

HEALTH FACTOR FOCUS AREA	APPROACH	# OF COMMUNITY STRATEGIES	2018 PRIZE WINNERS USING APPROACH
Diet and Exercise	Create opportunities for active living	25	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Increase access to healthy food options	24	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Promote healthy eating	4	Klamath County, OR; San Antonio, TX
	Provide physical activity information and education	2	San Antonio, TX
	Promote broad approaches to increasing physical activity	1	Eatonville, FL
	Subtotal	56	
Sexual Activity	Reduce unintended pregnancy	4	Cicero, IL; San Antonio, TX
	Reduce HIV/STIs	1	Cicero, IL
	Subtotal	5	
Tobacco Use	Reduce initiation and/or increase cessation	2	Klamath County, OR; San Antonio, TX
	Subtotal	2	
Clinical Care			
Access to Care	Adopt alternate care delivery models	11	Cicero, IL; Eatonville, FL; Klamath County, OR; San Antonio, TX
	Reduce barriers to care	5	Cicero, IL; Klamath County, OR; San Antonio, TX
	Increase opportunities for oral health care	1	Klamath County, OR
	Recruit providers to underserved areas	1	Klamath County, OR
	Subtotal	18	
Quality of Care	Increase coordination of care	2	Cicero, IL; Klamath County, OR
	Improve patient safety	1	Eatonville, FL
	Provide culturally competent care	1	San Antonio, TX
	Subtotal	4	
Physical Environment			
Air and Water Quality	Increase water conservation and preservation	2	Eatonville, FL; San Antonio, TX
	Improve environmental restoration and preservation	1	San Antonio, TX
	Reduce emissions from mobile sources	1	Klamath County, OR
	Subtotal	4	
Housing and Transit	Support active travel	5	Eatonville, FL; Klamath County, OR
	Ensure access to housing	4	Eatonville, FL; Klamath County, OR; San Antonio, TX
	Support affordable housing options	2	Klamath County, OR; San Antonio, TX
	Support shared transportation	2	San Antonio, TX
	Subtotal	13	
TOTAL		214	

APPENDIX IV:

Community Strategies and What Works for Health Evidence Ratings

Out of a total of 214 community strategies identified from the 2018 Prize winner application materials, 129 strategies (60.3%) could be directly matched to existing strategies in the What Works for Health (WWFH) database, as of October 2018. As shown in Tables 4 and 5, these strategies have varying degrees of empirical support but almost all (97.7%) demonstrated some level of effectiveness (rated as Scientifically Supported, Some Evidence, or Expert Opinion). Three of the 129 matched strategies were rated as having insufficient evidence, meaning more research is needed to determine their effectiveness.⁹

TABLE 4: Community strategies by WWFH evidence ratings

WWFH EVIDENCE RATING	# OF MATCHED STRATEGIES	% OF TOTAL MATCHED STRATEGIES
Scientifically Supported	63	48.8%
Some Evidence	38	29.5%
Expert Opinion	25	19.4%
Insufficient Evidence	3	2.3%
TOTAL	129	100%

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

HEALTH FACTOR	WWFH EVIDENCE RATING	# OF MATCHED STRATEGIES	% OF TOTAL MATCHED STRATEGIES
Social and Economic Factors	Scientifically Supported	33	25.6%
	Expert Opinion	13	10.1%
	Some Evidence	9	7.0%
	Insufficient Evidence	2	1.6%
	Subtotal	57	44.2%
Health Behaviors	Some Evidence	21	16.3%
	Scientifically Supported	15	11.6%
	Expert Opinion	11	8.5%
	Insufficient Evidence	1	0.8%
	Subtotal	48	37.2%
Clinical Care	Scientifically Supported	11	8.5%
	Some Evidence	3	2.3%
	Expert Opinion	1	0.8%
	Subtotal	15	11.6%
Physical Environment	Some Evidence	5	3.9%
	Scientifically Supported	4	3.1%
	Subtotal	9	7.0%
	TOTAL	129	100%

⁹ 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 214 community strategies identified from the 2018 Prize winner application materials, 85 (39.7%) 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 October 2018) that address the health factors in the County Health Rankings model. 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 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 85 unmatched community strategies. Table 6 shows that these strategies were distributed across the four health factors, with almost two-thirds (62.4%) in the area of Social and Economic Factors.

TABLE 6: Community strategies not matched to WWFH organized by health factors from the County Health Rankings model

HEALTH FACTOR	FOCUS AREA	# OF UNMATCHED STRATEGIES	% OF TOTAL UNMATCHED STRATEGIES
Social and Economic Factors	Education	21	24.7%
	Family and Social Support	17	20.0%
	Employment	8	9.4%
	Community Safety	7	8.2%
	Subtotal	53	62.4%
Health Behaviors	Diet and Exercise	14	16.5%
	Alcohol and Drug Use	2	2.4%
	Sexual Activity	1	1.2%
	Subtotal	17	20.0%
Clinical Care	Access to Care	7	8.2%
	Subtotal	7	8.2%
Physical Environment	Air and Water Quality	4	4.7%
	Housing and Transit	4	4.7%
	Subtotal	8	9.4%
	TOTAL	85	100%

Across the 13 health factor focus areas in the County Health Rankings model, the highest numbers of unmatched strategies are in education (24.7%), family and social support (20.0%), and diet and exercise (16.5%). Table 7 breaks down the number of unmatched strategies by type of approach within each of these focus areas. For example, the unmatched educational strategies include efforts to promote the importance of early childhood education and high school graduation to parents and community members; student ambassadors implementing service projects to improve the health of their communities; and a city providing bibliotech kiosks with digital resources in housing projects, bus stations, and low-income neighborhoods. In the area of family and social support, the unmatched strategies encompass several leadership development opportunities, such as youth-led initiatives and volunteer-driven community events, as well as counseling and wraparound services that integrate behavioral, mental, and emotional health. The unmatched strategies in diet and exercise were mostly around increasing access to healthy foods and creating opportunities for active living.

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
Education	Create environments that support learning	9
	Increase education beyond high school	4
	Increase early childhood education	4
	Improve quality of K-12 education	3
Family and Social Support	Increase social connectedness	9
	Ensure access to counseling and support	6
	Build social capital within communities	2
Diet and Exercise	Increase access to healthy food options	5
	Create opportunities for active living	4
	Promote healthy eating	2
	Provide physical activity information and education	2
	Promote broad approaches to increasing physical activity education	1

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

Lead authors

Carrie Carroll, MPA; Olivia Little, PhD; Devarati Syam, PhD

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Research assistance

Alison Bergum, MPA
Komal Dasani, MPH
Kiersten Frobom, MPA, MPH
Marjory Givens, PhD
Lael Grigg, MPA
Bomi Kim Hirsch, PhD
Jessica Rubenstein, MPA, MPH
Jessica Solcz, MPH

Editorial assistance

Angela Acker, MPH
Erin Schulten, MPH, MBA
Mallory Swenson

Contributing partners

Burness Communications

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