



Actions Toward Equity

**Strategies Communities Are Using to Ensure
Everyone Has a Fair and Just Opportunity for Health**

A report based on RWJF Culture of Health Prize winners 2013-2017

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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. Through our experience selecting and working with Prize-winning communities, we have found that many community leaders and residents are searching for guidance on how to accelerate efforts to give everyone in their communities a fair and just opportunity for health. What can we learn from the 35 RWJF Culture of Health Prize winners (2013-2017) to guide and inspire others?

Prize winners represent diverse communities – cities, counties, tribes, regions, and small towns; rural, urban, and suburban places – that face myriad physical, economic, and demographic challenges. For example, more than three-quarters of Prize winners have higher rates of children living in poverty than the national 2016 rate of 20%; children in poverty rates capture an upstream measure of poverty that assesses both current and future health risk. These rates underscore the importance of strategies that improve social and economic factors, maximize existing assets, build partnerships, and engage residents to improve health for everyone.

All Prize-winning communities are working to advance equity in multiple ways across the six Prize criteria (see box below). This analysis of Prize winners' application materials, conducted by the University of Wisconsin Population Health

Institute, specifically examines two areas considered crucial to advancing health and equity where Prize winners stand out:

1. What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?
2. How are leaders, partners, and residents working together to improve community health and equity?

To answer these questions, community strategies (i.e., policies and programs to improve community health and equity) were identified from Prize-winning application materials and categorized according to areas in the [County Health Rankings model](#) and strategies in [What Works for Health](#), a database of evidence-informed policies and programs. Next, application materials were qualitatively analyzed for themes and examples of how leaders, partners, and residents are working together – especially in ways that engage residents from historically excluded groups in shaping priorities, decisions and solutions – and building advocacy and leadership capacity.

This report summarizes promising approaches and highlights concrete examples that Prize-winning communities have employed in these areas, which may offer useful insights to others striving to advance equity and reduce disparities.

RWJF Culture of Health Prize winners are selected based on how well they exemplify the six Prize criteria:

1

Defining health in the broadest possible terms

2

Committing to sustainable systems changes and policy-oriented long-term solutions

3

Creating conditions that give everyone a fair and just opportunity to reach their best possible health

4

Harnessing the collective power of leaders, partners, and community members

5

Securing and making the most of available resources

6

Measuring and sharing progress and results



Louisville, KY, 2016

Highlights

What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?

- From the 35 Prize winners' application materials, 1,377 discrete community strategies were identified; almost half of these strategies (620 or 45%) target social and economic conditions that influence health and equity. These strategies are in the areas of education, employment, income, family and social support, community safety, and housing. Most of these social and economic efforts (59%) focus on family and social support (183 strategies or 30%) or education (181 strategies or 29%).
- The nature of the strategies represented in Prize winners' applications has shifted over time; winners have increasingly highlighted strategies in their applications that address social and economic conditions, rising from 33% of total strategies featured in 2013 to almost 50% in 2017. Notable areas of change include an increase in strategies related to improving education beyond high school, increasing social connectedness, addressing some types of housing needs, and building social capital within communities.
- Some social and economic areas are less commonly featured in Prize winner applications. These include policy and infrastructure strategies that increase housing availability and affordability; income and employment strategies that go beyond workforce development; and efforts to prevent child maltreatment or intimate partner violence. While Prize winners were not required to report on these specific strategies and may be working in these areas, these are important elements of health and equity that could point to opportunities for increased focus and cross-sector collaboration to accelerate change.
- Prize winners employ interventions that have been supported by existing research. Of the Prize winners' social and economic strategies that could be matched to strategies in What Works for Health, a database of evidence-informed policies and programs, most (92%) were found to be effective, with a rating of either Scientifically Supported (the highest evidence of effectiveness rating), Some Evidence, or Expert Opinion. In addition, 71% of the matched strategies were designated as likely to decrease disparities.

How are leaders, partners, and residents working together to improve community health and equity?

- Nearly all Prize winners described intentional efforts to build residents' capacity to advocate and lead in a variety of ways – including community organizing, civic and voter engagement, and leadership development. Seventy-four percent of Prize winners featured specific opportunities to engage youth and develop young leaders as a powerful force for change.
- In 77% of Prize-winning communities, there are explicit inclusionary efforts to ensure residents from historically excluded groups and those most affected by poor health outcomes feel recognized, welcomed, and equipped to participate in shaping priorities, decisions, and solutions.
- In most Prize-winning communities (86%), there are specific examples of how community engagement has led to residents' needs being prioritized, policies passed, and/or more residents in formal leadership positions. In addition, residents with lived experience actively implement programs and policies in more than half of Prize-winning communities (57%) in areas including health care, education, social service, violence prevention, and substance abuse.

Insights

What can we learn from these communities to guide and inspire others?

- **Prize-winning communities are addressing social and economic disparities through comprehensive approaches rather than isolated strategies.** Prize winners recognize the interrelated nature of complex problems and are integrating multiple health factors, working collaboratively across sectors, and aligning community resources to create conditions for improving health and equity.
- **Authentic engagement across community leaders, partners, and residents requires a set of interconnected, mutually reinforcing processes that are practiced regularly across community initiatives rather than as discrete or isolated activities.** Such processes include purposeful efforts to build relationships and promote inclusion, especially with those who have been traditionally left out of decision-making processes, and to provide opportunities and supports for residents to participate in information-gathering, priority-setting, and decision-making activities.
- **Prize winners' efforts underscore the different roles that community leaders, partners, and residents can play as they work together to address health and equity.** Community agencies, elected officials, and large institutions such as universities, health care systems, businesses, and foundations are vital as investors and anchors to drive and support community efforts.
- **Prize winners offer compelling examples of fully engaging residents in community improvement in ways that go beyond gathering input and feedback on existing programs and initiatives.** Residents who are closest to the issues can play an integral and decisive role, from setting the agenda to developing strategy to determining who does the work and how it will be implemented. Prize winners' experiences point to the importance of being deliberate about this inclusion, and their stories offer powerful illustrations of how community leaders, partners, and residents can build trust in order to lead to solutions.

Overview and Purpose

FIGURE 1
RWJF Culture of Health Prize winners are selected based on how well they exemplify the six Prize criteria:

- 1 Defining health in the broadest possible terms
- 2 Committing to sustainable systems changes and policy-oriented long-term solutions
- 3 Creating conditions that give everyone a fair and just opportunity to reach their best possible health
- 4 Harnessing the collective power of leaders, partners, and community members
- 5 Securing and making the most of available resources
- 6 Measuring and sharing progress and results

The Robert Wood Johnson Foundation (RWJF) Culture of Health Prize (the Prize) honors and elevates U.S. communities that are making great strides in their journey toward better health for all. The Prize recognizes how whole communities – not specific individuals, organizations, or interventions – are working together to exemplify the six Prize criteria in action (see Figure 1; for full criteria descriptions see rwjf.org/prize). Prize-winning communities demonstrate a commitment to health, opportunity, and equity through collaboration and inclusion, especially with historically excluded populations and those facing the greatest barriers to good health.

Health and equity are a cornerstone of RWJF’s [Culture of Health vision and action framework](#), and equity is embedded across all six Prize criteria. In a report designed to increase consensus around the meaning of health equity, RWJF provides the following definition: “Health equity means that everyone has a fair and just opportunity to be healthier.”¹ Health equity can be viewed as both a process and an outcome. Pursuing health equity requires acting to increase opportunities and remove obstacles to health. These actions go beyond health care and are rooted in social and economic factors, such as access to good jobs, quality education, safe and stable housing, and strong neighborhoods. Enhancing opportunities in these areas can improve health outcomes for those experiencing inequities, and can accrue social and economic benefits to communities as a whole.² Effectively advancing health equity also requires “engaging excluded or marginalized groups in identifying and addressing their health equity goals” as a fundamental guiding principle.^{1a} As an outcome, achieving health equity means reducing and ultimately eliminating disparities in health and the determinants that adversely affect those who have been

historically excluded from opportunities. Measuring and reducing health disparities is a top priority of the public health field.^{1,2,3,4}

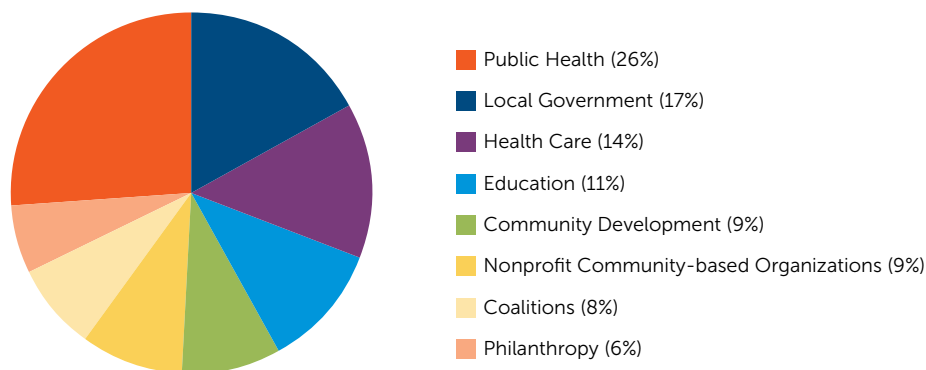
From 2013 through 2017, 35 communities were awarded the RWJF Culture of Health Prize out of more than one thousand applicants. Their application materials, which ask communities to feature accomplishments that best exemplify the six Prize criteria, provide a wealth of information about how Prize winners are tackling issues related to equity through the lens of the criteria. Equity-related approaches identified across Prize-winning communities are expansive and multi-faceted and include building and supporting resident leadership; changing policies, systems, institutions, and structures; fostering inclusion and cultural resilience; and tracking and measuring progress toward equity. These diverse approaches are further detailed in Appendix I.

This report specifically examines two areas that are considered crucial to advancing health and equity,^{1,2,4,5} and where Prize winners stand out:

- What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?
- How are leaders, partners, and residents working together to improve community health and equity?

The purpose of this report is to summarize and highlight concrete approaches and examples that Prize winners have employed in these areas, based on an analysis of the comprehensive information collected throughout the Prize competition. The insights from this report may be useful to those who are dedicated to giving everyone a fair and just opportunity for the best possible health.

FIGURE 2
Percent of Prize-winning community lead applicants by sector 2013-2017



Prize-Winning Community Characteristics

The 35 Prize winners named between 2013 and 2017 comprise a diverse group of communities representing a wide range of geographical regions, community types, and population sizes, as shown in Appendix II. Specifically:

- Prize-winning communities are in 23 states and include five federally recognized tribes.
- Prize winners are spread throughout the U.S.: 29% of the winners are in the Northeast, 29% in the South, 22% in the Midwest, and 20% are in the West.⁶
- Prize winners represent different community types: 51% are cities or towns, 29% are counties or parishes, 14% are federally recognized tribes, and 6% are regions.⁷
- Twenty-seven Prize winners (77%) have 20% or more children living in poverty.⁸
- In 17 (49%) of the Prize-winning communities, 50% or more of the residents identify as a race other than white, and nine communities (26%) have 20% or more Hispanic population.⁸

What is the range of sectors leading Prize-winning applications?

Diverse partnerships across sectors are necessary to improve health and advance equity in a comprehensive manner.⁹ For Prize applicant communities, the first-listed organizational contact on the application typically plays the important role of convening partners and connecting the community-wide efforts that get featured in the application. To better understand the range of sectors that are serving in this convening role, we examined these organizational contacts and found that 26% of Prize winner applications were led by public health agencies; the remaining 74% of lead applicants were other agencies or departments of local government; hospitals or health care organizations; schools; nonprofit community-based organizations; community development organizations; philanthropy; or community coalitions (see Figure 2).

When the Prize competition started in 2013, half of the Prize-winning applications were led by public health agencies; since then, representation had broadened such that 88% of applications were led by additional sectors in 2017.

SECTION ONE

What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?

Advancing health and equity requires a sustained focus on improving conditions in which we live, work, play, and learn. There is increasing recognition that assessing and addressing the factors that influence how well and how long people live – including good jobs and education, safe and stable housing, and strong neighborhoods – are essential elements for the health and well-being of communities.^{1,2,4,5,10,11,12,13} These opportunities are not the same for everyone and are tied to local conditions and historic and current access to resources and services.

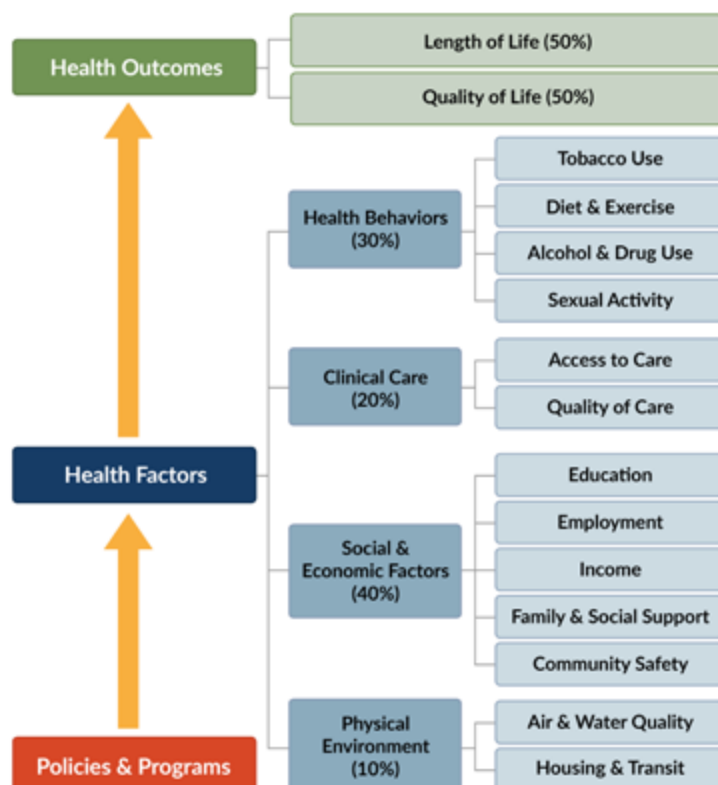
While all efforts reported by Prize winners promote community improvement, this section examines strategies addressing the social and economic conditions of a community. We use the County Health Rankings model (see figure 3) as an organizing framework, looking explicitly at the areas of education, employment, income, family and social support, community safety, and housing for the purposes of this report. As noted previously, these areas are critical for creating healthy, equitable communities.

This section also examines:

- How the diversity of strategies featured in Prize-winning applications has shifted over the five-year period;
- Social and economic areas that are less commonly featured in Prize-winning applications;
- Prize-winning communities' use of policies and practices that are likely to be effective; and
- How Prize winners are working comprehensively to improve social and economic conditions.

A total of 1,377 strategies were identified from the 35 Prize winners' application materials, representing a wide range of efforts that communities are undertaking to improve health. Of these, 620 community strategies (45%) targeted education, employment, income, family and social support, community safety, and housing (see the appendices for methodology and detailed findings).

FIGURE 3
County Health Rankings Model



This analysis revealed that most of these efforts to improve social and economic conditions address family and social support (183 strategies) and education (181 strategies), each representing 30% and 29% of the social and economic strategies respectively. These were followed by strategies to address employment (78; 13%); community safety (75; 12%), housing (69; 11%), and income (34; 6%). (See Figure 4.)

Highlights of the strategies employed by Prize-winning communities to improve social and economic conditions are below.

Using Comprehensive Education Approaches

Prize winners are focusing on education by creating environments that support learning – taking a holistic approach that recognizes the interconnections between academic achievement and student physical, social, and emotional health.

Examples under this approach include:

- Community school models which integrate academic, mental and physical health, social service, and family resources;
- School-community liaisons that connect families to resources;
- School-based health centers; and
- Trauma-informed learning environments.

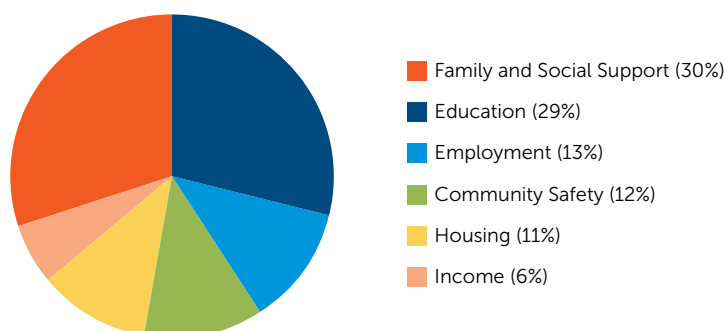
These strategies demonstrate a comprehensive approach to improving educational outcomes by supporting children in and out of the classroom.

Building Social Capital

Prize winners recognize the influence of robust social relationships as an important element for health.¹⁴ They are developing interventions to foster a sense of inclusion, security, belonging, and trust among community residents – building social capital within communities. These strategies include intentional efforts to:

- Develop youth and resident leadership, civic engagement, and advocacy skills;

FIGURE 4
Percent of community strategies addressing social and economic conditions by focus area



- Foster ongoing dialogue to bridge racial, cultural, and economic divides; and
- Create spaces for social engagement, intergenerational learning, promotion of the arts, and cultural reclamation.

Such strategies can strengthen social ties and reduce isolation among community members, especially from groups that have been historically excluded from opportunities. The high proportion of family and social support strategies employed by Prize winners indicates their recognition that improving the well-being of all community residents is essential to improving community health.

Improving Community Safety

Prize winners are working to improve community safety, for example, by collaborating with residents to reduce and prevent crime and violence. Some communities are focused on promoting preventative measures – for example, by making long term investments in youth, and by providing support, mentoring, counseling, employment skills, and educational opportunities to those who have been exposed to or involved in violence in order to break the cycle. Additional efforts to address community safety include incorporating restorative approaches into the criminal justice system, implementing drug courts, increasing connections to mental health care, and providing alternatives to incarceration through diversion programs.

Increasing Access to Safe and Stable Housing

Over the years, Prize winners' accomplishments have increasingly featured approaches to improve housing affordability, availability, safety, and stability. These approaches include ensuring access to subsidized and service-enriched housing by providing rent vouchers, direct housing access, supportive housing environments, services to prevent homelessness, and similar supports; improving housing quality, such as through home remediation, lead abatement, and tenant protections; and supporting access to more affordable homes using strategies such as land trusts, land banking, financing options, and inclusive zoning policies.

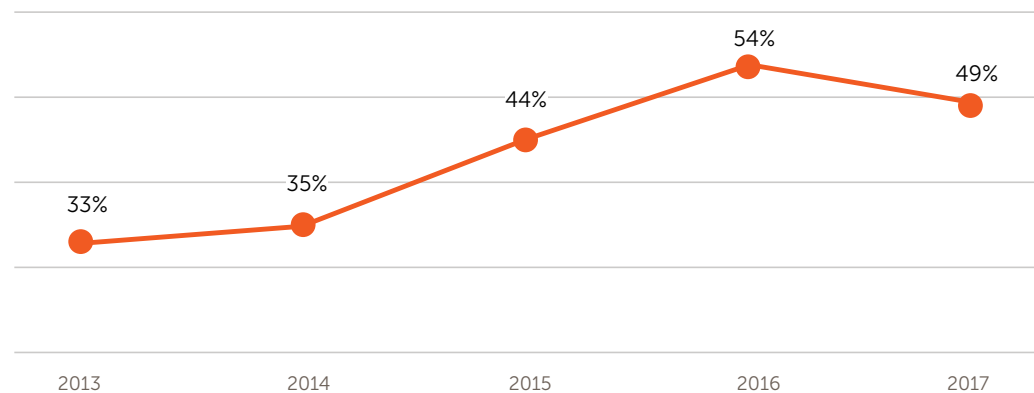
How has the diversity of strategies represented in Prize-winning applications shifted over the five years?

The number of strategies addressing social and economic conditions featured by Prize winners has steadily increased over the first five years of the competition. In 2013, 33% of Prize winner strategies focused on social and economic areas; this rose to 54% in 2016 before decreasing slightly to 49% in 2017 (see Figure 5).

Select highlights on the shifts in Prize strategies featured in application materials across the years include:

- The increase in housing strategies being featured in Prize-winning applications is a good example of broader trends in the field. Winners from the first two years of the competition highlighted very few efforts related to housing; however, there has been an upsurge since 2015.
- Efforts to increase education beyond high school have become more prominent in Prize winner applications. Among the 2013 winners, only one strategy from this category was featured, compared to nine strategies across the winners in 2017. As postsecondary education is associated with improved economic success and better health outcomes, this is a promising trend and overlaps with efforts to improve worker employability. The interweaving of education beyond high school with a workforce development focus is a trend in Prize winners' approaches to creating health and equity.
- There is a steady increase in Prize strategies to improve social connectedness and to build social capital within communities. Efforts include offering youth leadership and youth development opportunities, engaging residents across age groups in intergenerational learning efforts, and integrating cultural practices with health initiatives. For example, Prize winners that are federally recognized tribes have focused on native foods, healing traditions, preservation of native language and other customs, and environmental conservation to improve members' physical and emotional health and cultural resiliency.

FIGURE 5
Percent of Prize community strategies focused on social and economic conditions by Prize competition year





What social and economic areas are less commonly featured in Prize-winning applications?

Although there has been an increase in Prize winners explicitly addressing social and economic conditions in their application materials over the years, there are areas not as frequently featured. For example:

- Efforts to address income are the least common community strategies featured throughout the five years (6% of total social and economic strategies). These strategies include living wage efforts, Earned Income Tax Credit awareness, local hire policies, supporting asset development through credit unions, city ordinances to address predatory businesses, free tax preparation services, and micro lending.
- Prize-winning communities are addressing employment primarily through strategies to enhance worker employability, such as education and skills training, work experience programs, and transitional jobs. Efforts to improve work environments by instituting supportive workplace policies (e.g., paid family leave, paid sick leave) and broader initiatives to increase job availability are less commonly featured.

- While several Prize winners show promising work to reduce and prevent neighborhood crime and violence, other elements to create community safety are not commonly featured in Prize winner application materials. Specifically, there are few featured strategies addressing the prevention of child maltreatment or intimate partner violence.
- While efforts to address housing have increased in Prize winners' application materials over the years, featured strategies have primarily focused on ensuring access to housing (e.g., direct supplemental supports such as rent vouchers and supportive services) and improving housing quality. Efforts to support affordable housing (e.g., zoning ordinances and land banking to develop housing stock) are relatively limited.

Work in these areas may well be happening in Prize-winning communities, as this analysis only reflects what was included in Prize application materials. These may point to areas for communities to further explore or to feature more prominently as integral components to improving health and equity.

Everett, MA, 2015

Do Prize winners' social and economic strategies reflect evidence-informed policies and practices?

Prize winners are investing in improving social and economic conditions, and they are employing interventions that have empirical support of effectiveness. [What Works for Health](#) (WWFH) is a database that includes hundreds of policies and programs designed to improve health, each assigned an evidence rating based on a thorough review of research on the strategy's effectiveness in achieving expected beneficial outcomes. Out of the 620 Prize winner strategies included in this analysis, half (312; 50%) could be directly matched with WWFH strategies, and most of these (92% of 312 matched strategies) showed empirical evidence for effectiveness:

- 44% of the matched strategies were rated Scientifically Supported, the highest evidence of effectiveness rating; of these, community strategies addressing education and community safety (66% and 54% respectively) show the highest proportion of Scientifically Supported strategies;
- 24% of the matched strategies were rated with Some Evidence.
- 23% of the matched strategies were rated with Expert Opinion.

Fewer than 10% of the matched strategies were rated Insufficient Evidence; strategies with this rating have limited research documenting effects – which means that more research is needed. Communities' use of these kinds of strategies may signal areas where they are responding to community needs in innovative ways and/or are seeking to build greater evidence.

Across all Prize winner strategies matched to WWFH, only five strategies (<2%) were rated as having mixed evidence of effectiveness, and only one strategy was rated as ineffective (< 1%).

WWFH also assesses a strategy's likely effect on racial/ethnic, socioeconomic, geographic, or other disparities based on its characteristics (e.g., target population, model of delivery, cultural considerations) and best available evidence related to disparities in health outcomes. Of the 312 strategies that could be matched with existing WWFH strategies, 71% were in the category Likely to Decrease Disparities. Almost half of the strategies rated as likely to decrease disparities were in the area of education (43%), while 60% of the strategies rated as having no impact on disparities were in the area of family and social support.

How are Prize-winning communities working in comprehensive ways to address social and economic conditions that influence health and equity?

Prize-winning communities are addressing social and economic disparities by combining strategies and approaches in innovative ways to improve health and equity. Prize winners often adopt broad-based, multi-pronged approaches that recognize the inter-related nature of complex problems. This comprehensive approach includes aligning community resources, involving residents with lived experience in creating and implementing solutions, and working collaboratively to make long-term systems changes to improve underlying social and economic conditions. Select examples of how Prize-winning communities are taking a holistic approach to deeply entrenched problems include:

- Prize winners integrate multiple health focus areas in a comprehensive manner to create conditions for increased equity. For instance, several Prize winners recognize that economic well-being is one of the most critical determinants of health and

that growing up in poverty is associated with significantly worse health outcomes across all races and in every state and community.¹⁵ Some Prize winners have made a community-wide commitment to alleviating high rates of child poverty. They seek to create equal opportunities for health by investing in the health, well-being, and success of the youngest members of the community in order to break the cycle of poverty. Developing healthy lives starts with promoting healthy pregnancies and births, good nutrition, safe housing, stable jobs for parents, and early child development programs. Partners from different sectors contribute to this vision by coordinating their efforts so that community ownership extends beyond any one partner. Such efforts to coordinate and contribute to a shared vision offer a pathway to creating healthy communities.

- Efforts to ensure access to housing incorporate a broad focus on community development and social support. Some Prize-winning communities are building on the recognition that providing housing alone may not be sufficient to address residents' challenges.¹² On-site resource centers in housing developments deliver an array of vital services, such as clinical care, health and life skills education, child care, work-related training, and other social supports. Community-based housing teams collaborate with partners to develop comprehensive policy recommendations for local governments, and conduct outreach, education, and advocacy efforts aimed at engaging residents. These strategies go beyond creating physical housing infrastructure to also include community development. For example, some communities are generating economic growth through revitalizing downtowns, improving neighborhood safety, and fostering infrastructure development that spurs job creation. Additional examples include making concerted attempts to create green jobs and develop mixed-income housing.

- The importance of transportation options to address social and economic conditions is being elevated in some Prize-winning communities. Creating community-specific transportation options is connected to other important areas such as employment, education, health care, and other vital services. For example, in rural communities where lack of transportation options and long driving distances are barriers, one Prize winner strategy is providing assistance for low-income families to obtain and maintain a vehicle to get to and from places such as work, doctor appointments, and grocery stores. Other communities provide shared transportation to local services. Some Prize-winning communities with larger population centers are expanding mass transit options, ride sharing, and other public transportation alternatives. Regardless of the community setting, improving transportation infrastructure is linked to addressing multiple social and economic factors and creating conditions for better health.¹³

Section Summary

The findings from this review of community strategies addressing social and economic conditions highlight the large number of efforts Prize winners are investing in to reduce disparities, improve economic opportunities, and build social capital within communities. These strategies are directly linked to processes that involve community leaders, partners, and residents working together to promote inclusiveness and to increase community members' skills and capacity to create lasting change, in order to truly build a Culture of Health for all. The next section takes a closer look at how Prize-winning communities are developing consistent and persistent partnerships and engaging with residents to advance health and equity.



San Pablo, CA, 2017

SECTION TWO

How are leaders, partners, and residents working together to improve community health and equity?

Prize winners are selected based on their demonstrated commitment to health, opportunity, and equity. This commitment includes prioritizing community needs, drawing on existing assets, and engaging residents – especially those who are most directly affected by inequities – in developing and implementing solutions to health challenges. Authentic collaboration between community leaders, partners, and residents is critical to ensuring that efforts to advance health and equity are truly responsive to community needs and preferences, sustainable over time, and effective in reducing disparities. Within such collaborations, the meaningful inclusion and participation of historically excluded groups is a guiding principle to achieving equity.^{1,2,11}

What does it look like for communities to develop deep and lasting partnerships between leaders, partners, and residents? For this section, we looked across the 35 Prize-winning communities to examine:

1. How are residents, especially those who have been traditionally absent from decision-making processes, included in setting priorities, making decisions, and implementing solutions?
2. How are community efforts intentionally developing the skills and capacity of residents to advocate, organize, and lead?

From this analysis, key elements and strategies emerged that demonstrate how communities are engaging residents in health improvement efforts (see Table 1). These are organized into four areas:

- Gathering information and building relationships;
- Moving beyond input to action;
- Building capacity for resident advocacy, organizing, and leadership; and
- Sharing decision-making power.

Throughout the section we highlight informative case examples that emerged as exemplars from our qualitative analysis of Prize application materials, to illustrate this work in action.

TABLE 1 Prize winner community examples of how leaders, partners, and residents are working together to improve community health and equity

| PRIZE WINNER COMMUNITY EXAMPLES | PERCENT (AND NUMBER) OF COMMUNITIES WITH EXAMPLE(S) |
|---|---|
| Residents provide input into priority-setting and decision-making processes | 100% (35) |
| Intentional efforts are made to build the capacity of residents to advocate and lead (e.g., through community organizing, civic engagement trainings, voter registration, legal advocacy, leadership development opportunities) | 91% (32) |
| Resident engagement contributes to issues being prioritized, policies passed, and/or residents most affected by issues moving into formal leadership positions | 86% (30) |
| Efforts are made to foster inclusion and facilitate resident participation among historically excluded groups | 77% (27) |
| Youth are engaged in advocacy and leadership capacity building opportunities | 74% (26) |
| Residents most affected by issues are included on boards, committees, or councils | 66% (23) |
| Residents with lived experience are actively implementing health, education, social service, violence prevention, and/or substance abuse programming | 57% (20) |
| Resident input-gathering processes are embedded, ongoing, and linked to decision-making channels | 29% (10) |
| Trauma-informed practices are incorporated into health, education, and/or law enforcement settings | 26% (9) |
| Residents most affected by issues serve in formal decision-making roles | 9% (3) |

Gathering Information and Building Relationships

A first step to creating partnerships and engaging residents is to gather input about community needs, assets, priorities, and potential solutions. Such information is often legally required to inform processes such as community health needs assessments (CHNAs) and city strategic plans. All 35 Prize-winning communities gather input from community partners and residents in various ways, for example, by conducting surveys, questionnaires, or focus groups; holding formal meetings such as town halls or city forums; engaging residents in listening sessions or charettes about issues; and involving residents in community-based participatory research. However, for input to inform priority setting and decision making, Prize winners demonstrate how efforts need to go beyond just collecting information.

First, Prize winners often examine who is being engaged, on what issues, at what point in the process, and how frequently. For instance:

- Is gathering resident input and feedback a valued and regular process in the community?
- Are residents provided with ample opportunities to participate in information-gathering processes?
- Are opportunities to engage easy to access and navigate for multiple groups?

Even when residents are regularly involved, there are many questions to consider about who is participating and whether a range of perspectives is being represented. In particular:

- Are those closest to the issue – those with lived experience, those facing the greatest health disparities, those most often excluded – adequately represented?
- Do residents from these groups feel welcomed and comfortable sharing their perspectives?
- Are community leaders and partners aware of and connected to resident-led organizations or existing efforts, and are they building trust, seeking collaboration, and sharing leadership with those groups?

Regular listening, relationship building, and engagement with residents who are most affected by issues are essential elements for understanding what is needed so that historically excluded groups are more fully included in information gathering, priority setting, and decision making. Engaging diverse groups in the community may require foundational and ongoing work to build trust with those not previously included, acknowledging the root causes of poor health, tapping into existing networks and organizing efforts, developing new decision-making processes, improving representation on decision making bodies, and implementing explicit strategies to overcome barriers to participation.

In 22 (63%) of the Prize-winning communities, explicit efforts to improve racial/ethnic and cultural inclusion within the community were featured in application materials. Such efforts help ensure that residents who may have been left out in the past feel recognized, welcomed, and equipped to participate. For example, when immigrant residents in [Everett, Massachusetts](#) raised concerns about racial profiling in policing, immigrant-led organizations, the police department, and the city came together to discuss their concerns and have implemented a community policing model. The community has continued to engage across groups, including churches and youth, to have proactive conversations about race and racism. In [Louisville, Kentucky](#), grassroots groups such as Roots & Wings are using artists as change agents to showcase African American culture and heritage, confront historical trauma, and spark community-level discussions about race and inequities to raise awareness and foster healing.

About three-fourths of Prize-winning communities (77%) also described the concrete measures they use to encourage and facilitate participation by typically underrepresented groups in information-gathering, priority-setting, and decision-making forums. Communities may offer rotating venues that take the conversation to affected communities, and/or integrate

conversations into existing meetings or forums, such as through schools, neighborhood associations, faith groups, or service providers. Communities describe providing assistance to overcome common barriers to participation, such as offering food, child care, transportation, translation, and accommodations for special needs. Facilitating participation, gathering genuine input from residents, and building relationships with underrepresented groups are mutually reinforcing activities that together contribute to an overarching sense of inclusiveness and belonging.

Moving Beyond Input To Action

Gathering information and working to build relationships are important first steps, but alone they will not necessarily result in concrete actions. Another critical step is demonstrating follow up and accountability. Advancing equity can be thought of as a cyclical process,¹ with resident participation shaping the identification and prioritization of issues, implementation of concrete changes, and evaluation and reassessment of the issue, through multiple iterations. When residents are engaged throughout the full process and can see the direct action and results of their participation, trust develops, relationships are strengthened, and motivation grows to build on successes.

One way that Prize-winning communities have built on this cycle is by holding regular, ongoing forums or conversations in the community where residents can directly connect with decision makers about their needs and priorities and work together toward action. [Allen County, Kansas](#) is one community that has seen the fruits of this approach (see case example #1). Decision makers may include government or agency officials, business people, funders, representatives of anchor institutions or community-based organizations, and others that can connect residents' priorities to resources, policy levers, and decision channels. Successful structures tend to be



CASE EXAMPLE #1

Thrive Allen County's Community Conversations

The Thrive Allen County coalition catalyzes and supports health improvement and economic development efforts across their rural county.

Thrive holds regular, ongoing community conversations to ensure that community needs are driving priorities and decisions. Conversations rotate between different locations throughout the county and are attended by residents as well as government, agency, nonprofit, and other organizational representatives that can act on community concerns.

When the conversations began in 2008, residents raised issues that might seem loosely related to health – like getting ditches mowed and storm sirens installed. Thrive recognized the importance of responding to concerns beyond their typical purview. As stated by Thrive's then CEO David Toland, "It's not about what we want. It has to be what the community wants." As residents have seen their concerns addressed by county staff and elected officials over time, trust has been established. More residents have gotten involved, leading local efforts to tackle health improvement and economic development more directly – such as building a new grocery store in a food desert, recruiting health care providers to the county, and establishing a regional technical education center.

Small victories have led to larger ones and have built confidence across the community that change can happen, with residents eager to lead the way.

Thrive Allen County brings residents together for a community conversation at a local business in Humboldt, Kansas. (Copyright 2017 William Widmer. Courtesy of the Robert Wood Johnson Foundation.)

embedded into the regular processes of government agencies and/or key stakeholder organizations; for instance, regular points of contact with residents may be established through neighborhood associations, schools, public health agencies, faith groups, or community outreach workers.

These conversations go beyond the format of a formal town hall forum, city council meeting, or policy debate. Some key elements observed in Prize-winning communities include:

- Topics driven by community needs and preferences, as demonstrated by data and expressed by residents;
- Conversations focused on how the community can solve issues collaboratively, drawing on existing resources and assets;
- Space for participants to exchange ideas to inform planning and implementation of solutions; and
- Regular participation of decision-makers who are actively involved in listening, responding, and helping to connect resident priorities and ideas to action.

When structures for conversation are ongoing and embedded, there is continuous communication about what has been accomplished which builds further trust and momentum for continued action.

Prize winners have also moved toward action by building resilience among residents, especially those who face past and current experiences of trauma stemming from racism, displacement, poverty, and marginalization. Research increasingly demonstrates the effects of these experiences on individual and community health and well-being^{16,17} and there is growing recognition across Prize winners that acknowledging and addressing trauma—at both individual and community levels—is a key strategy for dealing with the underlying causes of poor health. They are openly acknowledging these experiences and their effects, addressing social, emotional, and mental health issues, and implementing restorative practices aimed at healing and

reconciliation rather than punishment. About one-quarter (26%) of Prize-winning communities have incorporated trauma-informed practices into health, education, and/or law enforcement settings.

Building resilience, particularly in whole communities that have experienced historical trauma, also involves uplifting and strengthening cultural practices as a central strategy to improving community health and well-being. For example, across the five federally recognized tribes that are Prize winners, there is a strong focus on reclaiming indigenous language and traditions. Select examples include:

- [Waaswaaganing Anishinaabeg](#) (Lac du Flambeau Tribe) has coalesced around reclaiming their culture as a way to heal from the historical trauma of the boarding school era, using a project-based learning model to immerse youth in Ojibwe language and culture and taking a culturally appropriate approach to preventing suicide and substance abuse.
- The [Seneca Nation of Indians](#) incorporates Seneca language and culture into early childhood and school programming, provides culturally-appropriate employment training and support services, promotes traditional foods, and holds cultural celebrations and events to reassert the Nation's identity as a sovereign people.
- [Menominee Nation](#) has taken a holistic, healing approach across health care, education, and social service agencies (see case example #2).

Building Capacity For Advocacy, Organizing, and Resident Leadership

In addition to formal decision makers engaging with residents to act on their needs and priorities, change is driven from the grassroots level when residents themselves advocate and organize for policy, systems, and environmental changes that are necessary for them to live healthier lives.



CASE EXAMPLE #2

Menominee Nation's Culturally Informed Settings Across Systems

The Menominee people are the oldest known inhabitants of what is now Wisconsin. The tribe's rich culture, language, and prosperity have been threatened by historical traumas, including the boarding school era (when families were often forced to send their children to schools where they were forbidden to speak their Native languages), and termination of the tribe's federal recognition in 1954. Menominee Nation's federal status was restored in 1973, but the damages took their toll. The nation, with a population of about 9,000, works to address this history head on by collaborating across sectors to provide training on the effects of poverty and intergenerational and personal trauma, and structuring health care, education, and social service systems to meet community needs in a holistic way.

The Menominee Tribal Clinic, the first Native American owned and operated health care facility in the U.S., increased patients' access to timely medical care and reduced no-show rates by implementing an open access policy with same-day appointments and incorporating trauma-informed and culturally appropriate practices into care. The Maehnowesekiyah Wellness Center integrates traditional knowledge with contemporary Western research to meet state standards and revised its hiring policies to better honor traditional knowledge and put less emphasis on formal academic degrees. Tribal members are also building intergenerational connections to teach future generations native language, food, forestry, and other cultural practices.

Efforts spearheaded by Menominee Indian School District are powerful. The district provides trauma-informed training to staff throughout the schools and community agencies and reformed its own policies and programs to better serve the whole student. For example, they altered discipline policies to keep kids in school, implemented daily meditation, offered healthier foods, and increased physical education. Teachers conduct morning mood check-ins to identify students who are feeling troubled and intervene early if needed. Schools established "safe zones" and "Sakom" (peace) rooms where students can go to decompress when feeling stressed. Changes have contributed to increased high school graduation rates. In 2008, fewer than 60% of the students who started as freshmen graduated from Menominee Indian High School, compared to 92% for the 2015-16 school year.

Miss Witt's 2nd Grade students touch an interactive screen to communicate feelings at Keshena Primary School in Menominee Nation, located in Wisconsin. (Copyright 2015 Josh Kohanek. Courtesy of the Robert Wood Johnson Foundation.)

Several Prize winners stand out in how they are building residents' capacity across the community to advocate, organize, and lead in this way – to use their collective power to push formal decision makers to enact change. About half of Prize winners (51%) highlighted strong grassroots advocacy efforts and opportunities to build organizing skills, often among those most often left out of decision-making processes. Activities include ongoing community organizing efforts, civic engagement training, voter registration and “get out the vote” drives, assistance with citizenship processes, and legal advocacy. For example, in [Kansas City, Missouri](#), Communities Creating Opportunity (CCO) is a community organizing group that mobilizes residents around social and economic issues that perpetuate health disparities in the city, including policies to address minimum wage, health care access, violence prevention, and predatory lending. CCO works closely with residents who are most affected by the issues and has built strong partnerships with faith communities and the city's public health department. Successful campaigns include removing the mandatory disclosure of criminal history on city job applications, passing a state bill that removes the prohibition of providing Supplemental Nutrition Assistance Program (SNAP) benefits to people who were formerly felons, and getting a city minimum living wage resolution passed.

Prize winners are also actively building leadership capacity among residents, especially among youth and underrepresented groups, to help expand power and decision-making roles beyond the “usual suspects” and to provide space and active pathways for new leadership to emerge. There are 20 Prize-winning communities (57%) that describe formal leadership development programming, and 26 communities (74%) offering opportunities to develop young leaders as a powerful force for change in their communities. For instance, in [San Pablo, California](#) the Youth Commission convenes in city council chambers to discuss and advocate for issues affecting young people in the community. The commission

provides a space for youth to learn how government works and to contribute their views to policy conversations. In several Prize-winning communities, including [Santa Cruz, California](#), [Fall River, Massachusetts](#), and [Chelsea, Massachusetts](#), youth have led the way in making policy changes from increasing healthy food options in restaurants to banning the sale of tobacco in city pharmacies to championing environmental justice issues (see case example #4). In many cases, young people who are involved in such efforts have moved into formal leadership positions within the community.

A majority of Prize winners (57%) have also found great value in utilizing the skills of residents with lived experience and expertise to actively implement health, education, social service, violence prevention, and/or substance abuse programming in ways that connect with the community and build trust with others who are experiencing poor health outcomes. Using community health workers, health navigators, or community outreach advocates was highlighted in 14 Prize-winning communities (40%) as an effective strategy for bringing health and social services directly to residents. These workers come from the neighborhoods and/or demographic groups they serve and often share some of the same health challenges and experiences as their clients. They maintain important relationships with the community and help keep pulse of neighborhoods' and population groups' needs and assets. Select examples include:

- In [Richmond, Virginia](#), public housing residents are served by housing advocates who are from the community and can connect residents to health care, employment assistance, legal aid, and social supports.
- In [Garrett County, Maryland](#), community health workers who have experienced chronic health conditions themselves are working closely with hospital patients to ensure they have the follow up and resources necessary to manage their own conditions.



CASE EXAMPLE #3

Resident Leadership in the Columbia Gorge Region

The Columbia Gorge Region – comprised of six counties along the Oregon-Washington border with around 85,000 residents – is deeply committed to building leadership capacity and decision-making authority among historically underrepresented groups.

The Next Door, the region’s largest social service agency, began developing community leadership 25 years ago when it launched the health promotoras, or community health workers (CHWs), program. These community members develop cross-sector networks to help residents access the services they need. They are trusted communicators who can reach underserved populations because they have similar backgrounds and experiences. A unique aspect of CHWs in the Columbia Gorge Region is their level of leadership training and skill building, focused on engaging historically excluded populations and organizing residents to become self-advocates. The Gorge is home to more than 100 trained CHWs who are placed throughout agencies in the region and frequently serve as policy advocates, working beyond the realm of traditional health care on issues such as affordable housing, transportation, business development, and education. CHWs have emerged as prominent leaders and are recognized as key components in building a healthy community.

The Columbia Gorge also fosters resident leadership through the Community Advisory Council (CAC), a standing committee of the Columbia Gorge Health Council which informs the region’s Coordinated Care Organization. The CAC serves as a champion for the community’s priority needs and provides valuable perspectives about how services, policies, and programs directly impact Medicaid recipients. Its membership consists of individual Medicaid enrollees—consumers and representatives from community-based organizations. These consumers intentionally reflect the Medicaid population in the Gorge. The CAC develops leadership among consumer members to ensure their voices are the loudest and the most influential and it is a venue that provides direct input to the Coordinated Care Organization’s Board of Directors. The CAC is also entrusted with decision-making authority, including defining the region’s Community Health Improvement Plan; members select the priorities that virtually every organization and agency in the region have adopted as their health priorities. In addition, the CAC has decision-making authority about how to allocate funding across the community through a grant process. In 2017, this funding totaled \$1 million.

The Gorge community is elevating the voice of historically excluded populations to ensure that their experiences and perspectives define both the needs in the community and the solutions to addressing those needs.

Through CHWs, the CAC, and other local efforts, the Columbia Gorge Region is heeding the adage, “nothing about us without us” – ensuring those most impacted by policies and programs have a say in identifying, prioritizing, implementing, and assessing their impact.

Community Health Worker Vitalina Rodriguez, of the Columbia Gorge Region in Oregon and Washington, meets with a client in her home, where Vitalina has an opportunity to help with things like lack of food and transportation issues. (Copyright 2016 Josh Kohanek. Courtesy of the Robert Wood Johnson Foundation.)

- In [Brownsville, TX](#), community partners worked to ensure that promotoras – community health workers who are from and serve the Hispanic population there – had sustainable employment and job training by creating special academic appointments with benefits through the University of Texas.

When these types of community outreach positions are institutionalized and offer appropriate training and supports, they can foster advocacy and leadership for residents from formerly underrepresented groups, giving them more prominence in decision-making processes. This has been the case in the [Columbia Gorge Region](#) (see case example #3).

Sharing Decision-making Power

Developing and fostering resident advocacy and leadership capacity aims to create concrete, sustainable changes that truly address community needs. These efforts may result in prioritizing an issue, garnering sustainable funding, passing policy or systems changes at the organizational or governmental level, or reclaiming the environment in which residents live. Examples from 30 of the 35 Prize winners (86%) demonstrate how resident involvement has substantially contributed to certain issues being prioritized, policies passed, and/or residents most affected by issues moving into formal leadership positions.

Beyond having the power to affect change issue by issue, another key element is how residents are involved in driving solutions and

making decisions in a structural way. Most Prize-winning communities (23; 66%) describe residents most affected by issues being included on boards, committees, councils, or advisory groups in different capacities for organizations or agencies in the community. Often residents are included in an advisory role helping to set priorities, shape action plans, and provide feedback. There are a few particularly powerful examples from Prize winners of resident representatives being given equal voice and decision-making power as formal organizational or governmental leaders. In the [Columbia Gorge Region](#), a Community Advisory Council plays an integral role in shaping health and social service systems (see case example #3). In [Chelsea, Massachusetts](#), resident engagement and advocacy efforts have resulted in a diversification of decision-making bodies, so they are reflective of the populations they are serving (see case example #4).

Section Summary

Taken together, the themes and examples in this section highlight the importance of developing lasting and trusted partnerships between community leaders, partners, and residents, and provide examples of how communities are building relationships, strengthening leadership capacity, and addressing health disparities. The elements and strategies described in this section reinforce and strengthen one another; in Prize-winning communities they are often implemented in combination and as regular practice across community activities in order to advance health and equity goals.



CASE EXAMPLE #4

Chelsea Residents Driving Change through Advocacy and Civic Engagement

A small, densely-packed city of about 40,000 residents, Chelsea, Massachusetts is a place that has long attracted immigrants and where 35 different languages are spoken. Although the community faces economic and environmental challenges, residents are building a community of trust and transforming the city through civic engagement, leadership development, advocacy, and policy change.

GreenRoots, Inc. is a community-based organization with a 25-year track record of achieving significant environmental justice accomplishments and public health victories, working with community partners, residents, and youth. Its Environmental Chelsea Organizers (ECO) program utilizes peer-to-peer training and mentoring to provoke deep and meaningful conversations about the future of the community and the environment. ECO invests in youth leadership and civic engagement with campaigns and projects of interest to teens. One of its most notable victories for all youth in the state was the creation of a reduced fare public transit pass, the result of active advocacy and weekly negotiations between teens and the Massachusetts Bay Transit Authority. Young people are also actively involved in planning for a reimagined Chelsea Creek waterfront.

Civic engagement doesn't end with Chelsea's youth. Over the past decade, hundreds of immigrants have become naturalized citizens, registered to vote, and made their voices heard. The November 2015 election proved to be historic when, for the first time, most of the city council and school committee reflected Chelsea's diversity. This accomplishment is having lasting impacts in Chelsea with policies and programs that are better aligned with residents' values and needs. And non-elected residents are sitting at decision-making tables to determine the future of their city. Together they are addressing serious health issues and working to improve air quality, availability of green space and recreation opportunities, transportation, healthy housing, and food security.

A powerful and dynamic grassroots movement of youth, people of color, LGBTQ individuals, those who speak different languages, and people with low socio-economic status is growing and improving health outcomes. This perspective is allowing all who live in Chelsea to learn together, understand the value of everyone's contributions, and encourage deeper commitments to a healthier community.

Christian Garcia, center, a youth member of GreenRoots, and researcher Sara Wylie, left, with Public Lab, prepare a water testing kit for placement in the Chelsea Creek in Chelsea, Massachusetts. The kit will be used to assess temperature impacts of industrial waste product discharge into the creek. (Copyright 2017 Tracie Van Auken. Courtesy of the Robert Wood Johnson Foundation.)

Summary of Highlights and Insights

Highlights: Key Findings Across Sections

- From the 35 Prize winners' application materials, 1,377 discrete community strategies were identified; almost half of these strategies (620 or 45%) target social and economic conditions that influence health and equity. These strategies are in the areas of education, employment, income, family and social support, community safety, and housing.
- Most of these social and economic efforts (59%) focus on family and social support (183 strategies or 30%) or education (181 strategies or 29%). Many Prize winners are implementing holistic approaches to learning that integrate instructional improvements with physical, social, and emotional health care and supports. Prize winners also recognize the importance of building social capital and increasing social connectedness within their communities, through strategies such as leadership development programming, civic engagement training, and trauma-informed practices.
- The nature of the strategies represented in Prize winners' applications has shifted over time. Winners have increasingly highlighted strategies in their applications that address social and economic conditions, rising from 33% of total strategies featured in 2013 to almost 50% in 2017. Notable areas of change include an increase in strategies related to improving education beyond high school (from one strategy across the winners in 2013 to nine strategies in 2017); increasing social connectedness (from five strategies in 2013 to 26 in 2017); addressing housing (from four strategies in 2013 to 16 in 2017); and building social capital within communities (from seven strategies in 2013 to 18 in 2017).
- Some social and economic areas are less commonly featured in Prize winner applications. These include policy and infrastructure strategies that increase housing availability and affordability; income and employment strategies that go beyond workforce development; and efforts to prevent child maltreatment or intimate partner violence. While Prize winners were not required to report on these specific strategies and may be working in these areas, these are important elements of health and equity that could point to opportunities for increased focus and cross-sector collaboration to accelerate change.
- Prize winners employ interventions that have been supported by existing research. Of the Prize winners' social and economic strategies that could be matched to strategies in What Works for Health, most (92% of the matched strategies) were found to be effective, with a rating of either Scientifically Supported (the highest evidence of effectiveness rating), Some Evidence, or Expert Opinion. Only one of the 312 matched strategies was rated as ineffective based on evidence. In addition, 71% of the matched strategies were designated as likely to decrease disparities.
- Prize winners pursue strategies to purposefully engage residents in community improvement efforts. These strategies fall in the areas of gathering information and building relationships; moving beyond input to action; building capacity for resident advocacy, organizing, and leadership; and sharing decision-making power.
- Nearly all Prize winners described intentional efforts to build residents' capacity to advocate and lead in a variety of ways — including community organizing, civic and voter engagement, and leadership development. Seventy-four percent of Prize winners featured specific opportunities to engage youth and develop young leaders as a powerful force for change.

- In 77% of Prize-winning communities, there are explicit inclusionary efforts to ensure residents from historically excluded groups and those most affected by poor health outcomes feel recognized, welcomed, and equipped to participate in shaping priorities, decisions, and solutions.
- In most Prize-winning communities (86%), there are specific examples of how community engagement has led to residents' needs being prioritized, policies passed, and/or more residents in formal leadership positions. In addition, residents with lived experience actively implement programs and policies in more than half of Prize-winning communities (57%) in areas including health care, education, social service, violence prevention, and substance abuse.

Insights: What can we learn from these communities to guide and inspire others?







- **Prize-winning communities are addressing social and economic disparities through comprehensive approaches rather than isolated strategies.** Prize winners recognize the interrelated nature of complex problems and the importance of applying multi-faceted, evidence-informed solutions. They are integrating multiple health factors, working collaboratively across sectors, and aligning community resources to create conditions for improving health and equity. This holistic approach includes a combination of programmatic and policy/systems interventions to address social and economic factors, with an eye toward long-term sustainability. Focusing on community conditions, such as housing, jobs, school quality, and social supports, will have ripple effects on health across the community – especially for those who need it most.
- **Authentic engagement across community leaders, partners, and residents requires a set of interconnected, mutually reinforcing processes that are practiced regularly across community initiatives rather than as discrete or isolated activities.** Such processes include intentional efforts to:
 - Build relationships and promote inclusion across the community, especially with those who have been traditionally left out of decision-making processes;
 - Create ongoing, embedded forums for community members to prioritize issues, discuss solutions, and connect ideas to and influence decision-making channels; and
 - Regularly work to remove obstacles and provide appropriate supports to facilitate residents' participation in information-gathering, priority-setting, and decision-making activities.
- **Prize winners' efforts underscore the different roles that community leaders, partners, and residents can play as they work together to address health and equity.** Community agencies, elected officials, and large institutions such as universities, health care systems, businesses, and foundations are vital as investors and anchors to drive and support community efforts. They can provide the necessary vision, frameworks, resources, and training opportunities to achieve change, and can work to strengthen and support resident-driven advocacy, organizing, and leadership.
- **Prize winners offer compelling examples of fully engaging residents in community improvement in ways that go beyond gathering input and feedback on existing programs and initiatives.** Residents who are closest to the issues can play an integral and decisive role, from setting the agenda to developing strategy to determining who does the work and how it will be implemented. Prize winners' experiences point to the importance of being deliberate about this inclusion, and their stories offer powerful illustrations of how community leaders, partners, and residents can build trust in order to lead to solutions.

APPENDIX I:

Diverse Approaches to Advancing Equity

RWJF Culture of Health Prize-winning communities demonstrate a commitment to health, opportunity, and equity. They engage in a myriad of efforts to advance equity, which span the six Prize criteria. Figure 6 shows categories (on the left) that represent different components of equity, and concrete approaches (on the right) that Prize-winning communities are taking to advance equity. These categories and examples are not mutually exclusive and not exhaustive of all equity-promoting approaches.

FIGURE 6: How Prize winners are advancing equity in their communities

| | | | | | |
|---|--|--|---|---|---|
| Creating Equitable Conditions |  Comprehensive approach to improving health and well-being | Efforts that address upstream/root causes of health disparities | Substantive efforts to improve social and economic conditions | Strategies targeted to residents most affected by poor health outcomes | |
| Engaging Residents Most Directly Impacted by Inequities |  Residents most affected by an issue regularly informing priority-setting and decision-making processes | Residents with lived experience actively designing and/or implementing programs/services to address an issue | Intentional relationship building with organizations and networks representing historically excluded groups | Engagement processes and practices that reduce barriers and provide targeted supports to encourage resident participation | |
| Building and Supporting Resident Leadership |  Capacity building and support for community organizing and resident mobilization | Resident and youth leadership development activities | Residents most affected by an issue serving on related boards, committees, etc. with decision making power | Residents from underrepresented groups elected or appointed to formal positions of power | Structures to hold formal leaders accountable to equity goals |
| Changing Policies, Systems, Institutions, and Structures |  Use of equity frameworks at governmental and institutional levels | Community organizations and networks aligned around shared goals and agendas that address inequities | Institutional-level offices or positions dedicated to advancing equity | Equitable processes to distribute resources | |
| Fostering Inclusion and Cultural Resilience |  Community awareness building, education, and critical analysis around structural inequities | Equity training for government/organization staff, stakeholders, decision makers | Creating connections across groups that experience different levels of privilege and inequity | Community-level commitment to inclusivity | Honoring and drawing on cultural and artistic traditions |
| Tracking and Measuring Progress Toward Equity |  Use of disparities data as a call to action | Data-driven approach to targeting and improving efforts | Regular tracking and sharing of disparities data | Demonstrated measurable outcomes that show progress toward reducing disparities | |

APPENDIX II:

Prize-Winning Communities 2013-2017

TABLE 2: Demographics of Prize-winning communities*

| COMMUNITY NAME | STATE | PRIZE YEAR | US REGION | COMMUNITY TYPE | POPULATION SIZE | SMALL AND/OR RURAL | % CHILDREN IN POVERTY | % NONWHITE | % HISPANIC |
|-----------------------------|-------|------------|-----------|----------------|-----------------|--------------------|-----------------------|---------------|---------------|
| 24:1 Community | MO | 2016 | Midwest | Region | 43,950 | Yes | 36.5% | 75.5% | 2.4% |
| Algoma | WI | 2017 | Midwest | City | 3,167 | Yes | 18.5% | 4.1% | 1.7% |
| Allen County | KS | 2017 | Midwest | County | 13,371 | Yes | 20.5% | 9.1% | 3.3% |
| Bridgeport | CT | 2015 | Northeast | City | 144,229 | No | 32.9% | 77.0% | 39.2% |
| Bronx | NY | 2015 | Northeast | County | 1,385,108 | No | 42.8% | 89.0% | 55.4% |
| Brownsville | TX | 2014 | South | City | 175,023 | No | 45.1% | 95.2% | 94.0% |
| Buncombe County | NC | 2014 | South | County | 238,318 | No | 20.5% | 16.1% | 6.3% |
| Cambridge | MA | 2013 | Northeast | City | 105,162 | No | 14.0% | 37.8% | 8.5% |
| Chelsea | MA | 2017 | Northeast | City | 35,177 | Yes | 26.6% | 76.8% | 65.6% |
| Columbia Gorge Region | OR/WA | 2016 | West | Region | 82,579 | Yes | 19.2% | 23.4% | 17.5% |
| Durham County | NC | 2014 | South | County | 267,587 | No | 25.4% | 58.0% | 13.3% |
| Everett | MA | 2015 | Northeast | City | 41,667 | Yes | 20.2% | 43.0% | 21.9% |
| Fall River | MA | 2013 | Northeast | City | 88,857 | No | 34.0% | 20.7% | 10.1% |
| Garrett County | MD | 2017 | South | County | 30,097 | Yes | 18.0% | 3.2% | 1.0% |
| Kansas City | MO | 2015 | Midwest | City | 459,787 | No | 27.3% | 45.0% | 10.0% |
| Lawrence | MA | 2015 | Northeast | City | 76,377 | No | 34.2% | 81.0% | 77.1% |
| Louisville | KY | 2016 | South | County | 597,337 | No | 25.8% | 32.9% | 4.9% |
| Manchester | NH | 2016 | Northeast | City | 109,565 | No | 21.1% | 20.4% | 8.9% |
| Manistique | MI | 2013 | Midwest | City | 3,097 | Yes | 58.6% | 18.3% | 1.1% |
| Menominee Nation | WI | 2015 | Midwest | Tribe | 4,317 | Yes | 49.8% | Not available | Not available |
| Miami-Dade County | FL | 2016 | South | County | 2,496,435 | No | 27.1% | 85.5% | 66.4% |
| Minneapolis | MN | 2013 | Midwest | City | 382,578 | No | 29.4% | 39.6% | 9.6% |
| New Orleans | LA | 2013 | South | City | 343,829 | No | 39.8% | 69.4% | 5.5% |
| Richmond | VA | 2017 | South | City | 204,214 | No | 40.5% | 60.2% | 6.3% |
| San Pablo | CA | 2017 | West | City | 29,139 | Yes | 27.3% | 91.2% | 57.4% |
| Santa Cruz County | CA | 2013 | West | County | 262,382 | No | 17.1% | 41.8% | 33.1% |
| Santa Monica | CA | 2016 | West | City | 89,736 | No | 7.9% | 34.6% | 16.1% |
| Seneca Nation of Indians | NY | 2017 | Northeast | Tribe | 8,278 | Yes | 23.3% | Not available | Not available |
| Shoalwater Bay Indian Tribe | WA | 2016 | West | Tribe | 138 | Yes | 27.3% | Not available | Not available |
| Spartanburg County | SC | 2015 | South | County | 284,307 | No | 25.5% | 31.0% | 6.3% |
| Spokane County | WA | 2014 | West | County | 471,221 | No | 19.2% | 14.4% | 5.2% |
| Taos Pueblo | NM | 2014 | West | Tribe | 6,400 | Yes | 40.9% | Not available | Not available |
| Vicksburg | MS | 2017 | South | City | 23,856 | Yes | 55.8% | 72.6% | 2.4% |
| Waaswaaganing Anishinaabeg | WI | 2015 | Midwest | Tribe | 1,969 | Yes | 19.7% | Not available | Not available |
| Williamson | WV | 2014 | South | City | 3,191 | Yes | 69.5% | 22.8% | 0.0% |

* Data for this table comes from the United States Census Bureau / American Fact Finder (<http://factfinder2.census.gov>). Small and/or rural column denotes populations that are $\geq 40\%$ rural OR $\leq 50,000$ people. County-level data was substituted for federally recognized tribes without U.S. Census information for children in poverty rates.

APPENDIX III:

Methodology

This report analyzes data from 35 Prize-winning communities (2013-2017) to examine two areas considered crucial to advancing health and equity:

- What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?
- How are leaders, partners, and residents working together to improve community health and equity?

To be named a Prize winner, communities compete in a three-phase competition that includes two written essays, a community video, and a site visit to the community (see rwjf.org/prize for further details about the Prize competition). A detailed analysis of documents from the 35 Prize winners was conducted to answer the research 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 gaps in the community's improvement journey; and the site visit itineraries from each community.

Research Question 1

What strategies are Prize-winning communities using to address social and economic conditions that influence health and equity?

To examine the first research question, we reviewed all Prize winner accomplishments and broke 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](#). This analysis uses the County Health Rankings model as an organizing framework to define and categorize community strategies. 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 organized according to the County Health Rankings model and is a comprehensive resource for better understanding the evidence base for communities' accomplishments. The Prize and County Health Rankings & Roadmaps, which includes WWFH, are collaborative efforts between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

A total of 1,377 Prize community strategies were identified through this review. All the accomplishments featured by Prize-winning communities are intended to promote health. For this report, only community strategies aligned with the focus areas of education, employment, income, family and social support, community safety, and housing in the County Health Rankings model were included, in order to represent work that is most directly associated with the social and economic conditions that influence health and equity.^{1,2,4,5} Data analysis is confined to the 620 strategies that were part of these six focus areas.

Community strategies were further categorized by their general approach to improving health, using categories that serve as an organizing framework for the strategies included in WWFH as a starting point.

Community strategies were then assessed for whether they could be matched to specific strategies in WWFH. Although the WWFH database is quite comprehensive, it

does not include all possible strategies that a community might implement to improve health and it depends on 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.

Out of the 620 Prize community strategies included in this analysis, 312 (50.3%) could be directly matched with a strategy in WWFH. 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 existing data and framework maintained by WWFH. In WWFH, some strategies are cross listed within more than one focus area and, therefore, the same strategy was counted twice in some instances. In other words, the total number of strategies identified includes some duplicate counts when strategies target more than one area of health.

Research Question 2

How are leaders, partners, and residents working together to improve community health and equity?

To examine the second research question, we conducted qualitative coding on the comprehensive site visit reports prepared for each Prize-winning community and conducted additional coding on the Phase I and Phase II application essays in cases where further detail was needed. Coding was based on a framework designed to hone in on elements of equity within the Prize criteria that are relevant to how community leaders, partners, and residents are working together, with particular attention to the engagement of historically excluded groups. A codebook was developed to identify examples within these initial coding categories:

- How are community efforts involving residents, especially those who have been traditionally absent from decision-making processes, in:
 - Setting priorities?
 - Making decisions?
 - Implementing solutions?
- How are communities intentionally developing the skills and capacity of residents to advocate, organize, and lead?
- How are communities intentionally fostering a sense of inclusion and belonging?

From the initial round of coding, sub-categories were developed and used to identify the overarching themes and case examples included in this report. Additional coding was done as needed to add detail to community examples.

Report Limitations

This report is based on documents for each Prize-winning community from 2013 through early 2017, including information from each community's written application materials submitted prior to their site visit as well as the community reports compiled after the site visits.

The strategies included in this report are not an exhaustive list of all the Prize winners' strategies but only include accomplishments mentioned in the reviewed documents. Furthermore, the community strategies matched to WWFH reflect information included in the WWFH database as of August 2017.

Prize community approaches and examples of how leaders, partners, and residents are working together are also not exhaustive, and are limited by the information available in the reviewed documents and the scope of the coding framework.

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 coding and contributes to shifts in the number of community strategies by year.

APPENDIX IV:

Community Strategies Mapped to County Health Rankings Model

A total of 1,377 community strategies were identified through review of materials from the 35 Prize-winning communities from 2013-2017. These community strategies were mapped to the four health factors in the County Health Rankings model (see Table 3). Of these community strategies, 620 were categorized under six focus areas that address social and economic conditions influencing health: education, employment, income, family and social support, community safety, and housing (see Table 4 and Figure 6).

TABLE 3: Community strategies by health factors in the County Health Rankings model by winning cohort (counts and percentages)*

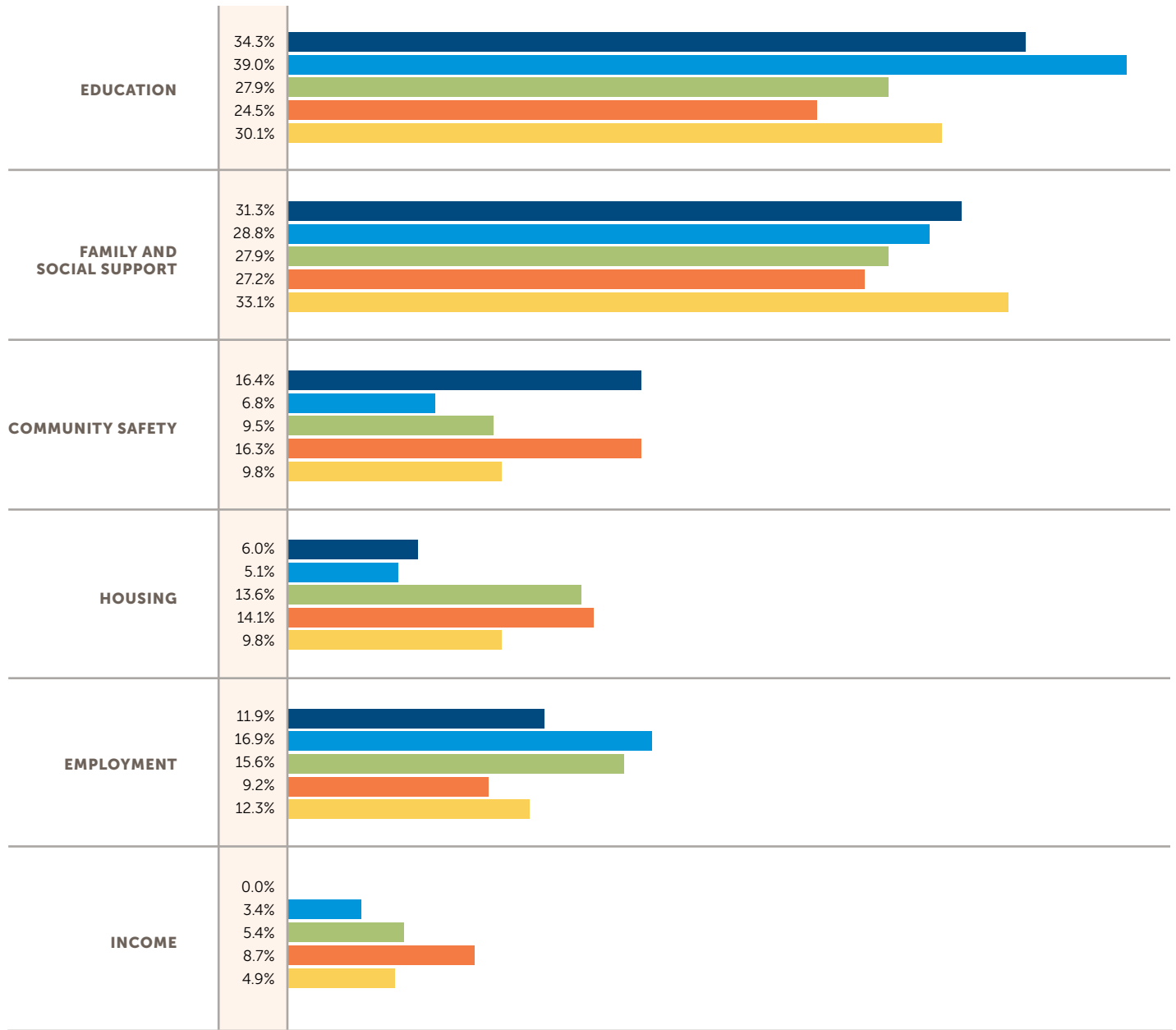
| HEALTH FACTORS | 2013 (6 WINNERS) | 2014 (6 WINNERS) | 2015 (8 WINNERS) | 2016 (7 WINNERS) | 2017 (8 WINNERS) | TOTAL # OF PRIZE STRATEGIES |
|-------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------------|
| Clinical Care | 30 (14.9%) | 30 (17.5%) | 44 (13.3%) | 43 (12.5%) | 34 (10.3%) | 181 |
| Health Behaviors | 90 (44.8%) | 72 (42.1%) | 121 (36.4%) | 94 (27.4%) | 105 (31.8%) | 482 |
| Physical Environment | 18 (9.0%) | 13 (7.6%) | 40 (12.0%) | 48 (14.0%) | 44 (13.3%) | 163 |
| Social and Economic Factors | 63 (31.3%) | 56 (32.7%) | 127 (38.3%) | 158 (46.1%) | 147 (44.5%) | 551 |
| Total Prize Strategies | 201 | 171 | 332 | 343 | 330 | 1377 |

TABLE 4: Community strategies by focus areas that address social and economic conditions by winning cohort (counts and percentages)*

| FOCUS AREAS ADDRESSING SOCIAL AND ECONOMIC CONDITIONS | 2013 (6 WINNERS) | 2014 (6 WINNERS) | 2015 (8 WINNERS) | 2016 (7 WINNERS) | 2017 (8 WINNERS) | TOTAL # OF PRIZE STRATEGIES |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------------|
| Education | 23 (11.4%) | 23 (13.5%) | 41 (12.3%) | 45 (13.1%) | 49 (14.8%) | 181 |
| Employment | 8 (4.0%) | 10 (5.8%) | 23 (6.9%) | 17 (5%) | 20 (6.1%) | 78 |
| Income | 0 (0.0%) | 2 (1.2%) | 8 (2.4%) | 16 (4.7%) | 8 (2.4%) | 34 |
| Family and Social Support | 21 (10.4%) | 17 (9.9%) | 41 (12.3%) | 50 (14.6%) | 54 (16.4%) | 183 |
| Community Safety | 11 (5.5%) | 4 (2.3%) | 14 (4.2%) | 30 (8.7%) | 16 (4.8%) | 75 |
| Housing | 4 (2.0%) | 3 (1.8%) | 20 (6.0%) | 26 (7.6%) | 16 (4.8%) | 69 |
| Total social and economic strategies | 67 | 59 | 147 | 184 | 163 | 620 |

* Percentages in tables 3 and 4 are based on the total number of strategies for that year, including all health factor focus areas. Total across years = 1,377 strategies.

FIGURE 7:
Community strategies by focus areas that address social and economic conditions[†]



■ 2013 ■ 2014 ■ 2015 ■ 2016 ■ 2017

[†] Percentages in Figure 6 are based on total number of strategies highlighted in this report (in the areas of education, employment, income, family and social support, community safety, and housing) by year. Total across years = 620 strategies.

APPENDIX V:

Community Approaches to Improving Health

Table 5 details the organizing framework used to categorize the 620 identified community strategies addressing social and economic conditions that influence health. Strategies were categorized under six focus areas in the County Health Rankings model of health (education, employment, income, family and social support, community safety, and housing). Next, strategies were further categorized into approaches that represent common priority areas for improving health, using approach categories from the What Works for Health database as a starting point. Table 6 shows community strategies mapped to focus areas and approaches by Prize winner cohort year.

TABLE 5: Community strategies by focus areas and approaches

| FOCUS AREAS ADDRESSING SOCIAL AND ECONOMIC CONDITIONS | APPROACH | # OF PRIZE STRATEGIES |
|---|---|-----------------------|
| Education | Create environments that support learning | 64 |
| | Improve quality of K-12 education | 43 |
| | Increase education beyond high school | 26 |
| | Increase early childhood education | 25 |
| | Increase high school graduation rates | 22 |
| | Parent education programs | 1 |
| Employment | Increase worker employability | 44 |
| | Increase opportunities for employment and economic growth | 32 |
| | Create supportive work environments | 1 |
| | Ensure workplace safety | 1 |
| Income | Increase or supplement income | 18 |
| | Support asset development | 16 |
| Family and Social Support | Build social capital within communities | 63 |
| | Increase social connectedness | 67 |
| | Ensure access to counseling and support | 29 |
| | Build social capital within families | 24 |
| Community Safety | Prevent neighborhood crime and violence | 31 |
| | Support safe travel | 16 |
| | Prevent child maltreatment | 9 |
| | Reduce mass incarceration | 7 |
| | Assist youth involved with the justice system | 4 |
| | Ensure sports and recreation safety | 3 |
| | Improve emergency preparedness and response | 3 |
| | Prevent intimate partner violence | 2 |
| Housing | Ensure access to housing | 30 |
| | Improve housing quality | 17 |
| | Support affordable housing options | 22 |
| TOTAL | | 620 |

TABLE 6: Community strategies by focus areas and approaches by winning cohort

| FOCUS AREAS ADDRESSING SOCIAL AND ECONOMIC CONDITIONS | 2013 (6 WINNERS) | 2014 (6 WINNERS) | 2015 (8 WINNERS) | 2016 (7 WINNERS) | 2017 (8 WINNERS) | # OF PRIZE STRATEGIES |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Education | 23 | 23 | 41 | 45 | 49 | 181 |
| Create environments that support learning | 9 | 7 | 14 | 18 | 16 | 64 |
| Improve quality of K-12 education | 9 | 5 | 6 | 14 | 9 | 43 |
| Increase early childhood education | 1 | 6 | 4 | 6 | 8 | 25 |
| Increase education beyond high school | 1 | 4 | 6 | 6 | 9 | 26 |
| Increase high school graduation rates | 3 | 1 | 11 | | 7 | 22 |
| Parent education programs | | | | 1 | | 1 |
| Employment | 8 | 10 | 23 | 17 | 20 | 78 |
| Create supportive work environments | | | 1 | | | 1 |
| Ensure workplace safety | | | | | 1 | 1 |
| Increase opportunities for employment and economic growth | 3 | 8 | 10 | 5 | 6 | 32 |
| Increase worker employability | 5 | 2 | 12 | 12 | 13 | 44 |
| Income | 0 | 2 | 8 | 16 | 8 | 34 |
| Increase or supplement income | | 2 | 5 | 8 | 3 | 18 |
| Support asset development | | | 3 | 8 | 5 | 16 |
| Family and Social Support | 21 | 17 | 41 | 50 | 54 | 183 |
| Build social capital within communities | 7 | 7 | 14 | 17 | 18 | 63 |
| Build social capital within families | 7 | 2 | 4 | 8 | 3 | 24 |
| Ensure access to counseling and support | 2 | 3 | 5 | 12 | 7 | 29 |
| Increase social connectedness | 5 | 5 | 18 | 13 | 26 | 67 |
| Community Safety | 11 | 4 | 14 | 30 | 16 | 75 |
| Assist youth involved with the justice system | 1 | | | 1 | 2 | 4 |
| Ensure sports and recreation safety | 1 | | | 1 | 1 | 3 |
| Improve emergency preparedness and response | | | | 3 | | 3 |
| Prevent child maltreatment | 2 | 1 | 3 | 3 | | 9 |
| Prevent intimate partner violence | 1 | | | 1 | | 2 |
| Prevent neighborhood crime and violence | 1 | | 7 | 15 | 8 | 31 |
| Reduce mass incarceration | 1 | | 3 | 1 | 2 | 7 |
| Support safe travel | 4 | 3 | 1 | 5 | 3 | 16 |
| Housing | 4 | 3 | 20 | 26 | 16 | 69 |
| Ensure access to housing | 2 | 1 | 7 | 11 | 9 | 30 |
| Improve housing quality | 1 | | 7 | 6 | 3 | 17 |
| Support affordable housing | 1 | 2 | 6 | 9 | 4 | 22 |
| Total | 67 | 59 | 147 | 184 | 163 | 620 |

APPENDIX VI:

Community Strategies and Evidence Ratings

A total of 620 strategies were identified under the six focus areas included in this analysis (education, employment, income, family and social support, community safety, and housing). Out of these, 312 strategies (50.3%) could be directly matched with existing strategies in the [What Works for Health](#) (WWFH) database as of August 2017. The remaining 308 strategies that could not be mapped to an evidence rating are not included in the analysis below. The ability to match strategies is affected by limitations in the data available, such as the level of detail provided in application materials and the information included in WWFH at the time of analysis. Some unmatched strategies may include promising practices, pilot programs, or multi-layered approaches that have not been studied in the published literature.

TABLE 7: Community strategies by WWFH evidence ratings

| WWFH EVIDENCE RATING | # OF PRIZE STRATEGIES | PERCENT |
|-----------------------------|-----------------------|-------------|
| Scientifically Supported | 138 | 44.2% |
| Some Evidence | 76 | 24.4% |
| Expert Opinion | 73 | 23.4% |
| Insufficient Evidence | 19 | 6.1% |
| Mixed Evidence | 5 | 1.6% |
| Evidence of Ineffectiveness | 1 | 0.3% |
| TOTAL | 312 | 100% |

Each reviewed strategy is assigned an evidence rating based on the quantity, quality, and findings of relevant research. The ratings include:

- **Scientifically Supported:** Strategies with this rating are most likely to make a difference. These strategies have been tested in multiple robust studies with consistently favorable results.
- **Some Evidence:** Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend favorable overall.
- **Expert Opinion:** Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.
- **Insufficient Evidence:** Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.
- **Mixed Evidence:** Strategies with this rating have been tested more than once and results are inconsistent; further research is needed to confirm effects.
- **Evidence of Ineffectiveness:** Strategies with this rating are not good investments. These strategies have been tested in multiple studies with consistently unfavorable or harmful results.

For more information about how WWFH ratings are assigned, see: <http://www.countyhealthrankings.org/take-action-improve-health/what-works-health/our-methods>

FIGURE 8:
Percent of community strategies matched with WWFH evidence ratings (out of 312 matched strategies)

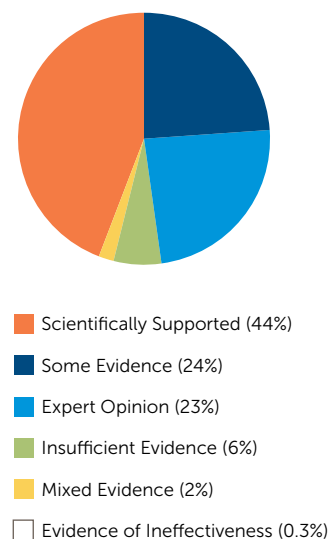


TABLE 8: Community strategies by WWFH evidence ratings organized by focus areas*

| FOCUS AREAS ADDRESSING SOCIAL AND ECONOMIC CONDITIONS | WWFH EVIDENCE RATING | # OF PRIZE STRATEGIES | PERCENT |
|---|-----------------------------|-----------------------|-------------|
| Education | Scientifically Supported | 68 | 66.0% |
| | Some Evidence | 25 | 24.3% |
| | Expert Opinion | 1 | 1.0% |
| | Insufficient Evidence | 8 | 7.8% |
| | Mixed Evidence | 1 | 1.0% |
| SUBTOTAL | | 103 | 100% |
| Employment | Scientifically Supported | 11 | 36.7% |
| | Some Evidence | 6 | 20.0% |
| | Expert Opinion | 12 | 40.0% |
| | Insufficient Evidence | 1 | 3.3% |
| SUBTOTAL | | 30 | 100% |
| Income | Scientifically Supported | 2 | 9.5% |
| | Some Evidence | 5 | 23.8% |
| | Expert Opinion | 1 | 4.8% |
| | Insufficient Evidence | 9 | 42.9% |
| | Mixed Evidence | 4 | 19.0% |
| SUBTOTAL | | 21 | 100% |
| Family and Social Support | Scientifically Supported | 30 | 30.9% |
| | Some Evidence | 9 | 9.3% |
| | Expert Opinion | 58 | 59.8% |
| SUBTOTAL | | 97 | 100% |
| Community Safety | Scientifically Supported | 19 | 54.3% |
| | Some Evidence | 15 | 42.9% |
| | Evidence of Ineffectiveness | 1 | 2.9% |
| SUBTOTAL | | 35 | 100% |
| Housing | Scientifically Supported | 8 | 30.8% |
| | Some Evidence | 16 | 61.5% |
| | Expert Opinion | 1 | 3.8% |
| | Insufficient Evidence | 1 | 3.8% |
| SUBTOTAL | | 26 | 100% |

*Evidence ratings with zero instances are not depicted.

APPENDIX VII:

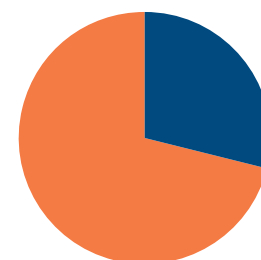
Community Strategies and Disparity Ratings

A total of 620 strategies were identified under the six focus areas included in this analysis (education, employment, income, family and social support, community safety, and housing). Out of them, 312 strategies (50.3%) could be directly mapped to existing strategies in the [What Works for Health](#) (WWFH) database as of August 2017. The remaining 308 strategies that could not be mapped to a disparity rating in WWFH are not included in the analysis below. The ability to match strategies is affected by limitations in the data available, such as the level of detail provided in application materials and the information included in WWFH at the time of analysis. Some unmatched strategies may include promising practices, pilot programs, or multi-layered approaches that have not been studied in the published literature.

TABLE 9: Community strategies by WWFH disparity ratings

| WWFH DISPARITY RATINGS | # OF PRIZE STRATEGIES | PERCENT |
|---------------------------------|-----------------------|-------------|
| Likely to decrease disparities | 221 | 70.8% |
| No impact on disparities likely | 91 | 29.2% |
| TOTAL | 312 | 100% |

FIGURE 9:
Percent of community strategies matched with WWFH disparity ratings (out of 312 matched strategies)



■ Likely to decrease disparities (71%)
■ No impact on disparities likely (29%)

TABLE 10: Community strategies by WWFH disparity ratings organized by focus areas

| WWFH DISPARITY RATINGS | FOCUS AREAS ADDRESSING SOCIAL AND ECONOMIC CONDITIONS | # OF PRIZE STRATEGIES | PERCENT |
|---------------------------------|---|-----------------------|-------------|
| Likely to decrease disparities | Education | 95 | 43.0% |
| | Employment | 30 | 13.6% |
| | Income | 21 | 9.5% |
| | Family and Social Support | 42 | 19.0% |
| | Community Safety | 10 | 4.5% |
| | Housing | 23 | 10.4% |
| SUBTOTAL | | 221 | 100% |
| No impact on disparities likely | Education | 8 | 8.8% |
| | Family and Social Support | 55 | 60.4% |
| | Community Safety | 25 | 27.5% |
| | Housing | 3 | 3.3% |
| SUBTOTAL | | 91 | 100% |

Endnotes

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 - a Excluded or marginalized populations may include—but are not limited to—people of color; people living in poverty, particularly across generations; religious minorities; people with physical or mental disabilities; LGBTQ persons; and women. (Definition from: What is health equity? And what difference does a definition make? Braveman et al., 2017, p. 4)
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- 6 Based on U.S. census regional divisions: <https://www.eia.gov/consumption/commercial/maps.php#census>
- 7 For purposes of applying for the Prize, communities identifying as a “region” represent geographically contiguous municipalities, counties, and/or reservations.
- 8 Based on poverty and race/ethnicity data from United States Census Bureau / American FactFinder: <http://factfinder2.census.gov> and <http://www.countyhealthrankings.org/>. County-level data was substituted for federally recognized tribes without U.S. Census information for children in poverty rates.
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