

Building a Culture of Health

Progress Report, Year One

June 1, 2015 through September 30, 2016



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Summary

In 2014, the Robert Wood Johnson Foundation (RWJF) embarked on a journey to build a Culture of Health in America. Presentations at the November 2015 American Public Health Association conference formally announced the Culture of Health Action Framework to catalyze it.

Culture of Health Vision and Action Framework

Culture of Health Vision

A Culture of Health exists when individuals, communities, and organizations prioritize and promote enhanced well-being for all and value health as being fundamental to the nation's future. In a Culture of Health, health and well-being are considerations in every aspect of life and influence how we design, build, and think about the places where we live, learn, work, and play.

A Culture of Health is not a funding initiative or a program. Rather it is an organizing principle for fostering a deep commitment to improving health, well-being, and equity in America.

Equity is the power beneath and surrounding a Culture of Health. In an equitable society, everyone, in every community, has a fair and just opportunity for health and well-being.

Action Framework

The Culture of Health Action Framework aims to chart and measure the nation's progress in achieving health, well-being, and equity.

The Action Framework derives from 10 aspirational principles and includes four priority Action Areas: Making Health a Shared Value; Fostering Cross-Sector Collaboration to Improve Well-Being; Creating Healthier, More Equitable Communities; and Strengthening Integration of Health Services and Systems. Each Action Area features three drivers and several measures intended to prompt deeper thinking about health. When progress is made in these four Action Areas, the expectation is that the nation will see significant improvements in health and well-being for everyone.

Equity is an underlying principle across the Action Framework.

This Report

In March 2016, RWJF commissioned the Center for Public Program Evaluation to assess the spread and uptake of a Culture of Health from June 1, 2015 through September 30, 2016.

No single data source or analytic tool can accurately gauge progress and challenges in achieving a Culture of Health. Therefore, this assessment draws from multiple perspectives: document reviews; interviews; surveys; focus group discussions; data analysis; internet and social media reviews; and thought papers focused on emerging issues.

The assessment is guided by a diverse, 19-member Culture of Health Expert Advisory Committee.

Overall Assessment

RWJF has made considerable progress since launching the vision for a national Culture of Health. Internally, it recalibrated the way it does business and has restructured its processes, resulting in increased understanding and buy-in from staff. Externally, the Action Framework helped RWJF sharpen its messages and expand its outreach and communications activities.

There are also tentative but concrete signs that the idea of a Culture of Health is beginning to spread just as a social movement does—attracting the interest of major partners, mayors, city health commissioners, health and related sector leaders, and a small number of outside entities that have spontaneously stepped up seeking RWJF guidance. The RWJF brand is widely recognized and respected and a range of stakeholders view RWJF as a proven resource for progress.

That said, significant structural challenges lie ahead. Obstacles include the complex and categorical nature of the health care system, challenges in garnering and holding the attention of today's media, the intrinsic difficulties communities confront in integrating health with other services, the volatility of the current political environment, and the multiple and mixed reactions to RWJF's equity goals.

The future success of a Culture of Health will likely depend on RWJF's ability to develop new tactics for using its ample but still limited resources to foster the broad social movement it envisions. A key role for RWJF will be to influence and support the work of other players.

“The future success of a Culture of Health will likely depend on RWJF’s ability to develop new tactics for using its ample but still limited resources to foster the broad social movement it envisions.”

Building a Culture of Health

Introduction

In 2014, the Robert Wood Johnson Foundation (RWJF) embarked on a journey to build a Culture of Health in America. Presentations at the November 2015 American Public Health Association conference formally announced the Culture of Health Action Framework to catalyze it.

In March 2016 RWJF commissioned the Center for Public Program Evaluation to assess the national spread and uptake of the Culture of Health from June 1, 2015 through September 1, 2016. This is the first in a series of reports that will assess RWJF's progress and challenges in achieving a Culture of Health.

Along with other reports that examine strategies of grantmaking and public engagement, RWJF aims to create a diverse, rigorous, and objective body of knowledge about the promotion of health, well-being, and equity across our diverse society.

Culture of Health—Vision, Principles, and Action Framework

Culture of Health Vision

A Culture of Health exists when individuals, communities, and organizations prioritize and promote enhanced well-being for all and value health as fundamental to the nation's future. In a Culture of Health, health and well-being are considerations in every aspect of life—and fundamental to how we design, build and think about the places where we live, learn, work, and play.

A Culture of Health is not a funding initiative or a program. Rather it is an organizing principle for realizing a deep commitment to improving health, well-being, and equity in America.

Equity is the power beneath and surrounding a Culture of Health. In an equitable society, everyone, in every community, has a fair and just opportunity for health and well-being.

"A Culture of Health exists when individuals, communities, and organizations prioritize and promote enhanced well-being for all and value health as fundamental to the nation's future."

Culture of Health Action Framework

RWJF developed the **Culture of Health Action Framework** in collaboration with the RAND Corporation to chart and measure the nation's progress in achieving improved population health, well-being, and equity. The Action Framework serves two purposes:

- 1. Catalyze a broad social movement** by offering diverse individuals, organizations, and sectors entry points and opportunities to act. The Action Framework captures the interrelated social, economic, political, and cultural factors that influence health and well-being. To this end, it sparks dialogue and promotes collaboration across traditional and new sectors.
- 2. Guide RWJF's role** and place among many others within this movement, including its:
 - Communication strategies
 - Engagement of a wide variety of partners with the power, resources, and connections to produce change
 - Targeted convenings to promote cross-sector collaborations and highlight innovative and emerging efforts to build a Culture of Health
 - Work in building appropriate fields of research together with other stakeholders

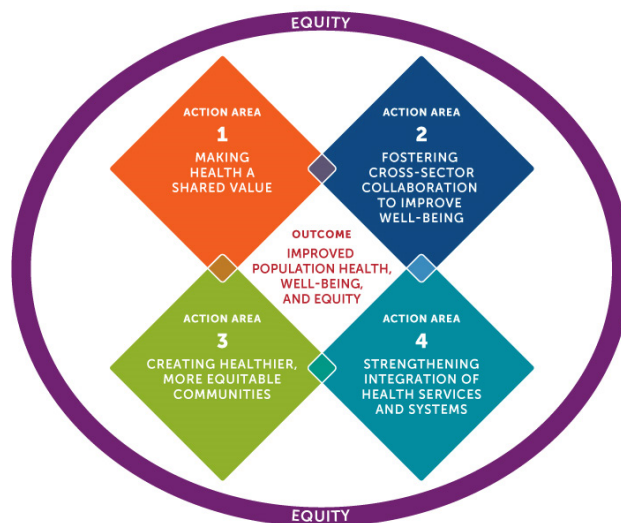
The Action Framework features four priority Action Areas, and an overall outcomes area of improved population health, well-being, and equity. Because RWJF recognizes that no individual, organization, or sector can achieve these outcomes alone, the Action Areas are intentionally interconnected. Equity is an underlying principle across all of the Action Framework.

The Action Areas are:

- 1. Making Health a Shared Value.** Health as a shared priority must be emphasized across diverse stakeholders.
- 2. Fostering Cross-Sector Collaboration to Improve Well-Being.** To effectively address challenging and evolving health issues, new sectors—sectors beyond health and health care—must collaborate.
- 3. Creating Healthier, More Equitable Communities.** Healthy policies, programs, and practices must incorporate and address diverse elements of community life, such as geographic location, education systems, and places of work.
- 4. Strengthening Integration of Health Services and Systems.** Patients and providers should be empowered through a strengthened system of coordinated care that better integrates medical treatment, public health, and social services.

Figure 1
Culture of Health Action Framework

Figure 1 illustrates the Action Framework and the relationship of the four Action Areas.



The Action Areas derive from 10 aspirational principles, listed in Exhibit 1.

Exhibit 1
Culture of Health Underlying Principles

- 1. Good health flourishes across geographic, demographic, and social sectors.
- 2. Attaining the best health possible is valued by our entire society.
- 3. Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible.
- 4. Business, government, individuals, and organizations work together to build healthy communities and lifestyles.
- 5. Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health.
- 6. No one is excluded.
- 7. Health care is efficient and equitable.
- 8. The economy is less burdened by excessive and unwarranted health care spending.
- 9. Keeping everyone as healthy as possible guides public and private decision-making.
- 10. Americans understand that we are all in this together.

Each Action Area has three **drivers**—priority areas for innovation needed to realize ongoing structural changes and through which progress can be influenced and promoted.

The drivers associated with each Action Area are:

Action Areas and Drivers

Action Area 1

Making Health a Shared Value

Drivers:

- Mindset and expectations
- Sense of community
- Civic engagement

Action Area 2

Fostering Cross-Sector Collaboration to Improve Well-Being

Drivers:

- Quality of partnerships
- Investment in collaboration
- Existence of policies that support collaboration

Action Area 3

Creating Healthier, More Equitable Communities

Drivers:

- Built environment
- Social and economic environment
- Policy and governance

Action Area 4

Strengthening Integration of Health Services and Systems

Drivers:

- Access
- Balance and integration
- Consumer experience

Each driver further includes national, evidence-based **measures** that, if improved over time, signal positive change in the Action Area and indicate movement toward a Culture of Health.

As organizations and individuals across the nation have incorporated elements of a Culture of Health in their own work, their questions and suggestions helped RWJF staff think about and measure what it means to build a Culture of Health. RWJF developed an updated, refined set of 35 illustrative national measures in 2018.

Here is an illustration of the connections between the Action Area and its drivers and measures, using Action Area 1 as an example. A complete and detailed [report of the refined measures](#) for all the drivers can be found on the RWJF website.

Action Area 1

Making Health a Shared Value

- **Driver:** Mindset and expectations

Measures

1. Percentage of adults who recognize the influence of surroundings on personal and community health
2. Internet searches for health-promoting information

- **Driver:** Sense of community

Measures

1. Reports of belonging, trust and security in one's community
2. The extent to which people give priority to investing in well-being (e.g., investments in parks)

- **Driver:** Civic engagement

Measures

1. Level of voter participation
2. Level of volunteer participation

Our assessment does not examine uptake of the drivers and measures but focuses on the broader concepts of the Culture of Health: the vision, Action Framework, and health equity. At this early stage, we judged that it would too difficult for survey respondents and interviewees to comment meaningfully about the drivers and measures, as they would probably not be involved at that level of detail. More importantly, we wanted to focus on how well the broader concepts of a Culture of Health were understood and embraced by a variety of stakeholders.

The Progress Report

The review period of June 1, 2015 through September 30, 2016 covers the first full year of implementation of the Culture of Health Action Framework. During this period, RWJF: reorganized its staff and lines of authority into new thematic focus areas; engaged in a strategic planning process for several of the focus areas; established a set of formal partnerships; and incorporated certain new grantmaking procedures. These changes had implications for both staff and grantees in terms of their ability to understand and incorporate the Culture of Health vision into their work.

For the initial year of the Culture of Health rollout, we conducted a formative review during which we periodically consulted with RWJF staff and shared early tentative results. At the same time, we maintained independence with respect to the findings. We briefed senior RWJF staff monthly and briefed all staff through periodic presentations and online discussions.

The assessment is guided by a diverse, 19-member Culture of Health Expert Advisory Committee. The committee met three times during the review period, culminating in a day-long meeting on May 12, 2017. See Appendix 1 for a list of Committee members.

We recognized early on that we could not possibly connect with every group that might have a stake in a Culture of Health. We therefore selected a sample of those who would be most affected by a Culture of Health, best positioned to contribute to it, and essential to its success. We chose sources within and close to RWJF and as well as others further afield but likely to both contribute to and be influenced by the Culture of Health.

We think of these respondents in terms of the following major groups, illustrated in Figure 2. Respondents are key players in expanding circles of potential users and leaders of a Culture of Health as a social movement. The circles closest to RWJF are likely in this early period to change the most and do the most, but there may be indications of change in groups more distant from RWJF as well. Where these groups align on statements and actions about the Culture of Health, we conclude that there is evidence of a social movement. Where they disagree, we see opportunities for communication and action to build the movement.

Figure 2
Our Sample of Leaders of Culture of Health as a Social Movement



Methods

The review focused on three questions:

- How are RWJF and its nearest associates (selected partners and grantees) aligning with and using the concepts of the Culture of Health vision, Action Framework, and health equity?
- How is the Culture of Health vision influencing activities more broadly in the nation's health and health-related sectors and in cities across the country?
- What are the overall trends, markers of progress, barriers, and opportunities in key areas that relate to the Culture of Health vision, Action Framework, and health equity?

We addressed the first two questions through a mixed-methods approach, summarized in Table 1.

See Appendix 2 for a more detailed description of data collection methods, sample sizes, and commissioned thought papers, along with the associated evaluators and authors.

Table 1
Data Collection Methodology

	Group examined			
	RWJF	RWJF Partners	Grantees	Non-Grantees
Document Review	X		X	
Interviews	X	X	X	X
Focus Groups	X			X
Surveys			X	X
Web Analysis	X	X	X	X
Social Media Analysis		X		
Lead	Barker Bi-Coastal Health Consultants		Westat	Concept Systems, Drexel University, other RWJF research

Through these methods, we collected data from leaders and representatives comprising the four groups identified in Figure 2 above:

- RWJF staff at all levels
- RWJF partners such as United Way, American Hospital Association, and the Y-USA
- Grantees that received a grant between June 2015 and July 2016 (surveys), and interviews with:
 - Grantees engaged in grants or initiatives greater than \$1 million
 - Grantees identified by RWJF staff as important in health-related sectors such as transportation, housing, and social services
 - Former grantees with longstanding close relationships to RWJF
- Mayors and health commissioners in cities with population over 50,000

- Representatives of two types of non-grantee organizations:
 - Health sectors
 - Health-related sectors whose members have the potential to enhance individuals' health and well-being, including sectors not typically engaged in broad-based population health; and "public good" organizations outside the usual constellation of health care services and delivery

We also reviewed and incorporated other information to more deeply examine these questions:

- We read reports of other RWJF research and evaluations, which corroborate some of the themes that we discovered.*
- We identified organizations that have spontaneously adopted all or parts of Culture of Health vision or Action Framework to gain insights from emerging initiatives.

We addressed the third question—overall trends, progress, barriers, and opportunities in key areas that relate to the Action Framework and health equity—through thought papers and briefings commissioned to address five areas of interest:

- Media strategies and tactics
- Federal and state level cross-sector collaborations
- Inclusive participation in local community-based participatory research efforts
- Health systems transformation
- Health equity

Thought leaders were asked to review at least three RWJF initiatives each, in the areas of Healthy Children, Healthy Weight, Healthy Communities, and Transforming Health and Health Care. These examples were nominated by senior RWJF staff.

* For example, several other projects are assessing media, public opinion and policymaker statements. RAND is conducting stakeholder interviews around culture and incentives, as well as uptake of the concepts that appear in published research. Columbia University Teachers College is holding a "listening tour" with a variety of stakeholders to assure clarity of the messages. RWJF communications staff has commissioned focus groups and pretested public messaging about the Action Framework.

Overall Assessment Findings

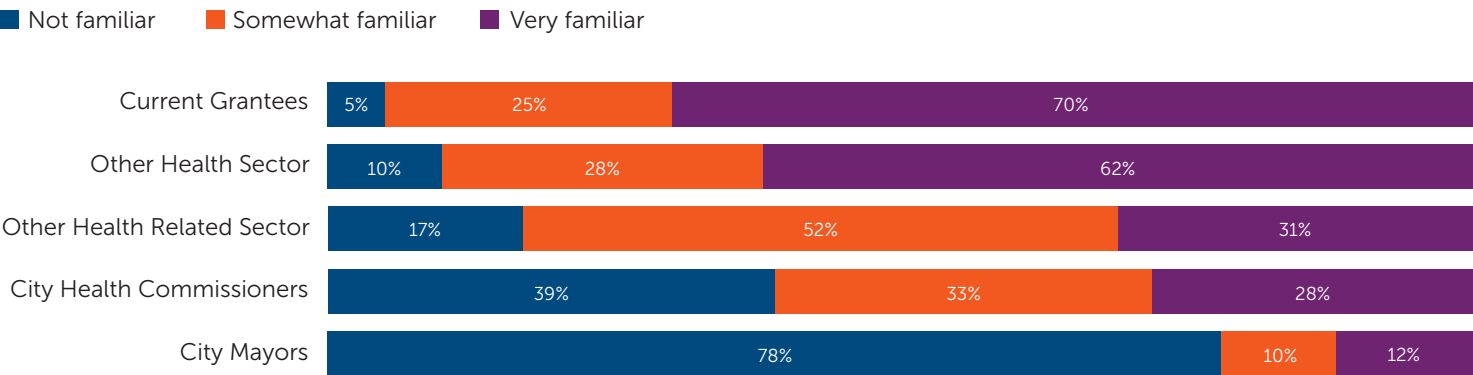
Our assessment includes observations in eight areas:

- 1. Implementation and Outreach.** RWJF has taken appropriate systematic actions to promote awareness, understanding, and uptake of the Culture of Health Vision and Action Framework, and of equity. It has taken these actions both internally and within its broader sphere of influence. This effort involved three thrusts:
 - Restructuring grantmaking operations
 - Conducting extensive outreach through meetings, conferences, speeches, and web-based communications
 - Bringing RWJF staff on board with the vision and key concepts
- 2. Uptake of and Conceptual Agreement with Culture of Health.** We found widespread familiarity with a Culture of Health and embracement of its underlying concepts and importance. All RWJF staff and the leaders of national partner organizations, of course, said they were familiar with the Culture of Health concepts. Figure 3 summarizes the extent of familiarity of other key stakeholders.

Respondents who said they were familiar with the concepts—RWJF staff, leaders of national partner organizations, most current and former grantees, city health commissioners, and health and health-related sector leaders—also said they widely agreed with them. Agreement with the concepts was somewhat lower but still strong among RWJF close associates and city mayors who said they were familiar with the concepts. Our review of other RWJF-sponsored research projects corroborates these levels of familiarity and agreement.

We also found that respondents’ knowledge of a Culture of Health runs deeper than simple or general familiarity. For example, when asked to rate the extent to which they were taking “deliberate action” in each of the four areas of the Culture of Health Action Framework, both mayors and their health commissioners rated their response above 3.5 on a 5-point scale. RWJF national partners also reported taking action on a number of issues consistent with the Action Framework.

Figure 3
Familiarity with Culture of Health



- 3. Equity.** All of our respondents said they embraced the importance of equity and understood what it meant. As indicated earlier, RWJF has identified equity as a central and critical factor underlying the Culture of Health. Not surprisingly, RWJF staff are on board with this, but the concept is embraced by a wider audience as well. Nearly all (95 percent) *grantees* we surveyed and all but one of those we interviewed had heard of the term “health equity.” Most identified the equity definition closest to their own as: “Everyone, regardless of socioeconomic resources, race/ethnicity or geography has the opportunity to achieve health and safety.” Similarly, *interviewees from health and health-related sectors* overwhelmingly agreed that “We must ensure that all in our society, regardless of where they live, how much money they make, or where they may come from, have the opportunity to make the most of their health.”*

Table 2** summarizes awareness and perceptions among mayors and their health commissioners. About two-thirds (69.9 percent) of mayors and almost all (96.3 percent) health commissioners had heard the phrase health equity, but there was somewhat less consensus on its meaning. Most (58.5 percent) mayors and four in five (79.8 percent) of health commissioners most often defined health equity in terms of equal opportunity, but 32.6 percent of mayors defined health equity in terms of equal access to health care, compared with only 12.7 percent of health commissioners who defined it that way.

Looking beyond the question of familiarity with the term equity, we found some notable differences in beliefs about health inequities as a function of social advantage/ disadvantage, and differences in beliefs about the extent to which local policies can help to improve equity. As noted in Table 2, 92 percent of health commissioners thought policies could help with equity, but only 70 percent of mayors agreed.

- 4. Influence of the Culture of Health Vision and Action Framework.** In general, RWJF partners, and most of its grantees and close associates credit RWJF’s Culture of Health Vision and Action Framework with influencing their thinking and plans. For example, RWJF’s national partners expressed an affinity with the Culture of Health Vision and described its influence on their strategic planning and on the formation and development of new partnerships.

The authors of the commissioned thought papers, summarized in bullet 7 below, also recognize the Culture of Health’s potential influence on and relevance to their fields of work. In a survey of academic literature conducted by staff at RAND, a small but potentially influential number of researchers cited the Culture of Health in their publications.

Table 2
Awareness and Perceptions of Health Inequities

	Mayors	Health Commissioners
To what extent do you agree with the statement that socially advantaged groups are in better health than disadvantaged groups in your city/county?		
Strongly disagree	0.5%	0%
Disagree	5.3%	2.4%
Agree	52.6%	35.7%
Strongly agree	41.6%	61.9%
To what extent do you think that city/county-level public policies can impact differences in health between socially advantaged and disadvantaged groups in your city or county?		
No impact	3.2%	0.3%
Little impact	26.3%	7.8%
Some impact	47.4%	46.6%
Major impact	23.2%	45.2%
To what extent do you think that differences in health between socially advantaged and disadvantaged groups in your city or county are fair?		
Very unfair	34.9%	52.2%
Somewhat unfair	38.7%	34.7%
Somewhat fair	22.0%	10.7%
Very fair	4.3%	2.4%

* These statements are very close to the definition of equity that RWJF has adopted after the initial year: “Health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Paula Braveman, University of Southern California, 2017

** Some numbers in the table do not add to 100 due to rounding.

Through our assessment, we identified another potential indicator that the Culture of Health framing may be catching on. We noted communities, organizations, and sectors that seem to be adopting all or parts of the core tenets of a Culture of Health and the Action Framework or are using these tenets to justify and/or amplify current efforts and initiatives. In the future, we plan to more systematically examine the nature and promise of these emerging initiatives.

That said, we exercise caution and avoid exaggerating the specific influence of the RWJF Culture of Health Vision and Action Framework. For example, 13 of 20 national partners reported that they were “doing the work of a Culture of Health” before the Action Framework existed. Indeed, that is partly why RWJF selected them as partners and reflects RWJF’s work to engage stakeholders in developing the Action Framework.

We asked those mayors and city health commissioners who said they had heard of the Culture of Health to indicate the level of its influence on their activities to promote health equity. Many acknowledged some influence, but 44.4 percent of mayors and 38.5 percent of health commissioners indicated the Culture of Health Vision did not influence their health equity activities. Overall, these officials are aware of health inequities in their cities and recognize the potential of local policies to address them. At this point, however, it appears that the Culture of Health is having a greater impact on how mayors and health commissioners conceptually think about health equity than on the activities they engage in to advance it.

- 5. Spreading the Message.** We asked those who were familiar with a Culture of Health how they learned about it. A direct message from RWJF was most often cited by both mayors (32.5 percent) and health commissioners (62.2 percent). Professional associations were the second most common sources. Almost one-third (31.3 percent) of mayors learned about a Culture of Health from the National League of Cities, and more than half (57.2 percent) of health commissioners learned about it from the National Association of City and County Health Officials. Colleagues were another important source, for 28.8 percent of mayors and 29.7 percent of health commissioners, as were conferences, for 12 percent of mayors and 38 percent of health commissioners.

Of the 174 individuals responding to our survey of health and other sector leaders, more than 90 percent reported they were aware of RWJF. More than 80 percent of those responding affirmatively said they were familiar with the mission or focus of RWJF. Organizations reported a variety of ways in which they have engaged with RWJF in the past. Most had visited the related websites and more than half had received funding from RWJF.

More than half (57 percent) of respondents said they had discussed a Culture of Health with colleagues. From a network analysis of those respondents’ websites, we identified 811 organizations connected by 903 relationships. Several sectors were especially prominent: health care, rural health, human services, housing and shelter, community investment, and civil rights.

RWJF has an opportunity to further leverage its activities to get its vision into a larger arena, as it appears that the RWJF brand is a strong asset for promoting the broad social movement RWJF envisions. Engaging potential adopters through their professional associations also appears promising for reaching these adopters initially and for nurturing and refining the Culture of Health movement over time. A systematic collaboration with the emerging champions of this work could help to catalyze discussion and action.

“... the Culture of Health is having a greater impact on how mayors and health commissioners conceptually think about health equity than on the activities they engage in to advance it.”

- 6. Practical Guidance.** Despite their conceptual buy-in, many respondents requested more *practical* and *operational* ideas and guidance to better focus future efforts to make a Culture of Health a widespread reality. The request for additional guidance came from individuals and grantees across the board; however, the nature of specific requests varied by group. Some RWJF staff and grantees wanted more guidance about RWJF’s priorities. Some partners and grantees wanted more dialogue with RWJF to help them implement ideas, while others wanted more examples and stories linking the Action Areas to the related drivers.

Some respondents asked for comparisons of the Action Framework with other national frameworks on health and well-being. Many asked for practical guidance on how to achieve health equity and overcome barriers to making health a shared value, and on how to develop cross-sector collaborations, create healthier communities, and integrate health services and systems.

- 7. New Ideas to Build a Culture of Health.** RWJF faces both opportunities and obstacles to achieving broad adoption of its Culture of Health Vision and Action Framework. Because the aim is to foster a movement, RWJF recognizes it cannot achieve long term success singlehandedly. The following thought papers and briefings provide an early assessment of the future terrain. Appendix 2 includes a list of thought paper titles and authors. These papers and briefings focus on:

- **Fostering public discourse about how health is produced.** This paper identifies communication challenges and pitfalls, and offers practical advice regarding the choice of words and phrases connected to a Culture of Health. American culture tends to focus on individual behavior as the cause of illness or health, giving less attention to the economic, social, and environmental factors known to be at work. The paper highlights the importance of news media as agenda setters in organizing public thinking, tapping into emotions, and using positive narratives to displace those that “blame the victims” for their illness.
- **Promoting cross-sector collaboration.** This paper provides insights about what is required to achieve effective cross-sector collaboration that promotes health and well-being. Key factors noted are the importance of shared goals, the role of federal and state policies to enable or deter collaboration, and the need to seek stable collaboration targeted on specific and well-defined tactics and problems. Priority collaboration at national, state, and local levels include the promotion of healthy child development and greater social connections for people with severe chronic diseases. Collaborations specific to localities include problem solving around housing, employment and crime that involve working across agencies responsible for resources and implementation.
- **Ensuring that local collaboration include the participation of those most affected.** This paper uses principles of Community-Based Participatory Research to describe how to best engage community members in solving the problems that affect them and how to collaborate with community members in implementing solutions. These principles are especially important for communities whose members are often marginalized or ignored. The paper assesses selected current RWJF initiatives in terms of their efforts in local capacity-building, community participation structures and resources, authentic involvement of partners in scaling-up, building sustainable policy networks, and evaluation metrics.

“Some partners and grantees wanted more dialogue with RWJF...while others wanted more examples and stories linking the Action Areas to the related drivers.”

- **Investing in healthy communities.** Briefings on this topic explain the promising field and practice of promoting financial investment in stronger communities. They raise the question of how to incentivize investments from a range of organizations, institutions, companies, and funds, and offer suggestions about what can be done to equip communities to tap into social impact investments that can advance a Culture of Health.
 - **Health care transformation to balance and integrate health services.** This paper describes how RWJF and others can leverage their capacities to strategize, support research, and convene diverse stakeholders to achieve greater integration of health and related services. It identifies policy approaches for: tracking, describing, and sharing information on partnerships between health care systems and community organizations; developing infrastructures that facilitate integration of services; and making the business case for savings and developing a business model for service integration. It also explains linkages between services integration and other factors that affect health and well-being, such as affordable housing, employment, and segregation.
 - **Making health equity concrete and specific.** This paper assesses several current approaches to promote broader understanding of equity, including its aspirational goal. It identifies specific needs and the social and structural factors that can promote health equity.
- 8. Tracking Progress.** Additional studies identify types of information needed to track progress of a Culture Health through media coverage and through state and federal policies. These additional studies are related to: tracking how the media are describing the concept of a shared value of health; monitoring the development of state policies conducive to a Culture of Health, including an analysis of governors' State-of-the-State addresses; and a review of state legislative proposals relevant to a Culture of Health. We also plan an analysis of federal policies related to education, housing, income security, and corrections that will provide insights about cross-sector collaborations in areas that are key to the success of a Culture of Health.

Conclusion

RWJF has made considerable progress launching its Culture of Health Vision and Action Framework during this first year. Internally, it has reorganized its areas of work, changed its grantmaking processes, and invested in gaining understanding and buy-in from staff. Externally, it has refocused its messages and expanded its communication activities.

We note early but concrete signs that the concept of a Culture of Health is beginning to spread across a range of groups. Mayors, city health commissioners, health and related sector leaders, and a small number report they are familiar with the concept and are taking at least some steps to incorporate it into their missions, strategies, and language. They recognize and respect RWJF, viewing RWJF as a resource for progress.

Significant structural challenges remain, however. Obstacles include the complexities and categorical nature of the health care system itself, the difficulties of garnering and holding attention in today's media, the difficulties local communities confront in integrating health with related services, a challenging political environment, and the multiple and mixed reactions to RWJF's equity goals.

RWJF's future success in creating a Culture of Health will likely depend on its ability to strategically use its resources to foster the social movement it envisions. Beyond making grants, RWJF must continue to work with national, state, and local organizations across many sectors to develop policies and activities that are aligned with a Culture of Health.

Through these annual Culture of Health Progress Reports, RWJF will continue to evaluate the impact and influence of its work and monitor the spread of a Culture of Health.

"We note early but concrete signs that the concept of a Culture of Health is beginning to spread across a range of groups."



Recommendations

RWJF is essentially on the right track to facilitate movement toward a Culture of Health. However, it will need to sustain its efforts over many years. To do so, it should focus priorities along the following lines:

- 1. Expand Public Awareness.** Continue broad-based education and awareness of a Culture of Health through appropriate media and professional outlets. As noted in the Overall Assessment, the concept of a Culture of Health is catching on. However, continued public and professional education campaigns will be needed to sustain and advance the concept and its implementation.
- 2. Sustain a Focus on Related Sectors and on Communities.** Focus on development of sectors closely aligned with health and health care, such as social services, income support, medical care, transportation, housing, education, business, and employment. While a Culture of Health legitimately embraces broad facets of culture and society, the need is greatest in local communities, especially those with low-income populations.
- 3. Cultivate Partnerships.** RWJF recognizes that it cannot single-handedly bring about a Culture of Health. A general uptake of the concept through enhanced awareness and understanding may be effective, but more concrete, focused partnerships featuring shared plans of action will probably be necessary. In this respect, RWJF may need to reach out more broadly to non-health partners, including the business community.
- 4. Track Progress.** Establish routine systems to track uptake of a Culture of Health in the media and in public policy, including newspapers, radio, TV, social media, and state legislation. Local policy tracking has not proved practical except in selected localities and within narrow policy categories. A significant impediment to continuous tracking is lack of consensus within RWJF as to what to track. This seems to reflect ambiguous or subjective interpretations of what events constitute progress. This difficulty can be addressed through consensus-building exercises.

Appendix 1: Expert Advisory Committee

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Steven H. Woolf, MD, MPH

Director, VCU Center on
Society and Health
Virginia Commonwealth University
Richmond, Va.

Appendix 2: Products, Methods, and Responsibilities

1. RWJF's Own Adoption of a Culture of Health

- a. Interviewed 55 RWJF staff—23 program and communications officers, plus 18 senior leaders, and 3 focus groups with 14 communications and program associates
- b. Coded 815 précis summaries from the Program Information Management System (PIMS), 110 for \$1 million or more and 705 for less than \$1 million
- c. Coded 70 overall guidance documents; précis for 67 authorizations and RWJF projects for \$1 million or more and 27 authorizations and RWJF projects for less than \$1 million
- d. Reviewed communications and public affairs documents, including major speeches by Risa Lavizzo-Mourey and Alonzo Plough and internet and social media related data

Responsible Person or Organization:

- Barker Bi-Coastal Health Consultants, Inc., Dianne Barker

2. RWJF Partners

- a. Interviewed 32 senior leaders at 20 Partner organizations
- b. Reviewed content of internet and social media of 20 partner organizations

Responsible Person or Organization:

- Barker Bi-Coastal Health Consultants, Inc., Dianne Barker

3. RWJF Grantee Organizations

- a. Conducted semi-structured telephone interviews of 99 senior officials of selected grantees:
 - 40th RWJF Reunion Invitees
 - grants over \$1 million
 - other grants, < \$1 million
- b. Conducted a web survey of all grantees that received a grant between June 2015 and July 2016 and were not part of the interview sample:
 - 462 individuals responded
 - 52 percent response rate

Responsible Person or Organization:

- Westat, Debra Rog

4. Health and Health Related Organizations

- a. Surveyed 174 national leaders of 69 unique health and related sectors such as human development, education and housing
- b. Conducted 30 in-depth interviews
- c. Facilitated 6 World Café events with up to 25 participants each. Permit RWJF person to listen in
- d. Reviewed content of Internet and social media of selected respondent organizations

Responsible Person or Organization:

- Concept Systems, Inc., Mary Kane

5. Activities to Promote a Culture of Health and Achieve Health Equity in U.S. Cities

- a. Conducted telephone surveys of 219 mayors and 307 city health commissioners of cities with population over 50,000
- b. Conducted 23 in-depth interviews senior officials from 28 cities/counties in the Big Cities Coalition (the 20 largest urban health departments in the US)
- c. Analyzed strategies to address inequities as reflected in community health needs assessment reports of approximately 179 non-profit hospitals in the 28 cities for the Big Cities Health Coalition. This included 169 community health needs assessments and 113 implementation strategies.

Responsible Person or Organization:

- Drexel University, Ana Diez Roux and Jonathan Purtle

6. Related Research

Reviewed various RWJF research products, including RAND stakeholder interviews and literature review of Culture of Health concepts, and NORC public opinion survey.

Responsible Person or Organization:

- RAND Corporation, Anita Chandra,
- NORC, Larry Bye

7. Thought Papers

- a. Media and Values
- b. Cross-sector Collaborations
- c. Community-Based Participatory Research
- d. Healthy Communities and Capital Investment
- e. Health Care Transformation
- f. Equity

Responsible Person or Organization:

- Kathleen Hall Jamieson, Director, Annenberg Public Policy Center, University of Pennsylvania
- Lisbeth Lee Schorr and Frank Farrow, Center for the Study of Social Policy
- Nina Wallerstein, AMOS Health and Hope; and Meredith Minkler, School of Public Health, University of California at Berkeley
- Tiffany Manual, Enterprise Community Partners, Columbia, MD
- Steven Woolf, Virginia Commonwealth University
- Maya Rockey Moore, Global Health Solutions

8. Analyses under Development

- a. Tracked Culture of Health in State-of-State Messages and in the Media
- b. Tracked Culture of Health in State Legislation
- c. Reviewed case studies of "Bright Spots," such as nurse collaborations

Responsible Person or Organization:

- Janet Harris, Upstream Analysis
- Sara Bleich, Harvard T.H. Chan School of Public Health
- Responsible Person or Organization: Barker Bi-Coastal Health Consultants, Inc., Dianne Barker

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