

Culture of Health Progress Report: Phase 2 Findings & Conclusions

Draft Report

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Purpose of Progress Report

In 2014, the Robert Wood Johnson Foundation (RWJF) developed the vision for a Culture of Health to promote improved population health, well-being, and health equity across the nation. This vision guided the development of an [Action Framework](#), launched in 2015, intended to identify priorities for action in order to achieve measurable progress in attaining these outcomes. Health equity is an overarching emphasis in the Action Framework and in the Foundation's vision.

The Culture of Health Progress Report, led by Westat, is assessing the nation's progress toward achieving improved population health, well-being, and health equity, with a specific focus on RWJF's role in contributing to these outcomes through its efforts in building a Culture of Health. Phase 2 (July 2017 – January 2020) activities addressed the feedback from Phase 1 (April 2016 - June 2017), providing examples of Culture of Health in action. In addition, the work in Phase 2 took a developmental evaluation approach, including activities to inform the development of RWJF's Theory of Change (TOC) and a long-term evaluation plan. This report synthesizes the results from all Phase 2 activities.¹

Overview of Developmental Phase 2 Activities

To offer examples of Culture of Health in action, we conducted case studies of a wide array of organizations engaged in Culture of Health activities; surveys of housing agencies that represent organizations that serve among the most vulnerable individuals and families in communities; and interviews with health and other officials in selected counties, with a specific focus on health equity.

To begin to develop an understanding of how RWJF is designing and implementing initiatives to advance a Culture of Health, we examined 10 RWJF initiatives that were considered illustrative in their design and/or implementation in incorporating one or more of the Culture of Health Action Areas.

¹ This is a shortened version of the final report developed by Westat.

To develop a long-term evaluation plan of RWJF's efforts to foster a Culture of Health, we worked with RWJF staff to develop a TOC and reviewed a number of key RWJF documents and interviewed RWJF staff to determine the research questions, methods, and measures needed to assess the TOC over time.

More details on the methodologies used during Phase 2 can be found in Appendix A, including a complete list of the organizations included in the case studies and the RWJF initiatives reviewed.

What We've Learned Thus Far

What a Culture of Health Looks Like in Action

Across all Phase 2 activities, the first Action Area, "Making Health a Shared Value", emerged as a necessary element to advancing a Culture of Health vision. Not only is it a critical step, but respondents believed that it often needs to be the first step. Campaigns, incentives, collaborations, and community engagement were identified as key strategies for fostering health as a shared value, but we were not able to document the impact of the work on mindset shift due to the lack of evaluation data to track the effects of these efforts over time. Evaluating the effects of these strategies on narrative change can prove to be difficult due to inconsistent definitions of mindset shifts, ability to make attributions, and the cost of carrying out the measurement.

Cross-sector collaborations (Action Area 2) were found to foster the development of all the other Action Areas. The type and number of organizations involved in a collaborations often depends on the scope and focus of the initiative. Some collaborations involve partnerships (such as between a housing agency and a health center working on co-locating health and housing services) or wide ranging collaborations with diverse sets of organizations and individuals across a variety of sectors such as education, government, businesses, healthcare, universities, etc. in working together to share data, for example. This range of relationships was evident in the Culture of Health work of housing agencies. For example, one housing agency leverages partnerships with a variety of local healthcare providers and local nonprofit organizations to provide elderly and disabled residents with referrals to an extensive network of home healthcare services, mental healthcare services, and eldercare services.

Initiatives that focused on Creating Healthier, More Equitable Communities, Action Area 3, to improve health and health equity were often motivated by an acknowledgement of residents' health and social needs. Efforts in this Action Area are focused on improving the built environment and physical conditions, improving social and economic environment, and implementing policies and governance strategies to support these efforts. A number of the case studies had efforts to improve the built environment to foster a Culture of Health. As an example, one case study in a university setting improved the built environment by having lactation rooms for parenting students, faculty, and staff, and providing lactation education and counseling services with trained lactation consultants.

Health equity is viewed as pivotal to advancing a Culture of Health. Efforts to foster health equity were implemented in several ways, including targeting initiatives to vulnerable populations or disenfranchised communities, incorporating a focus on health equity into professional training or into organizational planning, studying health equity as an outcome of interventions, and using a racial equity lens to address health equity. For example, one of the case studies confronts institutional racism through a voter engagement campaign with a special focus on engaging populations that face cultural or language barriers to voting or youth engagement initiatives that aim to build the capacity of boys and young men of color and highlight youth voice.

How RWJF is Advancing a Culture of Health

The ten RWJF Initiatives we reviewed can be grouped by the primary short-term outcomes each is trying to achieve.

- Catalyzed leaders and organizations
- Improved Evidence in support of COH
- Capacity Building
- Changed Narratives
- Changes in Practice and Policy

We found that though these initiatives typically have a primary focus, they also contribute to multiple indicators of progress.

Both the [State Health Leadership Initiative](#) and [The Future of Nursing](#) initiative are aimed at catalyzing individuals in the health field to become change agents in their communities and states. Participation in the State Health Leadership Initiative reportedly helped state officials become more active members of their state's health policy-making team; develop a personal and professional support system that contributed to their success; and stay involved in public health after their tenure as state health officers. The Future of Nursing supports a series of projects to strengthen the central role that nurses play in the Foundation's efforts to build a Culture of Health, especially through improving educational levels and certifications and expanding the role of nurse practitioners. Several other projects foster leadership, though it appears less as catalyzing leaders than it does providing opportunities for shared leadership.

Two of the initiatives were initially founded primarily to contribute to the development of an evidence base in support of Culture of Health. Both of these initiatives, [Policies for Action](#) and [Evidence for Action](#), were developed after the launch of the Culture of Health and are focused on generating actionable evidence about strategies that support a Culture of Health vision. Several other initiatives also contribute to the evidence base for advancing a Culture of Health, although in a more indirect manner and largely focused on the role of communities in advancing change.

Three initiatives, [Invest Health](#), [ReThink Health](#), and [Data Across Sectors for Health](#), have a primary focus on community capacity building. Invest Health and ReThink Health both have a focus on bringing together a wide range of local and regional partners, including investment partners, to create an integrated approach to building community and/or regional capacity. Data Across Sectors for Health is developing multi-sector collaborations to connect information systems and share data to improve community health through enhancing the capacity to develop and use data systems. Capacity building is also a strategy to build a Culture of Health in other initiatives. In the Future of Nursing, many of the state action coalitions have developed community-based projects that contribute to capacity building through addressing social determinants of health. Additionally, the RWJF initiatives, Invest Health and ReThink Health both have a focus on bringing together a wide range of local and regional partners, including investment partners, to create an integrated approach to building community and/or regional capacity.

The [RWJF Culture of Health Prize](#) is primarily intended to change narratives that promote Culture of Health by recognizing communities that have come together around a commitment to health and

health equity through collaboration and inclusion, especially with historically marginalized populations and those facing the greatest barriers to good health. The Future of Nursing's New Jersey State Action Coalition is committed to shifting mindset, and is reaching out to academic institutions to engage nursing students and to expand their vision "from basically hospital settings out to the community more." Sesame Street in Communities uses strategic communications to connect families and community providers with specific tools to recognize and address trauma in disadvantaged communities.

Lastly, [Voices for Healthy Kids](#) aims to reverse childhood obesity through policy change in disproportionately affected areas. The initiative works at the state and local levels to effectively shift policy and legislations to support the creation of healthy and equitable communities.

Challenges that Organizations and Others Faced in Advancing a Culture of Health

Challenges organizations and individuals faced in advancing a Culture of Health were identified in all Phase 2 activities. Achieving progress towards a Culture of Health requires a significant amount of time and resources. Sustaining the work after grant funds end, which is needed to continue to make progress, is often thwarted by time constraints and competing demands on individuals' time. In addition, building the trusted partnerships that are needed to bring about these changes, especially with community stakeholders, takes dedicated time and resources.

Shifting mindset of individuals in organizations, communities, and large systems is complex. In some instances, especially in traditional health fields, the Culture of Health vision requires a mindset shift from an acute care, intervention frame of mind to focusing on prevention and upstream factors that impact health. This relatively new framing is a paradigm shift from how our current systems are set up and involves challenging deep seated beliefs and behaviors about health.

Defining and pursuing health equity can be difficult, especially in contexts where the term is viewed as having a connotation of taking from one group and giving to another, or where a focus on equity is viewed as having a negative impact on a business's economic interests. In addition, addressing health equity through a racial equity lens involves reflecting upon racism at many levels, and stakeholders shared that these conversations can quickly become personal and make some uncomfortable. Where the term health equity is viewed negatively, organizations have tried various

workaround strategies to foster the concept. For example, some have used different wording (such as health care access), others have stressed keeping the language focused on “for all” and not a particular population, and others have used the term only with select audiences and avoid the term with conservative audiences or audiences that were likely to have less familiarity with the term. Whether these strategies indeed foster a common understanding of equity and how to pursue it, however, is an open question. A potential solution to these challenges may lie in an approach called targeted universalism. Targeted universalism sets universal goals for all target populations, but sets targeted processes to achieve those goals taking into account the target populations and how they are situated within larger systems.

Several other organizations focused on disparities using both narratives and data to help others understand the need for health equity. Other challenges in addressing health equity were more difficult to surmount. County officials, for example, discussed a lack of social and political will to address health equity, particularly its root causes. In addition, many respondents described how their organization lacked enough funding to perform core functions, let alone have the funding, time, and workforce to engage in additional activities to promote health equity.

Conclusions

All Phase 2 developmental activities provide important lessons for stakeholders interested in engaging in work that fosters a Culture of Health vision. Among the lessons learned that cut across these efforts include:

Integrating health equity can and should occur at different levels. As noted, a variety of challenges were raised that initiatives faced in discussing and fostering health equity. The most consistent strategy offered was incorporating health equity at multiple levels, but especially at the community. Just working in at the national, state or local level does not guarantee that the results will permeate up or down. Health equity and other principles, in general, need to be integrated in all activities and customized for the context. Advancing a collaborative approach to health equity is also important, convening sectors to promote health equity and to take meaningful action in this area.

Authentic community engagement is crucial to fostering a Culture of Health vision.

Engaging the community goes beyond efforts to incorporate community voice; success depends on

gaining the trust from the community so members will participate fully and own the effort and its outcomes. For example, one of the case studies developed a promotora model as a strategy to increase health care access in Latino communities. Promotoras are community members who receive training in leadership and communication skills, learn about health care policies and programs, and then conduct outreach to other members of the community on health-related topics such as enrolling in health coverage. Building community trust can be challenging for organizations and requires time and resources, and a genuine commitment to working with communities to address their needs.

Advancing a Culture of Health has to be local and tailored to context. Respondents emphasized the importance of tailoring the work to the needs of the local community context, including historical, political, social, and cultural context even if some of the activity was to be accomplished at the national level. The view in Voices for Healthy Kids, for example, was that the national policy work would have never taken hold without specific efforts to work with local partners to implement their own wellness policies. In addition, several projects highlighted the need to provide context-based, site-driven technical assistance and coaching, the need to adapt projects to context so that the technical assistance stays relevant to the communities' needs, and the importance of having individual sites, such as campuses, to select their own programming tailored to their specific priorities and resources. One case study engaged faith leaders as a way to reach specific hard to reach populations in their communities that have high risk or rates of diabetes, and also used data to tailor programming to the cities' local culture and way of doing business.

Identifying leverage points can help shift practice and policy. Efforts to foster a Culture of Health vision require taking a broad view of health and pulling in resources from health and non-traditional health partners, leveraging points within the context they are working. One of RWJF's initiatives, ReThink Health, focused on key leverage points in the communities in which it works to shift focus from supporting urgent services to supporting vital conditions that underpin regional health and well-being (e.g., education, housing, and early childhood development).

Early and structured support, collaboration, peer learning and evaluation can strengthen capacity-building. Three RWJF initiatives (Re-think Health, Invest Health and Data Across Sectors for Health) demonstrate the early steps needed in order to drive systems change and provide key lessons in how to effectively implement capacity building efforts within the community. All of

these initiatives provide structured support to create a strong on the ground presence essential to advancing a Culture of Health. All three initiatives provide guidance on the types of collaborative partners essential to building the infrastructure necessary to achieve Culture of Health goals. These cross-sector teams benefit from dedicated staff with significant time commitments, structured technical assistance, and peer-to-peer learning. These initiatives use formative evaluation to provide early feedback, learn from experience, and adjust efforts to on the ground realities and resources.

Disseminating findings in a timely manner may result in more efficient systems change, but timeliness is often challenged by standard research practice. Respondents and evaluations have found room for improving the dissemination of findings as well as assessing the impact of evidence on actual efforts to build a Culture of Health. Research and peer review processes for publication and establishing evidence are cumbersome, affecting the timeliness of dissemination efforts. Disseminating findings requires getting the information to the media, stakeholders, organizations, and communities to reach both scientific and lay audiences with dissemination efforts.

Advancing a Culture of Health requires flexibility and creativity. The RWJF initiatives provide examples of strategies that allow the programs to be agile and stay relevant in response to an evolving environment. Both ReThink Health and Invest Health have built in feedback processes that allow them to adapt their technical assistance to findings on what is working in the field. Feedback from other initiatives, e.g., Future of Nursing, Voices for Healthy Kids, indicates that efforts cannot have an over-reliance on established protocols and approaches to be able to respond to new information and developments. Progress requires a willingness to adapt to change and emergent phenomena.

The direct impact of efforts to build a Culture of Health needs to be assessed. Many of the evaluations associated with the RWJF initiatives were focused on process and providing formative feedback. They did not assess the impact or direct outcomes of the initiatives' efforts. Assessment of community-level impacts is critical to determining how effective these efforts are in advancing a Culture of Health and what changes are needed to improve them.

Next Steps

The Progress Report is now being guided by the long-term evaluation plan, which is anchored by the TOC and four key evaluation questions. Over the next two years, we will be addressing each question. Additionally, we will be tracking contextual factors (e.g., political and other factors) that are impacting progress towards a Culture of Health. In particular, we will be looking for ways to integrate tracking of COVID-19 into the proposed activities to understand its impact on this work.

Evaluation Question 1: What is RWJF doing to build a Culture of Health?

We will be conducting a number of activities to better understand the Foundation's portfolio of work as a whole and how it is fostering a Culture of Health. Part of this work will be to conduct a background study on the Foundation to understand all areas of the Foundation and how the work comes together to collectively make improvements in population health, wellbeing, and equity. We will also be taking a close look at the Foundation's thinking and work on health equity and how it has evolved from the inception of the Culture of Health to present.

Evaluation Question 2: How is Culture of Health spreading within key areas of RWJF investment? And more broadly (Evaluation Question 3)?

We will begin to track the spread of the Culture of Health Action Areas and Drivers by conducting activities in areas with RWJF influence and areas without RWJF influence and that are planned to be repeated every couple of years. One particular area of interest is policymakers and policy influencers and understanding how they are adopting or aligning with the Culture of Health Action Areas and Drivers in their work. This is just one example of a possible area of interest to track. We will be working closely with RWJF staff to maximize already existing efforts and ensure that we are not duplicating any efforts.

Evaluation Question 4: What is the influence of Culture of Health on population health, well-being, and health equity?

We will finalize the set of long-term measures of improvements in population health, well-being, and health equity and will continue to refine the long-term evaluation plan.

Appendix A
Background of Phase 2 Activities

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Activities selected for Phase 2 were aimed at meeting several objectives:

1. respond to the findings from Phase 1 that called for more vivid examples of what it means to engage in work that advances a Culture of Health.
2. begin to understand how RWJF is advancing a Culture of Health vision.
3. develop a long-term evaluation plan for evaluating the spread and uptake of the Culture of Health Action Areas and Drivers, their effects on improving population health, well-being, and health equity, and RWJF’s contribution to progress in these areas.

Table 1 summarizes the Phase 2 activities and how they address each of these objectives.

Table 1. Summary of Phase 2 activities

	Objective 1 Describe examples of Culture of Health	Objective 2 Understand how RWJF is advancing a Culture of Health	Objective 3 Develop long-term evaluation plan
Case studies of organizations	✓		
Survey of housing agencies	✓		
Survey of county officials	✓		
Synthesis of illustrative RWJF initiatives	✓	✓	
Development of RWJF’s Theory of Change		✓	✓
Development of long-term evaluation plan			✓

Case studies of organizations. We selected 10 organizations (see Figure 1) from a pool of about 30 organizations recommended by RWJF staff as having incorporated at least one Culture of Health Action Area into one or more initiatives. Westat conducted a 2-day visit to each organization, involving key informant interviews and focus groups with program participants. Follow-up phone interviews were also conducted with key informant with whom the site visitors were not able to meet on site.

Figure 1. Case study organizations

- Vermont Department of Health
- Novo Nordisk
- General Electric
- Campbell Soup Company and Foundation
- Low Income Investment Fund
- American Public Health Association
- Green Health Partnership at U.S. Green Building Council
- It’s Time Texas
- University of California
- The California Endowment

Survey of housing agencies. We conducted an exploratory survey of housing agencies to learn about the work they are engaging in that relates to the Culture of Health Action Areas. We selected two samples of housing agencies. The first sample included all 38 housing agencies that have the Moving to Work (MTW) status. MTW status provides the agencies more discretion in the use of their funds and increases the likelihood that they engage in activities in the community in addition to providing housing. For the second sample, we sought to have a representative sample of non-MTW housing agencies with broad geographic representation across the United States. We randomly sampled 123 housing agencies (proportional to their geographic region and urban/rural designation) from the pool of non-MTW housing agencies² in the United States and also included four additional PHAs that have worked with the Foundation. We conducted a total of 77 phone interviews (31 or 81% of all MTWs and 46 or 37% of the sampled non-MTWs).

Survey of county officials. Jonathan Purtle at Drexel University conducted a study of county officials' perceptions and application of the Culture of Health, with an emphasis on health equity. The work involved a diverse sample of 16 counties based on geographic region, population size, and health factor rank as measured in the County Health Rankings database. We sought to interview respondents from four different types of organizations in each county: officials of local health departments, officials of county government agencies outside of the health sector (e.g., transportation, education), leaders of community-based organizations that work on health issues, and elected officials.

Synthesis of illustrative RWJF initiatives. We conducted a synthesis of 10 RWJF initiatives (see Figure 2) considered to be illustrative of Culture of Health Action Areas and Drivers. Recommendations of initiatives were provided by each RWJF Program focus area, along with the Research, Evaluation, and Learning and Communications units. Initiatives with evaluations either completed or underway were prioritized for selection. For each initiative, we reviewed all available

- Figure 2. Select RWJF initiatives**
- The State Health Leadership Initiative
 - The Future of Nursing
 - Policies for Action
 - Evidence for Action
 - Invest Health
 - ReThink Health
 - Data Across Sectors for Health (DASH)
 - Culture of Health Prize
 - Voices for Healthy Kids
 - Sesame Street in Communities

² We excluded from the pool any housing agency that had a performance rating of substandard or troubled, as well as those that had more than 30 percent of their stock for elderly housing.

documentation and reports, and interviewed staff from the National Program Office and major grantees (if relevant), the RWJF program officer, other key initiative staff as well as the evaluator (if relevant).

Development of a long-term evaluation plan. A main goal of Phase 2 was to inform the development of the long-term evaluation plan. The plan is intended to both measure and track progress in fostering a Culture of Health, as well as providing formative feedback to the Foundation on the implementation and contribution of its work along the way. The plan outlines four guiding research questions and sub-questions within each. The four questions are mapped to TOC. We presented our preliminary evaluation plan to the Evaluation Advisory Committee to obtain feedback on the methods and measures. The next step for the evaluation plan, proposed for Phase 3, is to gather more information on the existing/planned studies, including their specific measures, timelines, and work products to determine if they sufficiently address the identified research questions. The evaluation plan will guide the Progress Report moving forward and will be refined iteratively as we learn more about the Culture of Health Action Areas and Drivers.

Development of RWJF's Theory of Change (TOC). One of the activities that emerged through the Progress Report was a collaboration between the evaluation team and RWJF leadership and staff in developing a TOC for RWJF's role in achieving the Culture of Health vision. Through the process of developing the evaluation plan (as described above), the evaluation team realized the need for more specific and explicit understanding of RWJF's current strategies and programming and how they were expected to unfold and lead to long-term change. To meet this need, we engaged in a series of meetings with RWJF to discuss the work underway and planned, as well as the outcomes desired by each body of work to ultimately advance a Culture of Health vision. We drafted several iterations of a TOC and shared it with RWJF leadership and staff. The TOC was adopted as a guide for the evaluation and as a tool for guiding the Foundation's thinking and work moving forward.

Advisory Committees. The evaluation is guided by two advisory committees: an external committee and an internal committee. A 17-member external Evaluation Advisory Committee (EAC) advises Westat and the Foundation on all aspects of the Progress Report activities. During Phase 2 activities, we convened three in-person meetings. Feedback from the Evaluation Advisory Committee informed the continuing development of the activities and products, especially the evaluation plan. The internal advisory committee is comprised of RWJF senior staff. This committee

meets regularly with the evaluation team to stay apprised of the Progress Report activities and results, provide guidance on the proposed methods, and keep the evaluation team connected to any changes at the Foundation that could impact the Progress Report.