Developing and Evolving Selection Criteria to Recognize Community Improvement Efforts: Learning from the RWJF Culture of Health Prize

Introduction

The University of Wisconsin Population Health Institute (UWPHI) is dedicated to advancing knowledge, practice, policy, and systems changes that help communities create equitable conditions for everyone to be healthy. UWPHI works to advance health equity, which is defined as "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."[1] Despite increased attention to equity in the public health field over the last few decades, health inequities persist within and across communities.[2] Structural racism, driven by historical disenfranchisement and patterns of discrimination, along with past and current marginalization of particular groups, has resulted in differential access to opportunities to be healthy and safe.[3,4] These inequities have and will continue to be deepened by the COVID-19 pandemic in addition to associated economic and housing crises.[5,6]

To meaningfully address such embedded inequities requires systems level change—with multiple sectors, disciplines, demographic and social groups within a community working together to acknowledge and address their local histories, develop shared priorities and solutions, and implement an array of integrated interventions across the whole community. Through UWPHI's efforts to provide data, evidence, and guidance to promote community health improvement, we have come to recognize the power of real community stories in demonstrating and inspiring change. Community stories provide insights and examples for how systems change can happen.

The [Robert Wood Johnson Foundation (RWJF) Culture of Health Prize](#) was created for this aim, and for nearly a decade has helped identify, elevate, and explore how communities across the United States are meeting local challenges and confronting deep legacies of inequities with tenacity, creativity and collaboration. The Prize was designed as a philanthropic recognition award to honor U.S. communities working at the forefront of advancing health, opportunity, and equity for all. Through collaboration and partnership, the Prize grew to be known as a coveted award for communities, with an average of almost 200 community applications from across the nation submitted each year. Those selected as winners – 54 places between 2013-2021 – received a $25,000 award, national and local promotion, communications assistance to share their stories and lessons learned with the country, and the opportunity to join a national network of past Prize-winning communities. Applications were assessed according to six criteria meant to encompass key components of community improvement, multi-sector collaboration, and health equity.

The development and evolution of the six Prize criteria proved to be a critical component of the program. The criteria served not only as a rubric to select communities as Prize winners, but also as a set of principles by which any community could assess their own progress toward complex community change. In this report, we describe foundational influences on the Prize program and criteria, including the processes by which the criteria were analyzed and revised each year, and how the criteria language evolved based on concrete examples of improving health and equity in action.[*] Our approach to developing and refining the Prize criteria may be useful to anyone interested in how an iterative feedback and reflection process, anchored in real community experiences, can be used to validate and to make concrete concepts like equity and community improvement in action.

Development of the RWJF Culture of Health Prize and Criteria

The RWJF Culture of Health Prize (initially called the Roadmaps to Health Prize) was created in 2011 by a group of practitioners and researchers at the Robert Wood Johnson Foundation (RWJF) and the County Health Rankings & Roadmaps (CHR&R) program within UWPHI. In its initial years, the Prize served as a third pillar of CHR&R, alongside the pillars of providing community-level *data* and *guidance* to help communities create conditions for all to be healthy. The Prize provided concrete *examples* of communities exemplifying a broad definition of health and collective action toward community-wide change. The Prize selection process later developed to align both with CHR&R community change principles and RWJF's vision for a Culture of Health. UWPHI led and managed the Prize program in close collaboration with RWJF from 2013 through 2021. Through communications and storytelling, the Prize elevated compelling stories, community accomplishments, and leaders from local places to inspire and inform community improvement efforts across the country.

Prize program founders began by developing a process to identify and select communities to uplift, exploring how local actions to promote health and equity could be assessed across a national sample of communities. It was decided that Prize applications would be created and submitted at the level of "community," differentiating it from other prize programs which more commonly recognize individuals or organizations. This meant that the criteria used by other prize programs were of limited use as models for the Prize when the criteria were initially developed.[7]

The Prize criteria were grounded in evidence-based community health improvement frameworks, including the County Health Rankings model of health[8,9] and collective impact principles.[10] As the criteria evolved they were further aligned with RWJF's Culture of Health Action Framework[11] and work to define health equity.[12] These conceptual models and the related research literature provided the theoretical grounding and general structure of the Prize criteria.

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[*] Information presented in this report was collected in 2019 and early 2020 via key informant interviews, review of archived founding documents, and consultation with current Prize program staff at UWPHI.

In addition to the community-level applicant structure, Prize program founders were committed to using a qualitative lens to describe the Prize criteria so that they could apply to a wide range of community types and contexts. This allowed the program to communicate essential community improvement principles and strategies that they hoped to elevate, while allowing space for applicants to share the breadth and depth of how they were working to transform their communities. The Prize criteria focused on *what* communities had already accomplished and *how* they conduct their work, rather than on specific quantitative measures, outcomes, or interventions. The use of a qualitative lens also enabled a reciprocally informing relationship between the criteria and communities' stories.

The core elements foundational to the Prize criteria have remained mostly constant over time, but each year Prize program staff used an iterative, collaborative approach to review and revise the criteria language and concepts represented therein. This approach allowed program staff to verify and adjust the criteria descriptions in response to what they were learning from communities' stories and feedback, in order to unpack and operationalize concepts of community improvement and health equity. The most recent version of the six criteria and their descriptions, as of 2021, are shown on page 4. A summary of how the criteria language changed each year from 2013 to 2019 is detailed in the Ten-Year Reflections on the County Health Rankings and Roadmaps report (Appendix G).[6]

RWJF Culture of Health Prize Criteria 2021

1

Defining health in the broadest possible terms ...
... means using comprehensive strategies to address the many things that contribute to health, opportunity, and equity in our communities. This criterion includes ways communities are acting across multiple areas that influence health, such as but not limited to the factors in the County Health Rankings model (page 12): health behaviors, clinical care, social and economic factors, and the physical environment. Communities are also encouraged to show how they respond to their local challenges and build on the strengths of their community. Given the importance of social and economic factors in influencing health outcomes, strategies addressing education, employment, income, family and social support, community safety, and housing are considered crucial elements to achieving a Culture of Health.

2

Committing to sustainable systems changes and policy-oriented long-term solutions ...
... means making thoughtful, data-informed decisions that include a strategic mix of policy, programmatic, and systems changes designed to last. This criterion involves communities taking a strategic approach to problem-solving that recognizes the value of evidence and the promise of innovation. Communities are encouraged to demonstrate how residents, leaders, and organizations are collectively identifying priorities, addressing causes of problems, and taking coordinated action to implement solutions that have staying power.

3

Creating conditions that give everyone a fair and just opportunity to reach their best possible health ...
... means intentionally working to identify, reduce, and ultimately eliminate barriers that limit opportunity, in collaboration with those who are most directly impacted by local challenges. This criterion includes ways that communities value diverse perspectives and foster a sense of security, belonging, and trust among all residents. Communities are encouraged to demonstrate: 1) specific actions to remove obstacles to better health and increase the ability of residents who have been historically excluded from opportunities to fully participate in problem solving; and 2) examples of shared power and leadership with residents traditionally absent from decision-making processes.

4

Maximizing the collective power of leaders, partners, and community members ...
... means that individuals and organizations across sectors and disciplines are all working together to provide everyone with the opportunity for better health. This criterion includes efforts to build diverse and robust partnerships across business, government, residents, and nonprofit organizations, and fostering inclusive civic engagement and leadership capacity among all community members. Communities are encouraged to demonstrate how they are: 1) inspiring people to take action to support change for better health; 2) developing methods for buy-in, decision-making, and coordinated action; 3) building a shared sense of accountability; and 4) continuously communicating about community improvement efforts.

5

Securing and making the most of available resources ...
... means adopting an enterprising spirit toward community improvement. This criterion includes efforts to critically examine existing and potential resources to maximize value, with a focus on leveraging existing assets; making equitable decisions about how to invest resources; and cultivating a strong belief that everyone in the community can be a force to improve the community so that all people can live their healthiest lives possible. Communities are encouraged to demonstrate how they are creatively approaching the generation, allocation, and alignment of diverse financial and non-financial resources to improve the community's health and well-being.

6

Measuring and sharing progress and results ...
... means beginning with the destination in mind and a commitment to measuring the quality and impact of coordinated efforts. This criterion includes collective efforts to: 1) establish shared goals across sectors and partners; 2) agree on definitions of success, with attention to reducing disparities; 3) identify measurable indicators of progress; and 4) continuously use data to improve processes, track outcomes, and change course when necessary. Communities are encouraged to demonstrate how they are developing systems for collecting and sharing information, determining impacts across efforts, and communicating and celebrating successes when goals are achieved.

How Were the RWJF Culture of Health Prize Criteria Assessed and Updated Each Year?

The Prize criteria describe a vision of health that is meant to be both aspirational and understandable, and to be reflective of real community experiences, based on what Prize program staff learned from applicants each year throughout the Prize selection cycle. Various iterative, collaborative processes were used by program staff to ensure that the criteria met standards of clarity and relevance to the ways that communities are working towards health and equity (see Figure 1). Those processes incorporated feedback from:

- Prize program and communications staff from UWPHI, RWJF, and partner organizations;
- Application reviewers, which included RWJF and UWPHI staff and the Prize National Advisory Group comprised of community improvement experts across sectors;
- Members of Prize-winning communities and community applicants.

Feedback was gathered at each stage of the application review process as well as through ad hoc program assessment efforts and ongoing engagement with Prize-winning community members.

Feedback on Prize program as a whole

The Prize selection process involved an in-depth, three-phased assessment in which reviewers from UWPHI, RWJF, and the Prize National Advisory Group participated. Critical thinking and discussion drove all phases of the application review process, and ideas emerged throughout this process that impacted program staff's understanding of what the criteria represented, how they were being interpreted and applied, and how the criteria language should evolve. These insights were collected regularly via feedback loops including:

- Group discussion of applications among reviewers and a post-review questionnaire which included questions about how reviewers interpreted and applied the criteria to their assessment of applications.
- Site visits to finalist communities, as part of the final phase of review, during which community members offered valuable insights about the criteria and the concepts and actions they represented.
- A series of discussions among groups of reviewers from UWPHI, RWJF, and the Prize National Advisory Group, and between Prize finalist communities and Prize program staff, debriefing the selection of Prize winners. These discussions explored how each finalist community demonstrated the six Prize criteria.
- Responses to an anonymous online survey of Prize applicants administered by an external evaluation firm in 2018 and 2019. The survey explored applicants' perceptions of and experience with the first phase of the application process, including their understanding of the Prize criteria.
- Ongoing interaction between members of Prize-winning communities and Prize program and communications staff as they developed materials to promote Prize winners' stories and engage past winners in various networking and learning opportunities.

These feedback loops surfaced important ideas about the extent to which the criteria were clear and understandable for applicants and were conducive to eliciting real-life examples from applicant communities. For example, questions arose such as, "what does it look like to authentically engage all members of the community?" and "how are communities demonstrating a balance between implementing programs and investing in long-term policy and systems changes?" Reviewers and community members' collaborative analysis of these kinds of questions was critical to the ongoing evolution and refinement of the Prize criteria language.

Feedback on the Prize criteria

In addition to regular program feedback loops, Prize program staff conducted periodic focus groups with Prize National Advisory Group members to specifically explore the criteria's clarity, relevance, and alignment with health equity goals. For example, findings from a 2017 focus group did not recommend any major thematic additions or deletions to the six-criteria framework; however, participants did recommend more explicit language in the criteria about 1) how program staff at RWJF and UWPHI conceptualize health equity and 2) expectations for data and measurement activities within communities. A 2018 focus group explored participants' perceptions of the crucial elements of equity and the implications of those crucial elements for the Prize criteria. Participants recommended that program staff members take a critical lens to their use of jargon in the criteria, noting that community members may be doing work that promotes health equity without naming it as such. Despite this issue of jargon, focus group participants agreed that thematically, elements of equity were clearly woven throughout the criteria and that applicant communities were encouraged to share how they are approaching equity across multiple aspects of their work.

Figure 1: Processes and contributions to the iterative process of assessing and evolving the Prize criteria
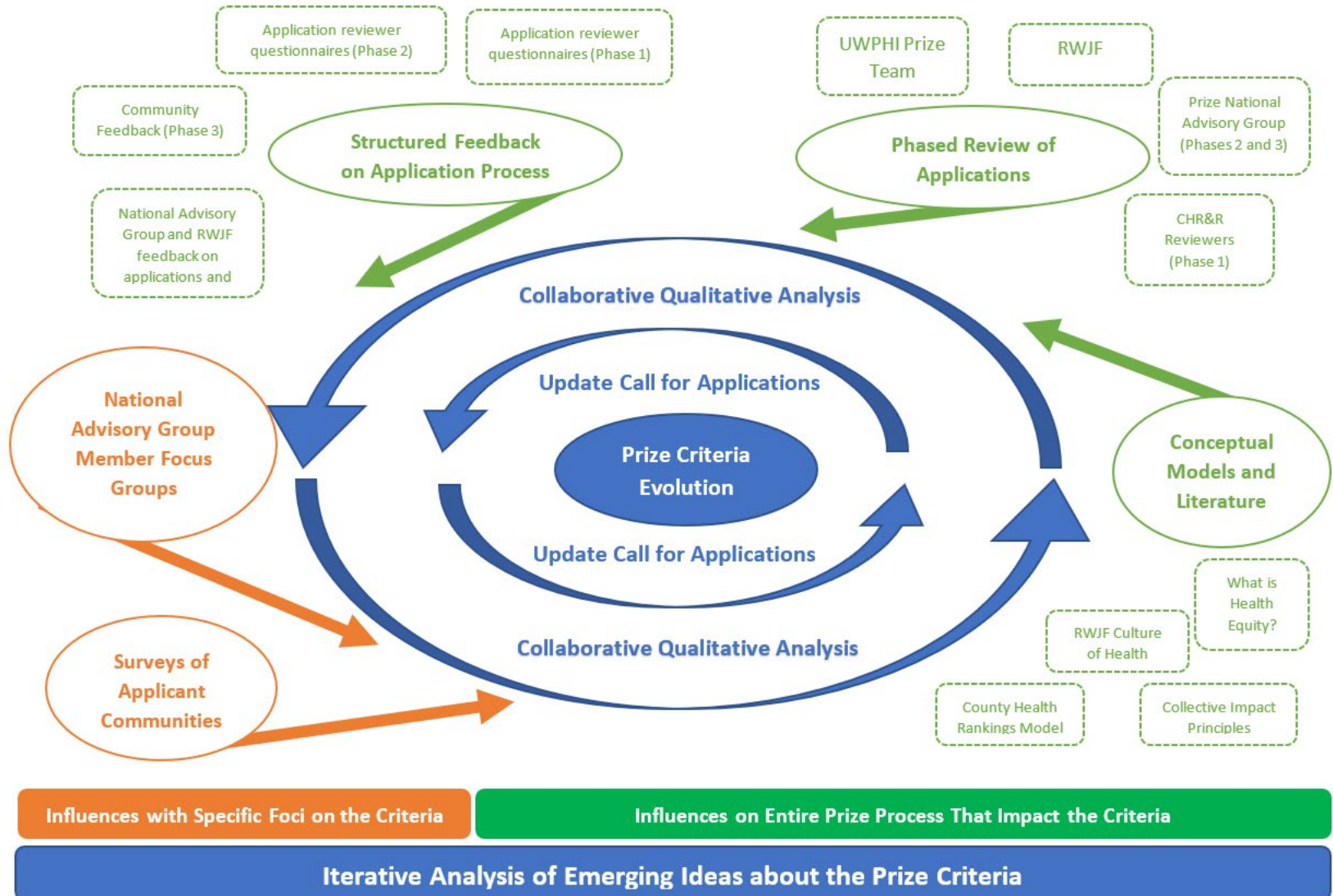
How Did Lessons Learned from Iterative Feedback Processes Inform Updates to the Prize Criteria Language?

Thematic changes over time to the Prize criteria descriptions

Prize staff gained new insights each year that informed the next iteration of the criteria descriptions, but the core elements of the criteria remained largely consistent over time. The criteria remained rooted in promoting a broad definition of health and inclusive, cross-sector collaboration to achieve change in policy, systems, and environments. These elements can be observed across all iterations of the criteria. However, by continuously gathering feedback through multiple inputs and reviewing the criteria language each year, Prize program staff were able to apply learnings and ensure the criteria reflected community experiences and practical expertise. In particular, Prize program staff worked to clearly articulate in the criteria the importance of *how* communities work to advance equity. Their evolving understanding of what equitable approaches mean in concrete terms is evident in how, over time, the following themes were increasingly emphasized in the criteria language:

1) Opportunities for meaningful participation for all community members;
2) Action to change systems and conditions; and
3) Visionary leadership across the community.

In the following sections, we discuss select examples of how the iterative feedback process led to shifts in thinking about how certain criteria should be articulated and what concepts should be emphasized, according to these themes. By learning from communities' stories of innovation, action, and inclusion, program staff were able to continuously evolve the criteria language to be both aspirational and grounded by what Prize communities demonstrated as possible.

Opportunities for meaningful participation for all community members

Since the inception of the Prize, program staff remained committed to an equitable, inclusive approach wherein the voices, priorities and contributions of all community members are valued. However, concepts of inclusion and equity have continued to evolve in language and practice. A change to the criteria from 2014 to 2015 provides one example of how program staff ensured that from year to year, they critically considered how to communicate that commitment effectively (Table 1; key revisions in bold).

Table 1: Illustrative change from 2014 to 2015: Changed to emphasize authentic collaboration with residents

2014 Criterion #3	2015 Criterion #3
Addressing problems that disproportionately affect vulnerable populations such as ethnic minorities and those with limited English skills, income and/or education, and creating opportunities for all members of the community to make choices allowing them to live a long, healthy life.	**Cultivating a shared and deeply-held belief in the importance of equal opportunity for health.** Building a Culture of Health means working to **identify and address gaps in opportunity** that tend to disproportionately and negatively affect certain populations, such as ethnic minorities and those with limited English skills, lesser income, and/or limited education. **This includes recognizing the power of collective problem-solving approaches that not only value the voices and perspectives of all community members, but engage all, especially those most impacted, in creating and implementing solutions.** Applicant communities are encouraged to share how they are putting health within everyone's reach.

Subtle but important choices in language can suggest how we expect community change to happen and who has the power to make change. For example, the implicit subject of the 2014 description was those with power "addressing problems" and "creating opportunity" *for* the object of the sentence, "vulnerable populations." Such language unintentionally but tacitly endorses a unidirectional and paternalistic approach to community improvement, and labels certain populations as "vulnerable," potentially implying that they lack the will or wherewithal to affect the conditions that influence their own health. The 2015 language shifts the focus to working *with* community members through "collective problem-solving" and "engag[ing] all, especially those most impacted, in creating and implementing solutions."

Similarly, the 2014 language of "creating opportunities for all members of the community to make choices" tacitly supports a dominant, individualistic frame that if opportunities are made available to people and they do not choose to take advantage of them (perhaps because they are unaware of them or they are not the right or most relevant opportunities), then individuals are responsible for their own continued exclusion. In contrast, the 2015 description clearly calls out the fundamental importance of "not only" valuing an inclusive approach but acting on that value through purposeful engagement.

In addition to these specific changes in the third criterion from 2014 to 2015, program staff continued to revise the language of all the criteria in subsequent years so that each criterion included explicit mention of engaging community members in decision-making and priority-setting. This was meant to signal to communities that inclusivity should be embedded in all aspects of building a Culture of Health, and is not a stand-alone endeavor that pertains to one or two aspects of a community's improvement trajectory.

Action to change systems and conditions

Action was always central to the Prize, given that it was an award meant to celebrate *what* communities already achieved and *how* they achieved it. However, in the program's later years the criteria language was revised to increasingly emphasize action and to be more explicit about the type of actions that are most important to policy and systems-level change – based on feedback and learning from communities. A revision of criterion three in 2018 exemplifies this gradual change (Table 2; key revisions in bold).

Table 2: Illustrative changes from 2017 to 2018: Changed to emphasize creating conditions that produce health

2017 Criterion #3	2018 Criterion #3
Cultivating a shared and deeply-held belief in the importance of equal opportunity for health means creating a shared commitment to identifying and addressing gaps in health and creating conditions that give everyone the opportunity to achieve the best health possible. To do this, all individuals should have a voice and a role to play in creating more equitable communities. Applicant communities are encouraged to 1) demonstrate how their efforts are leading to a community where all people feel a sense of security, belonging, and trust, and 2) show how collective problem-solving and diverse perspectives, including full participation by those most affected by poor health outcomes, are driving solutions.	**Creating conditions that give everyone a fair and just opportunity to reach their best possible health means intentionally working to identify, reduce, and ultimately eliminate disparities in health,** in partnership with those most affected by poor health outcomes. This includes cultivating a shared commitment to equity across the community; valuing diverse perspectives; and fostering a sense of security, belonging, and trust among all residents. Communities are encouraged to demonstrate: 1) how they are engaging in collective problem solving, including full participation by excluded or marginalized groups and those most affected by poor health in making decisions and driving solutions; and 2) **what actions they are taking to remove obstacles and increase opportunities for all to be healthy.**

In both iterations, communities are called upon to act, but consider the difference between what it means to "create a shared commitment to identifying and addressing gaps in health and creating conditions…" in 2017, versus, in 2018, "creating the conditions…"—putting the creation of those conditions front and center and elaborating on that more meaningful action by "intentionally" working to "eliminate disparities." The strength and clarity of the 2018 versus 2017 language is carried throughout the criterion description; in 2017, communities were asked to explain how "problem-solving" and "perspectives" drive solutions which unintentionally (and subtly) leaves action at the level of collective ideation. By comparison, the 2018 call to describe the "actions they are taking to remove obstacles" is much clearer about the type of work and consequences of that the Prize sought to recognize and uplift

Visionary leadership across the community

The Prize criteria describe essential conditions for community improvement, with the recognition that strong, dynamic leadership is required for growth to happen and action to be taken to improve those conditions. Prize communities consistently demonstrated that strength in leadership does not necessarily come from those with the most positional power or resources. Instead, it is often born from an individual or group's ability to imagine a vision for the future, shift mindsets on how things can be done differently, and galvanize action towards realizing that vision in collaboration with their fellow community members. Prize program staff revisited criteria language about leadership because traditional or formal connotations of "leadership" did not do justice to what they observed in Prize communities (Table 3; key revisions in bold).

Table 3: Illustrative changes from 2014 to 2016: Changed to emphasize visionary leadership across the community

2014 Criterion #4	2015 Criterion #4	2016 Criterion #4
Developing sustainable, long-term solutions to shared community priorities including planning and implementing policy, systems, and environmental changes that target populations rather than individuals.	**Harnessing the collective power of leaders, partners, and community members.** Building a Culture of Health **means recognizing we are all in this together and share a common vision for providing all with the opportunity of better health.** This includes…**finding and empowering champions (including those with and without positional power)**; and strengthening all people's voices and contributions through authentic civic engagement.	**Harnessing the collective power of leaders, partners, and community members.** Building a Culture of Health means that **we are all working together to provide everyone with the opportunity for better health.** This includes…**developing community leaders (including those with and without positional power)** to foster collaboration, collective action, and authentic civic engagement.

Prize winners often stood out for their efforts to remove structural barriers to good health, and for how they could create more equitable opportunities by embracing both lateral and hierarchical approaches to leadership. In recognition of this learning, the "harnessing collective power" language was added in 2015 as the headline for criterion four (and later revised to "maximizing collective power"), which described how systemic change can be achieved through collaboration and coordination. The importance of "developing community leaders" was further emphasized in the 2016 criterion language. Time and again, Prize winners demonstrated how they maximized the power of residents to make direct impacts on their own communities through leadership development and capacity building efforts.

In criteria revisions for 2015, Prize staff included an assertion that building a Culture of Health means that community members "share a common vision." Upon reconsideration of this notion in the following program year, Prize staff and reviewers realized that it is unrealistic and unnecessary for community members to all coalesce around a single vision of health and justice, and in fact, a singular focus on one vision may unintentionally diminish imagination and inclusivity. Instead, multiple "visions" can be pursued simultaneously and in concert with each other when community members work together and recognize various forms of leadership, bringing their unique passions and skills to that work.

Lessons Learned

Developing the Culture of Health Prize criteria and analyzing and modifying the criteria language continually for each Prize cycle was a complex and challenging endeavor, because the process served dual purposes. First, and most straightforward, Prize program staff needed to ensure that the criteria were understandable, fair, and could be reliably applied in the assessment of applications. These are standards that any assessment criteria should be able to meet. Layered on this was the charge to develop criteria that were relevant and valid as principles of community improvement across different community contexts, which are constantly in flux. Such criteria cannot be static, nor can they adhere to any single "gold standard" of what a Culture of Health *should* look like in all places. Instead, the criteria were the product of adaptive, inductive learning about what a Culture of Health *can* look like across settings. The process necessitated an iterative, reflective approach which positioned the Prize criteria to be as externally valid as possible.

Our approach to developing a set of qualitative criteria and use of ongoing feedback and assessment processes, for the purposes of continuous quality improvement and bi-directional learning, can be informative to others working to assess or highlight complex community change. It offers a way for program planners, funders, evaluators, and others to embrace complexity, anticipate unexpected findings, and incorporate learnings grounded in community experiences into planning, assessment, and dissemination. The Prize criteria themselves, and the lessons we learned about how language matters, can be useful to others in considering how to promote and articulate key principles of community improvement, collective action, and health equity. For example, UWPHI used the criteria to organize lessons learned from Prize winners in our research and dissemination work, to formulate guiding principles for the CHR&R program, and to inform development of the Assessing Action for Community Transformation (AACT) tool—a collaboration between Georgia Health Policy Center, Institute for Healthcare Improvement, and CHR&R—which helps communities assess, discuss, and plan collaborative community improvement efforts. The Prize program offers many lessons, strategies, and stories to guide and inspire others in working to build and strengthen communities where *all* can thrive.

About the University of Wisconsin Population Health Institute

The University of Wisconsin Population Health Institute advances health and well-being for all by developing and evaluating interventions and promoting evidence-based approaches to policy and practice at the local, state, and national levels. The Institute works across the full spectrum of factors that contribute to health. A focal point for health and healthcare dialogue within the University of Wisconsin-Madison and beyond, and a convener of stakeholders, the Institute promotes an exchange of expertise between those in academia and those in the policy and practice arena. From 2013-2021, the Institute led and managed the RWJF Culture of Health Prize in collaboration with the Robert Wood Johnson Foundation. For more information, visit http://uwphi.pophealth.wisc.edu.

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