



Robert Wood Johnson
Foundation



Report From the
*National
Listening Tour*
on a Culture of Health

In collaboration with
NewStories and the Robert Wood Johnson Foundation

“You have been telling the people that this is the Eleventh Hour, now you must go back and tell the people that this is the Hour. And there are things to be considered . . .

Where are you living?

What are you doing?

What are your relationships?

Are you in right relation?

Where is your water?

Know your garden.

It is time to speak your Truth.

Create your community.

Be good to each other.

And do not look outside yourself for the leader.”

Then he clasped his hands together, smiled, and said, “This could be a good time!”

“There is a river flowing now very fast. It is so great and swift that there are those who will be afraid. They will try to hold on to the shore. They will feel they are torn apart and will suffer greatly.

“Know the river has its destination. The elders say we must let go of the shore, push off into the middle of the river, keep our eyes open, and our heads above water. And I say, see who is in there with you and celebrate. At this time in history, we are to take nothing personally, Least of all ourselves. For the moment that we do, our spiritual growth and journey comes to a halt.

“The time for the lone wolf is over. Gather yourselves! Banish the word struggle from your attitude and your vocabulary. All that we do now must be done in a sacred manner and in celebration.

“We are the ones we’ve been waiting for.”

~Hopi Elder
Hopi Nation
Oraibi, Arizona

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Hello:

I'm Kristin Schubert, managing director of the Healthy Children, Healthy Weight team at the Robert Wood Johnson Foundation (RWJF). I want to start this note by thanking you for participating in conversations with NewStories to help us learn more about how we can engage communities in building a Culture of Health for everyone in America.

My role in our mission to build a Culture of Health is to lead the Foundation's efforts to ensure our children, and the families and caregivers who love them, have the supports they need to live the healthiest lives possible—access to nutritious food and affordable day-care centers, the opportunity to walk into a healthy school every day, and lives enhanced by federal, state, and local policies that nurture kids' growing minds and bodies, and support their families in making healthy decisions.

Achieving this mission is no small task—it is one that is made stronger and more authentic by the perspectives, ideas, and voices of everyone in a community involved in a child's life—doctors, teachers, bus drivers, grocery store owners, parents... and you. You—who took the time to be honest about how health plays out (or doesn't) for families in your community—have played a valuable role in helping to strengthen our efforts.

We are committed to using what you shared to inform our work. Specifically, we heard that we should:

- Be clear—use understandable and specific language in our communications with you about our grants, processes, and other investments.
- Be responsive—involve you in our grantmaking processes from the beginning—act on your ideas for how we structure grants and what we require of grantees.
- Be flexible—think about how we can structure our grants in innovative, new ways that nurture sustainability and engagement in your own efforts to build health in your community.
- Be aware—don't stop listening here. Keep asking questions of you and others like you. Be open to feedback and new fresh approaches.

Feel assured that your voices are heard. We engaged staff across RWJF to hear and discuss what you had to say. And, there is no doubt that this report will be a resource for years to come—one we know we'll keep building on as our mission evolves.

We've got a lot of work to do in building a Culture of Health and we can't do it without voices like yours.

In gratitude,

Kristin Schubert, MPH
Managing Director
Robert Wood Johnson Foundation

Our Thanks

We would like to begin this report by expressing our deepest gratitude to the Robert Wood Johnson Foundation (RWJF) and to the people and communities that so warmly welcomed us and whose stories we were privileged to hear.

Part of the reason we were able to do this work on such a short time line was the relationships and presence that RWJF already had established in communities across the country. Everywhere we went, we found traces of RWJF and the good work you have supported. We heard stories of years-long partnerships and of RWJF projects, grants, and research that have already done wonders to help people and communities throughout the U.S. We offer a deep thank you to all of you at RWJF for asking the hard questions that you are asking and for entrusting us with a piece of this work. We hope we can help illuminate at least a part of the path forward for RWJF.

We're also deeply grateful to the people in the communities we visited for the generosity and openness with which they shared their stories with us. They shared their truths about their own lives and also about what they believe needs to happen to build healthier people, families, and communities. We could never have expected the warm welcome that we received. For us, this has been the biggest gift of all—to see how, in the face of generations of adversity, people continue to come together, to work towards something better, because it's not only the right thing to do but also the most inspiring thing to do. And they continue to open their arms and doors to those of us from the outside to learn what it is they are doing, at the local level, to lift each other up. We extend our deepest thanks to them.



We are excited to share these learnings with you. We felt humbled as we witnessed the commitment, perseverance, and knowledge of so many people working to make things better in their communities. We would even go so far as to say that our own wholeheartedness was restored as we listened to these stories. We hope that we can at least partially transmit the wealth of learning we experienced and the privilege that we felt in seeing incredible people working towards a Culture of Health. And we are confident that the Listening Tour has made RWJF more aware of the extensive practical knowledge present in communities.





Overview

Introduction

What a time we live in. Frequent and astonishing breakthroughs in the science and technology of medical care combine with greater understanding of nutrition, exercise, and alternative therapies. You'd think that people in the United States would be among the healthiest on the planet! We're not—the U.S. ranks 37th in the world for health, even though we're among the top three globally for annual per capita spending for health care, at more than \$9,000.

What's clear is that simply throwing more money at health and hoping something will change is not the answer. What else is needed?

After decades of focus on the health care system, RWJF recognizes that complex social factors have a powerful influence on our well-being. It has become evident that to improve the nation's health, all sectors must be engaged to improve population health, well-being, and equity.

As a society, we have the knowledge we need for our children, families, and communities to be healthy. In 2014, the Robert Wood Johnson Foundation (RWJF) announced their vision of working with others to build a Culture of Health. RWJF's intent is to make sure that everyone in America has an equal opportunity to live the healthiest life possible.

RWJF's Culture of Health website puts it clearly, "Building a Culture of Health means working together to improve health for all. It means placing well-being at the center of every aspect of our lives. In a Culture of Health, Americans understand that we're all in this together—no one is excluded. Everyone has access to the care they need and all families have the opportunity to make healthier choices. In a Culture of Health, communities flourish and individuals thrive."

RWJF wants to make sure all families with young children have access to the social, emotional, and nutritional building blocks for lifelong health and resilience. Based on this intention, in early 2016, RWJF partnered with us at NewStories—a U.S.-based educational nonprofit dedicated to utilizing the power of story to inspire social innovation—to conduct a National Listening Tour on health across the U.S.



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RWJF wanted to hear directly from families and caregivers who live in economically disadvantaged communities where critical health challenges exist in order to learn how to better support families with the greatest needs. In the Listening Tour, we chose to visit places that, from the outside, looked as if they were facing a lot of challenges. We suspected that if we looked deeper we would see that the places with the greatest challenges were also the places with the greatest capacity for change, communities capable of using the insight, energy, commitment, and resources they could pull together to find ways to create health and well-being.

Neither RWJF nor NewStories had any interest in simply “parachuting” into communities, seeing and grabbing what insights and information we could, and then leaving. We wanted to learn from communities in a way that added value for the people we engaged with. We wanted to go to the source of the health challenges and solutions, right into the hearts of communities. With that intention, we went into diners, community halls, and healing spaces. We listened to what’s working and what’s not to create a Culture of

Health. We did not go in with preconceived ideas and check boxes. Instead, we listened in ways that allowed community members to express themselves freely so that we could discover new ways to hear the deep wisdom people and communities hold. While designing and conducting this tour, we never lost sight of these intentions.

We also thought creatively about what we could leave behind. At NewStories, our gift lies in facilitating conversations and creating safe spaces for people to share what matters most for them. And so we offered that to communities. Instead of asking community leaders to convene focus groups for us, we asked what conversations they already wanted to have in their communities that we could relate to the goals of the tour. We sat in on gatherings that were already planned, designed mini-workshops, and met with one or two people at a time in cafes across America. Additionally, we offered our support for designing and facilitating gatherings where people felt safe to share their personal stories around health. We captured each of the conversations in beautiful hand drawings (called graphic recordings), which you can find throughout this report.



Where Our Journey Took Us

The Listening Tour has taken us from the lush mountains of West Virginia to the majesty of the Pacific Coast, from the prairies of Eastern Oklahoma to the sub deserts of New Mexico. We've been fortunate to listen to thousands of people in 24 communities across 16 locations all over California, New Mexico, Oklahoma, and West Virginia. In every place, people shared what they are doing to restore health and dignity, and talked about the obstacles they encounter on their journey to health. These insights that ordinary people have about their health and their lives provide essential directions for creating a Culture of Health.

We spent time talking with and listening to people from all different walks of life:

- ▶ Children who play in community gardens
- ▶ Parents who are dealing with challenges that range from drug addiction to mental health issues
- ▶ Grandparents who wake up at 4 a.m. to make sure their grandchildren get to school on time
- ▶ Activists and community builders



- ▶ Latinos, American Indians (Cherokee in particular), and black, Asian, and white people
- ▶ Individuals whose families have lived on the same piece of land for generations and who, like their parents, grandparents, and great grandparents before them, still have difficulty earning enough to properly feed their families
- ▶ People who are out of work and people who are trying to get ahead but can't.

These are the voices of people who matter. We also spoke to community organizations and nonprofits supporting communities. All across this country, both ordinary people and those who get paid for this work are taking responsibility for their health.

In the tables and charts below, we've described the communities we visited during the Listening Tour. We chose locations as diverse as possible based on culture, demographics, and geography. Nevertheless, these communities are not a representative sample of the entire country.



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Arizona



Phoenix 15 22-60 50% 50%
Race/Ethnicity: Multiple Ethnicities

California



Oakland 25 21-35 50% 50%
Race/Ethnicity: Latino

Oakland 15 35-55 30% 70%
Race/Ethnicity: 8 black, 2 white, and 5 multiracial/other ethnicities

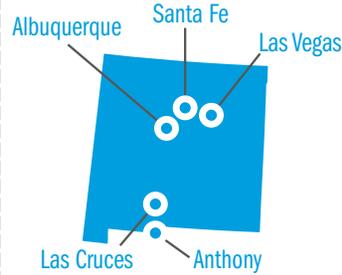
Stockton 8 35-50 30% 70%
Race/Ethnicity: Latino, black, and white

Stockton 45 14-75 65% 35%
Race/Ethnicity: Mostly black, some American Indian, some white, some latino

Stockton 47 17-85 25% 75%
Race/Ethnicity: Black

Total 140 14-85 40% 60%

New Mexico



Albuquerque 64 16-74 20% 80%
Race/Ethnicity: Multiple Ethnicities

Anthony 25 8-63 20% 80%
Race/Ethnicity: Mostly Latino, American Indian, and a few white

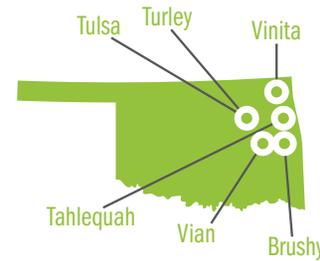
Las Cruces 35 27-68 40% 60%
Race/Ethnicity: Mostly white, 2 black

Las Vegas 10 35-45 20% 80%
Race/Ethnicity: American Indian, latino, multiracial, and white

Santa Fe 3 42-65 33% 66%
Race/Ethnicity: 1 latino, 2 white

Total 137 8-74 27% 73%

Oklahoma



Brushy 35 5-95 40% 60%
Race/Ethnicity: White

Tulsa 7 5-75 15% 85%
Race/Ethnicity: American Indian and multiracial ethnic background

Turley, Tulsa 20 11-65 20% 80%
Race/Ethnicity: 40/60 black and white

Tahlequah 5 55-75 60% 40%
Race/Ethnicity: Mostly Cherokee

Vinita 20 14-65 30% 70%
Race/Ethnicity: Mostly American Indian and white, 1 black

Vian 5 11-55 0% 100%
Race/Ethnicity: Black and American Indian

Total 92 5-95 27% 73%

West Virginia



Charleston 10 20-60 0% 100%
Race/Ethnicity: White

Charleston 7 5-45 0% 100%
Race/Ethnicity: Mostly white

Charleston 8 30-50 50% 50%
Race/Ethnicity: Mostly white

Charleston 35 20-65 50% 50%
Race/Ethnicity: Mostly white

Williamson 30 20-80 50% 50%
Race/Ethnicity: Mostly white

Cabin Creek 20 25-80 50% 50%
Race/Ethnicity: White

Statewide 500 18-70 50% 50%
Race/Ethnicity: Multiracial

Total 610 5-80 36% 64%

5 states
16 locations:
7 cities, 9 rural places

We listened to a total of 1019 people

- Location
- # of people listened to
- Age range
- Male
- Female

California

PLACE	ORGANIZATION NAME AND WEBSITE	DESCRIPTION OF COMMUNITY CONVERSATION AND PARTICIPANTS	# OF PEOPLE	AGE RANGE	MALE/ FEMALE RATIO %	RACE/ ETHNICITY
Oakland	Safe Passages http://safepassages.org	Parenting class series finale	25	5 to 45	50/50	Latino parents and children
Oakland	Oakland Community Organizers (OCO) http://www.oaklandcommunity.org	Conversation with community leaders on what's working and what's challenging in Oakland	15	35 to 55	30/70	8 black, 2 white, and 5 multiracial/ other ethnicities
Stockton	PICO National Network http://www.piconetwork.org	Conversation with community leaders on what's working and what's challenging in Stockton	8	35 to 50	30/70	Latino, black, and white
Stockton	Fathers and Families http://www.ffsj.org	Two circles, one generic community storytelling circle, and one on health	45	14 to 75	65/35	Mostly black, also American Indian, white, and Latino
Stockton	Victory in Praise http://victoryinpraise.org/vip	Listening session on social justice	47	17 to 85	25/75	Black
Total	5 conversations		138 people	14 to 85		

In addition to the above circles, we spoke to the following:

- ▶ Oakland Unified School District Department for Health and Wellness (<http://www.ousd.org/schoolwellness>)
- ▶ Human Impact Partners (<http://www.humanimpact.org>): providing health data for community organizations
- ▶ Youth UpRising (<http://www.youthuprising.org>)
- ▶ Oakland Voices (<http://oaklandvoices.us>): community journalism

New Mexico

PLACE	ORGANIZATION NAME AND WEBSITE	DESCRIPTION OF COMMUNITY CONVERSATION AND PARTICIPANTS	# OF PEOPLE	AGE RANGE	MALE/ FEMALE RATIO %	RACE/ ETHNICITY
Albuquerque	Health Equity Partnership http://nmhep.org	Statewide annual gathering of different community and organizational leaders active in health	64	16 to 74	20/80	Multiple Ethnicities
Anthony	La Semilla Food Center www.lasemillafoodcenter.org	Community gathering to share the stories of how La Semilla's work has impacted people	25	8 to 63	20/80	Mostly Latino, American Indian, and a few white
Las Cruces	Doña Ana County Communities United http://www.da-cu.org	Gathering of community leaders	35	27 to 68	40/60	Mostly white, 2 black
Las Vegas	Substance Abuse Prevention Council	Community leaders and experts on substance abuse	10	35 to 45	20/80	American Indian, Latina, multiracial, and white
Santa Fe	Santa Fe County Health Office	Small group conversation with county office workers	3	42 to 65	1 male, 2 females	1 Latina, 2 white
Total	5 Conversations		137 people	16 to 74		

In addition to the various circles noted in the table above, we also had one-on-one conversations with individuals from the following organizations and communities across the state, the stories of whom are included in this report:

- ▶ Health Council Alliance (<http://www.nmhealthcouncils.org>)
- ▶ New Mexico State Department of Health (<https://nmhealth.org>)
- ▶ New Mexico Asian Family Center (<http://nmafc.org>) and Global 505 (<http://dev.siamtek.com/global505>) an alliance of ethnic minorities in New Mexico.
- ▶ Several elders, mostly from the Navajo tribe.

Oklahoma

PLACE	ORGANIZATION NAME AND WEBSITE	DESCRIPTION OF COMMUNITY CONVERSATION AND PARTICIPANTS	# OF PEOPLE	AGE RANGE	MALE/FEMALE RATIO %	RACE/ETHNICITY
Brushy	Community Center	Conversation on health with a family of three generations	35	5 to 95	40/60	White
Tulsa	Indian Health Care Resource Center http://www.ihcrc.org	Conversation on health with patients	7	5 to 75	15/85	American Indian and multiracial ethnic background
Tulsa	All Souls - Unitarian Universalist Community Center http://allsoulschurch.org	1/3 community organizers, 1/3 government health professionals, 1/3 community members	25	32 to 72	50/50	40/60 Black and white
Turley, Tulsa	The Welcome Table Center https://athirdplace.org/welcome-table-community-center	Conversation with community members and volunteers	20	11 to 65	20/80	60/40 Black and white
Tahlequah	Cherokee Nation Community Outreach http://www.cherokee.org/Services/Community/CommunityAndCulture.aspx	Conversation on health issues in different rural Cherokee communities with community leaders	5	55 to 75	60/40	Mostly Cherokee
Vinita	Grand Nation http://www.nativeknot.com/Religious-Grantmaking-And-Other-/Other-Social-Advocacy-Organizati/Grand-Nation-Inc.html	Conversation on health with participants at the Champions (Health) Camp, Grand Nation staff and volunteers	20	14 to 65	30/70	Mostly Cherokee and white, 1 black
Vian	Peace Center: food bank https://www.facebook.com/vianpeacecenter	One-on-one conversations with kids, parents and carers volunteering at or receiving from the food bank	5	11 to 55	100% female	Black and Cherokee
Total	8 conversations		117 people	Age range 5 to 95		

In addition we had one-on-one conversations with:

► Tulsa: executive director of the Jewish Community Center (<http://www.csjcc.org>), also former Tulsa police chief, known for his expertise in community policing

► Tahlequah: Cherokee Nation Health Programs and Services (<http://www.cherokee.org/Services/Health.aspx>)

West Virginia

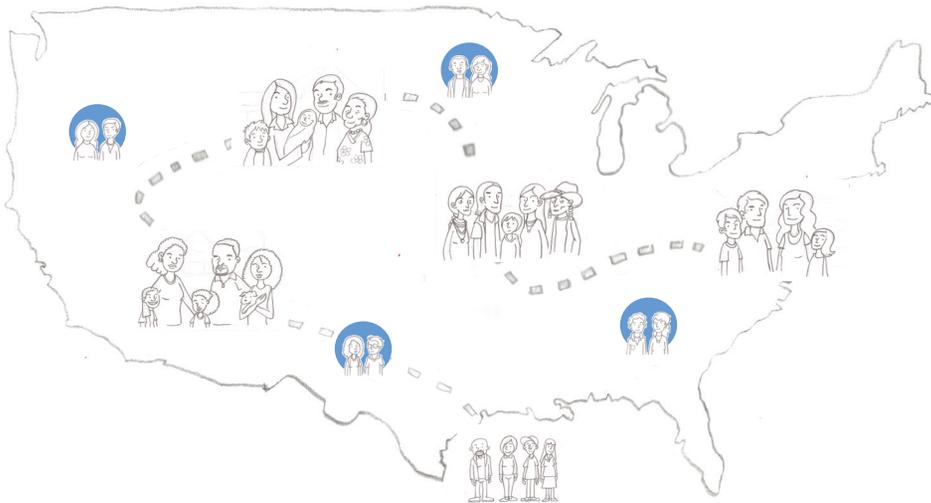
PLACE	ORGANIZATION NAME AND WEBSITE	DESCRIPTION OF COMMUNITY CONVERSATION AND PARTICIPANTS	# OF PEOPLE	AGE RANGE	MALE/ FEMALE RATIO %	RACE/ ETHNICITY
Charleston (Participants were from Kanawha and surrounding counties)	Directors Council of Day-care Providers, supported by the UVW Extension Service http://ext.wvu.edu	A group of day-care providers who have self-organized through the Families & Health Extension Agent of Kanawha County	10	20 to 60	100% female	White
Charleston	Keys 4 Healthy Kids http://keys4healthykids.com	Participants of an obesity clinic and their parents	7	5 to 45	100% female	Mostly white
Charleston	Bureau of Public Health, Children and Families, and Community Development http://www.dhhr.wv.gov/bph/Pages/default.aspx	Government staff and community leaders	8	30 to 50	50/50	Mostly white
Charleston	Statewide Adverse Childhood Experiences Coalition http://www.acesconnection.com	Actors across sectors (government, academia, nonprofits, schools) addressing ACEs	35	20 to 65	50/50	Mostly white
Williamson	Healthy in the Hills http://www.healthyinthehills.com	Community members involved in building a Culture of Health in Williamson	30	20 to 80	50/50	Mostly white
Cabin Creek	Cabin Creek Health Center http://cabincreekhealth.com/cabin-creek-health-center	Staff and patients, grandparents, and others from the community	20	25 to 80	50/50	White
Statewide	Try This West Virginia http://trythiswv.com	Statewide conference of individuals creating community initiatives around healthy eating and physical activity	500	18 to 70	50/50	Multiple Ethnicities
Total	7 conversations		610	Ages 5 to 80		

We also had one-on-one conversations with individuals from the following communities across the state, the stories of whom are included in this report:

- ▶ Lincoln County: United Way Team for West Virginia Children (<http://www.unitedwaycwv.org>)
- ▶ Tucker County: Family Resource Network (<http://www.tuckercountyfrn.com>)
- ▶ Huntington, Wayne County: Facing Hunger Food Bank (<http://facinghunger.org>)
- ▶ Braxton County: Mountaineer Food Bank (<https://www.mountaineerfoodbank.org>)
- ▶ Statewide community leaders based out of Charleston

How We Engaged

Step 1: Choosing Locations



We had ample freedom to choose locations to visit, yet given the time and resources allocated for the Listening Tour, we knew the tour would not give us a representative sample of the U.S. We **chose locations as diverse as possible** based on culture, demographics, and geography. We began by considering 10 regions and ended up working in four. Our contacts, their responsiveness, and where we had the easiest access all helped us determine where to visit.

Step 2: Outreach

Relationships undergirded this whole tour. We **reached out to people in our networks**—both professional and personal—and shared with

them a **short visual description** of the project. We then followed up with emails, phone calls, and video conference calls. As we identified community leaders and gatekeepers, we began to **set up one-on-one conversations** for a first trip to the regions where we were listening. We did this in **several locations in parallel**. In this way, we were able to **iterate and improve our approach** as we progressed, making effective use of the short time line of the Listening Tour. In this initial phase, we also worked to understand the local context and ecosystem of relationships as much as possible. In that way, we moved from the “inside out,” following threads where they took us and discovering people doing powerful work in communities.

The people we spoke to ranged from nonprofit leaders to health care professionals, from small business owners to community members who had stepped into both traditional and nontraditional leadership roles. We quickly learned that labeling people “citizen leader” or “parent/caregiver” was moot because in most cases people who took on leadership roles were also parents and caregivers.

After completing this initial outreach, we reflected and shared learnings as a team (NewStories and RWJF), identifying similarities and differences across regions. Then we narrowed our search down to the regions where there was an alignment of timing and goals that would support us in doing more listening work.

Step 3: Location-Specific Interaction Design and Gatherings

Through our conversations with community leaders, we began to identify possible paths forward that would allow us to use our time and resources well. Sometimes we joined conversations that were already planned, such as a meeting of the Statewide Adverse Childhood Experiences Coalition in West Virginia or conversations parents and caregivers were having about how



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to create healthier families for children. In other instances, we convened a group of patients at the only federally qualified health center in a region and conducted a facilitated conversation. On several occasions, we also met with a group of community members in someone’s home. Given the short time frame of the project, we worked hard to sense what opportunities were arising and to be flexible and follow those where we could. In every instance, we made sure that our presence was adding value and not creating more unnecessary work for our community partners.

Ongoing:

Learning About Context, Trust Building, and Authentic Engagement



To us, authentic community engagement meant being sensitive to the local context, building trust, and discussing how we could best convene families and caregivers.

Building trust meant listening, asking questions, sharing our goals, asking for reactions to those goals, and following the ideas and inspirations that emerged. It also meant

acting in solidarity with communities and honoring their knowledge and experience.

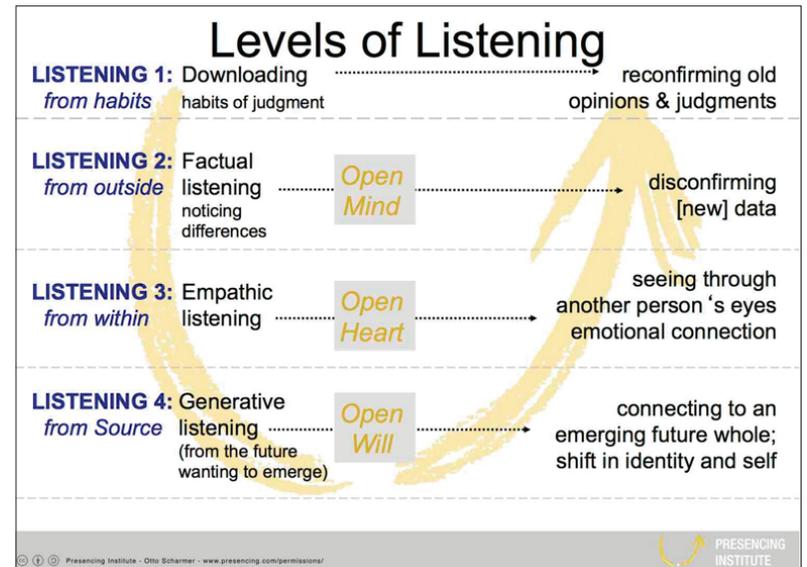
Authenticity meant being clear about the scope and time frame of the engagement as well as what promises we could and could not make. We were honest about the fact that we had no guarantee that funding would follow after we completed the tour, which meant we could not promise communities continued relationships or engagement. What we could promise was to share our discoveries with the communities themselves, allowing them to learn from each

other’s stories and approaches. And we communicated our own intentions with the project—to make this report something that would be alive and dynamic, with information, stories, and generalizations providing insights useful for everyone interested in health, including ourselves.

Looking for What Works, Deep Listening, and Power

As we set out, rather than placing all of our attention on problems and challenges, we looked for what people were already doing locally to build a Culture of Health. Therefore, we decided to use an appreciative inquiry approach in which we would identify what kinds of initiatives were building towards a Culture of Health. Of course, information about who and what is still falling through the cracks also emerged, including what the continued challenges are.

If there is one central learning from this work, it is that listening is the most important central tenet to authentic community engagement. One model that gives insight into different ways we can listen to each other is Otto Scharmer’s Levels of Listening. Otto Scharmer is the founder of the Presencing Institute and a lecturer at MIT.



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Deep listening and empathizing with another person's experience is a crucial part of building trust. We can listen to each other in a variety of ways and with different outcomes. As illustrated in the image above, there are different ways of listening or "levels of listening" one can use when listening.

When we listen, we either overlay or suspend our own perspectives and judgements. We can make decisions about how we listen, depending on what goal we have with listening. For example, if we want to learn something new, we need to open our minds to new data and practice factual listening (level 2). However, when we want to truly understand someone else's perspective and why they do what they do, we need to open our minds and hearts to practice empathic listening (level 3). In generative listening (level 4), we place our attention not on each other, but on the whole. In this case, we need to let go of our own will in order to create a space where new ideas and co-created solutions emerge, ones that we have not previously imagined.

In our interactions, we also paid attention to cultural and relational dynamics, being especially sensitive to power and privilege. We found that working in pairs as male and female facilitators was one way to address at least the gender power dynamic. It also gave people the option to choose to speak to the person they felt most comfortable with.

Different circles and communities talk about a Culture of Health in diverse ways, and people see both the challenges and potential solutions differently. Understanding the local context is as challenging as it is important, a critical piece in laying the foundation for continued work in the community. That's why, if it's possible, having "translators" who can speak both the language of funders and the language of the community is an added bonus. Olis Simmons of Youth Uprising in Oakland, California, put it well when he said, "I can talk about all of this stuff—policy, mass incarceration, housing—in the language of foundations, but I can also talk about it from the grassroots voice. We need more translators."

Capturing Stories and Insights in Words and Images

Throughout the entire tour, including the preparation stages, the one-on-one conversations, and the larger group gatherings, we took detailed notes that included direct quotes, summarized stories, and insights. We also had a graphic harvester as part of the facilitation team in each community. Our graphic harvesters created a visual representation of the larger flow of conversations and any insights that stood out, which was visible to everyone in the room. They also invited people to add or tell us what they felt was missing. This created transparency around what information we were capturing and helped people to feel heard. We used cutouts of these images throughout this report.

Step 4: Collectively Making Sense of What We Learned

Throughout the two months of listening, after both the one-on-one conversations and the group gatherings, we came together as a team (NewStories and RWJF) as often as possible to share our insights and learn with one another. From these conversations, we made adjustments to our community engagement approach.

At the end of the Listening Tour, our NewStories team did a four-day writing retreat to make sense of the stories we had heard in order to turn the tour into a lively and useful report. We reviewed all of our notes, taking quotations from conversations and putting them onto Post-it notes on a large, open wall. We then began to cluster Post-it notes, coming to an understanding of the different types of insights and stories we had collected. Through this clustering and iteration, we built a structure for the report, saw patterns, and found our red threads—the themes that tied the report and the tour together.

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Step: 5 Feeding Information Back to Communities

In designing and conducting the tour, we were conscious that we wanted the community conversations and the end product to be useful to the communities themselves. Participants in the listening sessions also shared how valuable it was to have new conversations about health and to be able to learn from each other through those conversations.

When writing this report, we knew our main audience was you at RWJF, but we also held the communities and individuals we had spoken to in mind as another potential audience for this product. While we would ultimately like to bring people from each region together in person to learn from each other, share ideas, and build relationships across regions, sharing the report is a first step in feeding the learning we have experienced back to the communities where we listened. We invite those who receive the report to have continued conversations with each other and us at NewStories.





Building a Culture of Health

As we traveled across the United States listening to people who have planted seeds for a Culture of Health in their communities, we discovered the rich beauty of this country and its people. It is a landscape of differences in cultures, environments, beliefs, and ethnicities, yet we began to notice there were things that the communities we visited had in common. Many people shared similar stories of how, in the face of a challenge, they turned to their friends and neighbors and said, “Let’s work together with what we have on hand to make this better.”

In the same way that we were able to begin seeing the attributes of the different physical landscapes we visited throughout the country, we looked for what traits or features seem to show communities are on their way towards health and well-being. We saw what people were doing in these communities, but we also saw something more—a look and a feel, a taste, and a texture—that unveiled the emergence of a Culture of Health.

We identified eight key landmarks that were often indicators of communities working towards a Culture of Health:

- **Spaces grow healthy community:** gardens, centers, clinics.
- **People take action** in particular roles: catalysts, gatekeepers, organizers, caregivers.
- **Kids are first** on the priority list of community action to improve health.
- **Values set the tone** and create a container where people naturally turn to each other with curiosity, respect, and generosity.
- **Everything is connected:** people see the interconnectedness of health issues and work with the many aspects of health and well-being.

- **Built environments promote health:** parks, walkways, bike trails, and open spaces.
- **Food matters:** people are realizing that we are what we eat.
- **Gatherings** call people together for inspiration, learning, and renewed action.

We’d like to share a sample of what we saw people doing in communities across this country around these different landmarks.

Spaces Grow Healthy Community

A Culture of Health is a lived experience, created as people open to each other—listening, sharing tears, and laughing together. Throughout our tour, we noticed that three kinds of spaces seem to particularly nurture people, community, and a Culture of Health: community gardens, community centers, and community clinics. These are the spaces that invite intimacy, vulnerability, and strength as people move into the close proximity of each other’s lives.

We bring fresh food into our elementary school in Wayne County. Our classrooms help people learn about sustainable agriculture; our produce is sold in the Wild Ramp grocery store in town. These are our community centers!

West Virginia parent

Community Gardens

In every location where we listened, community gardens are playing a vital role in community health. People in many different places spoke of how their grandparents or even parents had garden plots outside their backdoors, where they raised and harvested food they ate and preserved. As one man in West Virginia put it, “Your most important grocery store was the one just on the other side of the porch.” While this is no longer the case in most places, many are finding that community gardens are a way to introduce food and nutrition.

Community Gardens provide a big opening that shifts the relationships between people and the food they eat. Here is some of what we learned about the impact of community gardens:

- Kids love nurturing their seeds into plants. They form a relationship with food that is intimate and personal. And they see that food comes out of the ground before it goes anywhere else.
- A community garden is a place where people have conversations with each other about the ups and downs in their lives. Working side-by-side with their fingers in the soil helps people open up, asking for and offering help.
- The garden becomes a foundation for learning how to eat healthily. Once people are growing food, they want to know how to take care of it: to harvest it, preserve it, prepare it, and eat it.
- Community gardens also act as a catalyst for people to start gardens in their backyards. As one older woman in New Mexico said with a big grin, “My husband always used to disappear for hours at a time into his shop. Now I watch him go out into our garden and smile as he puts his fingers into the earth and grows delicious vegetables for us to eat.”
- Gardens produce vegetables and fruit that people enjoy sharing. During times of harvest, gardeners have more than they can eat and must figure out how to pass it along, which helps grow community and the self-confidence that flows from having

Working outside in the garden together with our hands in the dirt sharing stories is therapeutic. We can overcome some of the difficult things in our life by cooking or growing food together, talking, being a community.

Teenage mother, New Mexico

enough to eat, even if there is not a lot of money. As one single mom in Tulsa said, “Empowerment is key to not feeling poor. Feeling poor and being poor are two different things.”

These gardens start in a variety of ways and crop up everywhere. They’re on vacant lots. They’re in the backyards of older adults who have land and need labor. They’re at schools and child-care centers and out the back door of assisted living facilities. Sometimes a nonprofit organizes the effort. Other times the garden starts with an invitation from local government. Occasionally, a landowner invites friends to come on over. And then they grow.

The scope of the missions of these gardens varies a lot. Sometimes a garden is just a garden. It’s there on the street corner and people come together and grow food on the same land. That’s it. Other times it is the cornerstone of something much more—a whole community learning program devoted to growing and eating real food.





Community Centers

Places where people can gather—sharing, eating, and helping others—are also the places where community is knitted together. These centers create a space where people can be together in community. And the conversations and exchanges that take place in these centers can build a Culture of Health.

The Welcome Table in North Tulsa is a center of community. Ron Robinson, a Unitarian minister, and Bonnie Ashing, his physician wife, were born in Turley, Oklahoma, in the northern metropolitan area of Tulsa. When they learned that life-expectancy was 14 years less in Turley than in a town just one zip code away, they said, “That’s got to change.” Eventually they created what they called “a third place”—a safe space where people could gather to support each other in building healthier lives.

Reverend Ron talks about a path of following opportunities. “Our first activity was opening up the community center with a library, free computer area, free clothing area, and meeting space. Right after that we started hosting a health clinic and then the beginnings of our free

This space has evolved into something that brings community together, where people feel welcome, respected, and seen. I see you and you are valued. People who are not the volunteer types come here and feel the fire. They want to contribute. People who benefit from our services gradually start getting involved in our operations. Everybody is training everybody else with joy. There’s scarcity mentality in our community and we’re trying to counter that by always being generous, by celebrating abundance.

Reverend Ron, Welcome Table, Tulsa, Okla.

food store. Then we managed to buy a block of abandoned houses and turned it into the community garden, park, and orchard and event space. An abandoned church building came on the market and we were able to buy it to expand the free food store, started a community art room, transformed the library into a free bookstore, started a small laundry and shower, and use it for meeting and festival space.”

Financially, the Welcoming Table struggles each month to keep the utilities on. There’s an occasional grant, and sometimes a donor will give a specific one-time donation. A few people in Turley, as well as others from farther away, are regular donors.

In Stockton, the Youth and Family Empowerment Center run by Fathers and Families of San Joaquin is another example. Immediately upon entering the building, the welcoming, warm, and friendly atmosphere is palpable. It’s also a place that creates opportunities for people to learn and give back to their communities, for example through becoming community organizers. The center now offers various programs, including healing circles, parenting and financial literacy classes, and various youth empowerment and elder support programs. Fathers and Families also put emphasis on indigenous practices, intergenerational mentoring, and healing the disconnect between generations.

Community Clinics

In a “normal” clinic, people arrive, check in, wait, are seen by a professional, and then go home. In the communities where health is a priority, a clinic can also be something much more. It can be an important home, a place where people feel cared for and respected, and a space that helps them take care of their health.

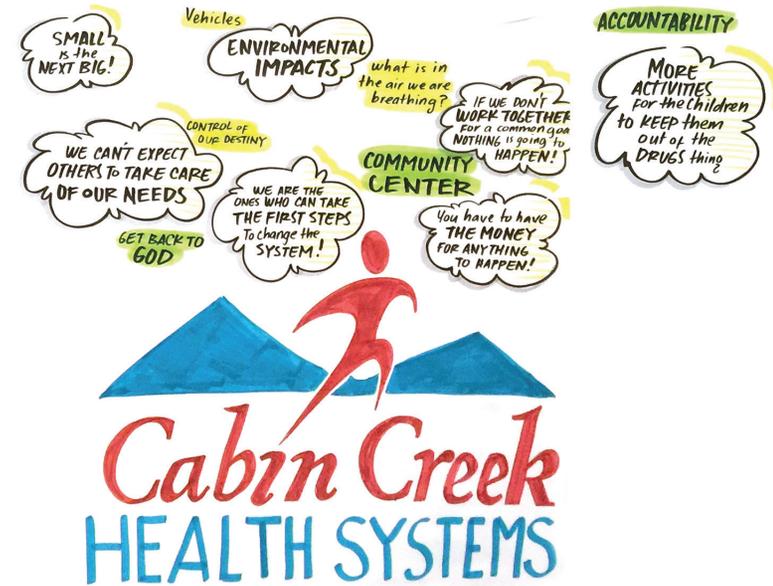
The Indian Health Center in North Tulsa is one example of a clinic where people are empowered to take charge of their own health. It has top-notch medical care with a robust administrative backend that brings in public and private dollars to make care affordable. Because of their own culture, they attract and retain excellent professionals, and they know how to do scheduling in ways that get people in and out without long wait times.

And, there is so much more: exercise rooms as well as an extensive calendar of group activities; rooms for 12-step and other support group meetings; classes in preserving and cooking foods; and more classes in diabetes, drug addiction, and trauma. Staff are available for conversation. It’s a gathering spot, a treatment space, and a learning oasis all rolled up together to help people focus on their health. And although they don’t yet have a community garden, they are looking for where to start one!

Cabin Creek Health Systems in Kanawha County, West Virginia, plays a similar role, grown out of different soil. The people of rural Kanawha County are proud coal miners and have been for generations. They’re also mostly unemployed and underemployed. Older adults often suffer with black lung, COPD (chronic obstructive pulmonary disease), and emphysema. Drug addiction and diabetes are common among all age groups. Yet despite all this adversity, they’ve managed to create a first-rate community clinic.

Cabin Creek Health Systems runs six clinics and four school-based health centers. With a dedicated professional staff, they provide primary patient care, dental care, behavioral health services, prenatal care and obstetrics, women’s health care, and a pharmacy. And what they can’t do, they refer to other professionals.

Nobody out there actually gives a damn about us. If they could plug this creek and flood this valley, they’d be happy. This here clinic is all we have. *72-year-old coal miner*



People here have lived on Cabin Creek for generations, and life has not been easy. But they know they can depend on Cabin Creek Health. They get their medicine at a reasonable price. The doctors and nurses are great. The staff work with locals on conditions such as diabetes and cascading respiratory problems and help them get family members off drugs. People find community at the clinic, where they are treated as friends and neighbors. It makes their lives just a little bit better.

What seems essential for creating a Culture of Health is that there be places where people gather and where their health and well-being is a priority. The nature of each place may be different—garden, center, or clinic—yet each is a place where there is a strong, energetic, informed invitation to restore health. They are places where people are cared for—not in the ways where people feel objectified and “less than”—but in a respectful meeting of people who care about each other and treat each other with dignity and respect.

People Take Action

For a Culture of Health to prosper, people must step into crucial roles necessary for health to flourish. They show up in community centers, gardens, and clinics. They work for nonprofits, government, or institutions, or they are individuals who have stepped forward in service roles. Some are catalysts, while others are organizers or caregivers. Many simply show up with willing hands and open hearts to do whatever is needed.



It takes them all.

Pat moved to Las Vegas, New Mexico. Soon thereafter community members started coming to her and her colleagues to share stories of corruption and mistreatment in the privatized jail, explaining that the jail was basically a revolving door—local folks got arrested, were released, and returned again (80 percent within four weeks). After hearing these stories, she felt called to help form a committee to work with the county to bring the jail back under public control and to try to create local supports to help those who were detained to access the services they need. Pat lives on donations, taking no salary or corporate or government funding.

She gets extensive personal support in the form of housing, food, and other basic services from community members who value her and her work.

In Tulsa, Oklahoma, Richard had a life earning good money as a concrete finisher. Then one day when he was grilling hot dogs at a charity event in his native village in Cherokee Nation, a little girl approached him and asked him for food. When she turned and pointed at her family and said, “They’re hungry and have no money, either,” it opened his heart. That’s when he began devoting himself to feeding the hungry, which took his life in an entirely new direction. Eventually, he and his wife created the Vian Peace Center, a local food bank, as well as an aquaponics farm (Noah’s Farm <http://www.noahfarmok.com>) that donates 30 percent of its produce to the free food economy of Eastern Oklahoma. The farm will also offer cooking classes and diabetes education, in addition to serving large markets such as Wal-Mart with fresh food.

West Virginians have for a long time been subjected to negative narratives and stereotypes. In some cases, they’ve internalized the stories about being unhealthy and apathetic. About five years ago, Kate Long, a reporter for the *Charleston Gazette*, was asked to write a series of stories about the state’s high chronic disease rate. Instead, she tracked down and wrote about dozens of West Virginians who were creating successful health-focused projects in their own communities. The series was the seed of Try This West Virginia, an organization that Kate Long now co-directs, which is dedicated to “helping knock West Virginia off the worst health lists.” In 2014, the first Try This West Virginia conference launched (<https://www.youtube.com/watch?v=caD7tRnCsQo>), and it has since evolved into a statewide movement and an ecosystem of healthy pride, networking locals working for a healthier West Virginia. In 2016, through mini-grants, social media channels, a website, and the conference, Try This West Virginia involved more than 25,000 West Virginians in creating healthier communities.

Amber and Craig in West Virginia are quite a duo. Together as health professionals, they run Cabin Creek Health Systems. They coordinate a large team of doctors, nurses, pharmacists, therapists, and technicians who provide the only health care that most in their rural area have. The people in Kanawha County, which surrounds Charleston, depend on them to deliver medicine and care, love and dignity. Amber and Craig have an unflappable presence, and each tend different parts of the large system of care—they find funds, certifications, and service providers. They

are there, solid, providing ground on which their patients, their community members, can stand. Possibly most importantly, they do what needs to be done with kindness.



Cristina in Anthony, New Mexico, knows that food is important: growing it, tending it, harvesting it, preparing it. At La Semilla Food Center, she is dedicated to creating opportunities for communities to connect around food and land and the power and healing that come from learning, growing, and eating together. The center is a farm, a training center, and an outreach hub

that served more than 10,000 people in 2016. Cristina’s passion for people and the land from which it grows guides La Semilla. She is a teacher, an organizer, a farmer, and one of several core staff who lead this vibrant organization. The farm acts as a hub for a related set of activities—helping educators teach kids about healthy foods, assisting local farmers in bringing their crops to market, and shaping nutritionally sound public policies. Cristina talks about the farm as “an education and demonstration farm guided by agro-ecology and permaculture principles.” It serves as a public gathering space that uses food, fun, and spirit to build community and that strives to produce the highest quality food while providing impactful youth and family programs.

HEALTHY FOOD
AS MEDICINE

Sammy, the founder of Fathers and Families of San Joaquin, is an open-hearted, inspiring man full of passion and energy. He’s a leader, political activist, and mentor who knows that healthy families and communities are the cornerstone of a healthy society and that protecting children, honoring women, and respecting elders is essential. He also believes that safe, strong, and resourceful communities treat individuals and families equitably and honestly; promote positive family images and recognize family strengths; and create opportunities for individuals and families to achieve healing, health, wellness, and their human potential. Because of his background, Sammy understands the hardships that his community members in Stockton face. As a youth, he was a victim of gun violence. After being shot through the chest, he flatlined and doctors later revived him. Then at age 18, he was convicted for gun violence. When he was released from prison, he carried the trauma from being shot as well as the trauma of incarceration, yet he wanted to give back to his community in every way he could. Fourteen years ago he founded Fathers and Families of San Joaquin, whose mission is to promote the cultural, spiritual, economic, and social renewal of the most vulnerable families in Stockton and the greater San Joaquin Valley.

Vicki Downey, a Pueblo elder in New Mexico, knows that health cannot be restored until trauma is released. She goes where called and hosts trauma workshops to help people heal. Working mostly with women and mostly with American Indian populations, she shows up. She spoke of a particular trauma circle developed in Pueblo communities where women sit in a circle, each holding a rock. The first woman, who acts as a woman from the past, starts by speaking of the oppression of the European colonialists, who excused their egregious behavior with a papal decree that American Indians were less than human. Then she places her rock in the sack and passes it to the next woman in the circle. They each tell a story of exploitation and disregard as the sack passes, getting heavier and heavier. Finally, the woman representing our current times is presented with this heavy, overflowing sack of rocks.

BUILDING A CULTURE OF HEALTH

In many ways the Cherokee are a tightly knit community that takes care of its own. The Rainbow House Free Store was conceived and established by a small group of Cherokee elders in 1996 and 1997. The elders wanted to find a way to help those people in their communities who did not have adequate clothing, household items, furniture, or even food. The Rainbow House Free Store began in a small storefront in downtown Locust Grove. Community members donated items that were displayed in the store. The plan was to provide help to families and individuals in a manner that protects each individual's dignity. The store was open to anyone who expressed need. To this day there is no charge for any items in the store. Shoppers aren't required to show the usual detailed identification or family history that is often necessary to qualify for assistance. A volunteer staff runs the store. Additionally, the Cherokee Elders Council operates the store on donations from the Cherokee Elders Council membership, community members, District Tribal Council members, generous benefactors, corporations, businesses, churches, and area stores. Lorraine Hummingbird Bates has been part of the Cherokee Elders Council almost from the beginning. She was invited into the group in 1997 shortly after moving to Oklahoma. It quickly became a

passion of hers to do what she could to assist in reaching out and aiding as many people as possible. Eventually, she became the council's grant writer and was able to write several grants that were instrumental in purchasing equipment, supplies, and educational opportunities to support the growth of their projects. More recently, grants offered through the Cherokee Nation allowed the Cherokee Elders Council to build and equip a new Rainbow House in Locust Grove in 2010. The building is still a work in progress that will allow for classrooms and meeting areas to benefit the community. Each council members is responsible for locating donated goods for the store and distributing all the donations to community members in need. One of their favorite projects is providing Christmas gifts and meals to around 250 children and elders each year.

Ron and Bonnie in Turley, Oklahoma, have found that to do their work at the Welcoming Table, they must partner everywhere—with schools, churches, and civic groups. The University of Oklahoma Graduate School of Social Work and the University of Tulsa have been key partners, as well as Open Table Community Cafe, Community Food Bank of Eastern Oklahoma, Tulsa Health Department, Tulsa McLain School Foundation, Turley Community Association, and North Tulsa Farmers' Market. Since buying the buildings for their work, they don't have much of a budget, but part of what makes Welcoming Table so effective is that they are very good at watching for where people have energy and working with their energy. That process is very informal. People talk with each other about what's happening and what else might help. Decisions about what to do next are easy—someone says, "I'm going to do this, can anyone help me?"



BUILDING A CULTURE OF HEALTH

Dr. Jamie Jeffrey knew that the work she did as a pediatrician in Charleston, West Virginia was important. Yet she also wanted to go upstream and figure out what could help children experience better health before arriving at her office. A researcher, she meticulously searched the web to find out what was working elsewhere to help children in becoming healthier. She knew she could not transplant those practices into West Virginia, but she could be informed by them as she started a new initiative which has grown into KEYS 4 Healthy Kids (<http://keys4healthykids.com>). Starting in one area in Charleston and then another, she set out to create a new program that would assist kids by focusing on eating, exercise, and the spaces and support needed to facilitate improvement in these areas. KEYS provides education, toolkits, and ideas that can easily and immediately be implemented back at home by community leaders, as well as follow-up opportunities for community leaders to stay up to date on what they've learned.

Given her successes in preventing childhood obesity, increasing access to fresh and affordable foods, and increasing opportunities for physical activity in certain counties across West Virginia, she and her team are taking this initiative statewide. Dr. Jeffrey no longer serves as a pediatrician. She believes she can make more of an impact on child health by growing this program.

These are the kinds of people the Robert Wood Johnson Foundation (RWJF) needs to witness, listen to, learn from, and collaborate with if you want to support a Culture of Health. And this is not only true for RWJF, but also for anyone who is a funder or trying to create his or her own community health initiative. These people know what the health challenges are in their communities, how to approach those challenges, and where to turn for help in their communities. They don't need to be told what to do because they already know what needs to be done.



Kids Are First

In every community we visited, we found people concerned with the health of kids doing what they could to care for them. Licensed child-care providers know that what they feed their children is likely the only solid nutrition they will receive all day. A grandfather raises his son's children and a mother provides a home for her deceased sister's kids. Foster homes get created to save children from abuse. Some say, with sadness, that we must forget about the adults and care for the children. Others say that true child health requires healthy families and that we must discover what that means when families seem to be irreparably broken and the system is geared towards separation. One community organizer in Oakland, California explained that, "Shelters for homeless people separate families, women and children in one place and men in another."

What's been a game changer in supporting kids' health is that large numbers of people understand the importance of nutrition and exercise. In addition, the research on Adverse Childhood Experiences (ACEs) and social determinants of health are no longer secrets. We seem to be reaching a tipping point in terms of awareness.

This awareness shows up across the whole spectrum of childhood life and care, including:

- Supporting mothers before birth
- Taking care of the youngest
- Providing child nutrition in institutionalized settings
- Emphasizing well-being in schools
- Shifting policies and practices.

While many agree that supporting kids is important, what this means when it comes to action varies a lot.



Before Birth

We heard many stories about the importance of prenatal nutrition and about the support teenage moms need. Some communities are still struggling to even acknowledge these issues. In one West Virginia community, for example, the high school simply turns a blind eye to the significant levels of teen pregnancy among its students. The general attitude seems to be: "No, we're not going to make contraception available or increase sex education or provide support for young moms." That attitude contrasts with stories about Chandler High School in West Virginia and the Teenage Parent Program (TAPP) (<http://schools.jefferson.kyschools.us/Special/Tapp>) in Kentucky. TAPP is a program that has enabled thousands of pregnant and parenting young women to complete their high school educations. The program works with teenagers who are pregnant or already have kids. Rather than stigmatizing them and ignoring their needs, the program trains them in all aspects of parenting and child health in addition to providing on-site child care during the school day. The program is now achieving a 97 percent high school graduation rate among girls who likely would have dropped out in the past. And today, 90 percent of those graduates go on to postsecondary education.

People at the Indian Health Center in Tulsa, Oklahoma, talked about how they are supporting mothers in being healthy—without blaming or shaming them—as the first step in preventing childhood obesity. In New Mexico, people discussed how essential it was to help young moms who know little about good nutrition learn how to take good care of themselves and their babies.

Taking Care of the Youngest

Of course there's agreement that young children need to be given good care. And there are a wide range of opinions about how to do this. Yet in reality, children receive many different kinds of care. We encountered three very different kinds of stories:



- Kids who are cared for by grandparents, aunts, uncles, single parents, or both their parents. Although the caregivers we encountered often had minimal resources and were frequently stressed and tired, they gave children as much love and attention as possible. We encountered so many good people providing this kind of care. Sometimes they were also receiving support from organizations devoted to children's well-being. The Indian Health Center in Tulsa, Oklahoma, and Safe Passages in Oakland, California, offer support groups where people come together to figure out what the next step is in raising kids. La Semilla Food Center in Southern New Mexico brings young families into community gardens. Keys 4 Healthy Kids, a program started by a pediatrician in West Virginia, has child obesity clinics that work with children and caregivers, providing education, toolkits, and follow-up to community organizations. These are hyperlocal and very nuanced efforts.
- Kids neglected and abused in their families of origin, either by relatives or by formal systems of foster care. Everywhere we went we heard about these kinds of circumstances, particularly

in the context of the child abuse and neglect that follows from parental drug addictions. The stories we heard in West Virginia were the most pervasive and poignant. Simply put, the number of kids who need different care is staggering. Many people we encountered shook their heads, saying they didn't know what to do. Yet people are rising up to meet the challenge. Programs such as Handle With Care, mentioned later in this report, help to reduce the inadvertent deepening of trauma that happens when kids arrive at school afraid and unprepared after a hard night at home.

- Kids for whom their formal child-care system is their main source of continuity and health. In West Virginia, we had the opportunity to meet with a coalition of formal child-care providers convened and supported by the West Virginia University County Extension Service. They've been meeting for several years and have had a chance to build trust and learn how to listen to each other. They told us, for example, about the many challenges they had met and overcome as they followed Keys 4 Healthy Kids guidelines to improve childhood nutrition. They showed what happens when there's an alchemy of external knowledge—the guidelines—and a committed community of people who will figure out how to make it work. They know that to best support parents they need to have daily informal conversations with them and that they have to figure out how to work more with the families of their children. They also know that if they can help a family have three dinners together a week, there's a 65 percent lesser likelihood of drug abuse in the family. Finally, they know they are the one source of consistency in the lives of many children—70 percent of their kids are from at-risk families who have no transportation and live in food deserts.

What's necessary is listening to and trusting that good and caring people will make good choices. Knowledge and ideas can be provided to help them, but the people who have direct contact with children are the ones who have to figure out how to use their resources to make a difference. And they can be helped by organizing opportunities to learn from each other.

Child Nutrition in Institutionalized Settings

People working in child-care centers and schools are aware that the food they provide may well be the most nutritious children receive all day. The school breakfast and lunch and a backpack of food to take home for the weekend are often the main sources of good nutrition kids get all week. That's in part because it's easy for frazzled parents—stressed by not having a job, self-medicating on drugs, trying to get multiple kids where they need to be on time—to wind up taking their kids for fast food, making a stop at the corner convenience store, or cooking whatever happens to be in the refrigerator or cupboards.

Licensed child-care centers in West Virginia have completely revamped the way they feed kids. They're buying fresh fruits and vegetables and avoiding frozen and processed foods. They're hiring new cooks more proficient at providing nutritious meals and training them to prepare nutritious meals for their kids. Schools in Tulsa, Oklahoma, have recognized that it takes more time to eat carrot and celery sticks than candy or chips and that kids need to be hungrier to eat something that's not sweet. So they changed the order of the school day, putting recess first so kids burn off energy and are hungrier. They then added 10 minutes to eating time (up from the actual seven minutes kids had after they went through the line and picked up their food) so that the kids go back to class with enough healthy calories to see them through the afternoon.

Emphasizing Well-being in Schools

Families all over this country are facing many challenges. We heard quite a bit about how stress and dysfunction are impacting children. Especially for kids coming from families with lots of difficulties, school becomes the main place of opportunity for improving health. But kids sometimes arrive at school after a sleepless night at home that might have involved violence, drug abuse, and visits from the police. Likely they come to school with little or no food and their homework certainly not done. Teachers and administrators don't know what's happened and can become irritated



with Johnny or Sally for not performing well. Here are some examples of schools that are effectively prioritizing their children's well-being:

- Every child in Oakland receives free breakfast at school. In addition to that, Oakland's School-Based Health Centers (SBHCs) (<http://www.ousd.org/Page/12868>) started in the 1980s and are now in 16 schools in the district as result of a partnership between the Oakland Unified School District (OUSD), Alameda County, the city of Oakland, and community-based organizations. The centers offer a range of medical and mental health services, health education and youth advisory, and health care enrollment services for families. There are still a lot of unserved schools in the district, as it takes a lot of time and resources to build these centers.
- SBHCs are just one element of a whole health and wellness program at OUSD that includes capacity building and training for school staff and behavioral health services. It includes trauma support and restorative justice, and parents are offered nutrition education. Work has been done on integrating sex education into different subjects such as the arts or English, and there are over 80 wellness champions across the district.
- OUSD also has a progressive health and wellness policy (<http://www.ousd.org/Page/15671>) that recently reorganized all the services to put the student at the center. It focuses on school gardens, safe routes to school, and nutrition and movement, as well as indoor air quality. To make the health policy more accessible for everyone, it has been translated into plain, simple language and into the more than 50 languages present in the district.

BUILDING A CULTURE OF HEALTH

OUR KIDS ARE LACKING HUMAN CONNECTION



■ In West Virginia, children are removed from birth families at a rate that is one of the highest in the nation, for either foster or institutional care. In response to the type of situation where children come to school after a traumatic night, the local law enforcement came up with a simple practice called Handle With Care (<http://www.handlewithcarewv.org>).

When police or anyone else leave a tense situation at night at a home where a child lives, one of the first things they do is fill out a simple form and send it to the child's school. They don't tell specifics; they just let people know to go easy and be supportive, rather than doing more to upset the child. The principal and teachers then know to handle the child with care. Handle With Care is one of those things that doesn't take much money. It is very straightforward and has an important stabilizing impact.



- Indian Health Resource Center in Tulsa knew that district mandates for more student exercise were not enough, so they started offering a one-day training for educators on how to incorporate more movement into their classes. A teacher is keeping data on the correlation between physical activity and academic performance, which will be used to support further change in policy and practice.

- In Stockton, through the Family Resource and Referral Center (<http://www.frrcsj.org>), teenagers receive stipends to go out and conduct research in the community around different community issues. In the process, they develop research and inquiry skills, improve their self-esteem, contribute to the community, get paid, and avoid getting into trouble.
- Through many different organizations, a variety of programs are being offered to help people take charge of their health. In Tulsa, they're giving kids practices they can do when they get mad, rather than striking out, and tools to identify and manage their own anxiety. In New Mexico, they are teaching teenage girls how to use entrepreneurial skills to improve health at their schools and in their communities. And the list goes on.

What's important to point out is that there's no single approach to school wellness that will work everywhere. Mandates sometimes work and they sometimes backfire. One positive approach RWJF can take with respect to school wellness is simply to listen to how teachers want to help kids in becoming healthier and then support their initiatives.

Making Policies and Practices

New policies and practices are important if we are going to help kids be healthy. It's hard to get local ownership around policies and practices that come from "not here" or that are imposed on communities.

For example, in New Mexico, we heard stories about how new efforts to get New Mexico to rise on the national ranking for academic excellence were creating too much stress for both teachers and students and not showing the desired effects. And in Kanawha County, West Virginia, the school cook was just plain angry about outsiders telling her how to feed her kids. "They take all that so-called 'healthy crap' and just dump it in the trash," she said.

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Her resentment was high enough that she wasn't interested in hearing how the Indian Health Center in Tulsa figured out a strategy to make carrot sticks work. Bright and strong-willed, she wasn't about to have someone from the outside tell her what to do.

Something different happens when community members come together and begin to formulate local policies to improve health. One of the promising things we saw was that local people are recognizing the need for new policies and practices, and they are working to create them.

We found the following examples:



■ Members of the New Mexico Health Equity Partnership are stars in this area. They are supporting communities in doing Health Impact Assessments to provide data to policymakers and influence decisions that have significant impacts on health, for example measuring how uranium mining in McKinley County affected the physical, emotional, economic, and spiritual health of communities.

■ The newly formed West Virginia ACES (Adverse Childhood Experiences) Coalition is bringing professionals from across the state together to create policies and actions that help to overcome the powerful effects of ACEs.

■ In Cherokee Nation, the Vian Peace Center is collecting data to show how hunger is seriously affecting children. Many people, but not everyone, involved in raising children know this is true,

and the Peace Center believes that more hard data will help others see how pervasive hunger is in Cherokee Nation so that they will be able to create better policies to care for the children.

Seen from the ground level, policies must lead quickly and effectively to new practices and actions. The line between policy and practice becomes blurred as each informs the other.



Growing food, preparing food, exercising, finding spaces to exercise, seeking out role models and witnessing them make wise choices, discovering hope, respecting each other, and trusting human goodness and compassion are all simple things that contribute to a Culture of Health. The people we encountered were not loud and passionate social activists. They were ordinary people who stepped forward because they saw an opportunity and a need and they knew they could make a difference in the well-being of children.

Values Set the Tone

Certain values—speaking the truth, welcoming others, making a path together, taking a risk, respecting both self and others—are the threads that weave together a Culture of Health.



Being able to **speak the truth** is the foundation upon which a Culture of Health is created. When people speak the truth regarding their hardships, challenges, and hopes, it opens the way for them to begin forming the kinds of strong relationships with other people and organizations that are needed for people and communities to address health challenges and to thrive. And when communities support speaking the truth, individuals are more likely to share the deeply personal stories and the hard data that are needed to both understand systemic causes of poor health and discover long-term healthier ways of living that are either already present in a community or that are wanting to emerge. The politics of boardrooms and committee meetings don't stand much of a chance in the face of communities that are committed to the truth. One example of a group that emphasizes the importance of truth-telling is the Chainbreaker Collective in New Mexico. They participate in local council meetings with one member dressed as the metaphorical elephant in the room

to draw attention to the unspoken and the unheard and to welcome those quiet voices.

Welcoming others is essential for creating the kinds of strong alliances needed not only to envision new health innovations and opportunities but also to carry out those projects over time. Sometimes, the most interesting and effective wellness projects involve unexpected collaborations between people and groups that might not spend time together if it weren't for their shared health challenges and goals. A welcoming attitude sets the tone for diverse stakeholders to come together in an open-minded fashion. Yet people in a community seem to instinctively know how to welcome each other. Even if they don't particularly like this person or that, mostly they know they are all in it together and that they actually need each other to make positive headway.

This welcoming happens at multiple levels. It occurs when people simply welcome each other—ordinary folks and professionals alike. But we also saw specific examples such as in Williamson, West Virginia, where people came together for a morning to talk about a new “health passport” program being launched through the Health and Wellness Center. They welcomed each other's ideas—talking less about *will this work* and more about what they will do to make it work. Welcoming also occurred when top professionals from across the state came together in a newly formed statewide coalition on Adverse Childhood Experiences (ACEs). The energy is a bit different—they have budgets and people they report to, and there is a deep welcoming attitude and appreciation that they must work together on ACEs.

When people come together with this spirit of welcome, they know they must **make the path forward together**. They know the direction they want to head, and together they find the next step





and the next. Because they value the process of discovering the path together, they are better able to learn from the work of others. This value makes it easier to go with the flow through the inevitable changes that happen when someone gets worn out and steps aside, or when someone else steps forward, or even when funding disappears. The work of Grand Nation in Vinita, Oklahoma, is one example. Community members who saw the rising tide of drug abuse in this small rural community turned to each other and said, “We gotta do something.” They didn’t know where to begin. But they figured it out, and now, five years later, they work in many aspects of community with exercise camps, support groups, and parent education.

Being willing to **take a risk** allows people to take the really hard steps that are often necessary to create positive change. As risky as it can be to speak of personal frailties or to try something entirely new,

these are often the kinds of actions that build positive momentum in the direction of health. The woman who now runs the food pantry at the Welcoming Table in Turley, Oklahoma, is a perfect example. At first, she didn’t even want to be there. But she sighed and agreed to come for one afternoon a week. She took the risk of opening her heart and doing many things she’d never done before. These days, she uses the few resources they have to drive her big truck to food banks, stores, restaurants, and farms to get donations of healthy food to share with her neighbors. Now, she loves what she does in her community and tries to get one afternoon a week off!

They come to **respect themselves and each other**. The work of building a Culture of Health is based on respect. It is based on helping people regain their pride and their confidence. Restore dignity, and health will follow. A young man from Santa Fe lives in the house built by his grandfather and where his father grew up as well. He sees how his neighbors are plowed under by gentrification and pushed farther away to places that are food deserts with no jobs and dwindling hope. He names what the city tries to do as disrespectful and unkind. Yet he values and respects his neighbors, and that motivates him to stand up on behalf of them. Three times now, he has successfully organized opposition to the city’s increase of bus fares. His actions make it more likely that his neighbors will be able to continue to access good food and good jobs.

These phrases only begin to describe values that are present when people get together to create a Culture of Health. The values we highlighted reach into this sense of people connecting with each other and with the land and with the very nature of life. A Culture of Health emerges from a lived experience of caring and being cared for. That is what community is truly about.

Everything Is Connected



In each community we visited, people were coming together around pressing health issues, but often these issues were just the starting point. What was most striking was that people—moms and dads, teachers, government workers, health professionals, community members, and children—knew what the issues were and knew what needed to be done, even if they were not completely sure what to do next. A West Virginian doing her doctoral dissertation on community health at Johns Hopkins University eloquently expressed it, “What’s going on in every community is exactly the same and totally different.”

Being systems thinkers doing qualitative research, we look for patterns in the stories we hear. There seems to be a pattern in how people find their way to health.

- Concern about **diabetes, shortness of breath, tiredness, and lethargy** are entry points for working on nutrition and exercise as antidotes for obesity.
- The quest for **nutritious foods** leads to a recognition of food deserts, the decision to grow community gardens, work to create farmers’ markets and other public/private partnerships, and operation of food banks and mobile food pantries that are at least trying to improve nutritional quality.
- It’s not long before conversation turns to the **economy and lack of jobs**. People without income don’t have the cars or money for gas to drive 30 miles to the store that has fruits and vegetables they can’t afford to buy. Their esteem is low and stress is high,

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and it gets taken out on the spouse and the kids, perpetuating cycles of trauma and abuse. Helplessness leads to just one more drink or hit of any available drug, a longing for escape.

- Often, stories behind **drug abuse** reveal families and communities where hope is in short supply—no jobs, isolation, no vision of any future in particular, often chronic pain. In these kinds of conditions, making meth sometimes becomes the only visible path to earning money and getting temporary release from despair.
- Then the conversation turns to **who's in jail**, who's out, and who's likely headed back. The revolving door of incarceration makes it easy to blame someone until that someone is a cousin or neighbor or son who won't be able to get a job when they get released from jail. And even if they find one, they can't get a loan for a car or a home.
- And always people talk about **children**. Grandparents raising grandkids. Older siblings raising the youngsters. Agencies trying to improve the quality of foster care and foster homes because it's the only chance kids have. Parents trying to recover dignity and their role as parents. Child-care centers that are the only points of stability in stressed and overworked households. How can all these, and more, be supported in the struggle to raise healthy children?

In communities where a Culture of Health is growing, community members know they can only do one thing at a time—but they also sense that in order to restore health everything must change. Some are content to focus on one particular issue or opportunity and do more good than harm as they try to keep things from getting worse while unsure of how to make things better. But they see the interconnected system and they reach out across all boundaries to form relationships and **real local partnerships** with others who are making a difference as well.

I do volunteer work to keep busy. I want to understand more about my community. I just got my kids back. It's not easy, but I'm taking them to the park to spend quality time. I also take them to the library and they love it. I try to do more for my kids than I do for myself. I've been sober for two years now.

Larinda, Stockton

People are called together with clarity of purpose about a community problem or opportunity. Something needs to be done, and it needs to happen right away. Usually family members of those most affected are front and center. And people know they need each other. *Now.*

These real partnerships take time to build. People must feel comfortable in stepping beyond their professional roles, be vulnerable enough to say they don't have the answers, and lean towards each other with curiosity and respect. We had a chance to listen in to two of these kinds of partnerships.



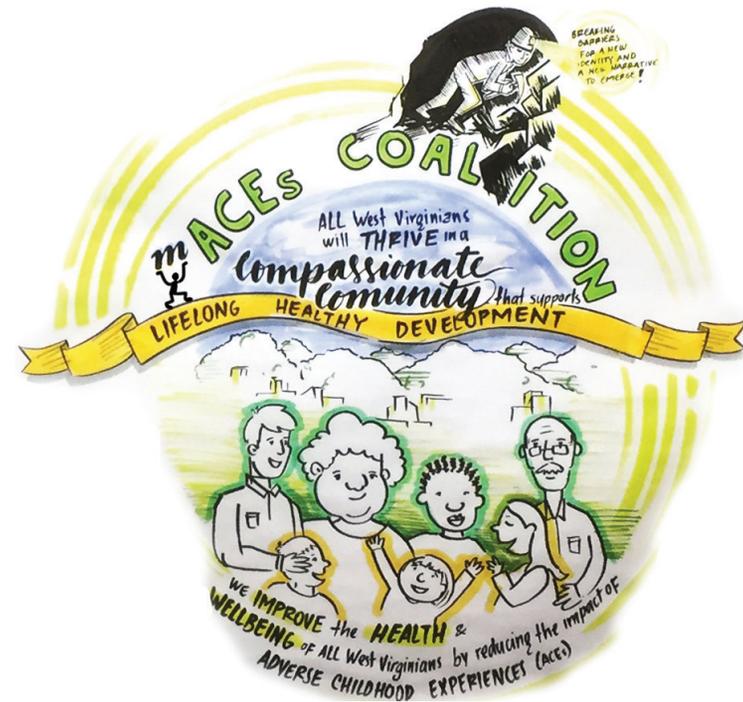
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In Las Cruces, New Mexico, Doña Ana Communities United (DACU) is working on a variety of initiatives to improve social, economic, and environmental conditions. To carry out their work, they partner with several groups including the New Mexico Health Equity Partnership, which supports DACU (<http://www.da-cu.org/>) in conducting Health Impact Assessments. The Doña Ana Communities United team was recently awarded funding to conduct a Health Impact Assessment (HIA) that will focus on the Viva Doña Ana Comprehensive Plan, which includes goals, objectives, and policies designed to improve the quality of life for residents of Doña Ana County. This is one example of community-based collaboration where members of a number of agencies are coming together to address local issues and to support each other's contributions.

In West Virginia, the statewide ACEs Coalition (<http://www.acesconnection.com>) is another great example. Government agencies, universities, nonprofits, and community activists are meeting on a regular basis to develop policies and strategies to deal with adverse childhood experiences. We were able to attend their meetings and had a clear sense that long-term relationship-building work was underway.

Health Impact Assessments (HIA) are a powerful tool for assessing how new policies, plans, and projects may impact health, and also for seeing how everything is connected. The New Mexico Health Equity Partnership (<http://nmhep.org>) uses the HIA as the backbone of their work to advance health and equity in New Mexico. We also heard about their use in Stockton, California, and met with the Oakland-based nonprofit Human Impact Partners (<http://www.humanimpact.org>), who have trained many organizations and individuals in creating HIAs.

The HIAs are a compelling example of how people working to address a variety of health concerns in their communities can develop both clarity and a capacity to communicate to authorities and funders. HIAs are a way that communities can work from real issues and concerns, combining them with hard data, developing language that makes their health issues accessible to others, and formulating policies that will support future work.



A statewide HIA of the public health and equity benefits of reclassifying six low-level crimes of drug possession and petty theft from felonies to misdemeanors was conducted in California. It showed that, if passed, Proposition 47 (<http://www.cdcr.ca.gov/news/prop47.html>) would reduce crime, recidivism, and racial inequities in sentencing, keep families together, and save the state and its counties \$600 million to \$900 million a year. Proponents used the HIA in their successful campaign for Proposition 47, which in November 2014 passed with almost 60 percent of the vote. An HIA in Oakland, Salinas, and Los Angeles showed that the use of non-exclusionary policies known as positive behavioral interventions and supports would increase time in school for students, which in turn would improve health and behavior and increase longevity, earning potential, and social connections.

HIAs have been around since the 1980s, and there is a wealth of resources available concerning how to conduct them. What's particularly significant in New Mexico is that HIAs are being carried out by enough people in enough communities that they are creating a common vocabulary that makes it easier to identify and address health issues.

Built Environment Promotes Health



A built environment that promotes health provides easy access to the beauty of nature that is walkable and bikeable, is sensitive to the needs of those with mobility challenges, and provides the pathways that connect community. Unfortunately, most cities and neighborhoods in the U.S. are not designed that way, and modifying the built environment is a very costly endeavor. It is important to consider the combination of public will and public policy that creates cities, towns, and villages that are both livable and healthy. And it's also important to learn from what people are already doing to work with their built environments in a way that promotes and supports health. Below are a few inspiring examples of communities that are doing just that.

Some people lack **access to fresh water**. At the Welcoming Table in Oklahoma, the volunteer staff pays attention to the details. For example, they noticed the family that consistently overlooked good available food choices and engaged them in a conversation that eventually revealed those foods require water to prepare as well as a way to heat that water—something they lacked in their home. Their house was old with broken pipes and no water—and they didn't have

money to fix them. So the community came together: People helped raise money to buy affordable materials and others fixed the pipes for free. The family now loves to cook their fresh meals and frequently invites neighbors with water access issues to cook in their kitchen. They're paying it forward.

In Williamson, West Virginia, **people are walking again**. Through walking clubs, they enjoy walking with others and tracking personal achievements. In New Mexico, the health councils created walking maps with safe routes for pedestrians because they believe that “when people walk, communities get stronger.” Nothing was built anew; they just reused their existing town streets and byways. They created maps for different neighborhoods with several marked trails of varying lengths. Doctors now use them to prescribe walking to patients who need more movement. A patient at the Indian Health Clinic in Tulsa told us: “One thing I started doing was to just invite my family for a walk after sharing a meal. I lost 30 pounds and they are now getting curious how I did it. They started walking more and eating less and it's working.”

Affordable housing in Oakland is a real issue. Many people end up on the streets or displaced because they can't afford their rent anymore. Lyon's Helping Hands is a family-run nonprofit that uses backyard spaces and tiny homes to help homeowners generate additional income. Meanwhile, it provides an affordable source of housing for those without homes.

Multi-purpose use of spaces. In the city of Wayne, West Virginia, the elementary school also serves as an aggregation center for fresh food that gets sold at the farmers' market. In various rural locations across Cherokee Nation, Oklahoma, food banks are using local churches to distribute food to families who who don't have enough to eat.

Making bikes accessible where there is lack of public transport. Transportation was a key health issue in every area we visited. Many can't afford cars, and public transportation is scarce or unaffordable for lots of people. That's a huge problem, especially when housing costs force people with limited incomes farther and farther away from

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population centers. That means they have to travel long distances to get to stores where they can buy healthy foods, let alone reasonably priced foods. And they often have to travel even farther to get to their jobs.



The Adult Cycling Empowerment Earn-A-Bike Program at the Tulsa Hub (<http://www.tulсахub.org>), the only program of its kind in the state of Oklahoma, has helped over 600 adults gain reliable human-powered transportation. The Tulsa Hub’s goal is to change the transportation landscape in the city, and one way they do that is through providing bikes to the homeless. The Tulsa Hub collects old bikes, and people can pay \$35 to buy a bike, or they can spend five hours helping to repair and rebuild bikes. One of the astonishing things the bike hub reports is that fifty percent of the homeless who receive bikes are able to find homes because they have transportation and can get jobs. And statistics in Tulsa say that kids are better in school when they belong to bike clubs.

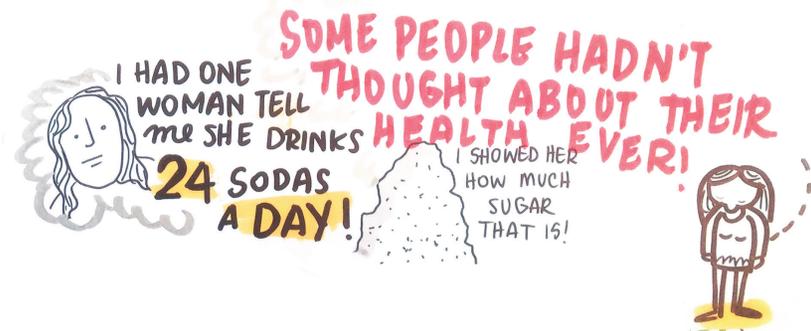
In New Mexico, the Chainbreaker Collective works to “expand access to affordable transportation and sustainable communities for working people in the Santa Fe, New Mexico region.” They also have a bike resource center for people to get free used bikes and learn bike maintenance.

Ensuring communities have adequate roads and fire safety. The New Mexico Department of Health noticed lots of domestic violence calls from one of Albuquerque’s neighboring pueblos. They also noticed that lots of kids from the pueblo were not enrolled in schools. Someone from the department approached the elders of the pueblo to find out how to address the problems. The elders said, “Thanks for coming, but we need a road. When the bridge gets flooded and we have fires here, the fire engine can’t get through, and people’s houses burn down.” So the health department supported the elders in getting the road and a fire station built. Domestic violence calls went down because the fire station housed a volunteer counselling service for domestic violence. And children’s enrollment went up because a school bus could now pick up kids from their houses.



Food Matters

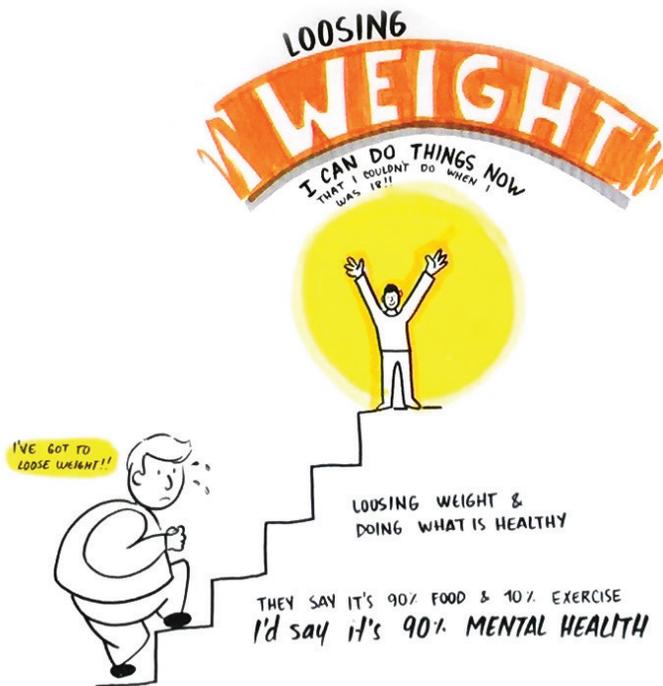
Everywhere we went people spoke of how essential good food and nutrition are for creating a Culture of Health. Unfortunately, sugar-sweetened foods and beverages and other less healthy foods are more readily available than healthy alternatives. The cheap cost of sugar-sweetened everything, the convenience of fast food chains with supersized everything, the prevalence of gas station food stores, and the lack of affordable healthy alternatives make it hard for many to find the nutritious food they want.



People involved in feeding kids in schools and child-care centers remarked about the challenges of getting kids to eat fresh fruits and vegetables, which arise in part because the foods aren't familiar. For example, we heard people in several states say that it takes the kids more time to eat healthy foods than they have available and that they take kitchen workers more time to prepare—and often they don't know how. Healthy foods end up in the garbage can and everyone ends up a little frustrated. Some places have found simple solutions, such as giving kids a few more minutes to eat.

Nevertheless, some people are finding their way to healthy foods, and they're finding that the support of their families and friends can be critical. For example, a 15-year-old young man in Stockton, California, told us, "I was 300 pounds. One day I looked [at] myself in the mirror and decided something needs to change. I started boxing and eating healthy. No more sodas. Grandma supported me. It wasn't always easy. But now I'm 180 pounds. I feel fit and a lot more healthy."

Some think that taxes may change eating habits, and there is evidence they do. But they don't create alternatives. Oakland and Stockton community organizers were opposed to the tax on sodas. In West Virginia, people question whether a higher tax on tobacco will actually make people stop smoking, or if it will just mean less money for their children's food. In both cases, taxes felt to people like a solution imposed on them, a punishment that didn't help people make healthier choices, especially when easier access to



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healthier drinks was not also provided. A community organizer in Oakland told us, “People won’t stop drinking soda because it costs them more. They will stop drinking it when they have alternatives and see the point.” To give you a sense of just how dependent some people are on soda, a lactation consultant in West Virginia said, “One of the moms I work with dropped breastfeeding because she didn’t want to drop soda. She drank 10 to 12 liters per day and her kid wouldn’t stop crying.”

Everywhere we visited, we heard stories about how significant health challenges, such as the threat of losing a leg from diabetes, suddenly gave a person a huge motivation to stop drinking soda, start finding healthy foods, and join support groups. But even with this motivation, it was often hard going. In many places, the local landscape just does not offer nutritious food—for many reasons that include:

- Some live in food deserts where stores with more nutritious foods are miles away. Time, energy, lack of transportation, and cost of transportation make those stores inaccessible. “Some of us have to drive 40 miles to find fresh food. All we have here are gas stations, dollar [stores], and liquor stores” (community member, Cherokee Nation, Oklahoma).
- For those who live closer to stores with healthy options, the convenience of fast foods, worry about higher costs for good food, actual higher costs, unfamiliarity of the food itself, and lack of knowledge in how to prepare fresh food are barriers. “School meals look disgusting and the only ‘vegetable’ kids are familiar with is pizza. People have to get familiar with what healthy foods are” (Stockton parent).
- Changes in systems are sometimes needed to make healthy eating attractive and easy. Healthy food often takes more time to prepare and more time to eat.
- “Do you know how many pounds of carrot sticks and celery and oranges I see dumped in the the trash every day? Kids just won’t



eat that stuff the government makes us feed them” (school cook in Kanawha County, West Virginia).

- “We saw that kids were not eating the healthy choices we made available and wondered what we could do. We started timing how many minutes kids had to eat—by the time they got their food and sat down, it was only seven minutes! And besides, they were anxious to get outside to play. They just didn’t eat the carrot sticks and celery. It took time and patience, but we convinced the teachers to give up 10 minutes of teaching time, and we convinced the administration to put recess before lunch. They eat their carrot sticks now and are prepared for an afternoon of learning” (school nurse in Tulsa).
- Sometimes vendors arbitrarily omit healthier foods, and big chains are sometimes less responsive to local requests and support. “I’m running a day care and had real trouble finding fresh food for my babies. I talked to Wal-Mart and for weeks tried to convince them to have more fresh veggies and fruits available. Nothing happened. One call to the manager of our locally owned grocery store helped, and a few days later they were stocked up with fresh groceries I wanted” (day-care founder and health council leader, Las Vegas, N.M.).

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Nevertheless, we began to see examples of people creating new avenues to access and enjoy nutritious, fresh food:

- Helping people begin to remember what healthy food is by helping them grow their own is what works best, and community gardens at schools mean that kids establish a new relationship with food and ask their parents for vegetables and fruits. Throughout Cherokee Nation, for example, community gardens at schools are a strategy to fill food desert gaps. Schools are also using the gardens for their science classes. “The kids planted a tomato seed and tended it as it started to grow. They watched as the fruit formed and when it got ripe, popped it into their mouth[s]. Then they asked their parents for more” (teacher in Anthony, New Mexico).
- One of the things that people running farmers’ markets know is that people have to learn how to use fresh foods, especially those they have never seen before. Selling fresh food often requires teaching people how to cook again.
- Noah’s Farm (<http://www.noahfarmok.com>), the aquaponics farm in Vian, Oklahoma, offers 30 percent of what it produces to the free food economy of Eastern Oklahoma. In the farm’s first few months, founders Richard and Jackie gave away 10,000 heads of lettuce, 100 pounds of fish, and 60 pounds of tomatoes through local food banks. Richard tells us that next year what they supply will dramatically increase. “We will be offering cooking classes to improve health,” Richard said. “And we have completed the commercial kitchen for our summer feeding program, including a dehydrator to preserve vegetables and fruits for the kids’ backpack program. We are still hoping to do diabetes education at the center and to help make tools for meal



planning and organizing exercise programs. We’re trying to write grants to help with funding.” The aquaponics farm will make a good living that will allow them to have enough. The farm will also be big enough to invite in others to form a new growers’ cooperative of small farmers Richard plans to knit together. They will have the capacity to serve large markets such as Wal-Mart with fresh food.

- “This is a place where people can come for a good meal,” said Ron from the Welcome Table in Turley, Oklahoma. “We serve meals at almost all of our weekly game nights and our monthly community meetings each month, and we also have food available for people to eat while they are using our twice-a-week free food store. In addition, we serve meals at all of our festivals, parties, and church gatherings.” Ron and his wife know that proper nutrition is a key to good health, and they do everything they can to help people in Turley eat better. The free food store distributes food from the community garden and the community food bank. Ron says, “The neighboring free community cafe gives us extras they get from restaurants and stores, and neighbors grow extra in their gardens that they give to us. We also get donations from special drives and gifts from partners. To supplement all this, we also take a monthly trip to the Tulsa farmers’ market with people from Turley, where we help them with stipends so they can buy good food.”



Gatherings

Creating a Culture of Health requires that we come together as communities, having conversations that matter—exploring, wondering, and synthesizing as we learn from our own experiences, hear about the experience of others, and work together to cocreate new possibilities.

When communities come together to share and learn, they often discover important things about their communities that they could only learn through these conversations. On the tour, we have witnessed gatherings at the **local, regional, and state** levels.

One community member told us, “We don’t know what we don’t know, and often what these experts from the outside have to tell us falls on deaf ears.” That’s why a question such as this one from an immigrant mother in Stockton—“Why should I go to a doctor when I am pregnant if I’ve never done that with my previous kids?”—can perhaps best be approached conversationally with peers rather than by listening to an expert.

In New Mexico, an organization has recognized that wealth disparity is a bigger issue than income disparity, and they regularly host mealtime conversations to help families get ahead by building their social and physical assets as well as their skills. For example, getting a driver’s license is an asset too.

The individual topics of these community conversations are less important than the fact that everywhere we heard people saying, “We need to listen to each other.” We encountered people making observations along the lines of, “We can’t do this alone. We need each other.” People talked about how these conversations were often uncomfortable, especially at first, but how they were just what was needed to move their communities towards greater wellness.

The Listening Tour itself was a context for more community conversations. We helped to bring together people who had a hunger to hear each other’s stories and to also tell them to people, like us, from “away.” In a connected community, people turn to each other and they listen, learn, and cocreate. Some of these opportunities to convene are the meetings we’re familiar with—committees, groups, and community gatherings. Others are a little less visible—the conversations held side-by-side in the community garden or while nibbling on a handful of berries in a farmers’ market.

The gathering we hosted at the Church of the Restoration in Tulsa was one memorable example. Reverend Davis, a black elder now blind, called his people together. Before June, they had never sat in the same room with each other. Because of Reverend Davis’ dual career as minister and County Director for the Oklahoma Department of Human Services, several ranking members of the city and county departments of health were there. Because his church is a sanctuary, members of the community with little or no money were also there. One woman reminded us that since she had a garden, she was not poor—she just didn’t have money. Others came because they heard something interesting might happen. Sitting in a circle, one person after another shared part of her story, her hope and longing, her frustration and anger.

As our three hours drew to a close, one woman said, “We need to keep doing this. I didn’t know all of you before and there are more out there like us. What if we start to have a potluck meeting once a month to be with each other and think together about what we can do here?” A date and time were selected. They will meet again.

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When people have an opportunity to meet with each other, share hopes and griefs, and exchange ideas, there is a chance health will be restored.

We didn't know of **three regional gatherings** when we selected the regions for the Listening Tour. But once we started reaching out to people we were immediately invited to join the Cherokee Community Leaders Conference, the Try This West Virginia Conference, and the New Mexico Health Equity Partnership (NMHEP)'s statewide gathering. In each case, a region-wide system was being convened to support each other, to learn with and from each other, and to find information, solidarity, and inspiration in each other's presence.

- Try This West Virginia (<http://www.trythiswv.com>) was started in 2014 to name, connect, nourish, and illuminate the important work people are doing across the state to make life better. We joined the June 2016 conference along with 550 others and were amazed at the many ways people are improving health in their communities.
- The annual Cherokee Community Leaders Conference (<http://www.cherokee.org/Services/Community/CommunityAndCulture/CCOConference.aspx>) brought together roughly 400 people from across Cherokee Nation. They were convened by the Office of Community and Cultural Outreach to connect and learn with each other for three days of workshops on the topics of Cherokee heritage, skill building, and leadership development.
- In New Mexico, we joined roughly 150 people who attended the NMHEP's Statewide Health Equity Gathering, an annual affair connecting people across the state. NMHEP goes a step further and convenes numerous events throughout the year (<http://nmhep.org/events>) to help people learn and connect with each other.

We witnessed a deep hunger people have to be together, support each other, and learn from each other. These annual affairs

are important for exchange of information, for deepening clarity on values and principles behind a Culture of Health, and for inspiring each other to just keep going. They create community and help people do their work better.

When creating something new, it is so easy to feel alone and isolated. And that can lead to despair and the possibility of giving up. The people at these gatherings were not giving up; they were going deeper with each other as they gained strength. A Culture of Health is hard to build or sustain without these kinds of connections. As meeting designers, we were impressed, and we also noticed areas where we had skills that we could use to support communities. Bringing our graphic recorders to support visualization of outcomes was a welcome addition, with participants commenting frequently on how helpful it was to see what they had said. Meanwhile, convenors used the graphics in reports and for other events.

And although we saw local and regional gatherings, we also found ourselves yearning for the next level of **translocal gatherings** where people from very different local systems spread out over a wider geography gather to share and learn. We did not encounter such gatherings on this tour, but we know them from our prior experience in extended communities we have helped to convene. While it is very important and inspiring to gather together with people from West Virginia, something else happens when people see that what they face and how they face it in West Virginia is not all that different from what people face in New Mexico or Oklahoma or California. Something profound happens when people discover they are in this together with communities that are located far way from their own.

What most impressed us on the Listening Tour was that all over the place, people are trying new things and discovering what works. The practices will change as those leading them make that journey. Things they see as intimately related to creating a Culture of Health require an emergent approach. Many of the initiatives we shared here started with questions such as these:



Finding New Ways to Support Communities

One of the things we were listening for on this tour was how the Robert Wood Johnson Foundation (RWJF) might engage with communities to build a Culture of Health together. In summary, we heard communities asking for a reciprocal, respectful relationship that combines the knowledge, expertise, and resources RWJF has access to with the phronesis—practical wisdom—that grows from the local context.

We heard that communities want RWJF to:

- ▶ Stick around
- ▶ Cocreate
- ▶ Support learning
- ▶ Help share stories
- ▶ Together, develop new principles, practices, and policies.

Stick Around

We saw that communities build a Culture of Health through a widening circle of relationships. In this circle, many different roles are present—providers, community workers, children, families, patients, advocates, and more. In several different places people shared that they want RWJF to be a part of this circle of relationships—not apart from it. They want RWJF to stick around and be with them for the long term, recognizing the importance of doing this work together and trusting each other.

“One of the best things about our Healthy Kids, Healthy Communities partnership with RWJF was that it was 4 years long and our program officer was there for every step and beyond! RWJF was insightful to offer a longer funding grant period to go deeper for community policy and environmental change” (Dr. Jamie Jeffrey, pediatrician).

“The multi-year funding commitments the W.K. Kellogg Foundation has provided to the New Mexico Health Equity Partnership has given us the time, space, and support to build intentional relationships, learn from one another, and strengthen community power to effectively inform policies that affect health”

(Jessica Espinoza-Jensen, capacity building strategist).

We also heard from people who want RWJF to get to know them better, understanding their vision as well as their blind spots, and forming long-term relationships in which we all grow and learn together.

Cocreate

Communities want to be able to rely on RWJF to have a broad overview of what is happening nationally to create a Culture of Health, yet they also ask RWJF to trust that they know best what is happening—and not happening—in their communities. When RWJF is able to provide communities with external funding, they want it to be flexible so they can integrate it with their other resources and opportunities. Whenever possible, many communities also want to be in multi-year funding relationships so they can breathe and get the important work done without constantly scrambling for resources.

Here are some things we heard related to this desire to cocreate:

“We know what we need. We need trust and support in finding our own solutions. And we need long term support, because changing culture takes time” (Oakland community organizer).

“If we raise an issue like Adverse Childhood Experiences (ACEs) in a community, other needs will rise to the surface. If surfacing traumas like ACEs, organizations must be ready and able to respond to the consequences. They need access to funding to be able to respond, and not to have to go through the bureaucratic process of securing a grant” (Director of a teen pregnancy program, West Virginia).

“Fund us to innovate and test and iterate and find out what works. And don’t ask us to define deliverables in advance—support us in finding ways to notice what’s happening and to define the measurements that tell the story of the work we’re doing. Movements and organizations are responding to crises now and need funding to do that. Philanthropy in its current moment doesn’t know how to fund dynamic movements like Black Lives Matter”

(Alicia Garza, Black Lives Matter).

Support Learning

Time and time again, we heard people say that they are learning as fast as they can and that they need help. Some structures for learning are being created—such as the gatherings mentioned in the previous section—but they are limited in scale and scope. Communities don’t look at RWJF as just a funder, but also as a source of expertise. The people we met know their challenges and opportunities, and they remember past failures and successes. A critical question is: How can we learn with and from each other, linking different people and communities with each other to share local practical knowledge and to bring in what RWJF and others have learned?



On the topic of learning, we heard comments such as this one:

“I was once part of a grant program that included funds for learning across multiple grantees. The convenings that I attended through that grant were really good. The process and the agenda design were focused on authentic relationships and sharing, and so we got to know each other and learn from each other in a real way”

(Quinta Seward, Safe Passages, Oakland).

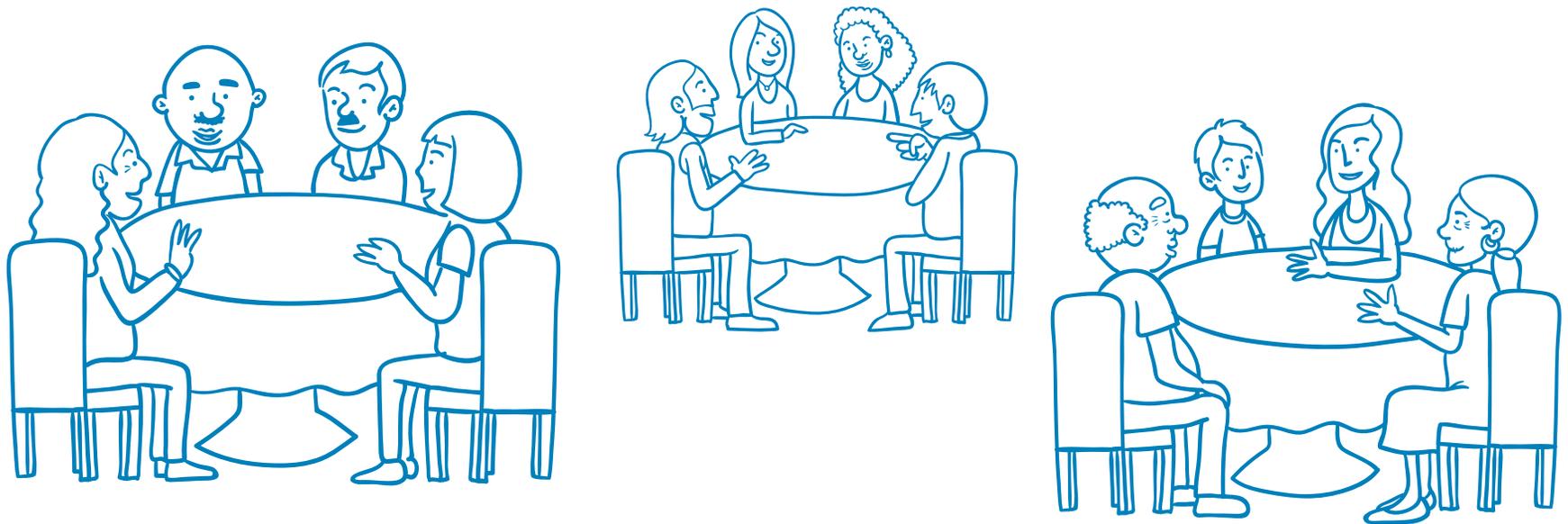
Help Share Stories

The Listening Tour helped us see the powerful work being done in communities across this country. Every morning, people climb out of bed and do what they can to improve their own health and to support others. We heard about how hard it can be to avoid getting worn down by the immensity of the challenges. We also heard about how communities keep seeing progress—step by step, family by family. It is often a challenge to both do this work and to communicate about it. Yet important connections and relationships get built through stories. Part of the reason for this report is to share some of those stories and insights in the hopes that it will foster new relationships and projects that will contribute to a Culture of Health. These stories can move the needle on creating a Culture of Health.

Perhaps RWJF can help by convening people to share their stories with each other so they can discover how to tell them to others. RWJF might also look for more ways to share local stories through its many different media channels.

In Oakland, Olis Simmons of Youth UpRising! stated, “Community cohesion—this is the thing we don’t talk about. How do we not tell the story of the downtrodden, but the solution to be uplifted?”

Christina from La Semilla Food Center in New Mexico said, “There is an incentive to keep telling the painful stories as a way to secure funding. We need grant makers to incentivize progress.”



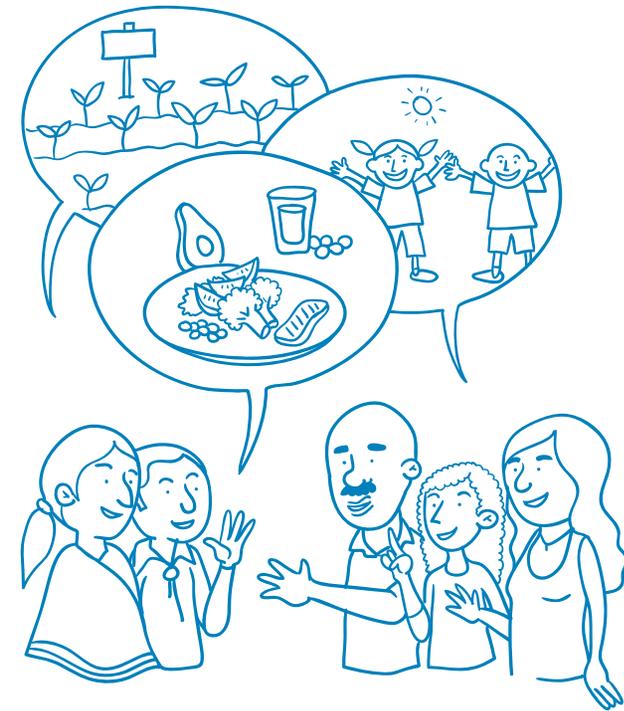
Together, Develop New Principles, Practices, and Policies

Finally, we heard people say that RWJF should work closely with communities to develop new principles, practices, and policies that can guide the creation of a Culture of Health. By being in generous and respectful partnerships, everyone involved can, together, change the landscape of health and well-being in this country. We need each other.

At the New Mexico Health Equity Partnership gathering, 64 representatives of several community organizations from all across the state came together to talk about the potential of creating policies from the lived experience. Building on their breadth of advocacy, research, and lived experiences, participants provided recommendations that are rooted in community strengths and assets to inform a statewide policy agenda that would lead to a healthier and more just New Mexico. What might it look like if RWJF were a direct learning partner in this work?

In West Virginia, Dr. Mike Brumage, executive director of the Kanawha-Charleston Health Department and the co-founder of the new statewide ACEs coalition suggests that, “Simply having the RWJF devote and perhaps elevate resources and attention to the pivotal role of ACEs among the health districts would be key in the understanding that ACEs is not just that thing out there in the behavioral health/ social worker world, but applicable to all of medicine. People would pay more attention and eventually provide more resources.” Mike hopes that the work of the coalition will lead to:

- ▶ Greater community awareness of the role of ACEs in the social, economic, and health challenges in West Virginia
- ▶ Greater devotion of resources to programs and policies that empower families to heal the trauma of the parent(s), protect the child, and create a nurturing environment for all children



- ▶ Understanding by the medical community, and the primary care community in particular, of the value of addressing ACEs in their patient population.

People in communities are partnering with each other to make a difference. We have shared many stories about how they are finding creative ways to do that even with just a few resources.

But what we also noticed on the Listening Tour was that RWJF is a known and respected partner. In conversation after conversation, what we heard is that local people want to deepen this partnership. They don't see RWJF as just a funder, they see the Foundation as an ally in creating a Culture of Health. With RWJF and others outside their communities who have financial resources, knowledge, and expertise, people want long-term partners.



Noticing How Change Happens

Many of the insights we gained in the Listening Tour shed light on the power of people and the challenges and opportunities they encounter as they work to have healthy lives and communities. As we conclude this report, we want to step back and share from a broader perspective what we learned from communities and people all over the U.S. about how change happens.

Obviously, change happens in many ways. Our focus in this report has been to examine how the Robert Wood Johnson Foundation (RWJF) and communities can work together to create a Culture of Health. In the beginning of this report, we shared where we went on the Listening Tour and who we listened to. We've written about how we engaged with communities and how we began to see the landscape of a Culture of Health that is emerging from the actions of many different people across this incredible country. We've shared what communities wanted us to hear about how they would like you at RWJF to engage with them.

How does this all come together? How are communities changing, with people orienting their lives more towards health and well-being? How do local people step forward and embrace health?

We have seen that across the U.S. people are standing up for health because they can and because they must. Their own health challenges may have forced them almost to their knees or woken them up. Concern for someone they love may have kicked them into action. A new insight may have opened a window on a possible future that had been invisible before. Somehow, they found a starting point.

I was in juvenile justice for seven years. Looking back, it's been my college experience. Once you're a criminal you're not always one. Self-education and self-knowledge supersede. I was alone from when I was 12. I got discharged when I was 25. I had no services or support system. But I wanted to change myself so bad. One day I was walking in this park and had a vision to do for others what I had lacked. A mentor taught me how to control my anger. I'm seen as a quiet leader who has the ability to draw people towards me and I support them.

Community organizer, Oakland, California

They muster whatever confidence and courage they can, and they turn to those who will join them on the journey. They begin and they learn. There is often a bit of trembling involved. They start where they see the most need and the greatest opportunity and they invite others in. Sometimes they have a grand vision. Often they are not sure of where they are going, but they have a sense of direction and look for the first step, then the next and the next. Often they have little or no formal authority. No one else told them they could or should do what calls them. Almost always they started with little or no money. Their initiatives often grow and expand quickly beyond the initial scope as they take action and learn what else is possible. Always, they bring their attention back to what's needed right here, right now.

Sometimes they start alone and move forward through sheer force of will. Often, they ask others for help because, damn it, it's the right thing to do. Even if they wanted to, they could not compel others to do anything, so they have to work with the powers of invitation and attraction rather than coercion. They share stories and ideas and models. Most of those who stay in it for the long haul turn to others for support, guidance, labor, and eventually co-ownership. It does take a village to create a Culture of Health.



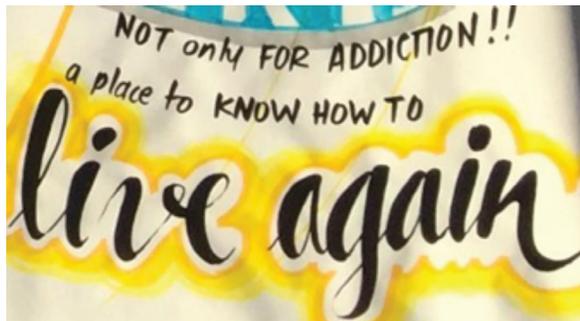
NOTICING HOW CHANGE HAPPENS

Our darkness started with my son getting his appendix taken out. The doctor handed me the pain meds and I did not question him. I handed them to my son. Two years later he was still on them. He is in recovery now. My vision is to create a place for people in recovery to find meaningful things to do, community that supports you and loves people out of their darkness.

Sandy, Vinita, Oklahoma

People they invite in show up in many different roles. Some are community organizers. Others have deep knowledge and expertise in certain areas.

One person is a catalyst for change. Another is a bumble bee, flying here and there and connecting people and projects within the system so that patterns become visible. One person returns after a long time away, while someone else shows up as a newcomer—both bring insights and experience from “away.” Still another works at a much more intimate level, helping people navigate the systems that surround their lives.



No one taught them to be systems thinkers, and most would likely shrug at the term. But because they are working in the living web of community, they know that everything is interconnected—obesity, transportation, economics, nutrition, stress, trauma, diabetes, drug abuse, exercise, medical care, incarceration, and more. How? Because their cousin is in prison for cooking meth



after he lost his job because he was too overweight to walk that far, and public transportation took two hours each way. They could be overwhelmed by the immensity of the challenges they see, and sometimes they are. But they can't give up. Lives are at stake. Their community is at stake. Their home is, too.

Often they concentrate on one part of the puzzle—but they are ready and willing to follow it wherever it might take them. The work of Grand Nation in Vinita, Oklahoma, began with a focus on drug abuse. Quickly they realized they needed to support people in living their whole, complex lives in ways that are healthy. They keep from being overwhelmed by focusing on one thing at a time. They keep from being ineffective by seeing the deep connections that weave together all aspects of life.

In community after community, the overall story is exactly the same even while the particulars are often wildly different. Creating a Culture of Health is long-term work. It won't happen overnight. As the Navajo say in New Mexico, health means “having a clear mind and a strong heart.” We make the path towards health one step at a time.

Creating a Culture of Health means a systems shift. It's not just a slogan; it means placing health and well-being back into the center of our lives.

NOTICING HOW CHANGE HAPPENS

To summarize, this is what we learned about how RWJF and communities can work together to create a Culture of Health:

- ▲ Begin with whatever is most real for the community, starting where people are, not where we want them to be. What people themselves care about most is top priority, not what some outside expert says is most important. This work reweaves the fabric of community.
- ▲ While changes can be imposed from the outside with funding and mandates from external public and private authorities, nothing really catches on or lasts until community itself has its fingerprints all over it. When communities have ownership of what they are doing, they'll change it when it doesn't work and improve it when it does.
- ▲ The greatest **disease** is **disconnection**. There is disconnection within communities, between generations and between people of different ethnic or economic backgrounds. Disconnection exists within organizations where work in silos causes wasteful use of resources.
- ▲ The antidote is simple—reconnect community with itself. Lift up the important work being done and the people doing it. Let the community see the answers and wisdom it already has. Connecting people locally as well as connecting people from different communities in conversations that matter, sharing questions, stories, wisdom, and models seeds cultural shift.
- ▲ Building a Culture of Health doesn't happen from a single master plan. The path is made by walking it, guided by a sense of common purpose and direction, while also being comfortable with not knowing. Time and time again we've heard people say, "Leap and you'll grow your wings on the way down."
- ▲ It's messy. What's done first often doesn't work. But so much is at stake, and people are in it for the long haul, so they keep

learning and moving forward. They don't get distracted into creating things that look nice but don't work. People tell us, "It's not just the big things, but also the little changes, that count. It's amazing how quickly change can happen when we come together."

- ▲ Everyone's contribution is honored. They do this work together. They actually don't have to be friends or even like each other but must encounter each other with curiosity, generosity, and respect.
- ▲ Work begins with a rich mix of people, places, possibilities, and problems where people try things and see what makes a difference. They use each other and the Internet and whatever else they can find for inspiration, information, and insights. When purpose is clear enough, they'll find the knowledge and skills needed.
- ▲ This on-the-ground experience is studied and people learn what to do next. As they go along, they develop procedures, principles, and policies to guide and enable future work. This enabling framework emerges by noticing what works and what doesn't and by getting clear about what needs to be amplified and what needs to be dropped.

We conclude the Listening Tour knowing that people all over this country are making their own roadmaps. We trust and respect them. How can RWJF help to nourish these community efforts and the people behind them so that they continue to grow and create that Culture of Health many of us yearn for?

Like the people behind the stories in this report, RWJF is in this for the long haul. Your board and your staff are dedicated to supporting this cultural shift. We look forward to RWJF's further dialogue with people in communities throughout this country as we find our way forward, together.



This report was written by Bob Stilger, Kate Seely, and Simone Poutnik from NewStories www.NewStories.org, cocreated with Jennie Day-Burget and the Robert Wood Johnson Foundation www.rwjf.org, and edited by Lucy Flood www.lucyflood.com. Illustrations and graphic design by Zulma Patarroyo and Isabel Sandoval from www.Pataleta.net.



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