

# BITHLO, FLORIDA

## 2015 Roadmaps to Health Action Awards Recipient

**Contact:** Timothy McKinney, [tim@ugo2.org](mailto:tim@ugo2.org), 407-898-8775

### Quick Facts

- Region: South
- Community type: Rural
- Population: 8,200
- Demographic profile
  - White: 65%
  - Hispanic/Latino: 22%
  - African American: 7%
  - American Indian/Alaska Native: 1%
  - Asian/Pacific Islander: 4%



### Community Context

One of the poorest communities in Florida, this small, rural community located in close to proximity to Disney World is woefully lacking in infrastructure and amenities. Major issues include generational poverty, illiteracy, and myriad social services challenges and environmental needs.

### The Partnership

In 2010, United Global Outreach began working to engage the community in identifying their needs (education, transportation, housing, environment, health care, basic needs and sense of community) and addressing them through the Bithlo Transformation Effort. The current partnership has more than 65 partners, 8,000 volunteers and an advisory council that includes community members. The partnership/coaching team includes representatives from Florida Hospital, Aspire Behavioral Health Partners, UCF Project Bithlo, Adventist Health System, East Central Florida Regional Planning Council and a community member.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by supporting the partnership in its efforts to develop long-term, evidence-based goals. They will accomplish this by prioritizing their efforts, utilizing *CHR&R* resources, engaging in the learning network and engaging residents.

# DUPAGE COUNTY, ILLINOIS

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Sarah Troll, [sarah.troll@dupagehealth.org](mailto:sarah.troll@dupagehealth.org), 630-221-7147

### Quick Facts

- Region: Midwest
- Community type: Suburban
- Population: 932,708
- Demographic profile
  - White: 82%
  - Hispanic/Latino: 14%
  - African American: 5%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 11%



### Community Context

DuPage is the second largest county and among the wealthiest and healthiest in the state. There have been significant increases in Hispanic or Latino (60%) and immigrant populations (24%) between 2000 and 2013. The number of low-income people has also grown more recently.

### The Partnership

Impact DuPage, a partnership comprised local government, funders, healthcare and human service organizations, uses a Collective Impact approach to assessment, planning and community action. The partnership has five priority areas: Access to Health Services, Affordable Housing, Mental Health, Substance Abuse and Healthy Lifestyles. The coaching team includes the DuPage County Health Department, DuPage Federation on Human Services Reform, DuPage Mayors and Managers Conference, DuPage Health Coalition and DuPage Foundation.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by targeting affordable housing, the most complex of the community's five priorities. Engagement, assessment and Collective Impact activities will be conducted in order to better understand housing needs, build trust with residents and create a common agenda for addressing affordable housing in DuPage County.

# FLINT, MICHIGAN

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Lauren Holaly-Zembo, [lholaly@crim.org](mailto:lholaly@crim.org), 810-235-3396

### Quick Facts

- Region: Midwest
- Community type: Urban
- Population: 101,558
- Demographic profile
  - White: 36%
  - Hispanic/Latino: 4%
  - African American: 57%
  - American Indian/Alaska Native: 1%
  - Asian/Pacific Islander: 1%



### Community Context

Once the epicenter of the automotive industry as the birthplace of General Motors, the city now faces major challenges related to family and social support and community safety issues. For example, Flint's violent crime rate is more than 400% of the national average, there are more than 22,000 vacant properties in the city, and the school district student population has dropped from 46,000 to 7,207. Collectively, these challenges serve as major risk factors for poor health.

### The Partnership

The Flint Community Education Initiative is led by the Crim Fitness Foundation, which has served as a convener for health and fitness programming and community engagement related to policy, systems and environmental change initiatives within the county and region. The Action Awards opportunity has allowed the Crim to convene a partnership to specifically address health needs through the development and delivery of programs and services in Flint Community Schools. The coaching team includes Crim Fitness Foundation, Greater Flint Health Coalition, Genesee County Health Department, Mott Children's Health Center, Flint Community Schools and Genesee Health System.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by creating systems changes to integrate a broad definition of health in four schools, share data across partners (schools and health system), ensure access to care through referrals and better coordinate services that impact social determinant of health.

# FRANKLIN COUNTY, MASSACHUSETTS

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Phoebe Walker, [walker@frcog.org](mailto:walker@frcog.org), 413-774-3167 x102

### Quick Facts

- Region: Northeast
- Community type: Rural
- Population: 71,372
- Demographic profile
  - White: 92%
  - Hispanic/Latino: 3%
  - African American: 1%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 1%



Photo Credit: *The Recorder*

### Community Context

Franklin County is comprised of 26 towns over 750 square miles. Median household income and median family income are substantially lower than state levels. Rural poverty, isolation and very limited public transportation contribute to challenges in accessing healthy foods, physical activity and health care.

### The Partnership

The Community Benefits Advisory Council of Baystate Franklin Medical Center's mission is to promote community wellness and improve access to care for vulnerable populations. The Council spearheads the creation of a community health needs assessment for the region every three years, identifies priority health issues and makes grants available to address them. The coaching team includes representatives from Franklin Regional Council of Governments (of which all 26 Franklin County towns are members); Baystate Franklin Medical Center; Community Action of the Franklin, Hampshire and North Quabbin Regions; Franklin County Home Care Corporation; and University of Massachusetts School of Public Health and Health Sciences.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by improving health outcomes through more rigorous evaluation and the involvement of community members in planning and implementing programs. The council coordinates the community health assessment process for the hospital, and this coaching and funding award will help improve that process.



# JEFFERSON COUNTY, ALABAMA

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Kadie Peters, [kpeters@uwca.org](mailto:kpeters@uwca.org), 205-458-2168

### Quick Facts

- Region: South
- Community type: Urban
- Population: 658,466
- Demographic profile
  - White: 52%
  - Hispanic/Latino: 4%
  - African American: 42%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 1%



### Community Context

Jefferson County is the largest in the state, and each of the 35 municipalities and 12 school districts has its own political structure. The geographic concentration of poverty is similar to the concentration of Blacks in these same census tracts, and life expectancy can vary by up to 20 years across census tracts.

### The Partnership

The Jefferson County Health Action Partnership is part of a larger Collective Impact initiative and focuses on five strategic issue areas: Advancing Health Equity, Improving Mental Health, Optimizing Healthcare, Promoting Healthy Lifestyles and Optimizing the Built Environment, Transportation & Safety. Established in 2007, it is a coalition of more than 80 organizational members. The coaching team includes partners from the United Way of Central Alabama, Community Foundation of Greater Birmingham, Jefferson County Health Department, Midfield City Schools and Freshwater Land Trust.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by aligning health equity strategies and actions for greater impact in the community. The partnership will focus on helping to support each of their new priority groups (e.g., cultivating leadership roles for residents, facilitating community-wide discussions, addressing health equity, creating learning support structures and more), bringing a more intentional focus to the partnership's work, and beginning to genuinely address equity and resident engagement.

# JOPLIN, MISSOURI

## 2015 *Roadmaps to Health* Action Awards Recipient

---

**Contact:** Lisa Nelson, lcnelson@freemanhealth.com, 417-347-4987

### Quick Facts

- Region: Midwest
- Community type: Rural
- Population: 51,316
- Demographic profile
  - White: 88%
  - Hispanic/Latino: 5%
  - African American: 3%
  - American Indian/Alaska Native: 2%
  - Asian/Pacific Islander: 2%

### Community Context

The Joplin region is characterized by low wages, significant health risks (smoking, teen pregnancy and obesity), low educational attainment and a history of environmental damage due to mining practices. Situated at an interstate crossroads, there are numerous fast food chains in the region and food equity is a concern.

### The Partnership

The Joplin Area Food Action Network (JFAN) partnership strives to increase access to healthy, locally grown food. Members include businesses, non-profit organizations, local government agencies, faith-based organizations and individuals. JFAN is not limited to the Joplin City limits and intends to include all areas where local residents live, work and play. The coaching team is comprised of representatives from Freeman Health System, Webb City Farmer's Market, Joplin Health Department, Economic Security Organization, University of Missouri Food & Nutrition Extension Program and Joplin Family Y.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by ensuring that the partnership's strategies are community led. Leveraging previous *Roadmaps* coaching, they will further engage vulnerable populations and seek successful strategies to address food insecurity while building on the assets and lessons learned about resilience that arose from the tornado devastation in 2011.

# KANSAS CITY, KANSAS & MISSOURI

## 2015 *Roadmaps to Health* Action Awards Recipient

---

**Contact:** Lucinda Noches Talbert, [Intalbert@kchealthykids.org](mailto:Intalbert@kchealthykids.org), 816-523-5353

### Quick Facts

- Region: Midwest
- Community type: Urban
- Population – 145,786 (KCK), 459,787 (KCM)
- Demographic profile
  - White: 40% (KCK), 55% (KCM)
  - Hispanic/Latino: 28% (KCK), 10% (KCM)
  - African American: 27% (KCK), 30% (KCM)
  - American Indian/Alaska Native: 1% (KCK), 1% (KCM)
  - Asian/Pacific Islander: 3% (KCK), 3% (KCM)

### Community Context

Kansas City, Kansas (KCK) and Kansas City, Missouri (KCM) are adjacent cities that form the urban core of Greater Kansas City. The region is racially and ethnically diverse, and is impacted by poverty. For many years, Kansas City has been influenced by urban sprawl which has led to the deterioration of the urban core and physical isolation of Black, Hispanic and poor residents.

### The Partnership

The Bi-State Healthy Communities Initiative focuses on increasing opportunities for physical activity, improving access to affordable, healthy foods in under-resourced neighborhoods, and leveraging community assets that improve health and quality of life for under-resourced communities in KCK and KCM. The coaching team includes representatives from KC Healthy Kids, Rosedale Development Association, Healthy Communities Wyandotte, Ivanhoe Neighborhood Council, Upper Room and Vineyard Neighborhood Association.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by scaling the Bi-State Healthy Kids initiative through continued support of existing healthy neighborhood initiatives, building the capacity of under-resourced neighborhoods that have not participated in healthy eating and active living efforts, building individual leadership capabilities and bridging these efforts through peer learning.

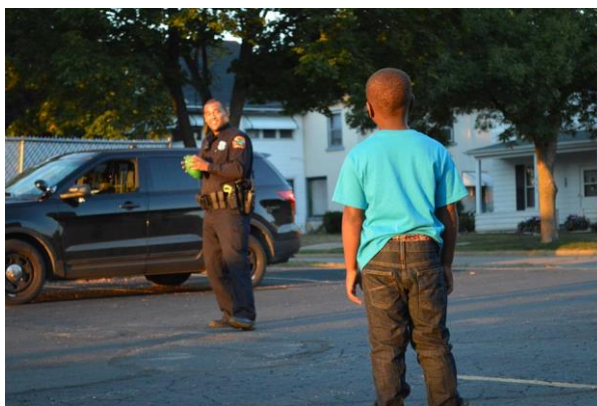
# LA CROSSE COUNTY, WISCONSIN

## 2015 *Roadmaps to Health* Action Awards Recipient

### Quick Facts

- Region: Midwest
- Community type: Urban
- Population: 116,713
- Demographic profile
  - White: 91%
  - Hispanic/Latino: 2%
  - African American: 1%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 2%

**Contact:** Catherine Kolkmeier,



ckolkmeier@uwlax.edu, 608-785-5151

### Community Context

La Crosse County is comprised of urban and rural communities. It has a higher rate of poverty than the state and a lower per capita income. The Hmong is the largest minority population, and the area was home to the Ho-Chunk Nation who are still part of the community.

### The Partnership

The partnership is Healthy County: La Crosse, whose members address the needs of underserved populations. The coaching team includes representatives from the La Crosse Medical Health Science Consortium, Western Technical College, Gundersen Health System, Great Rivers United Way, University of Wisconsin-Extension and La Crosse County Health Department.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by addressing health more broadly and re-designing the partnership's health improvement plan with attention to socio-economic conditions. This will be accomplished by educating partners, seeking voices of underserved populations, incorporating what has worked in other communities, learning how to measure and evaluate socio-economic factors and educating decision makers.



# LINN COUNTY, IOWA

## 2015 *Roadmaps to Health* Action Awards Recipient

---

**Contacts:** Stephanie Neff, SLNeff12@gmail.com, 319-360-5558  
Linda Langston, Linda.Langston@linncounty.org, 319-892-5000

### Quick Facts

- Region: Midwest
- Community type: Urban
- Population: 216,111
- Demographic profile
  - White: 89%
  - Hispanic/Latino: 3%
  - African American: 4%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 2%

### Community Context

In Linn County, income, educational attainment and health factors/outcomes are all better than the state average. The community's response to the devastating floods in 2008 generated a much more collaborative way of working together. However, challenges remain, including increases in rates of overweight/obesity, diabetes and asthma; increases in the unintentional injury rate; and disparities in access to medical services in rural areas.

### The Partnership

After participating in *CHR&R's* Boundary Spanning Leadership program, the Linn County partnership implemented tools to develop a model for community coalition building and strategic planning, and developed a cross-sector Food Environment Alliance to facilitate partnership relationships across sectors. Coaching team representatives include Blue Zones Project Cedar Rapids, Technical Consulting Services, United Way of East Central Iowa, Cedar Rapids Community Schools and Linn County.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by further developing the Food Environment Alliance as a model for increasing well-being and resilience within the community using the issue of nutrition as a starting point, with significant attention to community engagement in populations with greatest health disparities and needs. The partnership will also grow its capacity to replicate other successful local efforts, such as pilot work with the National Academies of Science focused on building and maintaining community resilience.

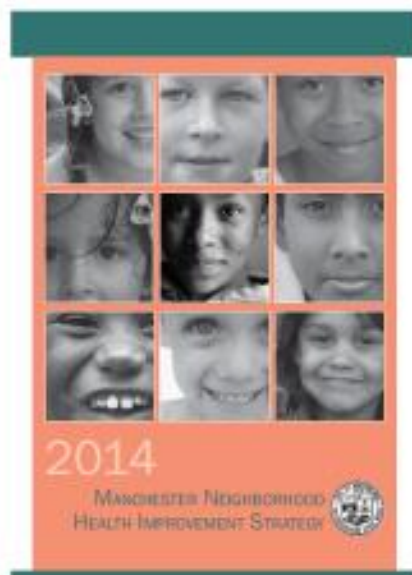
# MANCHESTER, NEW HAMPSHIRE

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Anna Thomas, athomas@manchesternh.gov, 603-628-6003

### Quick Facts

- Region: Northeast
- Community type: Urban
- Population: 109,364
- Demographic profile
  - White: 82%
  - Hispanic/Latino: 8%
  - African American: 4%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 4%



### Community Context

Manchester is the largest community in New Hampshire and Northern New England. Although it is located in a predominately rural and affluent state, Manchester is an urban community with public health challenges similar to those found in larger cities across the United States. Eight neighborhoods in Manchester are considered Federal Poverty Areas.

### The Partnership

The Manchester Neighborhood Health Improvement Strategy (NHIS) Leadership Team is the collaborative that guides and monitors the community health improvement process for the Greater Manchester area. It includes representatives from government, health care, philanthropy and business, and neighborhood champions. The coaching team includes partners from the City of Manchester Health Department, Dartmouth-Hitchcock Partners to Community Wellness, NeighborWorks Southern New Hampshire, Granite United Way and Manchester School District Innovation Zone.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by maximizing business engagement and building on the community engagement the partnership has developed with their Community Schools Initiative. Using a Collective Impact approach, the partnership will focus on strategies to engage a diverse group of stakeholders to support the Manchester NHIS, reach vulnerable populations and define a role for businesses to foster public-private partnerships.

# MONADNOCK REGION, NEW HAMPSHIRE

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Linda Rubin, LRubin@Cheshire-Med.COM, 603-354-5454 x3930

### Quick Facts

- Region: Northeast
- Community type: Rural
- Population: 103,000
- Demographic profile (based on Cheshire County)
  - White: 96%
  - Hispanic/Latino: 2%
  - African American: <1%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 1%

### Living Wage Work Group (LWWG)



### Community Context

The region is abundant in natural beauty and community spirit. It also is challenged with socio-economic disparities that are intensified by its rural landscape and diminishing state and local resources. Cheshire County includes the City of Keene and 22 rural towns. The median household income is lower than that of the state, and 505 residents live at or below 300% of the federal poverty level.

### The Partnership

The Healthy Monadnock partnership was founded in 2007 by the Cheshire Medical Center with a 2020 mission to make the region the healthiest community in the nation through engagement of champions (partners, organizations, schools and individuals) working to address the social determinants of health and make the healthy choice the easy choice for everyone. Focus areas include living wages/jobs, healthy eating, active living, educational attainment and mental well-being. The coaching team includes representatives from the Hanna Grimes Center (community development), Keene State College, Keene Unitarian Universalist Church, W.S. Badger Company (business), City of Keene and Keene Housing Authority.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by building on efforts to develop and implement a living wage campaign, which the partnership began in January 2014. This will be accomplished by engaging members most affected, building political will and sharing learning widely.

# PETERSBURG, VIRGINIA

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Maghboeba Mosavel, [mmosavel@vcu.edu](mailto:mmosavel@vcu.edu), 804-628-2929

### Quick Facts

- Region: South
- Community type: Urban
- Population: 32,000
- Demographic profile
  - White: 15%
  - Hispanic/Latino: 4%
  - African American: 79%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 1%



### Community Context

According to the 2014 *County Health Rankings*, Petersburg City was identified as the least healthy county in Virginia, and ranked at the bottom on both health factors and health outcomes. Petersburg is part of a region known as the Tri-Cities. Each of these communities has its own governing system, but they work together to address and impact regional issues.

### The Partnership

The Petersburg Wellness Consortium provides a space for collaboration among various entities working in the Petersburg area to promote health and wellness, and to impact health outcomes. The coaching team includes the city manager, a community activist and partners from Virginia Commonwealth University, Virginia Department of Health – Crater Health District, the YMCA of Petersburg, the Cameron Foundation and Virginia Cooperative Extension Service – Virginia State University.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by positioning the Petersburg Wellness Consortium as an inclusive and sustainable umbrella organization to improve health in Petersburg. They will accomplish this by building on existing and emerging assets, sustaining current partnerships and developing new relationships with key organizations, and making changes that focus on policies, systems and environmental solutions.



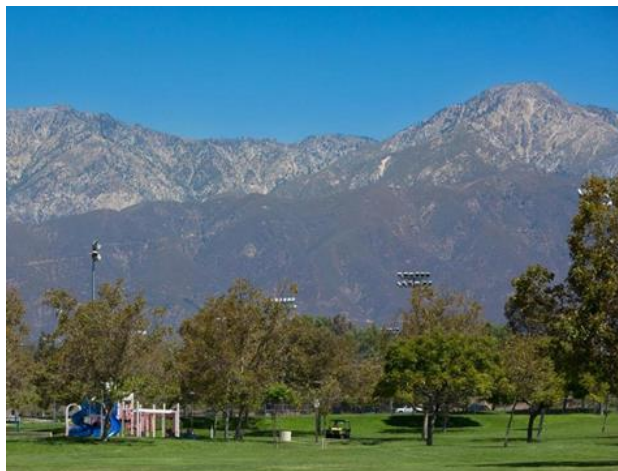
# RANCHO CUCAMONGA, CALIFORNIA

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Erika Lewis-Huntley, [erika.lewis-huntley@cityofrc.us](mailto:erika.lewis-huntley@cityofrc.us), 909-477-2700 x2008

### Quick Facts

- Region: West
- Community type: Suburban
- Population: 167,743
- Demographic profile
  - White: 43%
  - Hispanic/Latino: 35%
  - African American: 9%
  - American Indian/Alaska Native: 1%
  - Asian/Pacific Islander: 11%



### Community Context

Rancho Cucamonga is an ethnically and racially diverse community in Southern California. After several decades of exponential population growth, vineyards and citrus groves have been replaced by sprawling housing and retail development. These environmental conditions were major factors that have led to an increase in obesity and related health problems.

### The Partnership

Healthy RC is a comprehensive city-community partnership that is committed to playing an active role in long-term policy, systems and environmental changes to support healthy living and a sustainable community. Facilitated by the City Manager's Office, the Healthy RC collaborative consists of city departments, local residents and over 75 community stakeholders with diverse expertise to improve complex community health issues. The coaching team includes representatives from the City Manager's Office, non-profit agencies, the San Bernardino County Department of Public Health and community residents.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by identifying data-driven indicators and performance metrics to measure the impact the Healthy RC initiative has made on the community. The development of the Healthy RC Evaluation Plan is community driven, engaging residents, stakeholders and partner organizations to collect, analyze and interpret data, and to identify the tools and indicators to measure effectiveness. Data-driven indicators will align with the eight community health priorities identified in the Healthy RC Strategic Plan, and will inform implementation of policies, programs and plans.

# SCHENECTADY, NEW YORK

## 2015 *Roadmaps to Health* Action Awards

**Contact:** Erin Simao, [bucksmeiere@ellismedicine.org](mailto:bucksmeiere@ellismedicine.org), 518-831-7073

### Quick Facts

- Region: Northeast
- Community type: Urban
- Population: 65,902
- Demographic profile
  - White: 58%
  - Hispanic/Latino: 11%
  - African American: 20%
  - American Indian/Alaska Native: 1%
  - Asian/Pacific Islander: 4%



### Community Context

Geographically, Schenectady is the second smallest county in upstate New York. Residents of the city are generally less affluent and less healthy than residents of the surrounding towns, with a poverty rate that is nearly double that of the county. The city has a significant minority population comprised of West Indians of Guyanese descent.

### The Partnership

The Schenectady Coalition for a Healthy Community was originally established to ensure community input into the state-mandated merger of the three Schenectady hospitals. It has since become a broad forum supporting coordination of health care and services within the community, with virtually all local healthcare/community service non-profits and local government agencies represented. The coaching team includes partners from Ellis Medicine, United Way of the Greater Capital Region, Schenectady Community Action Program, Schenectady Inner City Ministry and Schenectady County Public Health Services. All members of the coaching team are also members of the Food Insecurity Workgroup of the Coalition.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by furthering the partnership's accomplishments in addressing food insecurity. The partnership will build upon previous community engagement and *Roadmaps* coaching, and utilize a Collective Impact approach to develop a strategic plan during the first six months, then move into planning and implementation.

# SHENANDOAH, PENNSYLVANIA

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Kay Jones, [kjones@schuylkillvision.com](mailto:kjones@schuylkillvision.com), 570-622-6097

### Quick Facts

- Region: Northeast
- Community type: Rural
- Population: 4,981
- Demographic profile
  - White: 80%
  - Hispanic/Latino: 17%
  - African American: 1%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: <1%



### Community Context

Shenandoah was once a prosperous coal mining community with a population of 30,000 before the industry's decline. Schuylkill County is part of the Appalachian Regional Commission, and has many of the challenges of other rural communities, including high rates of poverty and unemployment, and low postsecondary education rates.

### The Partnership

Healthy Shenandoah was created in 2014, beginning with a community assessment that informed the development of initial priorities and projects. The partnership includes representatives from education, social services, health care, business, faith and non-profit organizations as well as residents. The coaching team includes representatives from Schuylkill County's VISION (the umbrella organization for Healthy Schuylkill), Schuylkill County, Clinical Outcomes Group, Rite Aid and Senior Living Community.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by establishing safe, connected walking trails and effective programs to increase their use. The partnership will remain committed to addressing resident engagement, especially among Hispanics in their community.

# SPRINGFIELD, MISSOURI

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Patricia Deck, pdeck@commpartnership.org, 417-888-2020

### Quick Facts

- Region: Midwest
- Community type: Urban
- Population: 164,122
- Demographic profile
  - White: 87%
  - Hispanic/Latino: 4%
  - African American: 4%
  - American Indian/Alaska Native: 1%
  - Asian/Pacific Islander: 2%



### Community Context

Located in the Ozark Mountains, Springfield is the third largest city in the state, and its size and physical location make it an educational, transportation, recreational and medical hub for the region. The unemployment rate is 5.6%, and 22% of residents live below the poverty line.

### The Partnership

The Community Partnership of the Ozarks' Healthy Living Alliance works to develop and sustain a healthy community where everyone can thrive. Their four focus areas are nutrition, physical activity, tobacco and access to preventive services. They also engage in efforts to address many areas of economic distress including housing, education and access to care. The coaching team includes partners from the Community Partnership of the Ozarks, Inc., Springfield-Greene County Health Department, CoxHealth, Missouri State University and Ozarks Regional YMCA. The Healthy Living Alliance is currently transitioning from the YMCA to the Community Partnership. The Alliance was created in 2011 with funding from the Missouri Foundation for Health and expanded with a Community Transformation Grant.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by better positioning the partnership to advocate and coordinate health efforts, and implementing and evaluating change strategies. The partnership is utilizing a Collective Impact approach.



# STAMFORD, CONNECTICUT

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Vincent Tufo, vtufu@charteroakcommunities.org, 203-977-1400

### Quick Facts

- Region: Northeast
- Community type: Urban
- Population: 126,456
- Demographic profile
  - White: 53%
  - Hispanic/Latino: 24%
  - African American: 14%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 8%



### Community Context

The city has enjoyed significant economic growth and development in the last decade but struggles with pockets of poverty and health disparity. The county ranks high in health outcomes but low in other health factors, and specific neighborhoods concentrated in Stamford's West Side have significant disparities in health, employment and income.

### The Partnership

Since its founding in 2012, the **Vita** Health and Wellness Collaborative has helped promote community health, reduce health disparities, expand access to healthy foods, and promote health education and job training/business development for residents at all skill and income levels. To date, they have leveraged more than \$125 million in public and private investments to make Stamford neighborhoods more walkable, transit-accessible and connected. The coaching team includes representatives from Charter Oak Communities, Stamford Hospital, the City of Stamford, AmeriCares Free Clinic, Family Centers and Norwalk Community College.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by designing an evaluation process that is inclusive, iterative and informative. It will address the partnership's five areas of concentration: Health and Wellness in the Community, Healthy Eating/Urban Agriculture and Nutrition, Active Living/Parks and Recreation, Good Jobs and Local Businesses, and Hospital and Community Connections.

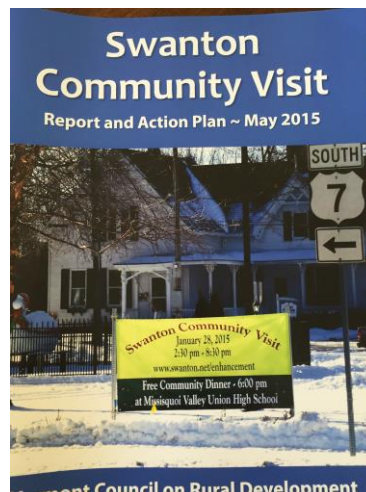
# SWANTON, VERMONT

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Molly Lambert, mpplambert@yahoo.com, 802-868-4989

### Quick Facts

- Region: Northeast
- Community type: Rural
- Population: 6,427
- Demographic profile
  - White: 93%
  - Hispanic/Latino: 1%
  - African American: <1%
  - American Indian/Alaska Native: 2.5%
  - Asian/Pacific Islander: <1%



### Community Context

Swanton is governed by two municipal bodies, Swanton Village and Swanton Town, and sits on 41,408 acres of land. The Abenaki tribal headquarters, Lake Champlain and the Missisquoi Wildlife Refuge are within Swanton's borders. Swanton has a poverty level which is higher than that of the county and state.

### The Partnership

The Swanton Enhancement Project (SEP) formed in 2013 to create a more vibrant community and a place where people want to live, work, learn and play. The partnership has grown from a nucleus of six individuals in 2013 to hundreds of participants currently. The group gained momentum through the Community Visit Program sponsored by the Vermont Council on Rural Development. The coaching team includes representatives from the Swanton Enhancement Project, Franklin County Caring Communities, Swanton Village and Town government officials. The partnership functions under the direction of a 15-member steering committee.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by providing resources to implement strategies from the Swanton Enhancement Action Plan <http://vtrural.org/town/swanton> that will result in sustainable policy, cultural and environmental change. Focus areas of the Swanton Enhancement Project include downtown traffic, walkability and parking; expansion and access to outdoor recreation opportunities; economic development; substance abuse reduction; and the arts.

# VICKSBURG, MISSISSIPPI

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Linda Fondren, linda@shapeupsisters.com, 601-619-7277

### Quick Facts

- Region: South
- Community type: Rural
- Population: 23,725
- Demographic profile
  - White: 32%
  - Hispanic/Latino: 2%
  - African American: 66%
  - American Indian/Alaska Native: <1%
  - Asian/Pacific Islander: 1%



### Community Context

This small city is located between Memphis and New Orleans, at the southernmost tip of the Mississippi Delta. It is part of a region with a unique racial, cultural and economic history. Almost one-third of residents live below the poverty line, and there are very high teen birth and obesity rates.

### The Partnership

Shape Up Mississippi is a local nonprofit organization that began as a grassroots movement created by a local gym owner with a primary focus on obesity prevention. During the past five years, it has expanded its focus by connecting with partners such as the United Way, a local university, the city, the chamber of commerce, the school district, a counseling center, the police department and others to decrease barriers to healthy living. The coaching team includes Shape Up MS, Kings Empowerment Center, United Way, the school district, the city and Alcorn State University Extension Services.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by increasing opportunities for community members to engage in healthy eating and physical activity. This will be accomplished by incorporating nutrition education into school curricula and providing healthy foods in schools, and physical activity programming at community parks and events.

# YAKIMA COUNTY, WASHINGTON

## 2015 *Roadmaps to Health* Action Awards Recipient

**Contact:** Jackie McPhee, JackieMcPhee@yvmh.org, 509-574-3269

### Quick Facts

- Region: West
- Community type: Rural
- Population: 247,044
- Demographic profile
  - White: 48%
  - Hispanic/Latino: 45%
  - African American: 1%
  - American Indian/Alaska Native: 4%
  - Asian/Pacific Islander: 1%



### Community Context

Yakima County, WA is unique among counties in its region. It has the highest number of Hispanic, Native American, less educated, limited English proficient, unemployed, migrant/seasonal farmworker, uninsured, Medicaid-insured and low-income residents. At the same time, it is one of a few counties with a centralized integrated database that serves as a data repository. An annual data report (YCLIFE) is developed and vetted by multiple community partners to increase community capacity.

### The Partnership

The mission of Investing in Children is to strengthen the impact of individual and collective efforts for the success of young children and families in South Central Washington State. The coaching team includes representatives from the Yakima Valley Community Foundation, Yakima Valley Memorial Hospital, Inspire Development Centers, the Educational Service District, Central Washington University and county public health.

### Action Awards Focus

The Action Awards work will accelerate or advance a *Culture of Health* by addressing racial inequity and poverty. Specific strategies will improve community health by increasing capacity and resource coordination, parent engagement and home visiting in order to build a seamless system of supports and services that stresses the importance of early learning and connects families to all of the resources they need across multiple sectors in the community, region and state. The group will also develop a health equity action plan for Investing in Children.