Health Resources in Action
Advancing Public Health and Medical Research

Defining Healthy Communities

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Abstract

Health Resources in Action (HRiA) systematically reviewed the websites of 153 organizations engaging in healthy communities work and documented if and how they defined a *healthy community. Healthy community principles* offered by the organizations as well as the key *elements* that comprise a healthy community were also explored and catalogued. Additionally, seminal literature including peer-reviewed journal articles and gray literature from the Healthy Communities movement and national and international health promotion efforts was examined. One hundred organizations were included in the analysis. Only 11 organizations had formal *healthy community definitions.* Further, only six organizations presented a formal set of *healthy community principles.* Although the majority of organizations did discuss key *elements* necessary to create and maintain a healthy community, few organizations cited specific indicators by which to measure a community's health status. These key elements fell into two categories: *characteristics* of a healthy community and *processes* in which healthy communities engage. It is important to note that the most commonly mentioned *characteristics* were not related to physical health but were social determinants of health. Findings from this review suggest that the key tenets of the Healthy Communities movement have and continue to influence how *healthy community* work is conceptualized and implemented. Future *healthy community* planning efforts should ensure that each community defines its own notion of a *healthy community*; *healthy community process* is valued as much as health outcomes; and *healthy community process* is guided by a set of *healthy community principles.*

Background

Health Resources in Action was funded by the National Network of Public Health Institutes (NNPHI) through a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC) to systematically research the variety of healthy community definitions being used by a breadth of organizations engaging in healthy community efforts. Findings from this review can provide guidance in defining the term *healthy community*, determining a set of *healthy community principles* and in establishing the fundamental factors that comprise a healthy community.

Methodology

This project began with an internet scan to identify publicly available *healthy community* definitions. The first step in the scan was a Google search for organizations engaged in healthy communities work. The search was then expanded to include funders of healthy communities work as well as other organizations involved in community-level health improvement but who do not use the term *healthy community(ies)*. As a way to identify these organizations, search terms were broadened to include phrases such as *sustainable communities, community health, healthy cities, smart growth, community development, healthy community design, vibrant communities and developed communities*. Other organizations were identified through email correspondence with content experts at HRiA and by reading histories of the Healthy Communities movement to identify key collaboratives and institutions. Organizations were included in the search regardless of how they defined the term *community*.

Each entity's website was scanned by reading homepage content, pages titled "About Us" and relevant links. Additionally, the search bar was used to query websites for the following information:

1. a *healthy community definition* or a description of what the organization believes will make people healthier,
2. a list of *characteristics* that should be present in a healthy communities initiative,
3. sets of *specific criteria* and associated *indicators* that identify a healthy community, and
4. a list of *healthy community principles* to guide communities.

If organizations lacked a formal *healthy community* definition, informal definitions, mission and vision statements were examined in order to provide a large sample of organizations.

While the scan was not exhaustive, every effort was made to do a comprehensive search that included definitions from multiple sectors and multiple types of stakeholders (funders, practitioners, technical assistance providers, government and consultants). A total of 153 organizations and programs were examined.

For each organization, source urls, definitions and principles were recorded in a spreadsheet and examined for themes. A separate matrix was created to organize the *elements* that organizations used to define a *healthy community*. Each row of the matrix represented one of the organizations (or, in some cases, an individual program of an organization) and each column represented a single *healthy community element* or criteria. When different terms were used to describe the same element, they were combined into a single column.

Throughout the internet scan, any document (including both peer-reviewed articles and gray literature) that seemed relevant to the scope of this project was archived for review. A total of 17 publications were archived. Documents were reviewed to provide history, context and detail about the Healthy Communities movement and about other health promotion efforts in the United States and globally. If the publication provided a *healthy community definition*, a list of *guiding principles* or a set of *criteria* for a *healthy community*, it was added to the matrix and the spreadsheet.

In total, 100 organizations and programs were entered into the elements matrix. The *healthy community* elements were then color coded to indicate whether they were *characteristics* of a *healthy community* or were characteristics of a *healthy community process*. The columns were totaled in order to identify which of the *healthy community* elements were presented most frequently among all of the organizations collectively. The organizations were then sorted into the following sector/focus area categories: United States

government; international/global; indices; state and local government; consultants; public health; planning; individuals; specific racial/ethnic subpopulations; policy/law; land use; higher education; youth-focused; philanthropies and coalitions. Elements were then subtotaled to identify which ones were most commonly presented within a certain sector or type of organization.

LIMITATIONS

Although every effort was made to do a comprehensive review of *healthy community* definitions and elements in the time allotted, it was not exhaustive. Therefore, findings from this research are not generalizable to all organizations engaging in healthy communities work. As this review relied solely on public websites and documents, organizations with internal private *healthy community* definitions and elements are not reflected in these findings.

Much of the information consolidated and analyzed through this project was accessed online. This did not provide opportunities for clarification or deeper discussion of the philosophies guiding organizational actions and direction.

Additionally, the breadth of the term *healthy community* required a flexible approach to searching that allowed the exploration of ideas from beyond the field of public health. By looking at one site and seeing other groups or individuals mentioned and then pursuing those, the sample was the equivalent of snowball sampling. It is likely that the results reinforced certain definitions and left out others. Since they reference each other, linked pages may tend to agree about their definitions or their approach. It's possible that groups that don't think about *healthy community* in the same way were missed.

History of the Healthy Communities Movement

In 1978 the Declaration of Alma Ata marked a change in the way that health and health promotion were conceived. The declaration provided a broad definition of health and for the first time on a global stage, connected health to economic and social development (World Health Organization, 1978). The declaration set a new direction for health promotion, moving away from medical care in health care settings and toward health improvement through equity, primary prevention and the social determinants of health.

In 1984 Trevor Hancock and Leonard Duhl helped to organize a conference in Toronto, Ontario, Canada called "Beyond Health Care." The conference encouraged those engaged in health promotion to focus on cities as units of change and to focus on policy initiatives as opposed to individual behavior change initiatives. Ilona Kickbush from the World Health Organization (WHO) European Regional Office for Health Promotion brought ideas from the conference to Europe and convened a group to create a European Healthy Cities program (Taylor, 2010).

In 1986, many of these ideas were consolidated in the Ottawa Charter for Health Promotion. The charter outlined the fundamental prerequisites for health as: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. It defined health promotion as "the process of enabling people to increase control over, and to improve their health." The charter called on sectors

to work together and on individuals from all walks of life to participate in community change. The charter placed tremendous importance on empowerment of communities, encouraging work to be done in a way that "increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health" (WHO, 1986). The charter also explicitly identified policy-makers and policy change as key mechanisms of health improvement. Policy was defined not simply as legislative, but included a range of interventions in a variety of sectors. "Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity." (WHO, 1986). There was a strong focus on the process of health promotion and no identification of specific health outcomes (Health Resources in Action, 2013).

In 1993, the United States hosted the International Healthy Cities and Communities Conference and the Healthy Communities movement expanded to include the United States.

Key Tenets of the Healthy Communities Movement

The movement's focus on empowerment and community-driven change rather than on pre-determined activities, on process rather than outcomes, on policy change and environmental strategies rather than on individual interventions, and on social determinants of health rather than on the treatment of disease continue to guide the work of organizations that consider themselves part of the Healthy Communities movement.

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Findings

HEALTHY COMMUNITY DEFINITIONS

After reviewing over 150 organizations and programs in search of healthy community definitions, it became clear that very few organizations provide formal healthy community definitions. In fact, only 11 of the 153 explicitly defined the term healthy community.

FORMAL HEALTHY COMMUNITY DEFINITIONS

The Massachusetts Department of Public Health's Office of Healthy Communities (2013) offers an example of a formal healthy community definition:

A Healthy Community is where people come together to make their community better for themselves, their family, their friends, their neighbors, and others. A Healthy Community creates ongoing dialogue, generates leadership opportunities for all, embraces diversity, connects people and resources, fosters a sense of community, and shapes its future.

It is important to point out that this definition focuses on the actions taken by a healthy community, not on the physical health of the population. This is typical of the way that organizations that include the term healthy community(ies) in their title discuss healthy communities, focusing on *process* rather than *products*. This is likely a vestige of the tenets of the original Healthy Communities movement.

RELATED AND IMPLICIT HEALTHY COMMUNITY DEFINITIONS

Given the limited number of formal healthy community definitions, it was necessary to look beyond the term healthy community to related definitions such as healthy community design or community development in order to gain a sense of what the concept of healthy community means to numerous groups across many sectors. Terms such as *sustainable, vibrant* or *developed communities* were also examined in order to broaden the scope of the research.

Without defining the term healthy community, but referencing it, the U.S. Centers for Disease Control and Prevention (2013) propose a definition for healthy community design:

Healthy community design is about planning and designing communities to make it easier for people to live healthy lives. Healthy community design encourages mixed land uses to bring people closer to the places where they live, work, worship, and play. Doing so reduces dependence on cars and provides affordable housing, good bicycle and pedestrian infrastructure, space for social gathering, and access to transit, parks, and healthy foods.

Many other organizations share visions for creating healthy communities or describe efforts to create healthy communities without using the actual term healthy community. For example:

"Together, we will create vibrant communities by: building community; leading collaboratively; and, reducing poverty."
— TAMARAK INSTITUTE

"Our charge is to reverse the global spread of obesity; to reduce weight bias; and to galvanize community members, public officials, and advocacy groups to achieve positive, lasting change."
— RUDD CENTER, YALE UNIVERSITY

"We work to enhance the physical, mental, spiritual, and cultural health of American Indians, tribes and communities."
— THE BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH

The Kresge Foundation indicates its understanding of what makes communities healthy through its own funding decisions and focus areas:

Our national community development focus is on replicable, innovative models and exemplary financial vehicles for equitable reinvestment... We believe that arts and culture are critical to activities designed to revitalize neighborhoods in the metropolitan areas that most Americans call home...

We promote the health and well-being of low-income and vulnerable populations by improving the environmental and social conditions affecting their communities and by improving access to high-quality health care... Focused on fostering health equity, we put a premium on cross-sector, multi-field projects that address environmental and policy change. Programs that are primarily aimed at changing individual or group behavior are a low priority.

Despite the wide variety of definitions and the variety of forms in which the ideas were presented, when a large enough number of organizations were considered, patterns of fundamental healthy community elements emerged.
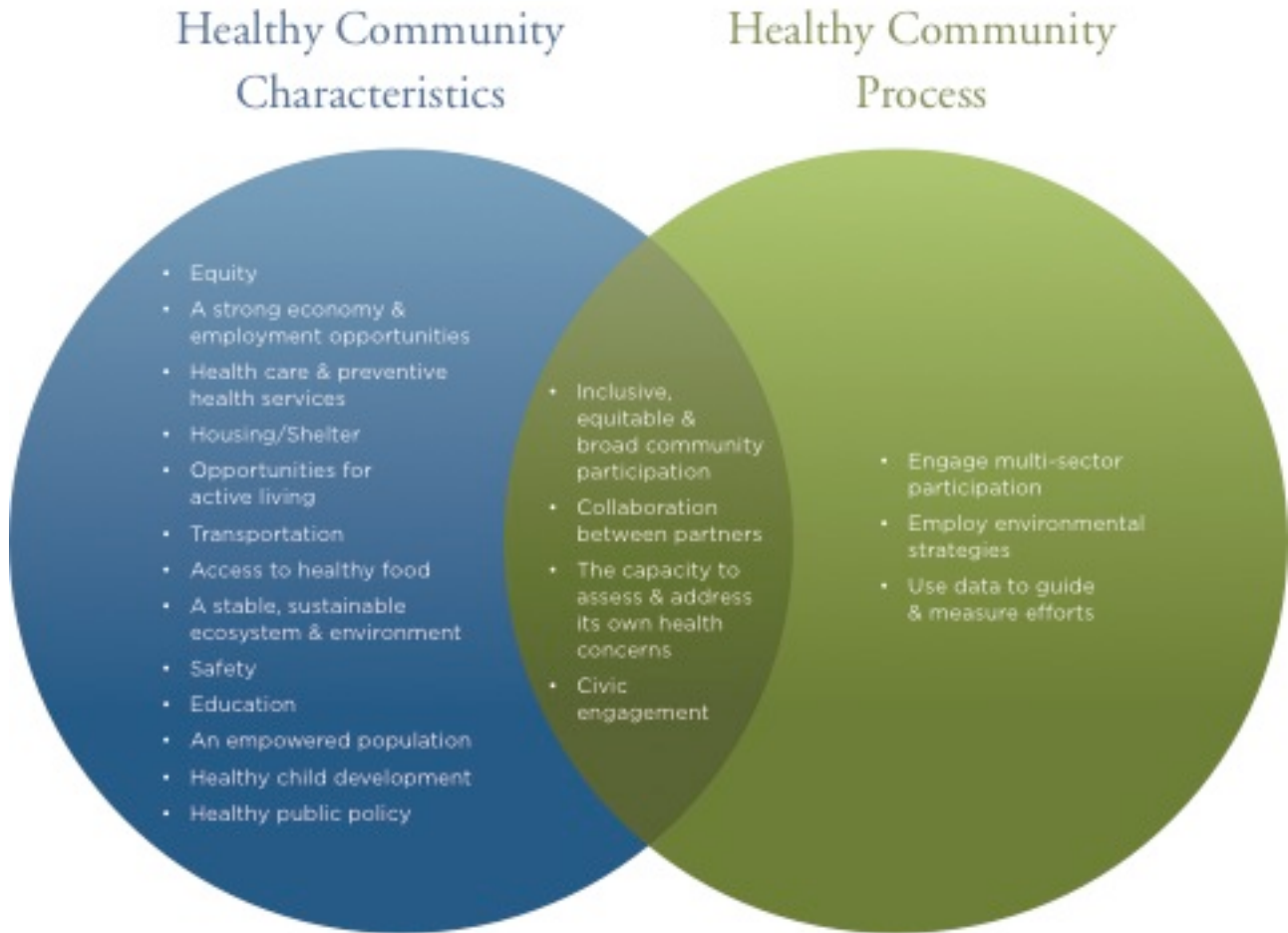
ELEMENTS OF A HEALTHY COMMUNITY

Organizations engaging in healthy community work cite a variety of elements essential to creating healthy communities. In fact, 88 different factors were discussed by the organizations included in this research (see Appendix D for the full list). It was rare that a particular element was mentioned by only one organization.

Healthy community elements that were named by 12 or more organizations are displayed in the list below. They are presented in order, from those mentioned most frequently ("equity" was cited by 34 organizations) to those mentioned least frequently ("use data to guide and measure efforts" was named by 12 organizations).

1. Equity (lack of disparities)
2. A strong economy and employment opportunities (lack of poverty)
3. Education
4. Health care and preventive health services
5. A stable, sustainable ecosystem and environment
6. Inclusive, equitable and broad community participation
7. Employ environmental strategies
8. Engage multi-sector participation
9. The capacity to assess and address their own health concerns
10. Collaboration between partners
11. Housing / Shelter
12. Civic engagement
13. Healthy public policy
14. Access to healthy food
15. Safety
16. Opportunities for active living
17. Transportation
18. Empowered population
19. Healthy child development
20. Use data to guide and measure efforts

The most frequently cited *healthy community elements* fell into two categories — *characteristics* and *processes* (see Figure 1). In some cases the elements were presented as qualities a *healthy community* possesses or what a healthy community is. For example, a *healthy community* has a *strong economy and employment opportunities*. In other cases the *healthy community elements* were identified as principles or practices for carrying out a community health improvement process, that is to say how a community becomes healthier. As an example, healthy communities *engage multi-sector participation* in their planning. Organizations discussed several factors as both *characteristics* and *processes*. For example, *civic engagement* is for some organizations a feature of a *healthy community* and for others it is a mechanism by which to engage community members in a health improvement process.

FIGURE 1. HEALTHY COMMUNITY CHARACTERISTICS AND PROCESSES

Healthy Community Characteristics

Healthy Community Process

- Equity
- A strong economy & employment opportunities
- Health care & preventive health services
- Housing/Shelter
- Opportunities for active living
- Transportation
- Access to healthy food
- A stable, sustainable ecosystem & environment
- Safety
- Education
- An empowered population
- Healthy child development
- Healthy public policy

- Inclusive, equitable & broad community participation
- Collaboration between partners
- The capacity to assess & address its own health concerns
- Civic engagement

- Engage multi-sector participation
- Employ environmental strategies
- Use data to guide & measure efforts

It is also important to point out that, other than health care and preventive health services, the healthy community characteristics most often mentioned are not directly related to physical health. They are instead what we now call the social determinants of health, such as employment opportunities or access to health care and preventive health services.

This, coupled with the frequent mention of healthy community processes is not surprising given the Healthy Communities movement's focus on the social determinants of health and process.

PATTERNS OF HEALTHY COMMUNITY ELEMENTS BY ORGANIZATION TYPE

After sorting the organizations included in the analysis by sector/focus area, the healthy community elements cited by each organization were analyzed for themes within each organizational category and comparisons were made between categories. When examined in this manner, some interesting patterns emerged.

It is notable that the most frequently named healthy community elements across all organizations align almost exactly with the elements most mentioned by the U.S. Government category. However, the entities within the U.S. Government category rarely cited (cited by only 1 entity) or did not cite at all the

following healthy community elements: *inclusive and equitable and broad community participation, the capacity to assess and address their own health concerns, civic engagement, healthy public policy, empowered population, healthy child development* and *use data to guide and measure efforts*.

(See figure 2 for lists comparing the most commonly cited healthy community elements by all organizations and by the U.S. Government). It's possible that the close alignment between federal government priorities and the priorities and interest areas of other organizations is in part due to the government's strong role in setting a public agenda for health promotion work through their funding of

community health initiatives.

It was also noticeable that equity or the lack of disparities was the most frequently cited healthy community element among the *U.S. Government, International* and *Public Health* categories.

Many organizations examined in this research address a particular issue as part of their mission. Not surprisingly, these organizations tend to consider these issues as essential healthy community elements. For example, *land use* organizations often mention green space, land use and the environment. Similarly, youth-focused organizations are overwhelmingly interested in child development.

FIGURE 2. MOST FREQUENTLY CITED HEALTHY COMMUNITY ELEMENTS — ALL ORGANIZATIONS VS. U.S. GOVERNMENT

TOP 20 MOST FREQUENTLY CITED HEALTHY COMMUNITY ELEMENTS — ALL ORGANIZATIONS

- Equity (lack of disparities)
- A strong economy and employment opportunities (lack of poverty)
- Education
- Health care and preventive health services
- A stable, sustainable ecosystem and environment
- Inclusive, equitable and broad community participation
- Employ environmental strategies
- Engage multi-sector participation
- **The capacity to assess and address their own health concerns**
- Collaboration between partners
- Housing / Shelter
- Civic engagement
- Healthy public policy
- Access to healthy food
- Safety
- Opportunities for active living
- Transportation
- Empowered population
- Healthy child development
- Use data to guide and measure efforts

TOP 20 MOST FREQUENTLY CITED HEALTHY COMMUNITY ELEMENTS — U.S. GOVERNMENT

- Equity (lack of disparities)
- A strong economy and employment opportunities (lack of poverty)
- Education
- Health care and preventive health services
- A stable, sustainable ecosystem and environment
- Employ environmental strategies
- Engage multi-sector participation
- Collaboration between partners
- Housing / Shelter
- Access to healthy food
- Safety
- Opportunities for active living
- Transportation

Of all the organizations reviewed as a part of this scan, only six of them cited a formal set of healthy community principles to guide communities in their work. The Massachusetts Department of Public Health's Office of Healthy Communities uses the collection of healthy community principles developed by Community Initiatives, LLC with a few minor changes.

Organizations Citing Healthy Community Principles

- Community Initiatives, LLC
- Massachusetts Office of Healthy Communities
- Tom Wolff and Associates
- Ontario Healthy Communities Coalition
- Zagreb Declaration for Healthy Cities, WHO Europe
- Community Tool Box, Work Group for Community Health and Development, University of Kansas

Although the sets of healthy community principles varied from one another, they had many principles in common. Below is a list of the principles that were shared by two or more of the sets that were examined:

Common Healthy Community Principles

- A broad definition of community that is multi-sectoral
- A broad definition of health
- A shared vision
- Community ownership
- Asset-based
- Equity
- Monitoring and evaluation
- Sustainability

The importance of having a broad definition of community that stresses diverse partnerships across sectors was consistent in almost all of the sets of principles. The idea that health should also be defined broadly to include a range of quality of life issues and determinants of health was also a commonality. Three of the organizations included a principle that stresses the importance of having a shared vision rooted in community values that guides healthy community work. All of the six sets of healthy community principles included a principle about community ownership underscoring the necessity of community engagement and self-determination in order to ensure the success of community health improvement efforts. Additionally, the concept that healthy community initiatives should build capacity and use local assets and resources was shared. Several of the organizations listed equity as a principle. Equity was described as addressing inequalities in health as well as assuring that there is equitable community engagement in community improvement processes. The importance of monitoring progress and evaluating outcomes was a common theme. Two organizations included principles related to sustainability emphasizing that community work should ensure economic development and build supportive infrastructure. Community Initiatives, LLC was the only organization to include focus on systems change as a guiding principle.

Discussion

Healthy Community Definitions

The findings of this research are not surprising as they clearly reflect the key tenets of the Healthy Communities movement of the past thirty years. This movement touts community empowerment and community-driven change that may in part explain the lack of formal healthy community definitions found. The organizations examined may not offer definitions for what constitutes a healthy community because they encourage communities to develop their own concept of what it means to be healthy by drawing from their unique local knowledge and expertise.

Healthy Community Elements

Despite the lack of formal healthy community definitions, the organizations included in this analysis did present 88 different key *elements* that comprise healthy communities. The most frequently cited elements fell into two categories — characteristics and processes of healthy communities. Healthy community characteristics were qualities healthy communities possess or outcomes communities should strive for such as having a strong economy or having a good educational system. It's important to note that the majority of characteristics cited were *social determinants of health* that occur "upstream" from traditional health outcomes. Healthy community processes on the other hand, describe practices for carrying out healthy community improvement efforts. These findings emphasize the importance of giving equal weight to both outcomes and processes when approaching healthy community planning.

Currently, multiple resources such as the County Health Rankings and CHNA.org exist to assess the health of communities. These tools appraise the overall health of a community by examining specific indicators that measure community characteristics such as poverty, education or the presence of particular diseases. These assessment tools do not however, evaluate community processes such as civic engagement or partner collaboration. The trend in funding streams over the past many years to focus categorically on body parts and diseases may lend some understanding to the lack of attention paid to the importance of healthy community planning processes.

Healthy Community Principles

Although a limited number of organizations in this assessment cited formal sets of healthy community principles, there was a great deal of consistency among those that did. The shared principles included: broad definitions for community and health, shared vision, community ownership, asset-based, equity, monitoring and evaluation and sustainability. It's notable that the majority of these common principles were also among the most commonly cited healthy community characteristics and processes. Given that policy and environmental strategies have and continue to be key tenets of the Healthy Communities movement it is somewhat surprising that only Community Initiatives, LLC included systems change as one of their healthy community principles. Making systems-level changes should be considered a key principle that guides communities in their health improvement efforts.

In our examination of healthy community principles we found a report by Sara Rosenbaum from the Department of Public Health Policy at George Washington University that offered a formal set of principles to specifically guide the implementation of the community health needs assessment (CHNA) provisions of the Affordable Care Act (ACA). Although many of her principles were similar to those found in our scan (see Appendix E for a comparison table), it is significant that she includes two unique principles: *maximum transparency to improve community engagement and accountability* and *use of evidence-based interventions, while encouraging innovative practices with thorough evaluation.* Given that the CHNA provisions and Internal Revenue Service CHNA guidance has built in transparency by requiring the CHNA document to be posted publicly

and available for public comment, it will be important for this principle to be included in future guiding principles. Despite monitoring and evaluation being a common principle found, it may also be important to be explicit about the importance of using evidence-based strategies and innovation when engaging in healthy community work in order to maximize resources and impact.

Learnings

Based on the key learnings of this research, we propose a healthy communities framework where:
- Each community defines its own notion of a healthy community;
- Healthy community process is as important as health outcomes; and
- Healthy community process is guided by healthy community principles.

Although it may be implicit, it is worth highlighting the critical role that individuals play in each of the key learnings noted above and in the overall Healthy Communities framework itself. Broad and multi-sectoral participation where diverse opinions are offered is essential in ensuring community engagement and in ultimately ensuring the success of healthy communities planning efforts.

Each community defines its own notion of a healthy community
In 1986, the Ottawa Charter for Health Promotion defined health promotion as "the process of enabling people to increase control over, and to improve their health." In order for healthy community improvements to be effective and sustainable, it remains vital today that communities, themselves decide how they define health. Please see Appendix F for a working healthy community definition.

Healthy community process is as important as health outcomes
Historically, healthy communities work has focused primarily on empowering communities to engage in processes to improve health with little attention given to measuring benchmarks and outcomes. Conversely, the public health community in recent years has directed funding to initiatives that focus on demonstrating impact on specific health issues as opposed to approaching the health of a community holistically. Including both healthy community process and health outcomes core indicators is fundamental to the healthy communities framework (see Figure 3 below).

FIGURE 3. HEALTHY COMMUNITIES FRAMEWORK

Healthy community process should be guided by healthy community principles

Healthy community principles provide a non-prescriptive roadmap that lays out how healthy community work will be accomplished. We recommend a set of healthy community principles comprised of the most commonly cited principles and include *systems change, community engagement and accountability* and *use of evidence-based interventions while encouraging innovative practices with thorough evaluation*.

Healthy Community Principles
- A broad definition of community that is multi-sectoral
- A broad definition of health
- A shared vision and values
- Community ownership
- Asset-based
- Equity
- Monitoring and evaluation
- Sustainability
- Systems change
- Use of evidence-based interventions while encouraging innovative practices

- Maximum transparency to improve community engagement and accountability

A healthy communities approach breaks down silos and allows us to think about health and community in the broadest of terms through a social determinants lens. In order for communities to effect positive sustainable changes, a paradigm shift will be required where process is valued as highly as outcomes and communities have autonomy to determine their notion of health by engaging in systematic and deliberate planning processes.   Healthy communities and healthy community processes are mutually reinforcing. Strong community processes lead to improved community health. In turn, the vibrancy and health of the community further builds the capacity of the community to engage in healthy planning. For communities struggling to achieve health, the healthy communities process is a strong catalyst for change.

Appendix A

HISTORY OF THE HEALTHY COMMUNITIES MOVEMENT

1978

UNICEF/WHO conference and Declaration of Alma Ata provided a broader definition of health and related health to economic and social development

1986

The First International Conference on Health Promotion resulted in the Ottawa Charter for Health Promotion to Achieve Health for All by 2000. It outlined the fundamental prerequisites for health as: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. It defined health promotion as "the process of enabling people to increase control over, and to improve, their health." Health is seen as a resource for everyday life, not an objective of living. Those concerned with their community's health are urged to advocate and enable change by adapting and implementing local strategies. The heart of the process is the empowerment of communities-their ownership and control of their own endeavors and destinies. There is strong focus on the process of health promotion; thus a healthy community is not necessarily one that has high health status, rather it is one that continually strives to be healthier in all decisions it makes. This equates to public health policy at a local level and emphasizes the role of local governments in making change.

1988

The World Health Organization (WHO) launched a Healthy Cities initiative in 34 European cities.

1993

The U.S. hosted the International Healthy Cities and Communities Conference and the first meeting of the U.S. Healthy Communities movement.

1994

The first ever Healthy Communities Summit was held at the Massachusetts Municipal Association in Boston.

1996

The Coalition for Healthier Cities and Communities (CHCC) was officially formed at the Leadership Action Forum in Washington, D.C.

1997

The Coalition met with the Community Care Network (CCN), a collaboration of Health Research and Educational Trust, VHA, Inc., the Catholic Health Care Association and the W.K. Kellogg Foundation.

1998

The Coalition worked toward developing a Healthy Communities agenda for the nation with the help of the former director of Office of Disease Prevention and Health Promotion (ODPHP; U.S. Dept. of Health and Human Services) and staff of the Robert Wood Johnson Foundation.

The CHCC formed a network of state liaisons and a mechanism to share healthy community information across states.

The U.S. Surgeon General endorsed the national Healthy Community Agenda at a 10-year anniversary celebration of the movement.

1999

Over 300 American communities participated in a dialogue that culminated in "A Message to America from America's Communities" and the Seven Patterns of a Healthy Community were published.

2000

The ODPHP released the new Healthy Communities Agenda at its Partnerships for Health in the New Millennium conference.

2003

Thousands of communities across the nation participated in the healthy communities movement.

(History adapted from: Norris. "The Healthy Communities Movement and the Coalition for Healthier Cities and Communities." Public Health Report. March/April 2000, Vol. 115, and Hancock. "The Evolution, Impact and Significance of the Healthy Cities/Communities Movement." Journal of Public Health Policy. Spring. 1993, and accessed April 2013 from http://masspartnership.org/healthy-communities/history.html with additions from WHO, 1978)

Appendix B

Action for Healthy Kids

Active Living By Design, RWJF

Alliance for a Healthier Generation

American Hospital Association

American Planning Association:
	Great Plans, Great Communities

American Public Health Association

Americans for Nonsmokers Rights Foundation

APPEAL (Asian Pacific Partners for
	Empowerment, Advocacy and Leadership)

Asset Based Community Development Institute

Association for Community Health Improvement

Association of State and Territorial Health Officials

Atlantic Beltline

Black Hills Center for American Indian Health

Blue Cross Blue Shield

Bureau of Indian Affairs

California Endowment

Canadian Council on Social Development

Canadian Index of Wellbeing

Canadian Senate Subcommittee on
	Population Health

CDC Healthy Community Design

CDC National Center for Environment Health

CDC National Center for Chronic Disease
	Prevention and Health Promotion

CDC US Centers for Disease Control

Center for Community Democracy,
	UMASS Boston

Center for Total Health, Kaiser Permanente

ChangeLab Solutions

Circle of Health

Collaborative Solutions/Tom Wolff and Associates

Colorado Trust

Community Catalyst

Community Health Needs Assessment

Community Initiatives

Community Reinvestment Act

Community Toolbox

County Health Rankings

Cultivating Healthy Places

Declaration of Alma-Ata

Directors of Health Promotion and Education

Federal Reserve/RWJF

Fraternal Order of Police

Grant Makers in Health

Gross National Happiness — Bhutan

Healthy Communities Initiative Australia

Healthy Communities Institute

Healthy People 2010

Healthy People 2020

Human Impact Partners

ICF International

Inclusive Cities Canada (ICC)

Indian Health Services

Institute for Alternative Futures

International Healthy Cities Foundation

Kids Count, Annie E Casey Foundation

Kresge Foundation

Leadership for Healthy Communities, RWJF

MA Department of Public Health, Office of Healthy
Communities

Metropolitan Area Planning Council

National Association of Chronic Disease Directors

National Association of Counties

National Association of County and
	City Health Officials

National Business Coalition on Health

National Center for Healthy Housing

National Civic League "All-America City"

National Complete Streets Coalition

National Conference on State Legislatures

National Convergence Partnership

National Council of La Raza

National Education Association

National Governor's Association

National Indian Health Board

National Institute for Children's Health Quality

National League of Cities

National Network of Public Health Institutes

National Prevention Strategy

National Recreation and Park Association

New Orleans Health Commission
Office of Healthy Homes/OHHLHC-HUD
Office of Rural Health Policy/HRSA
Ontario Healthy Communities Coalition
Opportunity Index
Parkscore
Pew Research Center
PHI Illinois
PHI — ACCESS
PHI — BARHI
PHI — CA4Health
PHI — CAHC
PHI — Cal Convergence
PHI — CAN Act
PHI — CCP
PHI — CCROPP
PHI — Center for Civic Partnerships, California
    Healthy Cities and Communities
PHI — HiAP
PHI — Network
PHI — OHSEP
PHI — Pacific ADA
PHI — Project LEAN
PHI — Public Health Institute Center on Disability
PHI — PHT
PHI — RAMP
Playworks
PolicyLink
Prevention Institute
Public Health Foundation
Public Health Law Center
Public Health Law Research, RWJF
Redefining Progress: Genuine Progress Indicator
Robert Wood Johnson Foundation
Rudd Center/Yale
San Francisco Department of Public Health
Search Institute
SmartGrowth
Society for Public Health Education

Stanford University Prevention Research Center
Sustainable Communities Network
The Change Project
The Food Trust
The Public Health Institute
The Tamarack Institute and Vibrant Communities
The Trust for Public Land
Tisch College of Citizenship & Public Service,
    Tufts University
Trust for America's Health
United Health Foundation
United Nations Development Programme —
    Human Development Index
United Way Worldwide
University of North Carolina Center for
    Health Promotion and Disease Prevention
University of Wisconsin Public Health Institute
Urban Land Institute
US Department of Education
US Department of Health and Human Services
US Department of Transportation
US Environmental Protection Agency
US Health Resources and Services Administration
US Housing and Urban Development
Victoria, Australia Department of Health
What Works for America's Communities
WHO Europe
WHO Europe Healthy Cities project
WHO Ottawa Charter
WHO Targets for Health for All
WHO — World Health Organization
WK Kellogg Foundation
World Bank Community Driven Development
YMCA — Young Men's Christian Association,
    Healthy Communities Initiative (general)
YMCA, ACHIEVE
YMCA, PHC
YMCA, STEPS

Appendix C

Action for Healthy Kids

Active Living By Design, RWJF

Alliance for a Healthier Generation

American Planning Association:
    Great Plans, Great Communities

American Public Health Association

Americans for Nonsmokers Rights Foundation

APPEAL (Asian Pacific Partners for
    Empowerment, Advocacy and Leadership)

Asset Based Community Development Institute

Association of State and Territorial Health Officials

Atlantic Beltline

Black Hills Center for American Indian Health

Bureau of Indian Affairs

California Endowment

Canadian Council on Social Development

Canadian Index of Wellbeing

Canadian Senate Subcommittee on Population
Health

CDC design

CDC environment

CDC National Center for Chronic Disease
    Prevention and Health Promotion

CDC US Centers for Disease Control

Center for Community Democracy,
    UMASS Boston

ChangeLab Solutions

Circle of Health

Collaborative Solutions/Tom Wolff and Associates

Community Catalyst

Community Initiatives

Community Reinvestment Act

Community Toolbox

County Health Rankings

Cultivating Healthy Places

Declaration of Alma-Ata

Directors of Health Promotion and Education

Federal Reserve/RWJF

Gross National Happiness — Bhutan

Healthy People 2010

Healthy People 2020

Human Impact Partners

ICF International

Indian Health Services

Kids Count, Annie E Casey Foundation

Kresge Foundation

MA Office of Healthy Communities

Metropolitan Area Planning Council

National Association of Counties

National Association of County and
    City Health Officials

National Center for Healthy Housing

National Civic League "All-America City"

National Complete Streets Coalition

National Conference on State Legislatures

National Convergence Partnership

National Council of La Raza

National Education Association

National Governor's Association

National Indian Health Board

National Institute for Children's Health Quality

National Prevention Strategy

New Orleans Health Commission

Office of Healthy Homes/ OHHLHC-HUD

Ontario Healthy Communities Coalition

Opportunity Index

Parkscore

Pew Research Center

PHI — Center for Civic Partnerships,
    California Healthy Cities and Communities

Playworks

PolicyLink

Prevention Institute

Public Health Law Center

Redefining Progress: Genuine Progress Indicator

Robert Wood Johnson Foundation

Rudd Center/Yale

Search Institute

SmartGrowth

Sustainable Communities Network

The Food Trust

The Public Health Institute

The Tamarack Institute and Vibrant Communities

The Trust for Public Land

Tisch College of Citizenship & Public Service,
    Tufts University

Trust for America's Health

United Health Foundation

United Nations Development Programme —
    Human Development Index

United Way Worldwide

University of Wisconsin Public Health Institute

Urban Land Institute

US Department of Education

US Department of Health and Human Services

US Department of Transportation

US Environmental Protection Agency

US Housing and Urban Development

What Works for America's Communities

WHO Europe Healthy Cities project

WHO Ottawa Charter

WHO — World Health Organization

WK Kellogg Foundation

World Bank Community Driven Development

YMCA PHC

YMCA — Young Men's Christian Association,
    Healthy Communities Initiative (general)

YMCA, ACHIEVE

Appendix D

- access to fresh fruits and vegetables/ healthy food/healthy eating/nutrition
- adapt to emerging opportunities
- adolescent and school health
- agriculture
- alcohol and drug use
- arthritis
- arts
- asset-based community development
- built environment
- bullying
- cancer
- capacity to assess and address own concerns
- change norms
- child development (physical and social/emotional)
- chronic disease and its risk factors
- civic engagement
- cleanliness
- collaboration between partners
- community cohesion
- communicable disease
- community character
- community vitality
- community-at-large
- continuous learning
- cultural health
- diabetes
- disability
- economy/employment and income/poverty
- education/opportunities for learning
- employ environmental strategies
- empowerment
- energy use/renewable energy
- engage multi-sector participation
- environment/stable/sustainable ecosystem
- equity/elimination of health disparities/vulnerable populations
- family and social support/community connectedness
- finance
- funding
- green space
- health care services and preventive health services (availability and access)
- healthy aging/aging in place
- healthy homes
- healthy public policy
- heart disease
- housing/shelter
- immigration
- inclusiveness/broad participation/equitable community engagement
- industry
- injury/violence
- innovation
- interconnectedness/interdependency
- justice
- land use
- lead
- leadership structures that distribute ownership and action/ shared power
- leisure time
- life expectancy
- living standards
- long term commitment
- mental health
- maternal, infant child health
- multiple settings
- nutrition
- obesity
- oral health
- peace
- physical activity/active living
- political commitment/good governance
- recreation
- resilience
- rooted in community wisdom
- safety
- sanitation and hygiene

- sexual and reproductive health
- social justice
- spiritual health
- start with a shared vision
- stroke
- telecommunication/technology
- tobacco
- transportation
- urban development/land density/mixed use development/smart growth
- use data to guide, the effort/ benchmark and measure
- walkability and bike-ability (including good sidewalks and signage)
- water, clean
- women's health
- worksite wellness/safe worksites
- youth leadership

Appendix E

Common Principles	Community Initiatives, LLC	Rosenbaum, Dept. of Health Policy, GWU
A broad definition of community that is multi-sectoral	A broad definition of "community"	Multi-sector collaborations that support shared ownership of all phases of community health improvement, from assessment through planning, investment, implementation, and evaluation A flexible definition of community that is both sufficiently targeted to address disparities and areas of significant need and broad enough to consider policy solutions
A broad definition of health	A broad definition of "health"	
A shared vision	Shared vision from community values	
Community ownership	Diverse citizen participation & widespread community ownership	Proactive, broad, and diverse community engagement to improve health
Asset-based	Development of local assets and resources	
Equity	Improved quality of life for everyone	
Monitoring & evaluation	Benchmarks and measures of progress and outcomes	Evaluation to inform a continuous process Use of the highest quality data pooled from and shared among diverse and public resources
Sustainability		
	Focus on "systems change"	
		Maximize transparency to improve community engagement and accountability
		Use of evidence-based interventions while encouraging innovative practices with thorough evaluation

Appendix F

A healthy community is one in which a diverse group of stakeholders collaborate to use their expertise and local knowledge to create a community that is socially and physically conducive to health. Community members are empowered and civically engaged, assuring that all local policies consider health. The community has the capacity to identify, address, and evaluate their own health concerns on an ongoing basis, using data to guide and benchmark efforts.

As a result, a healthy community is safe, economically secure, and environmentally sound, as all residents have equal access to high quality educational and employment opportunities, transportation and housing options, prevention and healthcare services, and healthy food and physical activity opportunities.

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Health Resources in Action is a national nonprofit public health and medical research organization, located in Boston, whose mission is to help people live healthier lives and build healthy communities through policy, research, prevention, and health promotion.

Created in 2001 as a forum for public health institutes, today NNPHI convenes its members and partners at the local, state, and national levels in efforts to address critical health issues. NNPHI's mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. Learn more about NNPHI and its member institutes at www.nnphi.org.