

# Achieving Health Equity in Promise Neighborhoods: A Resource and Implementation Guide

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# **Achieving Health Equity in Promise Neighborhoods:** A Resource and Implementation Guide

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# Introduction

“Through the provision of appropriate health services and healthy foods we can increase attendance, improve behavior, and ultimately positively affect academic achievement.”

—Donald Speaks, Director of the Atlanta Promise Neighborhood

A strong and vibrant America requires young people who are educated and ready to enter the workforce. Yet, racial and socioeconomic differences in educational experiences, such as access to high-quality early learning opportunities and high-performing schools, profoundly impact children’s future academic and career successes. *Health* also plays a major role in shaping these lifelong trajectories. Evidence continues to show that conditions such as asthma, poor nutrition, and exposure to violence impact children’s motivation and ability to learn. It is no accident that the root causes of educational and health inequity overlap—both are the result of continued systemic disinvestment and disenfranchisement of low-income communities and communities of color.

We know that children can flourish when they live, learn, and play in healthy, supportive environments. Communities across the country are implementing the [Promise Neighborhoods](#) cradle-to-career strategy to create a comprehensive pipeline of educational, health, and community supports where children can thrive and reach their full potential. Addressing health barriers to learning is an important part of building these communities of opportunity. This document articulates how a focus on health equity is critical to the success of the Promise Neighborhoods program. It describes how Promise Neighborhoods have used a disciplined results-based approach to improve community environments to support health. It also aims to provide communities with best practices and resources they can use to achieve population-level results for children, ensuring they are healthy and ready to learn.

# Health Equity and Academic Achievement

“Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

—*HealthyPeople 2020, 2014*

Achieving equity—just and fair inclusion into a society where all can participate and prosper—is essential for both moral reasons and to advance the economic competitiveness of the country. Building upon this principle, “*health equity*” refers not simply to the absence of disease, but to the overall quality of life, including physical, social, mental, and economic well-being. Unlike health disparities, which are simply differences in health outcomes across groups, health inequities are poorer health outcomes and higher rates of death that result from avoidable, unjust circumstances. Health equity shifts the questions we ask from, “*Who* is at greater risk for disease?” to “*Why* are some populations at greater risk of preventable illness, injury, and death than others?”

Community-centered, affordable, quality health care is essential for preventing poorer health in some communities. In addition to health-care access, many underlying factors impact health. The places where people live, work, learn, and play impact their health more than genetics or medical care.<sup>1, 2</sup> Discriminatory policies and structural racism, such as redlining policies and risky

loan practices targeting low-income communities, have created unequal neighborhood conditions that are impacting the health of the country’s fastest-growing yet most vulnerable communities. Many low-income communities and people of color are saddled with too few educational and economic opportunities, diminished air quality, blighted streets, limited access to healthy food, and lack of safe places to be active.

The consequences of poorer conditions in some communities are tangible and profound. As a result, low-income youth and children of color experience higher rates of diabetes, asthma, obesity, infant mortality, stress, depression, injuries, and other illnesses. Identifying the factors that impact health in each community can help to improve these aspects of the environment while remaining responsive to community needs and strengths. Although tackling issues like poverty and structural racism may seem daunting, leaders working to improve community conditions have begun to also impact the larger underlying issues through community inclusion and ownership of large-scale change efforts. A health equity lens allows communities to use place-based strategies to create healthy, thriving communities that provide a full array of supports and opportunities for children and families. Four key factors have been identified that directly and indirectly impact health equity: economic, social, physical, and service environments.\* Environments that offer protective supports, such as social networks, can help counter the negative effects of marginalization, stress, and trauma.

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\* In the 2011 review of this field, [Why Place and Race Matter](#), PolicyLink identified four primary factors in communities that form the social and political determinants of health:

- **Economic environment:** employment with living wages and good benefits, home ownership, small business ownership, presence of quality commercial and retail services, and public investments.
- **Social environment:** the ability to have strong social networks and support systems, civic engagement, cultural values and connections, and perceptions of the neighborhood.
- **Physical environment:** the quality of the built environment and infrastructure; clean air and water; public safety; quality, affordable housing; parks and recreation.
- **Services:** quality, affordable health services; community and public support services, including good schools; reliable transit; access to healthy and affordable foods; banking and financial services; police and fire protection; and childcare services.

Community change efforts to support health are also important to those addressing educational outcomes, because learning and academic success are strongly influenced by students' surrounding conditions. Regardless of teacher preparation, quality curriculum, accountability measures, and school governing processes, poor health can limit the academic achievement of low-income children and youth of color.<sup>3</sup> Research has shown that the following are linked:

- During the first three years of life, poor nutrition, lack of physical activity, and exposure to abuse or neglect can impair a child's brain development and ability to learn and interact with others later in life.<sup>4</sup>
- Students with asthma are more likely to be absent. Asthma remains the leading cause of school absenteeism, resulting in 14 million days of school missed by students each year.<sup>5</sup>
- Eating breakfast is strongly connected to children's development and academic success. Yet, barriers to enrolling in school breakfast programs, such as stigma, burdensome enrollment processes, and lack of awareness, prevent more than half of eligible students from accessing a healthy, nutritious breakfast meal.<sup>6</sup>
- Physical activity directly impacts children's ability to learn and shapes absenteeism and dropout rates. However, almost two-thirds of high school students do not meet at least one recommended level of participation in physical activity.<sup>7</sup>
- Exposure to violence has been consistently linked to poor grades and lower educational attainment. Students who do not feel safe at school are less likely to attend or stay focused on a test.<sup>8</sup>

Furthermore, the relationship between health and learning goes both ways; academic success is also a primary predictor and determinant of future adult health outcomes.<sup>9</sup> Interventions to close the achievement gap must also address health inequities.<sup>10</sup>



# Achieving Health Equity in Promise Neighborhoods

The federal Promise Neighborhoods program, established in 2010, seeks to create a comprehensive pipeline of supports in the nation’s most distressed communities to make certain that children reach their full potential. Inspired by the model of the Harlem Children’s Zone, Promise Neighborhoods wrap children in high-quality, coordinated health, social, community, and educational support from cradle to college to career. Advancing health equity closely aligns with the Promise Neighborhoods approach of coordinating the strengths and resources of a community—schools, health centers, housing, employers, community institutions, and community members—to achieve results for children and families so that they are able to access health care; healthy foods; opportunities for physical activity; safe schools and communities; and high-quality experiences that foster healthy cognitive, physical, and socio-emotional development. Through these efforts, Promise Neighborhoods sites can advance health equity and, ultimately, educational equity and success.

Given the complexity of health inequities, it takes a diverse range of stakeholders to advance health equity in communities. To do this, leaders must be personally accountable for population-level results\* by implementing solutions that are commensurate with the scale of the problem and by using an evidence-based and community-involved approach to move from talk to action. When implementing a Promise Neighborhoods cradle-to-career continuum of solutions,\*\* the Promise Neighborhoods Institute (PNI) at PolicyLink\*\*\* uses the management tool Results-Based Accountability (RBA) to assist leaders in achieving disciplined thinking and execution within this complex community ecosystem. Before implementing a health equity agenda, PNI at PolicyLink strongly encourages leaders to answer seven population accountability questions during the planning process:

1. What are the quality-of-life conditions we want for the children, adults, and families who live in our community?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures?
5. Who are the partners who have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

If these questions are not answered during planning, they should be answered before full implementation of solutions begins. The use of RBA is not a linear process. It’s never too late for leaders to bring greater discipline to their pursuit of results. Figure 1 provides a step-by-step blueprint for implementing the PNI point of view with fidelity. Examples of how Promise Neighborhoods are implementing these steps are discussed in the next section.

**Figure 1: A Blueprint for Implementing the PNI Point of View with Fidelity**

|          |   |
|----------|---|
| <b>1</b> | <b>Focus on 10 results that make a big difference for low-income children</b>   |
| <b>2</b> | <b>Measure progress on 15 indicators against baselines</b>  |
| <b>3</b> | <b>Understand why the indicators are trending in a particular direction</b>   |
| <b>4</b> | <b>Select partners for each indicator</b>   |
| <b>5</b> | <b>Work with partners to develop selection criteria and identify solutions for each indicator</b>   |
| <b>6</b> | <b>Ensure the entire team commits to population-level targets by indicator</b>  |
| <b>7</b> | <b>Select a mix of solutions for each indicator</b> <ul style="list-style-type: none"> <li>• Families</li> <li>• Programs</li> <li>• Policies</li> <li>• Systems</li> </ul> |
| <b>8</b> | <b>Identify partner targets and performance measures, incorporate into action plans and begin implementation</b>  |
| <b>9</b> | <b>Develop performance contracts with partners (if applicable)</b>  |

\*The Promise Neighborhoods Institute at PolicyLink defines population-level results as multisector partners committing to improving the quality of life in a place by implementing the appropriate mix of solutions that involve families, programs, policies, and systems. These solutions should impact at least 50 percent of children and families, and these children and families must be experiencing improved results.

\*\*As defined by the U.S. Department of Education, continuum of cradle-through-college-to-career solutions, or continuum of solutions, means solutions that include programs, policies, practices, services, systems, and supports that result in improving educational and developmental outcomes for children from cradle through college to career.

\*\*\*The Promise Neighborhoods Institute at PolicyLink (PNI) helps build and sustain Promise Neighborhoods by accelerating local leaders’ ability to achieve results; building evidence that cradle to career systems are working across America; and supporting leaders’ efforts to scale and sustain results.

# **Building a Foundation for Population-Level Health Equity Results:**

A Case Study of the  
Indianola Promise Community,  
Mississippi

In rural Indianola, located in the heart of the Mississippi Delta, children and families face severe health inequities. Here, obesity and infant mortality rates are higher than anywhere else in the nation—and they are particularly high for poor black children and families, who represent 79 percent of Indianola’s population. Supported by a \$500,000 federal Promise Neighborhoods planning grant in 2011 and a five-year \$30 million implementation grant beginning in 2012, **the Delta Health Alliance (DHA)** has worked over the past three years to mobilize a community-wide effort. Based on the understanding that promoting healthy environments can help to promote success in education and beyond, DHA is addressing inequities experienced by the community through a comprehensive, cradle-to-career effort called the **Indianola Promise Community (IPC)**. By going through a disciplined process to move through nine results-based steps, DHA and its partners have been able to build their collective capacity to achieve meaningful results, both in health and education, for this population.

#### **Indianola Promise Community Goals**

- Children enter kindergarten ready to learn.
- Students are proficient in core subjects.
- Students transition successfully from junior high to high school.
- Students graduate from high school.
- Students obtain a postsecondary degree.
- Students are healthy.
- Students feel safe at school and in their community.
- Students avoid risky behaviors.

## **Developing the Strategy**

The DHA began their Promise Neighborhoods initiative by convening community, nonprofit, policy, and systems leaders to envision a brighter, more equitable future for Indianola’s neediest children and families. Together, they developed a set of shared community goals that represented the quality-of-life conditions they wanted for Indianola’s children, adults, and families. Then, they used the Promise Neighborhoods results and indicators framework as a guide to identify specific indicators that would serve as a reliable proxy for the quality-of-life conditions—health, education, safety, family—that they wanted for children and families in the community. In the area of health, one of the key indicators they decided to focus on was *the number and percent of students who consume five or more servings of fruits and vegetables daily*.

#### **Understanding Community Context to Set the Baseline**

The District of Columbia Promise Neighborhood Initiative (DCPNI) has involved community residents throughout the process to collect quality baseline data for their indicators. They hired and worked with residents to design and administer a community survey to have a better understanding of access to healthy foods, physical activity levels, feeling safe at home and school, and other health-related factors.

DCPNI used resident feedback to formulate questions that reflected what the community wanted. For example, conversations with residents prompted DCPNI to add a question that asked how long it took to travel to the nearest grocery store as a way of gauging food insecurity. DCPNI then paired residents with AmericCorps City Year members to administer the survey. Because residents were familiar with the neighborhood, they could provide valuable information about the neighborhood. Having residents involved in gathering data gave more credibility to the process, which was key to getting more surveys completed and ensuring reliable responses from the community.

DCPNI used this survey data to set baselines for health and other indicators. Moving forward, DCPNI is hosting community meetings to show residents the data and enlist them as partners in developing and implementing solutions in their community.

Next, IPC sought to measure the extent to which Indianola students—their target population—were currently engaged in healthy eating and what influenced their eating behaviors. IPC selected questions from the national Youth Risk Behavior Survey and Delaware School Climate Survey and then met with community groups and youth to tailor the questions. This allowed them to create a school-climate survey that uniquely reflected the Indianola community. Then, they administered the survey to students attending the local middle and high school to get answers directly from the children. Once compiled, the results showed that only 30 percent of students reported eating five or more fruits and vegetables a day. Furthermore, interviews with families and community leaders indicated that children and families, particularly low-income children and families of color, lacked access to fruits and vegetables at school and in the community.

In this light, the DHA brainstormed which stakeholders might influence healthy food access and healthful eating and convened these groups to identify solutions to “turn the curve” on the baseline indicator. These groups included Supporting Parents to Assure Ready Kids (SPARK), the Mayor’s Health Council, and the Indianola School District Food Services Director. DHA staff designed and conducted meetings among the stakeholders using Results-Based Facilitation, an evidence-based, results-focused method of moving a group from talk to action.

DHA staff first showed stakeholders the survey results, which contributed to a collective understanding of the problem and its determinants. Then, DHA asked participants to propose solutions to turn the curve on this indicator. To keep the conversation focused on results, DHA encouraged participants to come up with solutions that have the best available evidence of impact and that have worked in similar communities. A range of ideas was proposed. Some participants focused on equipping children and families with the knowledge and skills to make healthy food choices, proposing solutions like the school-based [Coordinated Approach to Child Health \(CATCH Kids\) Club program](#) and a city-wide health campaign to encourage residents to eat healthy. Others focused on addressing the lack of access to healthy foods, proposing solutions like revitalizing a community garden to grow healthy foods and partnering with local restaurants to offer more healthy food options. Finally, IPC asked partners to contribute low-cost or no-cost ideas to the discussion. The group proposed to conduct educational seminars on health tips, host community health fairs, encourage physicians to talk with their patients about health and nutrition, and form a committee of students at school and have them plan a meal once a month to market to the student body.

Based on the ideas presented, DHA asked the group to decide which of these ideas would be the best to “turn the curve” on health outcomes, considering their cost, their potential impact on student’s healthy eating habits as demonstrated in the research literature, and how well each individual strategy would fit together in a system of supports. The strategies the group decided were “best” became action items. IPC then asked each meeting participant to commit to at least one of these action items. Based on these commitments, participants were organized into committees to tackle these action items and their respective contributions were compiled into an action plan that would guide the IPC implementation strategy.

### Selecting a Comprehensive Set of Solutions to Achieve Large-Scale Change

Residents with low incomes and limited English-language proficiency are the focus of the Chula Vista Promise Neighborhood (CVPN) in California. Rich in culture and community partnerships, the neighborhood still experienced health inequities due to lack of access to healthy foods, safe places to be active, and services such as health care. In this context, CVPN partnered with the local school district to launch a comprehensive strategy to promote students’ healthy eating and active living.

Included in this strategy, schools have begun implementing a [new wellness policy](#) that expands physical education time; administers regular healthy weight assessments to students; integrates health education into core academic subjects; establishes nutrition guidelines for all foods available on campus, including after-school programs, special events, and fundraisers; prohibits the advertisement of non-nutritious foods on campus; and bans all junk foods, even for birthday parties or incentives. South Bay Community Services—the lead CVPN agency—reinforces what happens in school by educating a cohort of students’ parents about healthy lifestyles, helping these parents pack foods that comply with the school district’s guidelines, and providing a variety of opportunities for children and families to exercise and eat healthy foods throughout the year.

This process enabled the Indianola Promise Community to develop a comprehensive action plan that projected making progress moving from the baseline of 30 percent to a forecasted target of 44.4 percent of students reporting eating five or more fruits and vegetables a day over a period of four years. This is turning a curve on students' healthy eating habits.

The plan leveraged the aligned contributions of multisector stakeholders. Schools would house evidence-based after-school enrichment programs where students would prepare and eat healthy foods, learn how to lead healthy lifestyles, and introduce their families to what they've learned. Students themselves would contribute—restoring a community garden to grow fruits and vegetables for their peers and using the garden as an educational tool. During summer and spring breaks, students would continue learning by participating in the community-based Art of Living Smart program where they would be taught how to choose fresh healthy ingredients, prepare more nutritious snacks and meals, and encourage their families to do the same. Regular health fairs and community events would engage and inform hard-to-reach students and families. Local restaurants would work with Delta State University's Dietetics Department to develop healthy options that would benefit all residents. And the entire city would reinforce the importance of healthy eating by placing logos on local businesses, schools, and popular gathering spots that remind people to consume at least five servings of fruits and vegetables, get one hour of physical activity, and have zero sugary beverages daily.

Taken together, IPC envisioned a powerful, multisector effort to improve healthy eating habits in Indianola and, in the process, to advance health equity by targeting programs and schools that have more than 95 percent African American student enrollment.

## Implementing the Proposal

The DHA established accountability structures at the program and population levels to translate these strategies into results. DHA held results-based meetings with individual partners to develop clear performance measures aligned with population-level indicators to ensure performance accountability. These performance measures evaluate how much the partner has done, how well they did it, and the extent to which program participants are better off because of it. For example, DHA evaluates the performance of the B.B. King Museum, a health-focused after-school provider, based on the student participation rate (how much), the percent of students who improved their knowledge of healthy eating (how well), and the percent of students served who improved their healthy eating habits (is anyone better off). DHA provides all partners access to a common, longitudinal, case-management system called [Efforts to Outcomes \(ETO™\)](#) to collect, store, and report on these measures on a weekly basis. Specific requirements for data collection, reporting, financial accounting, and targets are all institutionalized in partner memorandums of agreement (MOAs) to ensure compliance.

As partners begin collecting performance data, IPC works with an external evaluator to come up with realistic performance targets for each partner that reflect a significant change from the baseline. Then, IPC meets with partners on a monthly basis to review performance data, agree on these performance targets, and come up with strategies to meet the targets—these processes result in the continuous improvement of solutions. For example, when one of their monthly meetings revealed that students in the B.B. King Museum's Art of Living Smart program were improving their healthy eating knowledge but not their behavior, DHA and the B.B. King Museum decided that a more formal evidence-based curriculum, the CATCH program, would need to be implemented to see the results they wanted at the end of the year.

IPC aligns program-level strategies to impact the health of the population as a whole through quarterly indicator meetings where all partners who contribute to children's healthy eating habits meet to review, revise, and align their contributions. Using Results-Based Facilitation, DHA moves this group through the questions of population-level accountability. Meeting participants use the Promise Scorecard tool, provided by the Promise Neighborhoods Institute at PolicyLink and Results-Leadership Group, to view the latest population- and program-level data in real time and compare these data to existing targets. Then, they strategize about how to turn the curve, exploring

potential partners to add to the effort, brainstorming new ideas, and selecting the best ones to implement. Out of this process, new strategies have been adopted and new partners have been brought to the table, including the Mississippi State Extension Service, local businesses, markets, churches, Head Start, farmers' markets, and parks and recreation. And by using this disciplined Results-Based Accountability™ approach with partners, IPC has seen higher levels of commitment from partners, more willingness to assume responsibility for population-level results, and decreases in time between moving from talk to action.

## **Moving Forward: Delivering on the Promise of Population-Level Results**

By promoting healthy environments, Indianola Promise Community is promoting health and wellness for all children. As evidence of each program's impact accumulates, IPC will continue to work with partners to continuously improve effectiveness and ensure they are on track as a community to meet their annual targets for the number and percent of children eating healthy—one important factor to support community health. IPC has already seen improved healthy eating habits among students participating in its programs. In the coming months, IPC will administer another school climate survey to determine whether IPC succeeded in meeting the 2014 target for this indicator. With a clear collective vision and strategy, a structure and culture of accountability, and ongoing coaching and support from PNI, IPC is planning to expand its efforts to reach and improve outcomes for the majority of children attending IPC schools over the coming decades. Addressing inequities experienced by the community through a comprehensive, cradle-to-career effort is key to achieving population-level results to ensure children are healthy, ready to learn and thrive.

# Resources



Communities that implement the steps below with fidelity will be able to answer the seven questions of population accountability articulated on page 10 and begin advancing a comprehensive strategy to achieve population-level health results for children. This section provides resources and recommendations to help communities implement these steps effectively.\*

# 1

## Focus on 10 results that make a big difference for low-income children

The U.S. Department of Education has identified 10 results and 15 indicators for the Promise Neighborhoods program that make a big difference for low-income children. These results and indicators are featured on the [How to Build One](#) page of the PNI at PolicyLink website.

Communities may also decide to select additional results and related indicators that reflect their particular interests and needs. For example, Indianola has added the result “students avoid risky behaviors” to the Promise Neighborhoods 10 results. The following resources offer additional results and indicators for communities to consider including in efforts to achieve health equity.

- The [Choosing Indicators](#) page of the PNI website includes guidance for selecting indicators for a Promise Neighborhoods strategy.
- [Results and Indicators for Children: An Analysis to Help Inform Discussions About Promise Neighborhoods](#) is a paper, produced by ChildTrends and commissioned by the PNI at PolicyLink, exploring indicators and results to help focus Promise Neighborhoods efforts on the healthy development and education of children.
- [The Health Indicators Warehouse](#), maintained by the CDC’s National Center for Health Statistics, provides a range of indicators for communities to consider in efforts to promote community health and well-being.

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\* For additional guidance on implementing a Results-Based Accountability™ approach, consult the [Results-Based Accountability Implementation Guide](#), the [Results-Based Facilitation Workbook](#) and read *Trying Hard Is Not Good Enough* by Mark Friedman and *Creating the Container to Achieve Results* by Patton Stephens.

## 2

### Measure progress on 15 indicators against baselines

Communities need to set credible baselines\* for their indicators that enable them to reliably measure progress over time. Baselines include current data as well as data from previous years, where available, to establish trends. To ensure the credibility of these data, communities should partner with youth and community members to design and deliver a community survey. The following resources can help communities establish credible, reliable data for health-related indicators:

- [Gathering and Using Data for Needs Assessment and Segmentation Analysis](#), a webinar hosted by PNI at PolicyLink, provides information to help collect data for the Promise Neighborhoods indicators.
- The Urban Institute's [Data Guidance](#) document provides detailed guidance to help communities set baselines for the 15 Promise Neighborhoods indicators.
- The Urban Institute's [Promise Neighborhood Target Setting Guidance](#) document provides guidance for communities to set indicator targets based on available evidence of solution impacts.
- [Engaging Families and Community Residents in Data-Driven Work](#), a presentation from the DC Promise Neighborhood Initiative team, includes a variety of strategies and tips for engaging community residents in the design and collection of baseline data related to health and other indicators.

## 3

### Understand why the indicators are trending in a particular direction

Collecting information about why indicators are trending in a particular direction—the story behind the data—helps communities identify the underlying issues that must be tackled to improve conditions, understand what's working and what needs to change, and more accurately predict and determine whether their efforts are turning the curve. To understand the story behind the curve, communities will need to engage as many and as diverse a representation of the community as possible, show them the data, and ask them why the picture looks the way it does. Students, parents, elders, community and faith leaders, community residents, small business owners, service providers, advocates, law enforcement, and policy and systems leaders from diverse racial/ethnic and socioeconomic backgrounds should all be engaged in conversations to develop a good story behind the curve. Because the hardest-to-reach populations are often most familiar with neighborhood challenges, communities should make sure to include groups that are least likely to be doing well on a given indicator. The following resources can help communities develop an understanding of the story behind the curve for health-related indicators:

- The PolicyLink report [Why Place and Race Matter](#) details a range of factors that contribute to disparate health outcomes for communities of color.
- The [Needs Assessment Tool](#) on the PNI at PolicyLink website contains several considerations for communities to develop a strong understanding of community needs.
- PNI at PolicyLink has developed a [community engagement brief](#) offering guidance for engaging communities in Promise Neighborhoods planning and implementation processes.

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\* A baseline is a multiyear display of data with two parts: a history that shows where a community or organization has been, and a forecast that shows where a community or organization is headed if it stays on its current course. Baselines allow communities or organizations to define success as doing better than the baseline or “turning the curve.”

# 4

## Select partners for each indicator

Partners with a potential role to play in addressing health-related indicators for the federal Promise Neighborhoods program may include community health clinics; hospitals; outreach workers; health-care enrollment navigators; local departments of parks and recreation, planning, and health; early learning and childcare providers; school, district, and local Head Start administrators; law enforcement; faith-based organizations; after-school programs; schools of public health; neighborhood associations; local restaurants; corner store owners; grocery stores; as well as youth, families, and community residents.

# 5

## Work with partners to develop selection criteria and identify solutions for each indicator

Consistent with the [Results-Based Accountability Implementation Guide](#), important criteria to consider when identifying solutions include the following:

- Specificity: *Is the idea actionable?*
- Leverage: *How much impact will it have?*
- Values: *Is it consistent with our personal and community values?*
- Reach: *Is it feasible and affordable over the short, medium, and long term?*

It is vital to engage diverse groups in the solution-generation process and to encourage participants to propose solutions that are implemented by families, policies, and systems as well as programs. As such, policy and systems leaders and a substantial number of families should be participating in these conversations. Participants should also be encouraged to consider evidence-based solutions that have worked in similar communities as well as potential low-cost to no-cost solutions. The following resources can help communities select solutions for health-related indicators:

- The [Evidence-based Practice](#) page of the PNI at PolicyLink website includes guidance for considering a program's evidence of effectiveness as a criterion for inclusion in a Promise Neighborhoods strategy.

# 6

## Ensure the entire team commits to population-level targets by indicator

To ensure a community's proposed strategy is consistent with the goal of achieving population-level results, the entire team should make a commitment to selecting a mix of solutions that will, based on all available evidence, achieve the goal of impacting at least 50 percent of children and families such that these children and families experience improved results. For example, the Northside Achievement Zone in Minneapolis plans to enroll nearly half of all children and families in the neighborhood by 2015 and achieve the following in long-term population-level results for children:

- Kindergarten readiness increases from 28 to 80 percent
- Reading at grade-level by third grade increases from 16 to 75 percent
- Grade-level math proficiency by eighth grade increases from 29 to 70 percent
- Graduating on time, prepared for college increases from 51 to 80 percent

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\* As partners in the Promise Neighborhoods effort, families should own a contribution to each result and measure of progress. This is what PNI at PolicyLink describes as authentic community engagement.

# 7

## Select a mix of solutions for each indicator

To achieve population-level results, multisector partners will need to implement a mix of solutions that involve families,\* programs, policies, and systems. This section provides examples of solutions Promise Neighborhoods can use and, in many cases, are currently using to turn the curve on four health-related indicators.

**Indicator:** *The number and percent of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.*

Solutions related to this indicator include, but are not limited to, the following:

- **Policies** that invest in school- and community-based health centers and extend health-care coverage to undocumented families.
- **Systems** changes that target resources and technical and capacity-building assistance to health providers located in the Promise Neighborhood; improve preparation, hiring, training and retention of racially and linguistically diverse health practitioners; expand hours of operation and permit the inclusion of children ages 0–5 years at school-based health centers; align enrollment, data-collection, and data-sharing procedures with the Promise Neighborhood; and improve coordination and delivery of services through the implementation of the patient-centered medical home model.
- **Programs** that connect expectant and new mothers to a source of primary care and ensure they participate in regular well-child visits such as the evidence-based Parents as Teachers (PAT) and Nurse–Family Partnership home-visiting programs. Effective strategies also include requiring and referring children to a medical home upon enrollment in early childhood programs, including information on medical homes in parenting programs, deploying mobile clinics in the community, hosting community health fairs, and deploying health outreach workers/promotores and ACA enrollment navigators at schools and in the community.
- **Families** who develop and complete goals related to regularly taking their children to the doctor for their checkups and immunizations, as well as conduct door-to-door outreach to

inform and connect parents of young children to services, and host community events and house parties to share information with families about the importance of a medical home.

Additional strategies for addressing this indicator can be found in the following resources:

- [Connecting Young Children to a Medical Home](#), a webinar hosted by PNI at PolicyLink, provides an overview of the importance of a medical home and strategies Promise Neighborhoods are using to connect young children to a medical home.
- [Parents as Teachers \(PAT\)](#) offers a range of resources to strengthen the capacity of home-visiting programs to meet the needs of diverse children and families, including resources for vulnerable populations such as teen parents.
- A [medical home brief](#) written by the California Pan-Ethnic Health Network provides a range of resources for improving access and quality of medical care in low-income communities of color.

**Indicator:** *The number and percent of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures.*

Solutions related to this indicator include, but are not limited to, the following:

- **Policies** such as Preschool for All that expand access to high-quality preschool opportunities and expand home-visiting programs such as Early Head Start.
- **Systems** changes that coordinate and align early education standards with the K–12 system; target resources, licensure, and professional development opportunities for Promise Neighborhoods childcare and early education providers; use existing community and school spaces to house early-learning classrooms; maximize available preschool slots for Promise Neighborhoods children ages 0–5 years; include a focus on trauma and mental health in early learning settings; increase the amount early childhood professionals are paid; and require health providers to use a standardized developmental screening tool during well-child visits that aligns with this indicator.

- **Programs** that provide expectant and new parents with parenting knowledge and connections to comprehensive resources, such as the HCZ Baby College® program, enlist health practitioners in reinforcing children’s language and literacy development through the Reach Out and Read program, provide ongoing coaching and learning materials to early care and education providers, offer capacity-building assistance and play-and-learn group-based training to informal childcare providers, administer regular screenings of Promise Neighborhoods children to detect developmental delays and connect children to needed services, and provide children with financial assistance to attend high-quality early learning programs.
- **Families** who develop and complete goals related to creating a supportive home learning environment and develop parenting and/or fatherhood groups that share parenting knowledge, read to children in early learning settings, and organize events in the community.

Additional strategies for addressing this indicator can be found in the following resources:

- [Supporting Age-Appropriate Functioning in Promise Neighborhoods](#), a webinar hosted by PNI at PolicyLink, features strategies and approaches Promise Neighborhoods are using to address this indicator.
- [Accelerating Results for Black Males: Ensuring Black Males are Successful Early Readers](#), written by PNI at PolicyLink, provides best practices, tools, and resources to support black boys’ healthy development and early learning, from birth through third grade.
- The PNI at PolicyLink Early Learning Affinity Group and webinar series hosted in partnership with ZERO TO THREE provides regular learning opportunities and resources to Promise Neighborhoods to support early learning. [Click here for more information on the group including how to join.](#)
- [Early Childhood Solutions Launched in Promise Neighborhoods Implementation Sites in Year 1](#), written by the Center for the Study of Social Policy, describes early childhood solutions the five 2011 Promise Neighborhoods implementation sites put in place in the first year of their grants.
- PNI at PolicyLink, in partnership with Harvard’s Center on the Developing Child and the Buffalo Promise Neighborhood, has produced a [webinar on integrating the latest neurological research into the Promise Neighborhoods program’s early childhood strategies](#) to support healthy development.

**Indicator:** *The number and percent of children who participate in at least 60 minutes of moderate to vigorous physical activity daily.*

Solutions related to this indicator include, but are not limited to, the following:

- **Policies** that expand physical education requirements and include physical activity breaks and recess in schools, invest in street infrastructure and active transportation such as safe sidewalks and bike lanes, and that build and revitalize community physical activity resources in the Promise Neighborhood such as playgrounds, gyms, pools, recreation centers, and schools.
- **Systems** changes that institutionalize community engagement and the consideration of health equity impacts in community development, prioritize community improvements in high-need communities such as the Promise Neighborhood, open physical activity resources to Promise Neighborhoods families through joint-use agreements and the elimination of fees, infuse physical education within existing curricular offerings, and establish regular healthy weight assessments and tiered interventions at Promise Neighborhoods schools and/or health centers.
- **Programs** that provide students with opportunities for physical activity such as the evidence-based CATCH program; Safe Routes to School; sports classes and summer sports camps; dance and Zumba classes; and community marathons, bike rides, and fit days.
- **Families** who encourage children to participate in physical activity at home and initiate walking clubs, exercise together, coach sports teams, and host athletic events in the community.

Additional strategies for addressing this indicator can be found in the following resources:

- [\*A Practitioner's Guide for Advancing Health Equity: Active Living Strategies\*](#) by the Centers for Disease Control and Prevention, Division of Community Health.
- [\*Working with Schools to Increase Physical Activity among Children and Adolescents in Physical Education Classes\*](#) by the Partnership for Prevention.

**Indicator:** *The number and percent of children who consume five or more servings of fruits and vegetables daily.*

Solutions related to this indicator include, but are not limited to, the following:

- **Policies** that make grants, loans, and tax incentives available to healthy food retailers such as the Healthy Food Financing Initiative; increase incentives for purchasing healthy food with SNAP; adjust land use policies to permit agriculture and community gardens; and ban unhealthy foods from schools and bake sales.
- **Systems** changes that establish nutrition guidelines for school foods, improve access to school breakfasts, support local producers and healthy food retailers, increase training for staff to learn healthier cooking, and establish regular healthy weight assessments and interventions at Promise Neighborhoods schools and/or health centers.
- **Programs** that offer students healthy foods, provide culturally appropriate nutrition education, and engage them as advocates for healthy communities, such as the evidence-based CanFIT program and CATCH program, and farm-to-school programs, as well as cooking classes, community picnics, mobile food trucks, farmers' markets, *Double Up Food Buck* programs that give an equal amount of credit or reward to families when buying fruits and vegetables for the purchase of healthy foods, community gardens, parenting programs with a nutrition focus, and healthy food delivery programs.
- **Families and students** who revitalize community gardens, grow and sell fresh fruits and vegetables to their peers, develop and disseminate materials that promote healthy eating, map healthy food retailers in the community, share information about healthy eating, host nutrition classes, support local healthy food retailers, and regularly serve healthy meals at home.

Additional strategies for addressing this indicator can be found in the following resources:

- The [PolicyLink Healthy Food Access Portal](#) contains examples of local, state, and federal policy initiatives and strategies to improve healthy food access in low-income communities and communities of color.
- [\*A Practitioner's Guide for Advancing Health Equity: Healthy Food and Beverage Strategies\*](#) by the Centers for Disease Control and Prevention, Division of Community Health.
- [\*Healthy Food, Healthy Communities: Promising Strategies to Improve Access to Fresh, Healthy Food and Transform Communities, Expanded Version\*](#) published by PolicyLink in 2011.
- [\*Building Healthy Communities Through Equitable Food Access\*](#) in the Community Development Investment Review.

# 8

## Identify partner targets and performance measures, incorporate into action plans, and begin implementation

Developing partner targets and performance measures is critical to creating a culture of accountability for all stakeholders responsible for contributing to an indicator. Performance measures determine how much a partner has done, how well the partner has done it, and whether anyone is better off because of it. Performance measures should be clear, manageable (no more than 3–5 measures per partner), and capture to the greatest extent possible a partner’s contribution to Promise Neighborhoods indicators. For example, a health-focused partner’s performance might be measured by the number of children ages 0–5 years who have been referred to a medical home, the percent of those referrals who received a follow-up contact, and the number and percent of children who actually enrolled in a medical home. Performance targets should then be established for each partner that set realistic benchmarks, based on past performance data or research-based assumptions, for “turning the curve” on performance as described by their performance measures.

# 9

## Develop performance contracts with partners

Performance contracts can be an effective tool for promoting performance accountability. Performance contracts should specify, among other things, the performance measures partners will be held accountable to as well as expectations, incentives, and processes for using data for continuous improvement both internally and in partnership with the Promise Neighborhood lead agency (e.g., weekly internal meetings and monthly meetings with the lead agency to review performance data against base-lines, discuss the story behind the curve, and develop strategies to improve performance). Additional strategies for addressing this indicator can be found in the following resource:

- [Next Generation Contracting: Applying Results-Based Accountability™ Principles in Contracting](#), written by the Results-Leadership Group, provides guidance for developing performance contracts.



## Additional Resources

In addition to the guidance above, the following resources offer general guidance and information that can help communities design and implement a health equity agenda:

- The PNI at PolicyLink Health Equity Affinity group is a community of practice of Promise Neighborhoods focused on sharing effective strategies, best practices, and peer learning to support efforts to promote children's health and well-being in Promise Neighborhoods. [Click here for more information on the group including how to join.](#)
- The [PNI Peer Learning Tool](#) lifts up successful strategies Promise Neighborhoods are using related to each of the Promise Neighborhoods results and a range of operational competencies.
- The [PNI Preferred Technical Assistance & Resource Provider Guide](#) lists organizations, including nonprofits, university-based research centers, and independent consulting firms, that offer high-quality technical assistance and resources that can support Promise Neighborhood communities in their efforts to turn the curve on health and other indicators.
- The [Corporation for Public Broadcasting—PBS Learning Correlation Guide](#), written by the Corporation for Public Broadcasting—PBS Ready to Learn Initiative in collaboration with PNI at PolicyLink, offers a range of high-quality PBS and Ready to Learn resources for children, families, and educators that are organized to correspond with the Promise Neighborhoods results.
- [Journal of School Health, October 2011 Special Issue.](#)
- [APHA Center for School, Health and Education.](#)
- [A Place for Healthier Living: Improving Access to Physical Activity and Healthy Foods, Joint Center for Political and Economic Studies and PolicyLink, 2004.](#)
- [A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease, Centers for Disease Control and Prevention, Division of Community Health.](#)
- [A Sustainability Planning Guide for Healthy Communities, CDC's Healthy Communities Program.](#)
- [Community Health Assessment and Group Evaluation \(CHANGE\) Tool and Action Guide, CDC's Healthy Communities Program.](#)
- [Community Health Resources Database, CDC's Community Health and Program Services.](#)
- [Equitable Development Toolkit, PolicyLink, 2001.](#)
- [Health in Mind: Improving Education through Wellness, Healthy Schools Campaign and Trust for America's Health, 2012.](#)
- [Healthier Communities Initiative Guide: Linking Policy and Environmental Strategies to Health Outcomes, Y-USA.](#)
- [Promising Strategies for Creating Healthy Eating and Active Living Environments, Healthy Eating Active Living Convergence Partnership, 2008.](#)
- [School Health Programs: Improving the Health of Our Nation's Youth, CDC National Center for Chronic Disease Prevention and Health Promotion, 2011.](#)
- [School Policies and Practices to Improve Health and Prevent Obesity, Robert Wood Johnson Foundation, 2012.](#)
- [Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living, Healthy Eating Active Living Convergence Partnership, 2008.](#)
- [Webinar—Healthy Communities, Healthy Schools, PolicyLink.](#)



# Notes

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- 9 Paula Braveman et al., *Education and Health*, (Princeton, NJ: Robert Wood Johnson Foundation, 2011).
- 10 Charles Basch, "Healthier Students Are Better Learners: High-Quality, Strategically Planned, and Effectively Coordinated School Health Programs Must Be a Fundamental Mission of Schools to Help Close the Achievement Gap," *Journal of School Health* 81 (10) (2011): 650-662.

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Samuel Sinyangwe, program coordinator, works to connect a national network of Promise Neighborhoods to research, peer learning opportunities, and resources to promote results for children and families.

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Dalila Butler, senior associate, works to promote economic, social, and health equity through environmental and policy change.

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