Advancing a Culture of Health

Community Focused Organizations and Other Potential Health Partners

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Executive Summary

Purpose

To gauge the familiarity and alignment of selected health and other organizations with the Robert Wood Johnson Foundation (RWJF) Culture of Health Vision and Action Framework. Through this vision and Framework, RWJF envisions a nation where all individuals, organizations, communities, and sectors value health as a shared goal and work together to improve well-being.

Methods

We identified national associations whose members are individuals or organizations working at community, state, and national levels to enhance health and well-being. We included associations whose members provide health related support through avenues other than standard health care systems, as well as associations of community focused social service, education, and other organizations not typically associated with health care delivery.

We analyzed associations' website content and engaged their key members through surveys, interviews, and world cafés (a method for facilitating group dialogue in which participants move from table to table, discussing a specific issue or topic at each table). A total of 174 individuals, representing 69 unique associations, responded to the survey, for a 40 percent response rate at the organizational level. Individual respondents included 57 executive directors, presidents or CEOs, 37 senior staff/executive representatives, 79 members of boards of directors, and one who did not identify their position. More than three-quarters of the associations (78%) were membership-based.

Findings

Overall, the respondents perceived the Culture of Health Framework as relevant, applicable, interesting, useful, and fair. Some perceived it as somewhat theoretical and complex.

Survey respondents were generally aware of and engaged with RWJF. They were also familiar with the Culture of Health and reported strong alignment with its guiding principles. When introduced to the Culture of Health Vision, they saw it as comprehensive, in-tune with their work, resonant with their values, and aligned with their strategic frameworks.

Interviewees' resonance with the Action Framework and the four Action Areas (making health a shared value; fostering cross-sector collaboration; creating healthier, more equitable communities; and

strengthening integration of health services and systems), however, varied across organizations and sectors.

Most *world café participants* indicated a high degree of alignment with the Culture of Health Action Areas.

While the principles of the Culture of Health resonate with respondents, interviewees and world café participants described some important barriers to implementing it in practice. Barriers included lack of capacity among service providers, scarce resources, and siloed organization missions that make it difficult to work across agencies and systems.

Both interviewees and world café participants overwhelmingly agreed with RWJF's conceptualization of equity, while noting challenges to achieving it. Identified challenges related to creating a shared vision, changing attitudes, limited resources and funding, the complexity of systems, and acceptance of policies that promote equity.

Recommendations

We asked interviewees specifically about how RWJF could further advance the principles that make up the Culture of Health. Some suggested other individuals or agencies RWJF might engage or offered communication strategies that may be effective. They also emphasized the importance of more concretely operationalizing the Culture of Health principles.

Respondents offered observations related to the engagement of local leaders and to environmental factors that need to be addressed to advance acceptance of Culture of Health principles. We offer some recommendations from those observations and from our analyses of key stakeholders and practices:

- **Businesses.** Business partners are critical locally and nationally. To engage them, RWJF needs to make the business case for building a Culture of Health.
- **Policymakers.** Engaging policymakers at the local, state, and national levels should be an RWJF priority, given its interest in promoting policies that support the development of a Culture of Health.
- **Professional Associations.** RWJF should collaborate with professional associations with broad member bases to advance the Culture of Health and communicate its relevance.
- **Communities.** Buy-in from communities is critical. To achieve this buy-in, gain trust, and build relationships, RWJF must continue listening to community needs and challenges.
- **Local Support.** Building local support is essential for advancing the principles of the Culture of Health. To do this, RWJF needs to identify credible and influential local actors.
- **Partner Networks.** RWJF should use networks of partner organizations to engage new partners, as illustrated in the network analysis (page 14).
- **Work Already Underway.** RWJF must recognize the work communities are already doing to align with the Culture of Health, and focus on supporting ongoing work over imposing new work.

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PURPOSE

To gauge the familiarity and alignment of selected health and other professional associations with the Culture of Health Vision and Action Framework.

METHODS

We identified national associations whose members are organizations of professionals working at community, state, and national levels and who have the potential to enhance individuals' health and well-being. This includes associations whose members provide health-related support through avenues other than standard health care systems (such as the Association of Addiction Professionals), as well as community focused associations not typically part of health care delivery (such as the National Head Start Association), but who contribute to community well-being. We used the following sources of data.

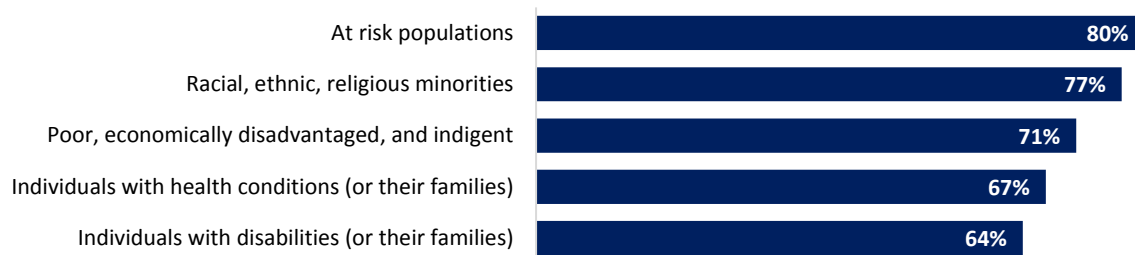| Method	Purpose/rationale
Web content review	• Examine organizational partnerships • Identify the mission and vision
Survey	• Assess general reactions to the Culture of Health • Ascertain organizational alignment with the Culture of Health • Ascertain familiarity with the Action Framework
Interviews	• Identify organizational alignment with the Culture of Health • Determine areas of resonance • Generate recommendations for communication and advancement of the Culture of Health
World Cafés	• Delve deeper into key issues identified during interviews • Generate discussion between dissimilar organizations around the Culture of Health principles • Determine perceptions around operationalizing the Culture of Health Framework for practice

Web-Content Review

Of the 171 national associations whose members work in health care or other community services, 155 (91%) had an operational website with content available for extraction. Using a structured protocol, we extracted data to (1) describe these professional associations, (2) examine their mission and vision statements, and (3) explore their publicly-reported partnerships.

Survey

A total of 174 people representing 69 unique organizations responded to the survey, for a 40 percent response rate at the organizational level. Individual respondents included 57 executive directors, presidents or CEOs, 37 senior staff/executive representatives, 79 members of boards of directors and

Populations Served by Survey Respondents (n=69)

Population	Percentage
At risk populations	80%
Racial, ethnic, religious minorities	77%
Poor, economically disadvantaged, and indigent	71%
Individuals with health conditions (or their families)	67%
Individuals with disabilities (or their families)	64%

one respondent who did not self-identify.

More than three-quarters of the associations (78%) were membership-based, although few routinely reported on the size of their membership. Associations reported focusing their programs and services on a wide array of specific populations. The 69 associations represent member organizations delivering services that touch the entire population age-span, from infants through older adults. When asked to

Community Focused Sectors of Survey Respondent Organizations (n=69)

Sector	Count
Health Care	12
Education	9
Community Improvement & Capacity Building	8
Public & Societal Benefit	6
Mental Health & Crisis Intervention	4
Diseases, Disorders, & Medical Disciplines	3
Human Services	3
Arts, Culture, & Humanities	2
Employment	2
Food, Agriculture, & Nutrition	2
Housing & Shelter	2
Civil Rights, Social Action, & Advocacy	2
Environment	1
Recreation & Sports	1

select from a list of adjectives to describe their associations, respondents selected as follows: innovative (57%), active (52%), adaptive (42%), and progressive (38%).

Interviews

We interviewed 30 individuals representing associations from key sectors. Associations were randomly selected for interviews based on whether they responded to the survey and on whether their members were health care or community focused organizations.

The breakdown between the two groups is shown in the table below. The "Other" sector included 8 interviewees from community development and housing, 6 from human and family development, and 2 from social justice.

	Survey respondent	Did not respond
Health care-specific	10	4
Other	12	4

World Cafés

World cafés are in-person facilitated processes where participants move from table to table, discussing a specific issue or topic at each table. We adapted the world café approach to a web-based platform in which each online café event centered around a specific topic related to the Culture of Health. This approach allowed people who may not typically engage with one another to talk together about health and well-being. Six world cafés were held between December 2016 and January 2017, involving a total of 48 attendees from associations whose members responded to the survey. The table below presents the topics covered and the representation by sector of participants in each world café.

Date	World Café Topic(s)	Participants per event	Participants by Sector			
			Community Development & Housing	Health-Care Specific	Human & Family Development	Social Justice
12/6/16	Making Health a Shared Value & Fostering Cross-Sector Collaboration	**11**	3	7	0	1
12/8/16	Equity	**9**	2	5	1	1
1/9/17	Creating Healthier Communities & Strengthening Integration	**4**	0	2	2	0
1/10/17	Equity	**5**	2	1	1	1
1/11/17	Making Health a Shared Value & Cross-Sector Collaboration	**5**	0	3	2	0
1/12/17	Creating Healthier Communities & Strengthening Integration	**7**	2	4	1	0

FINDINGS

Survey respondents were generally aware of RWJF and have engaged with the Foundation in some way in the past.
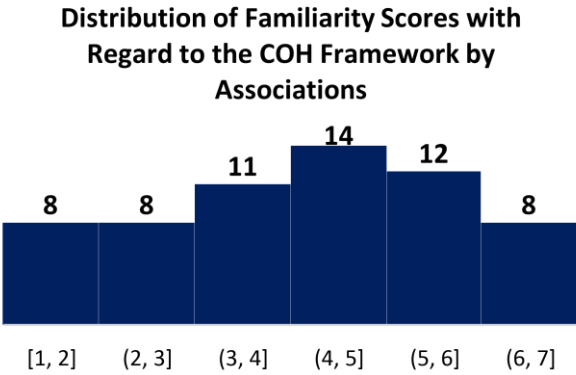
Familiarity with RWJF. Of the 174 individuals responding to the survey, more than 90 percent reported that they are aware of RWJF. Of those responding affirmatively, more than 80 percent reported that they are familiar with the mission or focus of the Foundation.

Engagement. Survey respondents reported a variety of ways in which they have engaged with RWJF in the past. Most had visited the related RWJF websites and more than half had received funding from the Foundation. Over half (57%) said they had discussed the Culture of Health with colleagues. Few said they had participated in the development of it. Write-in responses reflected engagement with RWJF at various conferences and applications for funding in the past.

Survey respondents were also familiar with the Culture of Health and reported strong alignment with its guiding principles.

Familiarity with the Culture of Health Vision and Action Framework. 61 responded to this question, rating their familiarity with the Culture of Health Vision and Action Framework at 4.4 on a 7-point scale.

There was variation in familiarity with the Culture of Health across sectors. Health care focused associations reported being more familiar overall with the Framework than associations representing other sectors.

Distribution of Familiarity Scores with Regard to the COH Framework by Associations

[1, 2]	(2, 3]	(3, 4]	(4, 5]	(5, 6]	(6, 7]
8	8	11	14	12	8

Familiarity with the Culture of Health Among Health-Care Specific Organizations Compared to Other Organizations

	Not familiar	Somewhat familiar	Very familiar
Health-care specific	10%	28%	62%
Other	17%	52%	31%
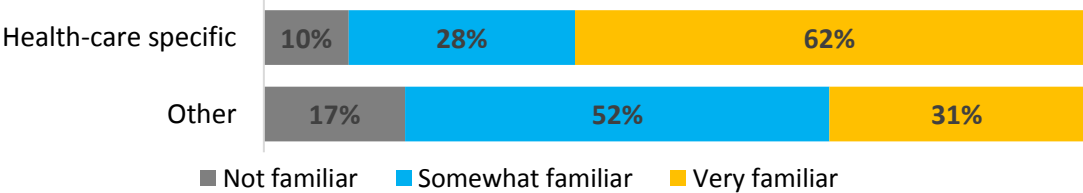
When asked to rate on a 7-point scale how each element of the Culture of Health Framework aligns with their association's philosophy and/or perspective, respondents indicated a high degree of alignment.

When we further analyzed the data, separating health care focused associations from other associations, we found three areas of statistically significant difference:

- Health Care needs to be efficient and equitable
- Everyone needs access to affordable, quality health care because it is essential to maintain or claim health, and
- Keeping everyone as healthy as possible needs to guide public and private decision making.

Average Reported Alignment for Health-Care Specific Compared to Other Organizations

	Other	Health-care specific
Health care needs to be efficient and equitable*	5.93	6.54
Everyone needs access to affordable, quality health care because it is essential to maintain, or reclaim, health*	6.07	6.67
Keeping everyone as healthy as possible needs to guide public and private decision-making*	5.79	6.35
Everyone needs the opportunity to attain the healthiest life possible	6.22	6.66
The economy needs to be less burdened by excessive and unwarranted health care spending	5.34	5.74
Good health needs to flourish across geographic, demographic, and social sectors	6.47	6.72
Americans need to understand we are all in this together	6.13	6.35
Business, government, individuals, and organizations need to work together to build healthy communities and lifestyles	6.39	6.48
Individuals and families need the means and opportunity to make choices that lead to the healthiest lives possible	6.38	6.46
All need to be included; no one is excluded	6.54	6.60

Interviewees saw the Culture of Health as comprehensive and relevant to them.

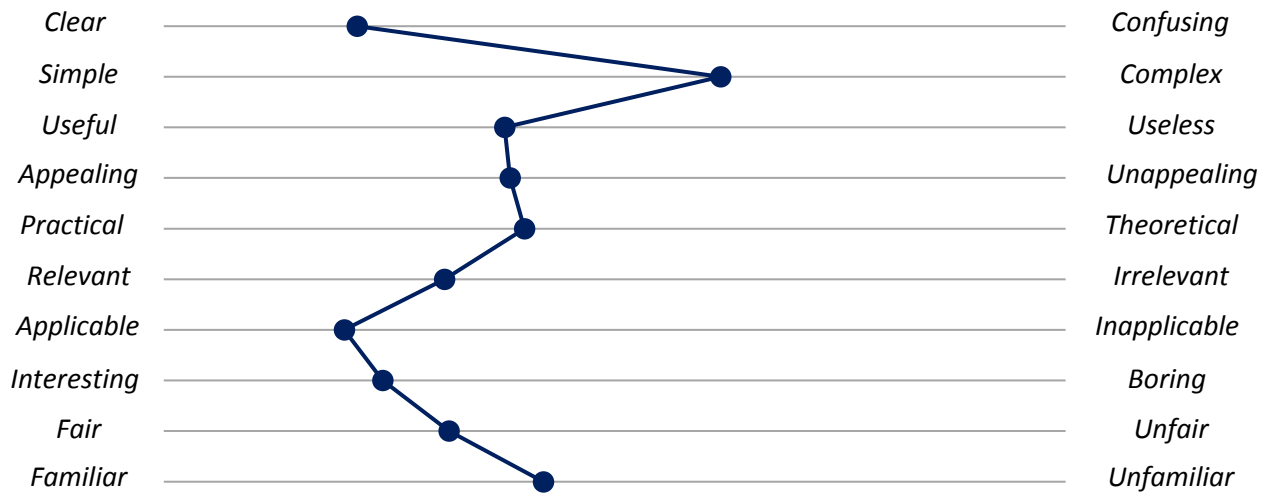|	
Comprehensive	*My general perspective is it kind of covers all of the main issues. I think looking at it from sort of disparity, quality, value, improved health, and I think…you have a tenet that hits each of those areas.*
In-tune with their work	*The content is, I think, very good and very much aligned – it's a lens on the work that we do in the community development finance space.*
Resonant with their values	*My general impression is that it is right on target in a critically important area…What I like about this Framework is that it roots itself in… the notion of making healthier communities…and the systems approach leading to population health and well-being.*
Aligned with their strategic frameworks	*Yeah, I got to tell you all of them. This has perfect alignment with a strategic direction and mission of our organization.*

Interviewees also perceived the Culture of Health as applicable, interesting, useful, and fair. However, some perceived it as somewhat theoretical and complex.

The survey probed respondents' perceptions of RWJF's Culture of Health Vision and Action Framework by asking them to consider pairs of adjectives along a continuum of how they believed their association would interpret the Framework. Responses suggested that the interpretations would be positive.

Organizational Perceptions of the Culture of Health Vision and Action Framework

Clear	Confusing
Simple	Complex
Useful	Useless
Appealing	Unappealing
Practical	Theoretical
Relevant	Irrelevant
Applicable	Inapplicable
Interesting	Boring
Fair	Unfair
Familiar	Unfamiliar

While the principles of the Culture of Health resonate with associations, interviewees and world café participants described some important barriers.

Lack of Capacity
They don't know what the access points are to the health system in their state or in their city. Or if it's a public health agency, they just don't understand it. And another thing then, the health system doesn't know how to access them.

Resource Scarcity
Then there are never adequate resources to support meaningful, long term change at the community level. We're asking people to do impossible things because they're not supported by policy.

Mission Siloing
Well, sadly, maybe I'm a pessimist, I just see the barriers that I was just kind of talking about in terms of everybody has their fiefdom, and I just think in healthcare in general, it is very difficult to move the needle.

Resonance with the Culture of Health Action Areas varied across interviewees representing different associations and sectors.

The figure below shows each association from which at least one representative was interviewed. The four Action Areas are depicted as four concentric circles within which is an indication of whether an Action Area resonated with that association's mission or vision. The associations are grouped starting on the right with **community development and housing**, **health care**, **human and family development** and **social justice**. Blank spaces indicate the interviewee did not specifically mention the action area when asked about resonance.
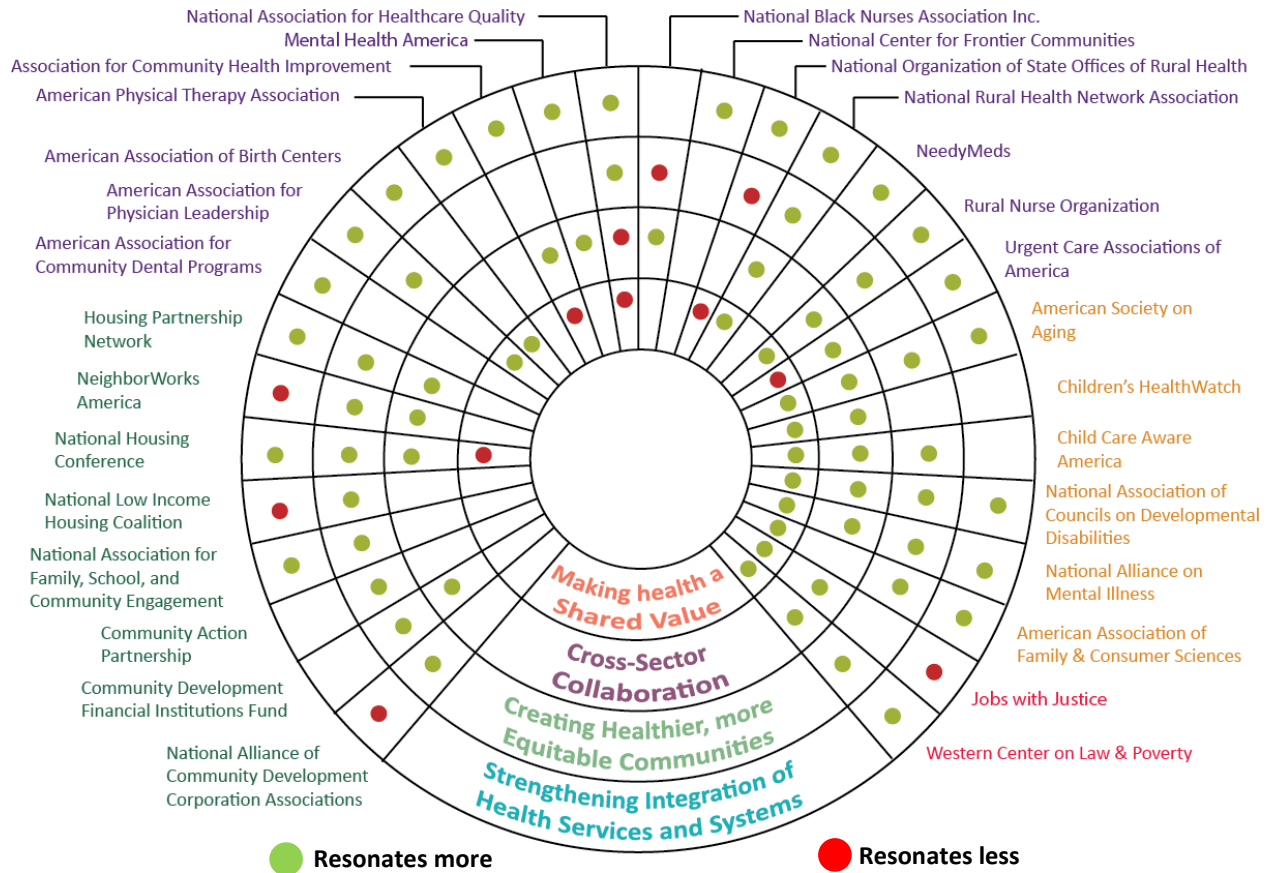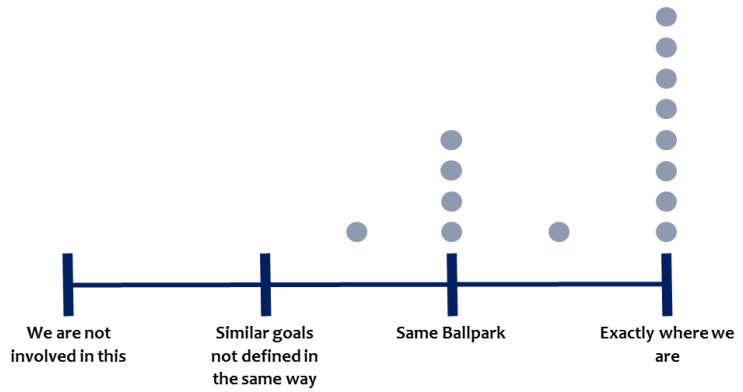

Most world café attendee associations indicated a high degree of alignment with the Culture of Health Action Areas.

World café participants were also asked to indicate how well their association aligned with the four Action Areas. The four figures shown below represent their responses for each Action Area. Dots that fall between response options indicate that respondents believed their association fell between those two options.
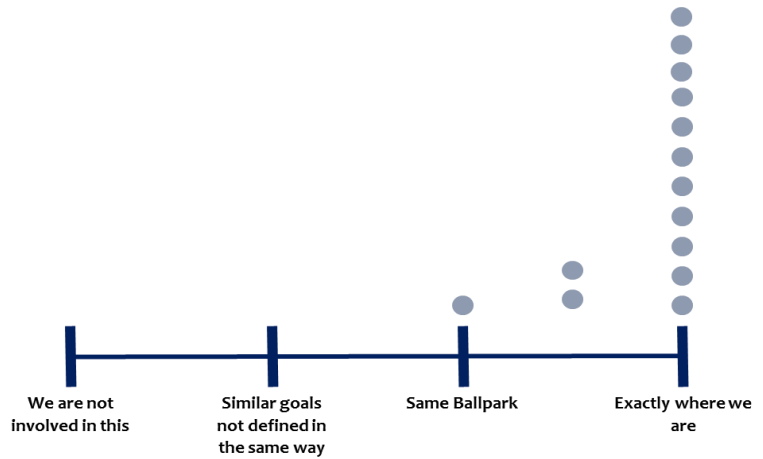
Action Area 1: Making Health a Shared Value

Most world café participants indicated they are aligned with Action Area 1, but some only indicated they were in the same ball park.
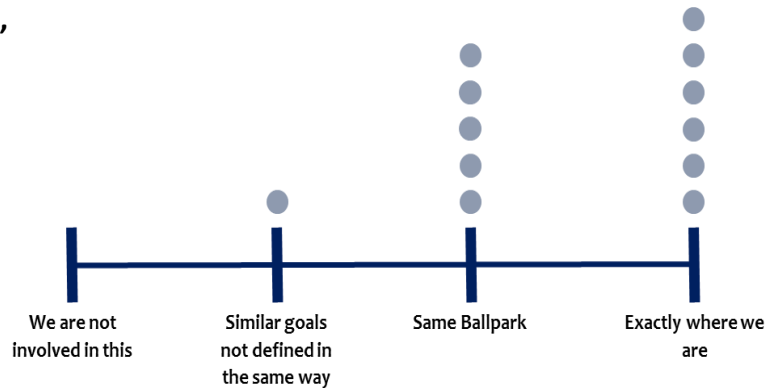
We are not involved in this | Similar goals not defined in the same way | Same Ballpark | Exactly where we are

Action Area 2: Fostering Cross-Sector Collaboration

Almost all world café participants indicated they were closely aligned with Action Area 2.

We are not involved in this | Similar goals not defined in the same way | Same Ballpark | Exactly where we are
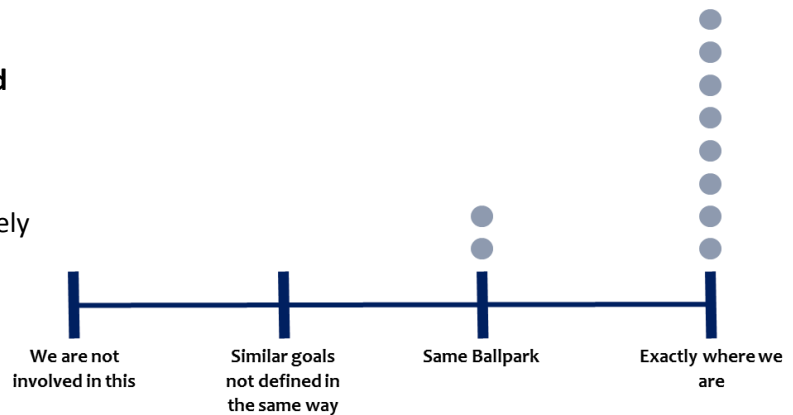
Action Area 3: Creating Healthier, More Equitable Communities

Participants were split regarding alignment with Action Area 3. This Action Area generated the most variation in participant responses.

We are not involved in this | Similar goals not defined in the same way | Same Ballpark | Exactly where we are

Action Area 4: Strengthening Integration of Health Services and Systems

The large majority of world café participants indicated they were closely aligned with Action Area 4.

We are not involved in this | Similar goals not defined in the same way | Same Ballpark | Exactly where we are

Interviewees and world café participants overwhelmingly agreed with RWJF's conceptualization of equity.

We used the following statement to introduce the concept of health equity to the respondents:

"If we are to achieve a culture of health that benefits our entire nation we must ensure that all in our society regardless of where they live, how much money they make, or where they may come from have the opportunity to make the most of their health."

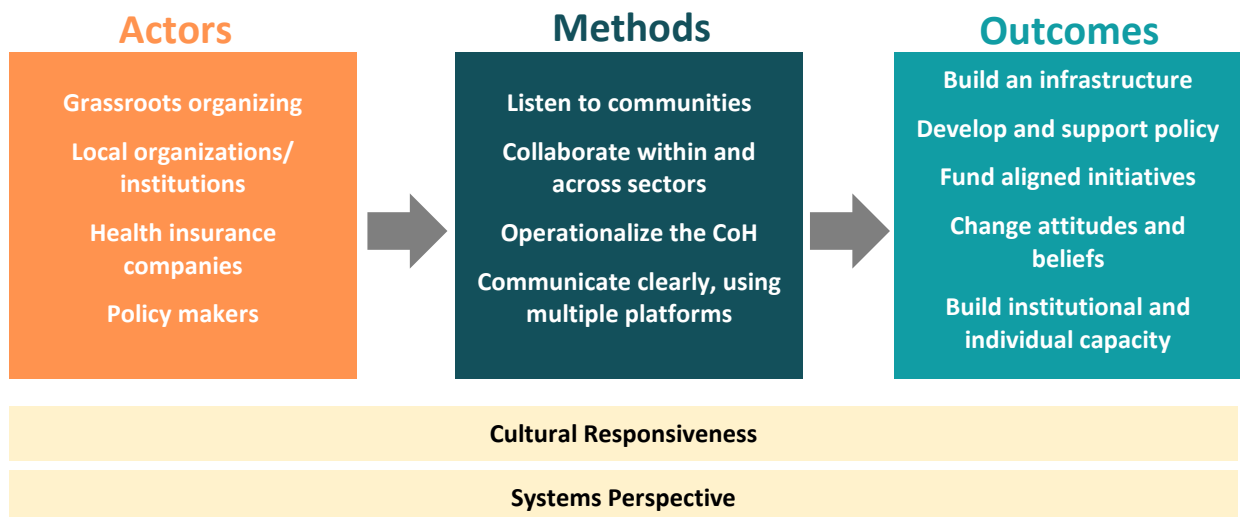**-Risa J. Lavizzo-Mourey**

I didn't realize that Robert Wood Johnson's conception of health equity was as close to the work of community development as I thought it was.	*I certainly think we would support that. Again, it's a very broad and lofty theory, and something that we would strive towards.*	*Since that is a good solid overarching definition, which makes it as appealing as possible across-the-board, I think it is a very high-level view of health equity.*

Interviewees and world café participants noted points of tension as key places to start making changes that support equity. Some of these points of tension include:

- **Value clashes**
- **Profit vs. well-being** and incentives within the health care system
- **Areas of disinvestment** as spaces that could become **opportunities** for investment and change

- The **politics** of health care
- Identifying **logjams** in systems and processes that need to be released
- **Pushback** against a "new way" of doing business.

To advance principles of health equity, interviewees outlined a set of suggested actors to approach, methods to apply, and outcomes to seek, indicated in the diagram below. They also identified cultural responsiveness as necessary to underlie any work to advance principles of equity, and the use of a systems perspective when trying to understand the factors affecting equity (or inequity).

Key Components for Advancing the Principles of Health Equity

Actors
- Grassroots organizing
- Local organizations/ institutions
- Health insurance companies
- Policy makers

Methods
- Listen to communities
- Collaborate within and across sectors
- Operationalize the CoH
- Communicate clearly, using multiple platforms

Outcomes
- Build an infrastructure
- Develop and support policy
- Fund aligned initiatives
- Change attitudes and beliefs
- Build institutional and individual capacity

Cultural Responsiveness

Systems Perspective

Along with suggestions for how to advance the principles of health equity, interviewees and world café participants identified key challenges in advancing those principles.

What is hard about achieving health equity?

Creating a shared vision

Creating that shared vision around what equity looks like. That's not going to be the same in every community, dependent upon what resources you have available to you. But really getting to a point where that vision is shared not just by the key stakeholders within the community, but the entire community itself.

Changing attitudes

Well, that's something we're working on in the disability community... It's about changing those attitudes and the way people think. I know somebody said the easy part is yes, everybody says everybody should have access to good care, being part of their community. It's a philosophy that most people would say, well, sure, that makes sense. But then the hard part is actually getting into the nitty-gritty of the components of what creates that change. What will change your attitude and expectations for people?

Resources and funding

It always comes down to a budgetary issue, if you need services, if you need people to have better access to dental care. Somebody earlier mentioned Medicaid and how many practitioners do not accept Medicaid, or the national perspective of not wanting to provide good health care options, whether it's Obamacare or whatever we want to look at it as in the future. But I think that there are always funding barriers.

The complexity of systems

Even when people understand how health equity is important, righting the ship that is the health care sector around this idea is really, really difficult, even when everyone in the health care field agrees that it's really, really important. So I would say just the kind of – I don't know, the size of the bureaucracy or the size of the – of the industry, it's just hard to shift.

Policies that promote inequity

The Center for Medicaid and Medicare Services recently put out a few grant applications around the accountable health communities. In order to even apply you had to reach a minimum population. The first one was 75,000 Medicaid recipients. Well that's half the state of New Mexico.

I would say one of the things that is hard at least in the mental health care space is the way the system operates currently actually I think contributes to inequity... So for example in mental health care many providers are solo providers, right? And they're not covered in your insurance networks the same way we see in other healthcare.
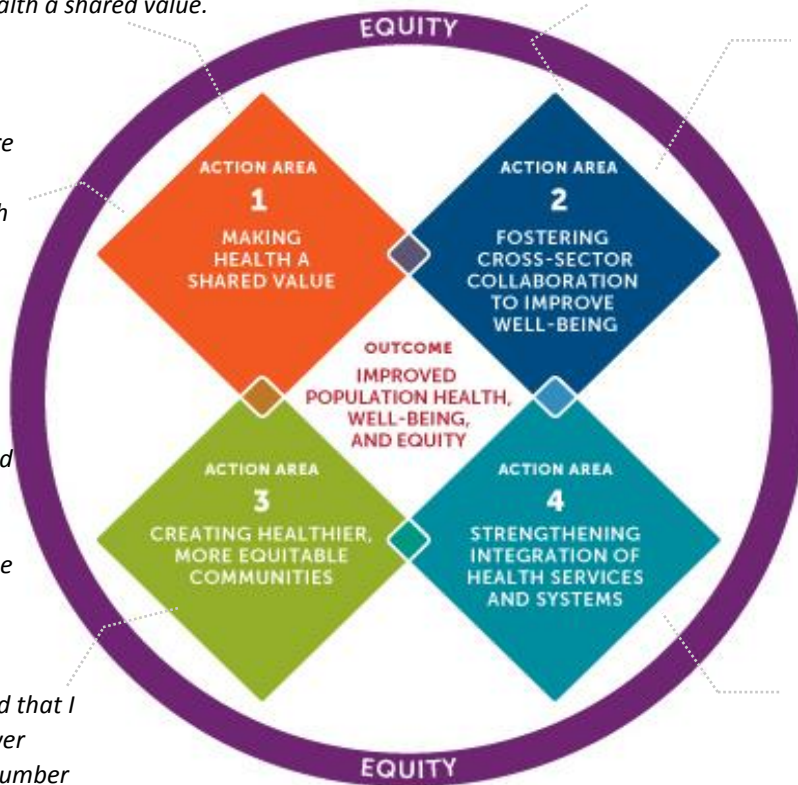
RECOMMENDATIONS

Interviewees were asked specifically about how they believed RWJF could further advance the principles that make up the Culture of Health. Some recommendations were linked directly to components of the Framework, and these are presented immediately below.

*We spend a lot of time talking about "making health a shared value" because **mental health** is often not considered health. One of our main issues is that mental health is health. We want to make mental health a shared value.*

*What I think that the foundation could do a better job of clarifying is what they mean by cross-sector **collaboration** and partnership.*

*Including the words **oral health** in these RFPs and the design of these frameworks, those would be the best vehicles to reach the people on the "frontline" in the communities, the people in the grassroots level.*

*This is still much more **environmental** than actually working with housing folks. We would be starting with the home and kind of working out into the community. And it feels like they've sort of started at the community level, and … don't quite get to the house itself.*

*And there isn't – it isn't really noted here that **mental health** – is that part of this framework or not, or is this just physical health. Even in the strengthening and integrating health care systems, there isn't the word mental health.*

*So I think I mentioned that I see **childcare** wherever Americans work in Number 3… But it's not really explicit in the drivers.*

Respondents suggested additional individuals or agencies RWJF might engage, or communication strategies that may be effective. Their recommendations appear below.

Recommendations for Advancing the Culture of Health Principles

Business partners are critical locally and nationally. To engage them, RWJF needs to make the business case for building a Culture of Health.

Engaging policymakers at the local, state and national level should be an RWJF priority, given its interest in policies that support the development of a Culture of Health.

RWJF should collaborate with professional associations with broad member bases to advance the principles of the Culture of Health and communicate its relevance.

Buy-in from communities is critical. To achieve this buy-in, gain trust, and build relationships, RWJF must continue listening to community needs and challenges.

Building local support is essential for advancing the principles of the Culture of Health. To do this, RWJF, needs to identify credible and influential local actors.

RWJF must recognize the work communities are already doing to align with the Culture of Health, and focus on supporting existing work over imposing new work.

Communicate through Professional Associations

Nearly every association in the response sample indicated a strong social media presence, typically utilizing multiple platforms to maximize outreach. Our web content review identified Twitter, Facebook and LinkedIn as the most popular platforms, utilized by nearly every association. Moreover, nearly all (94%) use an e-newsletter to communicate to their membership, and a high proportion distribute a subscription-based daily bulletin (70%), publish a magazine (35%), or manage a peer-reviewed journal (39%).

Respondents recommended that RWJF design communication approaches that span platforms and are crafted purposefully for different audiences. Interviewees distinguished between messages for professionals and the general public, noting different platforms for engagement and the various ways messages can be crafted. The table below summarizes their ideas:

	Professionals	General Public
Key platforms	Conference presentations Webinars Journal/professional magazine articles Requests for proposals Google Alerts	T.V. media Social media campaigns Websites Billboards Newspaper articles
Messaging characteristics	Demonstrate results Present evidence Operationalize for action	Tell stories Craft messages for specific audiences

Engage Local Community Institutions

Interviewees and world café participants described the importance of engaging local and community institutions that are already operating working to build local support for a Culture of Health. These organizations understand the community context, have established relationships and credibility with the people they serve and work with, and have the capability to affect policy at a local level. These institutions may include:

- Community based organizations
- Faith based groups
- Local government
- Local business

Operationalize the Culture of Health Principles

Well you have action, you have drivers, and you have outcomes. I mean **the one thing that's missing are the hows***, right, the strategies and services.*

What does it mean for people on the ground? *How would it change things for them? What's the ultimate outcome in a more specific way than just a healthier community?*

Operationalizing the Culture of Health and its component parts was one of the most common recommendations from interviewees

I think it would be super-helpful in understanding clearer implementation plans around this a little bit more, particularly who are the partners that they're seeking*, at least in the nonprofit sector. That is unclear to me at this point. And so it would be great to understand that.*

Messages that are most meaningful are those that are **sustained, simplified and provide actual practical things** *that individuals or other organizations implement.*

Use Networks of Partner Organizations to Engage New Partners

Of the 155 health and community focused associations included in our website review, we found 93 that named specific entities with which they indicated some "partnership" relationship. We extracted those and analyzed each to visualize the network and connections among members. Overall, the network contained **1,972 organizations** (including the 93 from the sample) connected by 2,221 relationships, with several prominent sectors included in these relationships.

Community Development/Finance Organizations

Community Development/Finance Partners

Criminal Justice Organizations

Criminal Justice Partners

Health Care Organizations

Health Care Partners

Education Organizations

Education Partners

Human & Family Development Organizations

Human & Family Development Partners

Social Justice Organizations

Social Justice Partners

Environment Organizations

Environment Partners

Linking Partners (3 or more Organizations)

Linking Partners (2 Organizations)

CONCLUSION

This report summarizes key recommendations from respondents about communicating the Culture of Health framework, advancing the principles of health equity and expanding the foundation's partnerships beyond its principal collaborators. Our findings suggest that community organizations and other potential health partners see value in the Culture of Health and resonate with the values and principles that undergird the framework. Different sectors view their work as aligned with different Action Areas, suggesting that the framework is sufficiently broad. Analysis of the partners of these associations suggest a potentially deep and far-reaching network for communication and uptake of the Culture of Health Vision and Framework in non-health related systems, beyond the network of respondents alone. According to these associations, the most important action the Robert Wood Johnson Foundation might take to facilitate the uptake of the Culture of Health among the membership of these groups is to operationalize the framework and its component parts, and expand relationships to reach new partners.

APPENDIX: Respondent Associations by Sector

Below are the associations that comprised our respondent sample for this study, organized by the sector (Community Development, Criminal Justice, Education, Environment, Healthcare, Human & Family Development, and Social Justice) we originally assigned to them. The associations listed below gave permission to be noted as a participant in this study. Some associations indicated they wished to remain anonymous for our data collection activities and others did not respond to our permissions request. Thus, the table below represents only a partial listing of associations included in our study. We would like to sincerely thank all of the associations that participated for their support.

SURVEY RESPONDENT ORGANIZATIONS BY SECTOR

Sector	Association/Organization
Community Development /Finance	Association for Enterprise Opportunity
	Capital Link
	Community Action Partnership
	Chicanos Por La Causa
	National Alliance of Community Economic Development Associations
	National Association of Counties
	National Center for Frontier Communities
	National Committee for Responsive Philanthropy
	National Community Reinvestment Coalition
	National Equity Fund
	Opportunity Finance Network
Criminal Justice	American Civil Liberties Union
	National Legal Aid and Defender Association
Education	AASA - The School Superintendents Association
	Association of American Medical Colleges
	National Association for the Education of Young Children (NAEYC)
	National Head Start Association
	National Rural Education Association
Environment	Housing Partnership Network
	National Low Income Housing Coalition
	National Recreation and Parks Association
	NeighborWorks America
	The American Institute of Architects
Health Care	American Academy of Pediatrics
	American Association of Birth Centers
	American Association of Colleges of Nursing
	American Cancer Society
	American College Health Association

Sector	Association/Organization
Health Care	American Heart Association
	American Medical Association
	American Organization of Nurse Executives
	American Physical Therapy Association
	Center for Health, Environment & Justice
	Council of State and Territorial Epidemiologists
	Directors of Health Promotion & Education
	Mental Health America
	National Association of Chronic Disease Directors
	National Black Nurses Association Inc.
	National Center for Rural Health Works
	National Council of State Boards of Nursing
	National Organization of State Offices of Rural Health
	Institute for Healthcare Improvement (formerly the National Patient Safety Foundation)
	National Rural Health Network Association
	NeedyMeds
	The Association of Community Health Nursing
	The Association for Addiction Professionals
	The Governance Institute
	The National Association of Free & Charitable Clinics
	Urgent Care Association of America
Human and Family Development	American Association of Family& Consumer Services
	Child Care Aware
	National Alliance on Mental Illness
	National Association of States United for Aging and Disabilities
Human & Family Development	Center for Community Change
	Coalition on Human Needs
	Western Center on Law & Poverty
Social Justice	Center for Community Change
	Jobs with Justice Education Fund
	Western Center on Law & Poverty

INTERVIEW RESPONDENT ORGANIZATIONS BY SECTOR

Sector	Association/Organization
Community Development /Finance	Community Action Partnership
	National Alliance of Community Economic Development Associations
Education	National Association for Family, School, and Community Engagement
Environment	National Housing Conference
	National Low Income Housing Coalition
	NeighborWorks America
Healthcare	American Association for Physician Leadership
	American Association for Community Dental Programs
	American Association of Birth Centers
	American Physical Therapy Association
	Association for Community Health Improvement
	Association of Community Health Nursing
	Mental Health America
	National Association for Healthcare Quality
	National Association of Advisors for the Health Professions, Inc.
	National Black Nurses Association Inc.
	National Center for Frontier Communities
	National Center for Rural Health Works
	National Organization of State Offices of Rural Health
	National Rural Health Network Association
	NeedyMeds
	Urgent Care Association of America
Human & Family Development	American Association of Family & Consumer Sciences
	American Society on Aging
	Child Care Aware America
	Children's HealthWatch
	National Alliance on Mental Illness
	National Association of Councils on Developmental Disabilities
Social Justice	Jobs with Justice Education Fund
	Western Center on Law & Poverty