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Priority Issues from a Health Implementation Plan: A Qualitative Study of Local Foundation and Nonprofit Leaders' Perceptions

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The purpose of this article is to examine how local leaders of health foundations and nonprofit organizations perceive key health issues (such as violence, housing, and chronic disease) included in a municipal health department's implementation plan. Specifically, we examine how these leaders prioritize health issues and what their ideas are regarding how to address them. To do this, we used a semistructured interviewing strategy to gather feedback from 10 senior leaders of health foundations and 13 senior leaders of nonprofit agencies in the City of Chicago. We conducted a content analysis of these interviews and found that participants emphasized the importance of addressing broad conditions related to violence, economic development, and education across the lifespan using multisector collaboration strategies. These findings suggest that these foundation and nonprofit representatives consider social determinants of health to be key in promoting population health.

Keywords: Community Health Assessment, Implementation Plan, Health Equity

Urban communities face a number of challenges that affect the health and wellbeing of the population. These challenges include things such as chronic disease, violence, and harmful environmental exposure (Frumkin, 2002; Galea & Vlahov, 2005). Local health departments (LHDs) are governmental agencies that serve as the frontline response to these challenges (National Association of County and City Health Officials, 2005; Turnock, 2016). Indeed, LHDs play an important role in promoting population health.

Community health assessment, the process of systematically examining the health status of a community, is often used by LHDs to plan and strategize partnerships, policies, and programs that address urban health challenges (Centers for Disease Control and Prevention, 2017; Turnock,

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2016). Typically, LHDs use Mobilizing for Action through Planning and Partnership (MAPP) to carry out these assessments (Erwin, Buchanan, Read, & Meschke, 2017; Hebert-Beirne, Felner, Castaneda, & Cohen, 2017; Kalos, Kent, & Gates, 2005; National Association of County and City Health Officials, 2018; Shields & Pruski, 2005). The process of MAPP involves four steps. These include engaging community partners by developing a shared vision, conducting four assessments,[1] identifying strategies, and setting goals. MAPP engages stakeholders across sectors (e.g., public health, education, and social services organizations) and typically takes more than six months to complete. It also involves a series of face-to-face discussions, data collection, and planning sessions.

Addressing urban health challenges requires a focus on health equity, which itself presents a number of challenges. One challenge is the lack of documented examples and best practices. A recent review of over 100 reports of cross-sector efforts to address health equity identified a lack of empirical studies regarding processes necessary for implementing health equity initiatives (Shankardass, Solar, Murphy, Greaves, & O'Campo, 2012). Another challenge is the potential for unintended consequences. One such consequence is "equity harms" that may emerge in the implementation of population-based health promotion strategies (Lorenc & Oliver, 2014). These harms occur when population health efforts benefit privileged members of the population more than those who face health inequities.

One approach used to guide health equity efforts is the development of a clear implementation plan. These plans allow officials to understand how key stakeholders in the community prioritize health issues and what their thoughts are for addressing them. Unfortunately, this information is not always easy to collect as it tends to be spread across various community stakeholders. As such, this information tends to be difficult to systematically document.

Given these limitations, a number of scholars have attempted to assess stakeholder perspectives. The findings from these studies have been used to set research agendas as well as strategies for systems change (Blacksher & Lovasi, 2012; Murphy, Fafard, & O'Campo, 2012; Wutzke, et al., 2017). Ultimately, these studies conclude that engaging stakeholders and gaining a sense of their perspectives is important for directing health research and health promotion efforts.

Although the development of a city's health implementation plan should involve stakeholder input, the time period between input and implementation requires further study. Thus, the purpose of this article is to examine the perceptions of key stakeholders—specifically, local health foundations and nonprofit organizations—on how key community health issues are prioritized. In doing so, we seek to provide insight into the ideas that these leaders have about how health issues in the City of Chicago should be addressed.

Methods

Chicago's LHD, Chicago Department of Public Health (CDPH), is addressing a number of urban health issues to promote health among Chicago residents. Geographically, these residents are spread across 77 neighborhoods that have historically been segregated (Masi, Hawkley, Piotrowski, & Pickett, 2007; Mulder, 2012; Steffes, 2016; United States Census Bureau, 2018). Segregation in these neighborhoods continues today and is associated with neighborhood-based health inequities, such as a higher than national prevalence of sexually transmitted infections, various cancers, and firearm related shootings and fatalities (Chicago Department of Public Health, 2017; French et al. 2017; Morenoff, House, Hansen, Williams, Kaplan, & Hunte, 2007;

Sampson, 2016). Given these health inequities, CDPH has taken a number of steps to promote health and address these issues (Chicago Department of Public Health, 2017).

CDPH used MAPP to assess the 77 neighborhoods throughout Chicago. Public and private partnerships were involved in this assessment. These partnerships enabled cross-sector input during community assessment and implementation (Cohen, Prach, Bocskay, Sayer, & Schuh, 2016). *Healthy Chicago 2.0*, the implementation plan resulting from the assessment, provides 30 goals and 82 related objectives across 10 priority health issues. Some of these issues are citywide, while others focus on specific neighborhoods in Chicago (Dircksen et al., 2016). *Healthy Chicago 2.0* focuses on health equity across all of these issues.

This study involved recruiting and interviewing stakeholders from Chicago-based health foundations and nonprofit organizations. Stakeholders from these organizations were directly involved in the MAPP assessment and implementation. Thus, this study offers a unique opportunity to obtain confidential and objective perspectives of key stakeholders during the *Healthy Chicago 2.0* implementation period.

We used a content analysis analytical approach for this study. This approach involved the systematic coding and analysis of text to examine its meaning (Bernard & Ryan, 2010). Participants for this study had to meet two criteria. They had to be at least 18 years old and they had to be employed at a Chicago-based foundation or nonprofit organization that served more than one health specific issue (e.g., health services, housing, education) or served a cross-cutting health issue (e.g., promotion of adolescent health across a variety of health issues).

We recruited an initial convenience sample of three participants from the Foundation Directory Online (2018). We scheduled interviews with these participants via e-mail and telephone follow-ups. These initial interviews allowed us to pilot our interview guide. Following these pilot interviews, we adjusted our guide for clarity and flow.

At least one study of risk communication has shown that after 20 interviews with well-informed participants, no new information was generated (Morgan, Fischoff, Bostrom, & Atman, 2002). Therefore, we aimed for a sample of at least 20 participants for our study. Nonprofit organizations that served more than one health specific issue were contacted for the study via e-mail or telephone call. The first and second authors of this study conducted all interviews.

Sample Description

Across the recruitment period, we contacted a total of 47 individuals. Each individual that we contacted represented a unique foundation or nonprofit organization. Out of those that we contacted, 23 individuals agreed to participate in our study, 19 provided no response, and five declined our invitation to participate.[2] Interviews took place from June 2017 until December 2017.

Interviews were conducted in person at each participant's office. However, one interview occurred at a local coffee shop. Ten of the interviews were with individuals employed by local foundations (these participants are identified as P1-P10 below). Thirteen interviews were with individuals employed by local nonprofit agencies (these participants are identified as P11-P23 below). The 23 participants all held senior level positions within their organizations, such as Chief Executive Officer or Executive Director (n=4), Vice President (n=2), Director (n=8), Officer (n=8), and Manager (n=1). On average, participants had worked at their organization for nearly eight years and they had been in their current position for approximately six years. Nineteen of the 23 participants (82.6%) were female.

Table 1. The Ten Health Issues from *Healthy Chicago 2.0* Used for Sorting Activity

Health Issue	Examples of Health Issue *(Also provided on card)*
Access	• Health care • Annual dental cleanings
Behavioral Health	• Behavioral/mental health treatment • Substance abuse
Built Environment	• Active transportation • Neighborhood safety
Child and Adolescent Health	• Early intervention services • School-based health services
Chronic Disease	• Healthy eating • Physical activity
Economic Development	• Unemployment • Savings and assets
Education	• Early childhood education • Elementary-high school • Post-secondary
Housing	• Housing cost burden • Permanent supportive housing
Infectious Disease	• Sexually transmitted infections • Hepatitis C treatment
Violence	• Violent crime in public spaces • Social cohesion

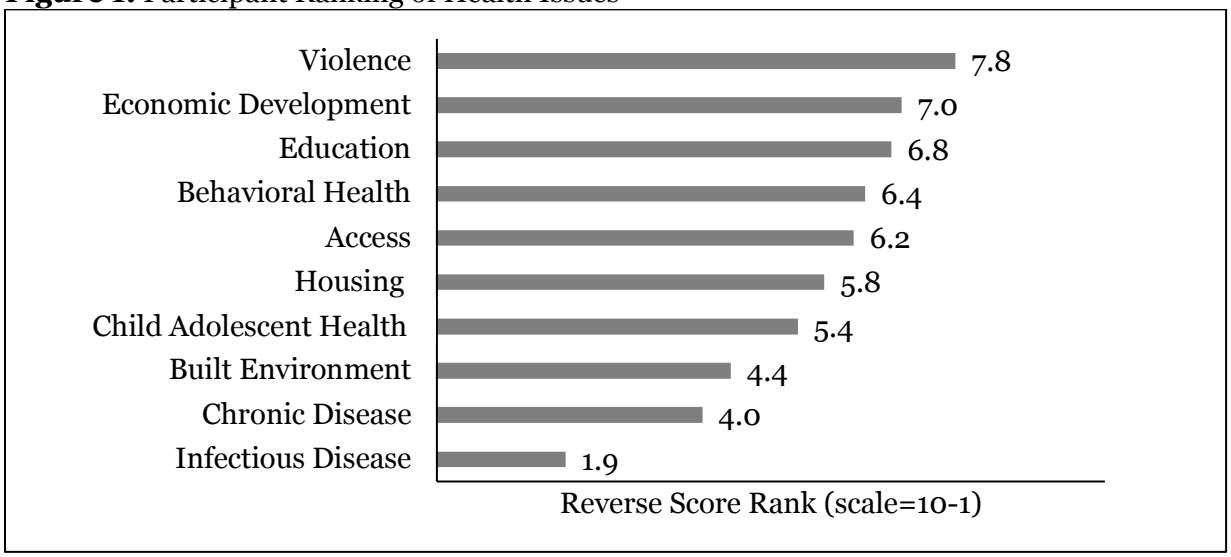
Interview Guide

We used a semi-structured interview guide that asked participants a variety of questions about health equity in Chicago. We examined responses to three items from the interview guide. The first item had participants do a card sorting activity using ten health issues from *Healthy Chicago 2.0* (see Table 1). Specifically, the participants were asked to sort the cards from highest priority (coded as "10") to lowest priority (coded as "1") in terms of what they believed would ensure the healthiest possible city by 2020.

After completing the card sorting activity, participants were then asked, "Could you describe your rationale for your highest three priority health areas?" Finally, participants were asked, "Now, among the three highest health priority areas, could you pick one, and then describe how the city might go about addressing this issue?"

All interviews were audio recorded and transcribed verbatim by a professional transcriptionist. The first author of this study reviewed transcripts and noted key themes. This information was used to develop a codebook. This same author then coded the interviews using the codebook. The second author of this study also independently coded the data using the codebook. Disagreements were discussed among the authors until consensus was reached. We used the program Dedoose 7 to manage the coding process. All elements of the study were reviewed and approved by the DePaul University Institutional Review Board.

Figure 1. Participant Ranking of Health Issues



Notes: *n*=23. Two participants ranked only three issues. One participant refused to rank any issues.

Results

Prioritization of Health Issues

Figure 1 provides a visual depiction of participants' rankings of health issues along with the average reverse score across participants. As shown, participants ranked violence, economic development, and education as the three most important health issues in Chicago that need to be addressed in order to ensure the healthiest city by 2020.[3] Participants also described the interconnected nature among these three health issues. Our results, therefore, focus on these three issues. Specifically, we focus on the interconnected nature of these issues as well as specific ideas that community leaders have to address these issues.

Specific Ideas to Address Violence, Education, and Economic Development

Violence. Participants felt that violence was a significant issue that affected other health behaviors, including the fear to "go out to do exercise" (P19) as well as the risk for "drug use" (P20). Among the participants who described ideas for addressing violence (*n*=5), only one participant focused on the problem directly by saying that "…having guns and weapons and things like that…[leads to] a generational legacy, of being involved in gangs" (P20). In contrast, P14 described the importance of acknowledging the complexity of the problem stating that:

> The first thing is we have to rid ourselves of this thought that it's something [addressing violence] that you can do with the flick of a wrist…It is a long-term time and cost investment. It is not something that's going to be done with a drop-in mentoring program or something serving families and kids in isolation.

Table 2 provides example quotes across each of the codes used. A theme that was unique to addressing violence was the importance of dialogue. P6, for example, described the importance of formal community leaders being involved, saying:

Table 2. Coding for Question: *Describe How the City Might Go About Addressing this Issue*

Code and Definition	Example Quote
Interrelated Issues: Participant describes causal relationship between Violence (V), Education (E), Economic Development (ED).	"So, we have to really figure out a way to bring equity and economic development in different neighborhoods. If we don't do that then perhaps we'll always have this kind of gap in educational quality."
Substantial Effort: Participant feels addressing V, E, ED takes substantial effort and/or there are multiple factors related to addressing V, E, ED.	"When you take neighborhoods and communities being displaced, when you take families being displaced, when you take schools being closed, when you take all of these factors you get this convergence of violence…the only way you're going to start to reverse [this] is start to serve and give the people what you robbed them of in the first place and serve them comprehensively and longitudinally."
Community Engagement: Participant describes importance of community in addressing V, E, ED.	"It used to be when I was growing up if I broke a rule someone's gonna call my mom. Yeah, I'm gonna get in trouble."
Parent Engagement: Participant describes importance of parent engagement in promoting education.	"The parents are engaged. The parents are invited to be part of both prioritizing, you know? Parents are included in Chicago Public School system because of local school councils."
Faith Sector Engagement: Participant describes faith sector as one that is important to addressing V, E, ED.	"Go back to the models of churches and other community organizations that maybe know the families in their area and can offer those services in a holistic approach."
Cross Sector Systems: Participant identifies multiple sectors for addressing V, E, ED. Participant may also describe addressing V, E, ED as a "system."	"I think in the same way they approach city planning with sewers and infrastructure that's how you approach the violence problem. You look at it block-by-block. Who are the people that inhabit this block and this community and what do they need here?"
Gangs, Guns, and Violence: Participant describes a direct V factor—either gangs or guns—as a part of the problem.	"And we might have children and kids who maybe have this legacy, a generational legacy, of being involved in gangs. Their grandmother was and your uncle was and that kind of thing, and it's all they kind of know. If they realize there are other opportunities and the city opens up other opportunities for these kids, I think that perhaps they can see a different way."
Complex Violence: Participant describes complexity of addressing V.	"The first thing is we have to rid ourselves of this thought that it's something that you can do with the flick of a wrist…It is a long-term time and cost investment. It is not something that's going to be done with a drop-in mentoring program or something serving families and kids in isolation."
Violence Dialogue: Participant describes importance of dialogue in addressing V.	"We've been to a lot of different forums, whether it's the state's attorney's office, the sheriff, the churches. I just think that definitely how you approach it, you have to really be talking to the young people also directly and I don't think we're necessarily having that dialogue as a system."
Education Funding: Participant describes importance of school	"Education is something where we can figure out a way [of] how to come up with a better funding formula 'cause

funding in promoting E—this could include funding through taxes.	it's a lot of burden. It's funded mostly through local resources and property taxes."
Neighborhood Development: Participant describes relationship between neighborhood development and ED.	"One of the big things that doesn't end up on a lot of public health agendas is this issue of displacement, gentrification, and I think it's an issue of economic justice as well."
Job Creation Strategy: Participant describes importance of strategy to create jobs to address ED.	"I think that it has to be a cross-sector approach to look at how jobs impact the health of communities and that there are incentives for the employers and the employees that are building long-term skills."
Tax Equity: Participant describes importance of a more equitable tax system in ensuring ED.	"We have a very unfair tax base. How we fund our schools. The tax breaks that we give to corporations that there's no expectation for them, in turn, to add benefit to their public."

> I think the city needs to be involved, the state needs to be involved, and there needs to be just some intentional, very strategic conversations about not only how to solve things but how to put in some long-term solutions in order to make sure that things are sustainable.

In addition to the involvement of formal leaders, participant P2 described the importance of including young people in initiatives to reduce violence:

> We've been to a lot of different forums, whether it's the state's attorney's office, the sheriff, the churches…you have to really be talking to the young people also directly and I don't think we're necessarily having that dialogue as a system.

Education. The participants who ranked education among their top three priorities felt that education promoted "healthy standing throughout their [children's] lives" (P10) and that it had the potential to "change the trajectory of [a kid's] life" (P15). P15 also warned of the multigenerational effects that poor education can have, noting that "if we're not making sure that children are getting early childhood education and good k through 12 education, then…that next generation will continue the cycle."

Participants who chose to discuss education (n=4) described two specific strategies for reducing educational inequality—greater funding for education and revised tax policies. Indeed, participants described school funding needs specifically for low income communities. The need for equitable school funding was described as something that should be an "intensive funding priority." Inequitable school funding was described as a result of "political games" (P19). That is, participants believed inequitable school funding resulted from elected officials not appropriately supporting education because they focus on political support for other issues.

To adequately address school funding inequities participants suggested a better funding formula needed to occur through more equitable property taxing. P21, for example, stated that "Education is something where we [need to] figure out a way to come up with [a] better funding formula, 'cause it's a lot of burden. It's funded mostly through local resources and property taxes."

Economic Development. Economic development also emerged as a high priority issue for communities. For example, P19 stated that "I think what's most important to a lot of people…are jobs, and I think we have a high rate of unemployment or a lot of people who are underemployed or…seeking better opportunities." The participants that chose economic development as a high priority issue (n=3) identified three primary strategies for addressing the issue: neighborhood development, tax policy, and job creation. P16, for instance, felt that it was important to "create healthy jobs that are good for communities and [it's] good to keep employers in neighborhoods [especially in] underserved neighborhoods that have been debilitated and deprived of resources." However, another participant cautioned against neighborhood development arguing that it could also result in displacement. Indeed, this participant said, "One of the big things that doesn't end up on a lot of public health agendas is this issue of displacement and gentrification; and, I think [this is] an issue of economic justice as well" (P18).

In addition to neighborhood development P16 spoke of the importance of job creation. By creating jobs, P16 suggested, you are:

> …getting experts in job creation involved. You're getting communities involved, all those people at the table to basically say think about how…we address this, how…we get there, what would you need, what does economic development look like?

This participant also mentioned the importance of incentives "for the employers and the employees that are building long-term skills."

As with education, an issue that participants spoke about in terms of economic development was more equitable tax policy. For instance, P7 stated that "We have a very unfair tax base. How we fund our schools. The tax breaks that we give to corporations that there's no expectation for them, in turn, to add benefit to the public." P18 felt that there needed to be "a graduated or progressive tax structure" rather than a "flat tax" where the wealthy pay the same proportion of their income as lower income earners.

Cross-Cutting Approaches to Address Violence, Education, and Economic Development

Overall, participants felt that addressing violence, education, and economic development "requires a lot of work…[and] would take time" (P19). P14, for instance, felt that violence was the result of a "convergence" of factors that would require substantial services to address the social injustices communities faced. As stated by this participant:

> When you take neighborhoods and communities being displaced…when you take schools being closed, when you take all of these factors you get this convergence of violence…the only way you're going to start to reverse [this] is start to serve and give the people what you robbed them of in the first place and serve them comprehensively and longitudinally.

Participants also identified a number of sectors that they believed should be involved in addressing these issues. They also emphasized the importance of prioritizing communities, parents, and families. P16, for example, said that "Maybe you start with communities first and then you bring the rest of the people together." P7 acknowledged the importance of informal community support in terms of having adults in the community take collective responsibility for children. Specifically, P7 said, "It used to be when I was growing up if I broke a rule, someone's

gonna call my mom. Yeah, I'm gonna get in trouble." P19 further described the important role that families played in articulating familial needs and the needs of their children (especially in terms of education). As stated by P19:

> I think there needs to be a lot more engagement of community members like families for maybe some of the struggling schools to hear what they really want because I think [the school district] doesn't do the best of jobs of engaging community members.

Work Within and Across Sectors

Within Sectors. Participants felt that partnerships with community entities (specifically parents) were important. These partnerships often included involvement in local school councils and parent groups. P17 felt that this engagement could be directly translated to academic success, stating that "…the more parents are involved the more likely their child is going to succeed and be supported…"

Another key stakeholder group that emerged was the faith sector. P2 commented about the desire to "go back to the models of churches and other community organizations that maybe know the families in their area and can offer those services in a holistic approach." Another participant, P7, saw faith communities as an important stakeholder group. However, P7 viewed these communities as important for broader and more psychological reasons than P2. As P7 stated, "I think that faith-based organizations with their parishioners, their constituents, definitely have a role in increasing compassion, increasing communities."

Across Sectors. Although specific stakeholder groups such as parents and faith communities were mentioned, participants also emphasized that multiple sectors needed to be involved. P14, for instance, stated that "There would have to be the biggest asset map that you could ever think to create." Calling for more cross-sector collaboration, P11 noted that because each sector has a responsibility to address the problem "it truly is a community issue and all elements of community whether its government, nonprofit, private sector, anchor institutions, [are] responsible for engaging to address these types of community development needs and issues."

Finally, some participants described the need for a broader system to address these issues. For example, P20 called this:

> …a system of care…I think that if you can kind of connect those systems of care…you have some churches…you might have some schools in the area; you might have some mental health agencies or just community agencies that can kind of collaborate together.

P14 identified this as "infrastructure" and advocated for thinking about this infrastructure "the same way they approach city planning with sewers."

Discussion

The purpose of this article was to examine the perceptions of local health foundation and nonprofit leaders in Chicago about key health issues and understand their ideas for addressing them. Participants in the study prioritized violence, education, and economic development as the most important issues that needed to be addressed in order to ensure that Chicago is a healthy

city by the year 2020. They emphasized the importance of addressing the broad conditions that cause these health issues; and, they advocated for addressing these issues across the lifespan as well as across multiple generations. Moreover, they stressed the importance of cross-sector collaborations in addressing these issues. Interestingly, traditional public health concerns such as infectious diseases and chronic diseases were prioritized as last and second to last, respectively, by the participants in our study.

The ideas that participants described to address violence add to the strategies mentioned in the *Healthy Chicago 2.0* implementation plan. Participants' ideas about reducing violence were broad and emphasized dialogue, while the strategies in the *Healthy Chicago 2.0* implementation plan focus on specific practices and programs. In terms of education, participants focused on education funding and tax policy. These are two areas that are not specifically mentioned in the *Healthy Chicago 2.0* implementation plan. Finally, for employment, participants' ideas aligned with strategies from the implementation plan—especially their ideas related to job creation and a focus on long-term employee skills.

Given that the CDPH has worked with various communities and sectors to implement *Healthy Chicago 2.0* over the last two years, some of the additional ideas expressed by the participants in this study have actually been incorporated. For example, the CDPH recently partnered with technology focused organizations and has received funding from a local foundation to develop an online resource called the *Chicago Health Atlas*. This resource makes health data available across Chicago neighborhoods over multiple years. The *Chicago Health Atlas* is accessible to all stakeholders who are advancing health in Chicago (Chicago Department of Public Health, n.d.).

Although the ideas expressed by the participants in this study generally echo the themes in *Healthy Chicago 2.0*, there are some differences. This may be because participants that were selected for this study came from organizations that address more than one health issue. Participants were also fairly senior within their organizations.

The individual interview format may have also allowed participants to express a unique perspective compared to a more data driven group planning process like what was used for developing the *Healthy Chicago 2.0* implementation plan. The scope of a stakeholder driven implementation plan differs from the scope of ideas that can emerge in individual interviews. For example, capturing the need for dialogue in a stakeholder implementation plan may be difficult. In practice, dialogue can be obtained in other ways such as through components of evidence-based programs that are emphasized in a stakeholder driven implementation plan. It is important to note, however, that CDPH has maintained a consistent dialog with *Healthy Chicago 2.0* stakeholders.

Finally, another key factor that could be attributed to differences between the results from this study and the issues identified in the implementation plan is the nature of both undertakings. The efforts undertaken in this study represent a dynamic approach in which ideas evolve across complex health and social service systems. The *Healthy Chicago 2.0* implementation plan, on the other hand, is a static document.

Practical Implications

This study contributes in-depth perspectives that can inform health practitioners and administrators in urban communities. The results of the study highlight the role for municipal health departments in addressing social determinants of health (e.g., violence, education, and

economic development). To address the numerous challenges that urban communities face, health practitioners and administrators may want to take a long-term approach that involves dialogue with communities and formal leaders. If they do, they should keep three considerations in mind:

1. Systems: Consider assets and the systems that serve the community. Be intentional in addressing system issues through collaborations with other practitioners and administrators who are involved in a different aspect of the system.
2. Engaging diverse members of the community: In this study, participants called for several key actors (across sectors) to be involved in creating change (e.g., churches, mental health agencies, and community members—specifically, young people). Thus, practitioners may need to carefully consider all stakeholders and how to engage each group in addressing issues such as violence, education, and economic development.
3. Addressing policy: Tax policy emerged as a key approach to addressing education and economic development in this study. However, doing so requires advocacy to create widespread change.

The design of this study—a content analysis of in-depth qualitative interviews—is not without limitations. One of the most notable limitations is the potential influence of local events during the data collection period. One of the most significant statewide events during this time was a budget crisis. Just prior to the start of our interviews state lawmakers in Illinois passed their first budget in two years (Dabrowski & Klingner, 2018). Thus, it could be possible that the participants in this study who called for something like a "better funding formula [and end to] political games" related to education may have been influenced by the lack of a state budget and the related political disagreements among state legislators.

During this time period local media organizations were also reporting record levels of gun violence in Chicago. This, despite overall levels of gun-related homicides being down, could have influenced the participants who selected violence as their highest priority issue area for the city (Armentrout, 2017; Buckley, 2017).

A lack of generalizability represents another major limitation of this study. Since all participants were members of Chicago-based foundations and nonprofit organizations, the ability to generalize our findings to other urban areas is limited.

Still, this study provides an in-depth examination of how senior leaders of health foundations and nonprofit organizations prioritize and strategize key health issues. The card sorting activity at the beginning of the interviews also provides us with insights into how participants rank the importance of Chicago's health issues.

It is important to note that a number of the participants expressed a belief that all ten of the health issues were important and interconnected. The individual interview format, however, enabled participants to confidentially defend their ultimate rankings in an in-depth fashion. Future research should examine the process of implementing cross-sector and long-term health promotion efforts to address community health challenges. Future research should also explore whether, and how, leaders see these types of efforts being supported.

Conclusion

Since 2016, CDPH has addressed many of the health goals in their implementation plan. In a recent update, CDPH reported at least some level of implementation progress on 76% of the strategies developed in the plan (Chicago Department of Public Health, 2017). The variation in the themes that emerged from the interviews in this study highlight the merit of systematically gathering data through key informant interviews—especially during the development of a local government's health plan implementation.

The findings from this study demonstrate that community leaders from foundations and local nonprofit organizations often have a desire to address social determinants of health when seeking to improve community health outcomes. Indeed, the results of this study suggest that key leaders of foundations and nonprofits in Chicago consider social determinants of health such as violence, education, and economic development to be critical to the promotion of population health. Further, our findings suggest that these community leaders also recognize the importance of cross-sectoral collaborations in order to address these issues. Foundations and nonprofit leaders, thus, may have specific ideas about how to address social determinants of health. They may also have a long-term multigenerational mindset when implementing these ideas.

Notes

1. These assessments are identified by MAPP as "Community Themes and Strengths," "Local Public Health System," "Community Health Status," and "Forces of Change."
2. Since we implemented only minor changes following the three-interview pilot study, we included the pilot interviews in the final dataset for a total of 23 interviews.
3. Only 22 out of the 23 participants provided rankings. One participant felt that ranking the health issues was not possible.

Disclosure Statement

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