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ACE YOUR HEALTH

Literacy Toolkit

March 2026

TOOLKIT ROADMAP

Find more resources, including printable versions of select tools at:
naacp.org/resources/ace-your-health-literacy-toolkit

FOREWORD

Health is a human right, and all communities deserve the opportunity to thrive. Yet in today's America, zip code remains a stronger predictor of life expectancy and health outcomes than genetics. It is believed that your zip code can explain up to 60% of your health status. This is because your neighborhood influences your access to wealth, safe and walkable streets and green spaces, healthy and affordable food, high-quality health care, housing, education, and strong community investment. When communities live in environments that push them toward the edge, they fall off the Cliff of Good Health.

Too many Black families face falling off that cliff, losing their overall well-being due to centuries of discrimination and a social and economic landscape that harms their health. When Black people thrive, it is because local, state, and national conditions promote social, political, and health systems that aim to provide the best possible health and wellness for everyone. It is not random; it is intentional and results from advocacy, policy, mobilization, and civic engagement.

The NAACP has led the fight for equity and justice across every determinant of life— from access to the ballot or health care, to living wages or quality schools, to clean water and air. Families and communities do better when they are informed, know how to use their individual and collective power, and demand accountability across every aspect of society. When we get involved, we improve not only our lives but the lives of all marginalized people and all Americans. We are living in times that require us to be on the front lines of the communities where we live, work, play, pray, and age in the health centers, schoolhouses, boardrooms, and halls of government alike.

The ACE Your Health Community Wellness Survey is a comprehensive assessment of the neighborhood factors and resources that contribute to health and well-being. At nearly 23,000 respondents, it is one of the largest health initiatives the NAACP has undertaken. Its power lies in how our units and branches, state and area conferences, and youth and college division use the data and insights to organize, mobilize, advocate, and convene.

The ACE Your Health Literacy Toolkit is a resource to support collective understanding and community action. As a guide and companion to the ACE Your Health Community Wellness Survey Report, this toolkit is a step-by-step manual for interpreting the findings and using the data as a lever for change!

I challenge you to continue leading and showing up in rural communities, urban environments, and cities and towns across America to demand health and racial justice. When we fight, we win. Not just as individuals, but as families, neighborhoods, communities, populations, and people designing a wellness movement to build a healthier and brighter future. Our actions now will help to determine the state of health in the places where we live and, in our nation, yet to come.

Leon W. Russell
Chairman, NAACP Board of Directors

ABOUT THIS TOOLKIT

What is a health literacy toolkit?

A health literacy toolkit is a set of tools and resources to help people better understand and use health information. This toolkit highlights the **ACE Your Health Community Wellness Survey Report** results and insights, and can be used as an action guide to help clarify the data and drive results in the community.

What is ACE?

ACE stands for three areas critical to public health and community engagement:

Actionable Insights

Community Assets

Emerging Technologies

Actionable Insights is a national engagement strategy to collect community perceptions and feedback, including a national survey, face-to-face encounters, and focus groups.

Community Assets is a process for naming, highlighting, and strengthening community resources that drive positive outcomes and help to develop and advance effective health policy.

Emerging Technologies aims to define artificial intelligence (AI), machine learning (ML), and health innovations in a way that creates mutual understanding among the public, health care providers, innovators, and peers in the biomedical field. The goal is to develop technology that is fair and inclusive. While this toolkit will not focus on these technologies, also see a white paper published by the ACE Your Health AI Task Force.

How should the ACE Your Health Literacy Toolkit be used?

This toolkit informs the public about ACE Your Health and guides NAACP members and the community on how to use survey results to improve their neighborhoods and the places where they live, work, play, age, and pray. Specifically, NAACP Health Committees and chairs can use this toolkit to mobilize their activities and advocate for change in their communities.

What goals will this toolkit help to achieve?

The ACE Your Health Literacy Toolkit is designed for NAACP members and leaders, community stakeholders, influencers, and those concerned about health care to use in improving their communities with data from the ACE Your Health survey. This toolkit offers practical tools and resources to improve communication among stakeholder groups, define shared goals within the community, and help identify key messages and priorities for local action.

This toolkit includes these icons to point out certain types of information:

Tool   **Take Action**   **Discuss/ Reflect**   **Key Concepts**

UNDERSTANDING KEY ACE YOUR HEALTH SURVEY FINDINGS

This section serves as a discussion guide for reviewing survey results. It highlights key survey data to help you understand how to use it in your community.

SURVEY FACTS

The ACE Your Health Community Wellness Survey received 22,993 responses. Participants completed the survey either online (7,256), on paper (561), through a canvasser (15,124), or using a leave-behind (52) when a canvasser could not reach someone at home. Most surveys were completed on a computer or smartphone. The paper option was available to those without internet access. The canvasser survey was a shortened version of the online survey. Canvassing took place in three cities: Detroit, Houston, and Atlanta. When a canvasser knocked on a door and no one was home, they left a palm card with a link to the leave-behind survey at the door.

Total Number of Survey Responses by State

MA	141
CT	58
RI	14
NJ	419
DE	54
MD	308
DC	49

Number of Respondents
1   5504
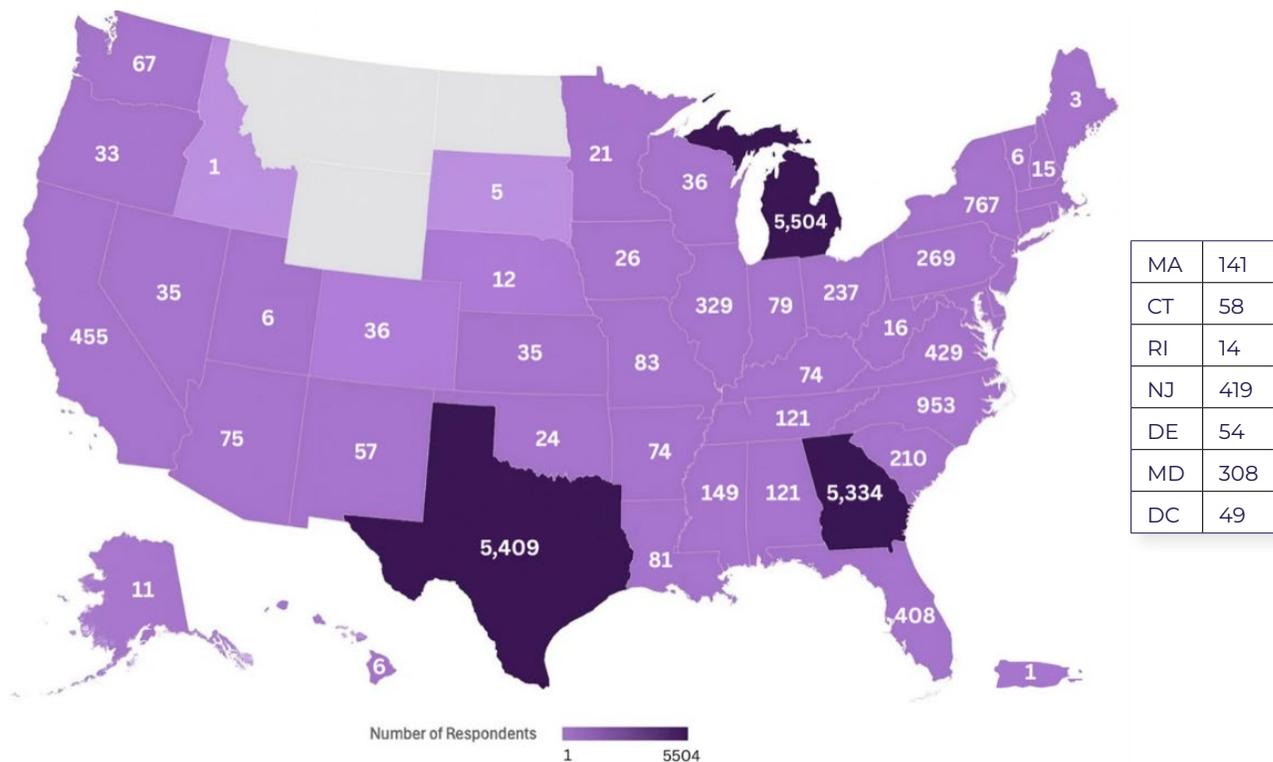
Community members from 47 states participated in the survey. No survey responses were collected from Wyoming, Montana, or North Dakota.

HIGHLIGHTS OF SURVEY FINDINGS: HOW TO USE THE DATA

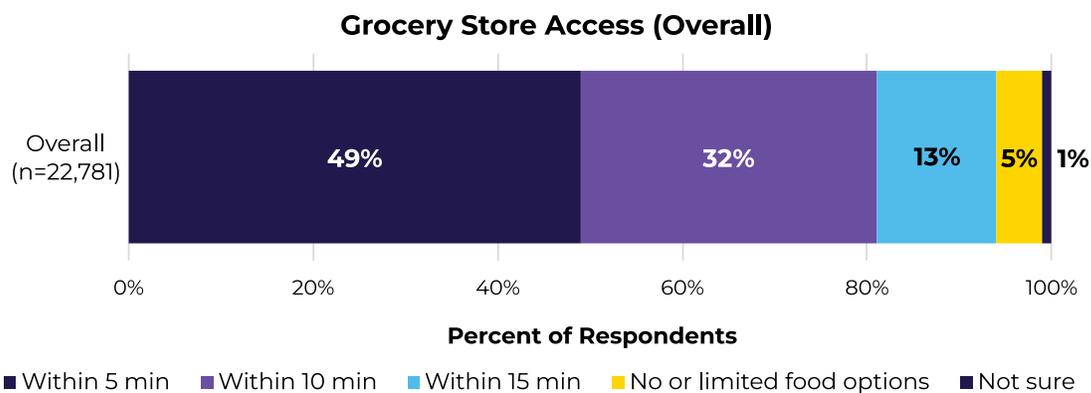💡 The following section presents a sample of survey results from each part of the survey. You can use these questions as examples to start thinking more about the topics, alone or with others.

Neighborhood Resources and Assets

Is there a grocery store in your neighborhood where you can buy healthy, affordable food?

The survey asked about access to nearby grocery stores. Across all survey methods, most people (94%) reported having a grocery store within 15 minutes of where they live.

Grocery Store Access (Overall)

| Overall (n=22,781) | 49% | 32% | 13% | 5% | 1% |

Percent of Respondents

■ Within 5 min ■ Within 10 min ■ Within 15 min ■ No or limited food options ■ Not sure

- 49% lived within 5 minutes of a grocery store.

- 32% lived within 10 minutes of a grocery store.

- 13% lived within 15 minutes of a grocery store.

- 5% reported that there was no grocery store nearby with healthy, affordable options, and less than 1% were unsure whether one was nearby.

Health and Health Care

Do you live with one or more chronic health conditions? (for example, arthritis, asthma, diabetes, etc.)

The main and leave-behind surveys asked participants about living with a chronic health condition. 7,772 people answered this question. Sixty-three percent (63%) of those who responded said they lived with one or more chronic illnesses. About one in three people (32%) reported having one chronic condition, while 18% had two, and 13% had three. The number of people reporting one or more chronic health conditions increased with their age.

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Chronic Health Conditions by Age Range

Years

Age Range	None	One	Two	Three
17 and under (n=31)	71%	29%		
18–24 (n=194)	72%	20%	5%	4%
25–40 (n=850)	61%	24%	6%	8%
41–50 (n=1,131)	46%	30%	14%	10%
51–60 (n=1,619)	35%	35%	18%	11%
61–70 (n=2,040)	31%	35%	21%	13%
71 and over (n=1,729)	25%	32%	25%	18%
Prefer not to answer (n=132)	41%	30%	16%	13%

Percent of Respondents

■ None   ■ One   ■ Two   ■ Three
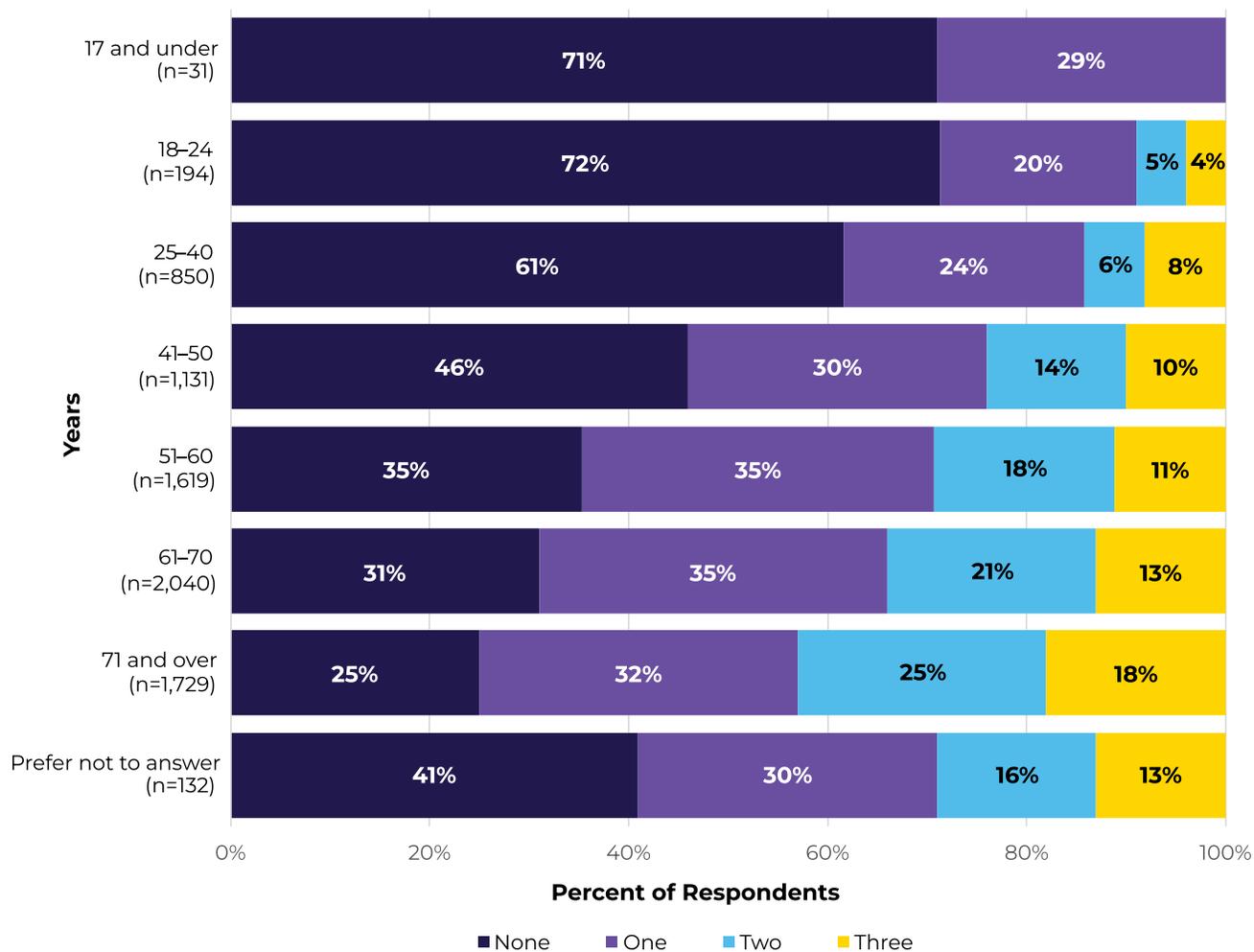
Chronic health issues also increased among people in the survey with lower incomes:

- Among people earning $20,000 a year or less, about one in five (22%) reported living with three chronic health conditions.
- In comparison, among people earning $80,000 a year or more, fewer than 10% reported living with three chronic health conditions.
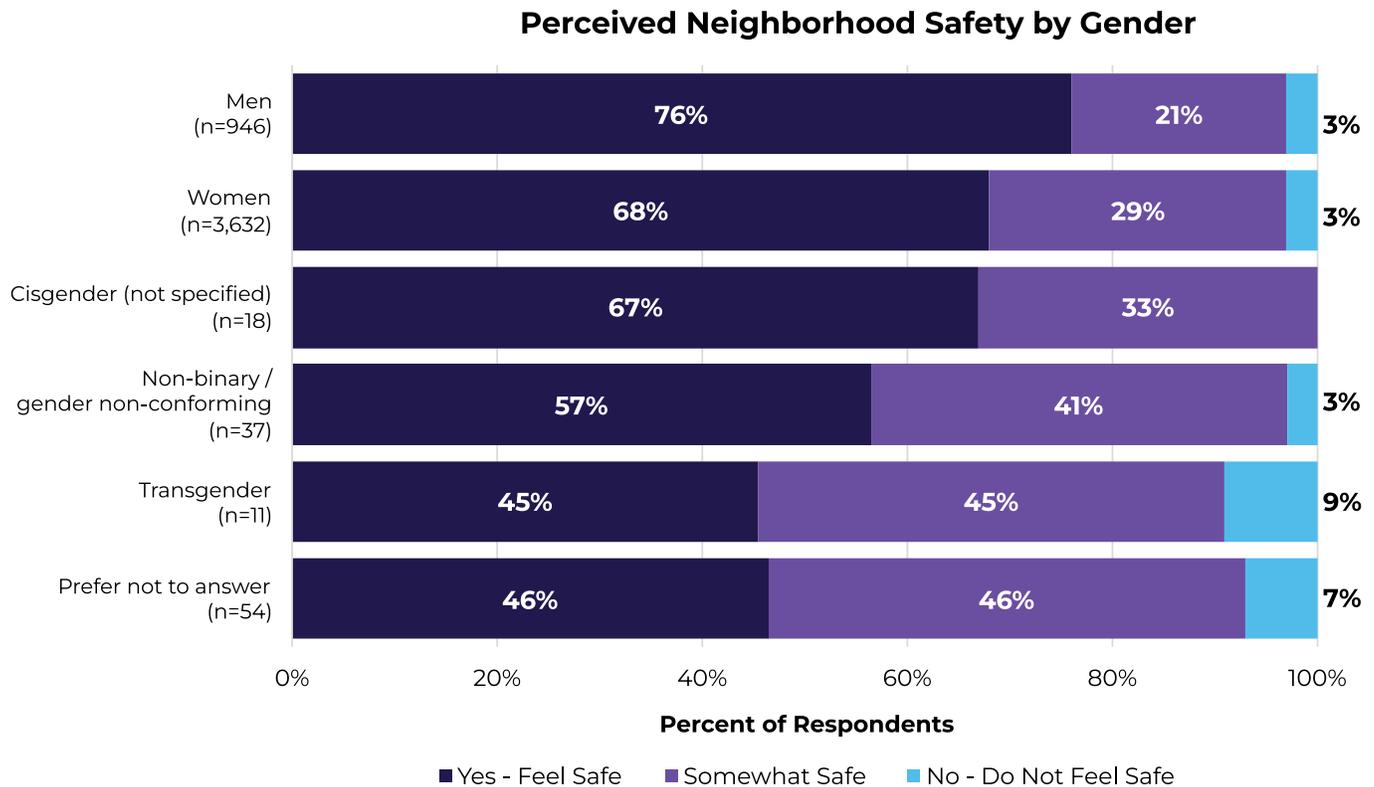
STOP AND DISCUSS:

How do you think people in your neighborhood or community would respond to these questions?

Neighborhood Quality and Affordability

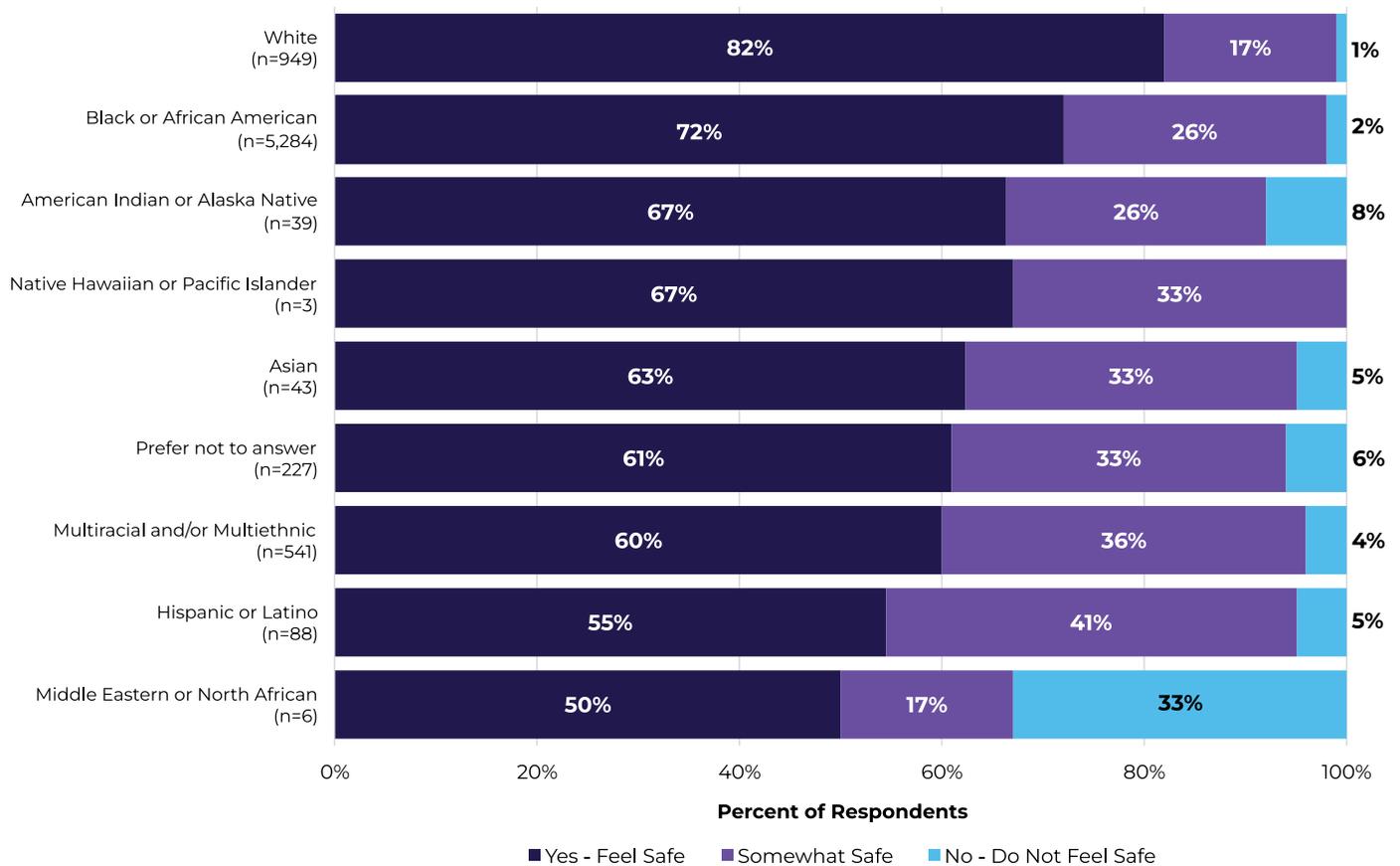**Do you feel safe in your neighborhood?**

Almost 7,750 people answered this survey question, which was included in certain survey types. Overall, 71% percent of them reported feeling safe in their communities. About one-quarter (27%) felt only somewhat safe, and 3% said they felt unsafe.

The next figure shows the results changed when you look at survey responses by gender.

Perceived Neighborhood Safety by Gender

Group	Yes - Feel Safe	Somewhat Safe	No - Do Not Feel Safe
Men (n=946)	76%	21%	3%
Women (n=3,632)	68%	29%	3%
Cisgender (not specified) (n=18)	67%	33%	
Non-binary / gender non-conforming (n=37)	57%	41%	3%
Transgender (n=11)	45%	45%	9%
Prefer not to answer (n=54)	46%	46%	7%

Percent of Respondents

■ Yes - Feel Safe   ■ Somewhat Safe   ■ No - Do Not Feel Safe

Seventy-six (76%) percent of men, compared with 68% of women, said they felt safe in their neighborhoods. Fewer transgender people (45%) reported feeling safe than any other group. It remains clear that how people identify, including their racial/ethnic and gender groups as well as their income levels, can affect their lived experiences in the community.

Perceived Neighborhood Safety by Racial or Ethnic Group

Racial or Ethnic Group	Yes - Feel Safe	Somewhat Safe	No - Do Not Feel Safe
White (n=949)	82%	17%	1%
Black or African American (n=5,284)	72%	26%	2%
American Indian or Alaska Native (n=39)	67%	26%	8%
Native Hawaiian or Pacific Islander (n=3)	67%	33%	
Asian (n=43)	63%	33%	5%
Prefer not to answer (n=227)	61%	33%	6%
Multiracial and/or Multiethnic (n=541)	60%	36%	4%
Hispanic or Latino (n=88)	55%	41%	5%
Middle Eastern or North African (n=6)	50%	17%	33%

Percent of Respondents

■ Yes - Feel Safe   ■ Somewhat Safe   ■ No - Do Not Feel Safe

In the last figure, we see that survey responses vary by race or ethnicity. White people who answered this question were the most likely to report feeling safe (82% felt safe), while just 72% of the Black or African American people in the survey reported feeling safe, a full 10 percentage point difference. These numbers fell even more for American Indian or Alaska Native and Native Hawaiian or Pacific Islander people (67% of each group felt safe), Asian Americans (63%), Multiracial/Multiethnic people (60%), and Hispanic or Latino people (55%), while Middle Eastern and North African people were among the least likely to report feeling safe (50%) in their neighborhoods.
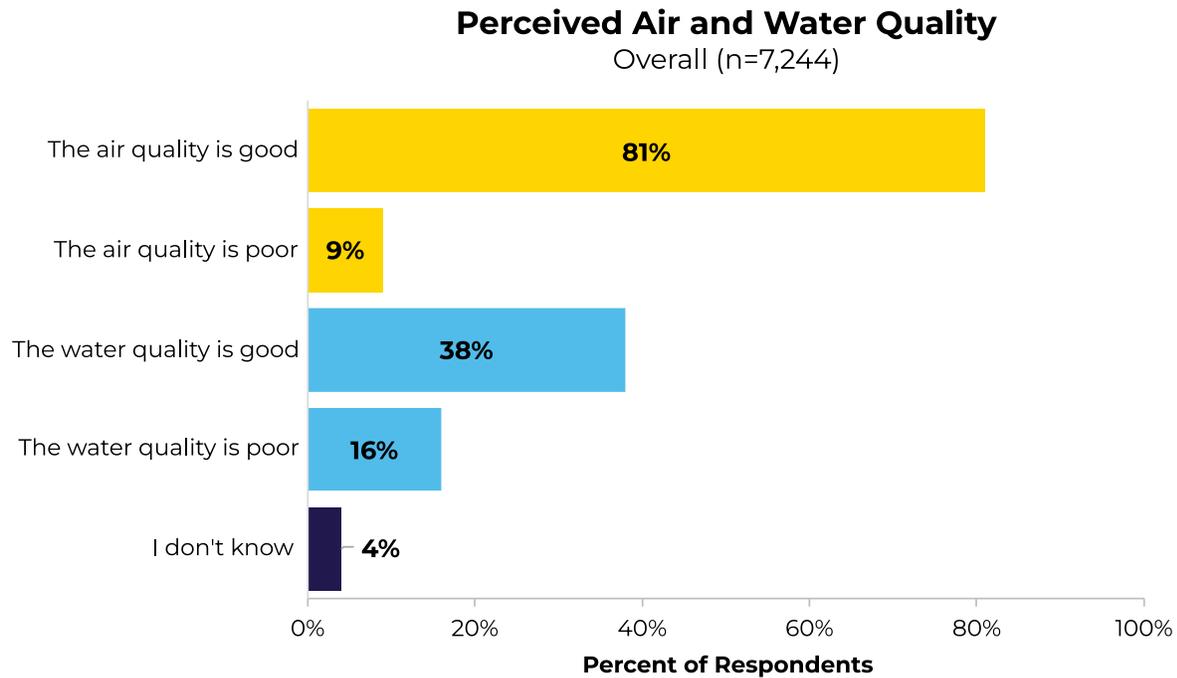
STOP AND DISCUSS:

Are you surprised by these results? What do you think affects whether people feel safe in their communities?

How would you describe the air and water quality in your neighborhood? (Select all that apply.)

Overall, most people (81%) who answered this question in the main and leave-behind surveys reported feeling positive about the air quality in their neighborhood. On the other hand, only 38% said the same about their water quality.

Perceived Air and Water Quality
Overall (n=7,244)

Category	Percent
The air quality is good	81%
The air quality is poor	9%
The water quality is good	38%
The water quality is poor	16%
I don't know	4%

Percent of Respondents

About Us - Demographics

People who completed the survey were asked to identify their race/ethnicity, gender, sexual orientation, age, income, education level, and whether they live with any disabilities. Please see the full report for a breakdown of who participated in the survey nationwide and across 15 priority geographies.

Now that we have reviewed a sample of the survey questions and responses, look back at the ACE Your Health Community Wellness Survey Report as needed to explore additional data, insights into the findings, and action steps—and complete the discussion questions provided next, alone or as a group.

TOOL: ACE YOUR HEALTH SURVEY REPORT DISCUSSION GUIDE

After you've had a chance to look at the full ACE Your Health Community Wellness Survey Report and the questions in each section, think about how these responses compare to what you're seeing in your neighborhood.

Discussion Questions

Below are questions to help guide your thinking and ways to use this information within your community. These questions can be answered for the entire set of ACE Your Health Community Wellness Survey topics and results or specific parts of the report.

FACILITATION TIP: Ask someone to share a personal story about their lived experiences to help start the conversation.

WHAT IS YOUR INITIAL REACTION TO THE DATA SHOWN?

WHAT SURPRISED OR STOOD OUT TO YOU THE MOST?

WHAT IS YOUR SPECIFIC SOLUTION OR ACTION IDEA BASED ON THE FINDINGS?

WHO SHOULD YOU CONTACT TO HELP SOLVE THIS/THESE ISSUE(S) OR IMPROVE CONDITIONS IN YOUR COMMUNITY? HOW WILL YOU KNOW IF PROGRESS HAS BEEN MADE?

TOOL: HOW TO ADVOCATE WITH YOUR HEALTH CARE PROVIDER OR HEALTH SYSTEM

Advocacy matters to you as an individual and as part of your community. Here are specific tools to help advocate for individual and population health.

Health care is just one part of the equation for good health, and it's an important one. When interacting with a health care provider system, people should make sure they understand the health information shared with them, feel respected and heard, and have a sense of how their lived experiences—such as housing, income, food access, transportation, and racism and other forms of discrimination—impact their health and well-being. Neighborhood living conditions, access to community resources, and civic engagement all influence social and health needs.

STEP 1: PERSONAL ADVOCACY IN THE EXAM ROOM (WITH YOUR HEALTH CARE PROVIDER)

Here are some key things to consider when advocating for yourself or a loved one in the exam room:

- **Know your symptoms and medical history.** Before speaking with a care provider, take a few minutes and write down how you are feeling, how long you have been experiencing symptoms, what makes it better or worse, and your past medical history. Also, write down questions you may have for the physician or health care provider.

- **Bring a supporter.** Bringing a trusted friend, family member, or advocate to take notes, ask follow-up questions, and ensure your concerns are heard.

- **Speak up for clear communication**. It's OK, even encouraged, to ask providers to speak in clear, plain language. Patients can always repeat what they hear back to the provider to ensure mutual understanding. If language is a barrier, patients can also ask for an interpreter who speaks their language and can translate.

- **Ask what else may be causing your symptoms.** If you don't feel satisfied with your interaction with your provider or their response, feel dismissed, or believe something important is being missed in your evaluation, ask them what else could be causing your symptoms. Ask the physician or health care provider to list other possible causes of your symptoms, known as a "differential diagnosis."

For sample questions to ask your health care provider and other toolkit resources, visit:
naacp.org/resources/ace-your-health-literacy-toolkit

STEP 2: ADVOCACY WITH THE HEALTH SYSTEM

Here are the key action steps to take if you've had a negative experience in a doctor's office, hospital, or community health center—or if you want to advocate on behalf of a community or population:

- **Know your patient rights.** The Patient Bill of Rights and Responsibilities must be displayed in public, in an easy-to-see, easily accessible location (such as waiting rooms, exam rooms, and admissions). They must be available in multiple languages, especially the primary languages spoken in the community. They should be given to patients upon admission to ensure they understand their rights to respectful care, privacy, and active participation in their treatment. This is known as "patient-centered or human-centered care" and "shared decision-making."

- **Ask to speak with a patient relations representative or a member of the patient experience team.** If you feel you've been mistreated, disrespected, discriminated against, or if being discharged is unsafe, ask to see this person and have them take your complaint.

- **Escalate the situation to a senior team member or executive officer**. If you are not satisfied with the response from the patient relations staff, ask to speak with a senior member of the patient relations, patient, or human experience team. If no one is available, ask for their contact information, and consider writing a letter to the Chief Executive Officer by hand or email to describe your experience at the health care facility. Also, complete the patient experience survey when it is sent to you by email, mail, or phone. Hospitals and health centers are evaluated on their quality and patient experience scores.

- **Join a Patient and Family Advisory Council or Community Advisory Board, or attend a health care facility public board meeting.** Your voice and active participation in the health system hold power. You can join an advisory council to help improve the patient and human experience at the facility. You can attend or participate in a hospital community board to ensure that health services meet the community's needs and priorities, and that there is a shared priority to achieve social and cultural fluency in care (the ability to understand, respect, and effectively respond to people from all cultural and social backgrounds in real-time interactions). Finally, you can sign up to speak at a board meeting to share an idea, ask how the hospital invests in the community, ask if it buys services from local and diverse businesses, ask if it hires diverse and inclusive health care providers and staff, to report an interesting or concerning community health finding, or to advocate on behalf of a particular patient or clinical population.

TAKE ACTION: PERFORM A NEIGHBORHOOD HEALTH AUDIT

HOW TO USE THE ACE YOUR HEALTH NEIGHBORHOOD HEALTH AUDIT

The ACE Your Health Neighborhood Health Audit has been designed for community members, stakeholders, NAACP activists and leaders, and anyone concerned about the health of their neighborhood. This process helps to gather extra information about your town, city, or local neighborhood, where the ACE Your Health Community Wellness Survey may not have collected enough information about your area. For example, did your community have fewer than 100 responses in the national survey? Then this Neighborhood Health Audit is a great tool for you! You can use the audit to gather information about where you live and to inform discussions with decision makers in your community to help bring about change. The NAACP 7-Point Advocacy Model informs each step of the audit.

NAACP 7-Point Advocacy Model
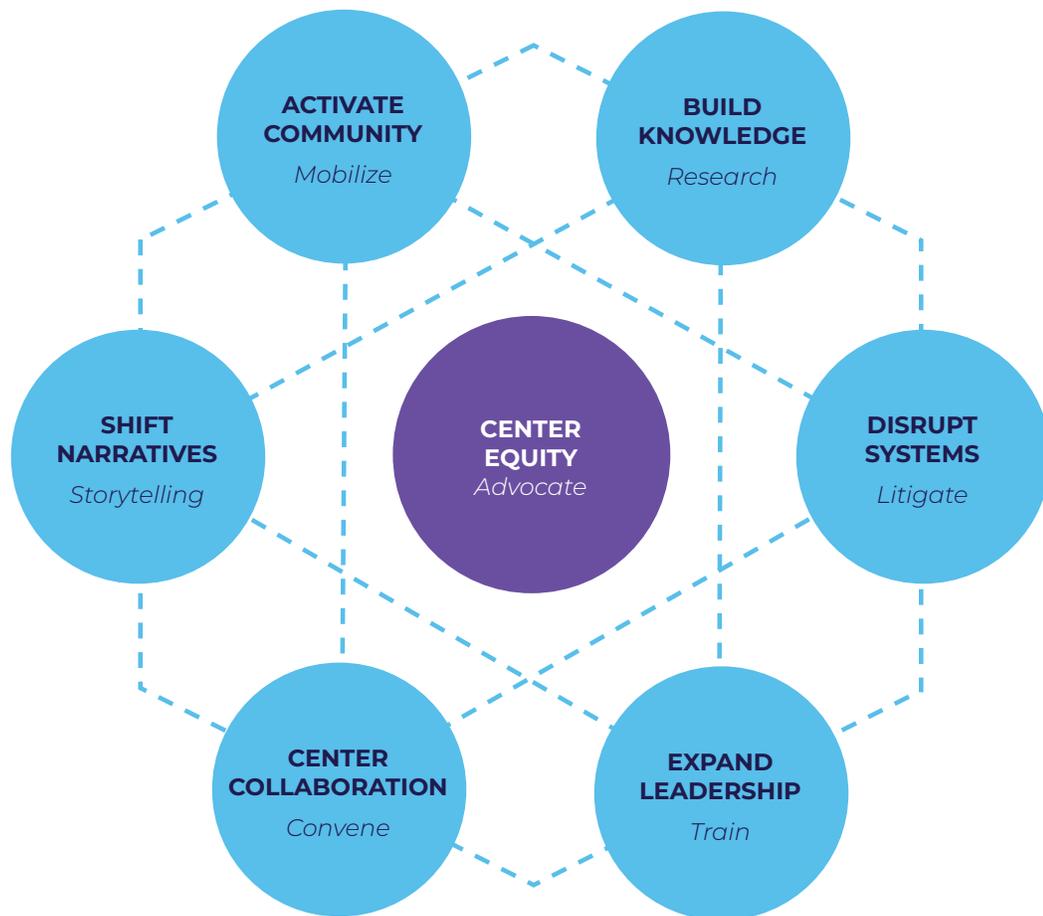
STEP 1: PREPARE (BUILD KNOWLEDGE / RESEARCH)

Identify where the health audit will take place—visit and map the area you want to gather information about—and keep in mind that, the larger the audit, the greater the potential impact. However, a smaller and more focused audit might make it easier to spot problems and develop solutions.

STEP 2: ORGANIZE (FOSTER COLLABORATION / CONVENE)

Who will conduct this health audit—an individual or a team? Keep in mind that there is safety in numbers, plus additional insights from different people, so doing this audit as a team is important. Who will be responsible for mapping out the area and taking notes? Defining clear roles will help ensure that the audit has the most impact.

STEP 3: AUDIT (ACTIVATE COMMUNITY / MOBILIZE)

Conduct the actual neighborhood health audit using the worksheet presented next. Note anything you observe that helps make the neighborhood healthier, and what you observe is contributing to poor health.

Sometimes a team needs to do multiple audits. They can spot different things during the day and night, at high-traffic vs. low-traffic times, and in various environmental conditions.

Taking pictures will also help document your findings and serve as evidence of what you observe when sharing it with stakeholders.

If your state or specific city had few survey responses, consider asking community members to answer the survey questions to get their perspective. Collecting information from more voices in your neighborhood may strengthen the survey responses.

Remember to be safe while auditing your neighborhood!

STEP 4: DISCUSS (SHIFT NARRATIVES / STORYTELLING)

What did you and your team observe? Did everybody on the team observe the same things—if not, what was different?

What do your observations mean? How should you talk about what you found? Who will listen to you and can make a change? What power does the audit provide you with to make a change?

Community stakeholders have power through collective action and direct engagement. Community members can engage officials by voting, testifying at public meetings (such as school board, city, or town council meetings, or zoning hearings), hosting public gatherings to provide information, and using grassroots advocacy methods, such as phone calls and letters, to express concerns and advocate for specific outcomes that can positively impact their own community.

WHAT IS CIVIC HEALTH?

Civic health measures how engaged, connected, and informed citizens are within their communities. It starts in households and neighborhoods and extends into health care settings. It includes civic participation (such as voting and contacting elected officials), civic infrastructure (like access to parks, digital spaces, and policies that make local participation easier), social connection and trust—such as strong relationships with neighbors, trust in public institutions, and a sense of community—and informed public dialogue, where public issues are openly discussed, reliable and accurate information is available, and diverse voices are heard.

Civic health matters because it leads to better health outcomes (including physical and mental health, and longer life expectancy), stronger, more resilient communities (where solutions flourish even in the face of crises, and quality health care, education, and jobs enable people to thrive), and a healthier democracy (where engaged citizens demand responsive governments, fair resource distribution, and more equal, just societies).

NEIGHBORHOOD HEALTH AUDIT WORKSHEET

	Y	N	Comments
Neighborhood Name:			
Neighborhood Address/ Geographic Parameters:			
Audit Date:	Start Time:		End Time:
1. Is there a grocery store close to this neighborhood?			
a. If yes, what type of grocery store? (Corner store or bodega, supermarket, etc.)	N/A	N/A	
b. Does this grocery store sell fresh fruits and vegetables?			
c. Are fruits and vegetables affordable?			
d. If not, how far away is the nearest grocery store?	N/A	N/A	
2. Does this neighborhood have green spaces, such as a park, walking trail, or grassy area?			
a. Is this green space safe?			
b. Is this green space clean?			
c. Would you bring your family to this green space?			
d. If you could improve anything about this green space, what would it be?	N/A	N/A	

	Y	N	Comments
3. Does this neighborhood have a quality hospital? (Quality should be described based on type of treatments and available resources, such as respectful and effective care, low wait times, clean spaces, a safe environment, and advanced equipment.)			
a. If this neighborhood does not have a quality hospital, approximately how far away is the nearest one?	N/A	N/A	
b. What type of services does this hospital offer?	N/A	N/A	
c. Does this hospital have an emergency department?			
4. Does this neighborhood have a pharmacy or drugstore that sells prescription medications?			
a. If this neighborhood does not have a pharmacy or drugstore, approximately how far away is the nearest one?	N/A	N/A	
b. Is the pharmacy or drugstore inside another building, like a grocery store?			
c. Does the pharmacy or drugstore sell other essential items, such as first-aid kits, hygiene products, and food?			
5. Does this neighborhood have access to public transportation?			

		Y	N	Comments
a.	What types of transportation are available?	N/A	N/A	
b.	Are the options affordable and reliable?			
c.	Do transportation options reach every part of the neighborhood?			
6.	Does this neighborhood generally feel safe?			
a.	Please say more.	N/A	N/A	
b.	Do you feel at ease and comfortable spending time outside, including day and night?			
7.	Does this neighborhood have quality air and water?			
a.	Talk about the air quality.	N/A	N/A	
b.	Talk about the water quality.	N/A	N/A	
c.	What do you see that contributes to the air and water quality in the neighborhood?	N/A	N/A	
Additional notes and comments:				

IDENTIFYING COMMUNITY ASSETS FOR CHANGE

Identifying Community Assets is a process for naming, highlighting, and strengthening community resources that drive positive outcomes and help develop and advance effective public health policy. When one community identifies community assets, other communities can build them as well to achieve the same effect. This section presents stories from Memphis, Tennessee; Charlotte, North Carolina; and Boston, Massachusetts centered around community health centers, food justice, and community power sharing.

POSITIVE AND NEGATIVE INFLUENCES IN COMMUNITY

The ACE Your Health Community Wellness Survey Report describes positive and negative experiences in communities that affect health and well-being. When local neighborhoods have access to physical and economic resources (just food systems, green spaces, and living-wage jobs), high-quality living conditions (housing, transportation, clean water, and air), and stable social environments (safe streets, social connections, stigma- and bias-free), people in these communities thrive. This is another way of defining health equity—creating the conditions that make healthy communities possible.

The survey report found the following examples of positive and negative circumstances:

Major Positive Influences

- Access to grocery stores

- Access to green spaces

- Access to nearby quality hospitals and pharmacies

Major Negative Influences

- Lack of community safety, reliable transportation, and access to digital spaces

- Living with one or more chronic health conditions

- Lower level of cultural understanding from local health care providers

COMMUNITY SPOTLIGHTS

Here are three real-world examples of community assets where they are working.

Community Health Centers in Memphis, TN

In Memphis, community health centers (CHCs) play a crucial role in the public health system, especially for uninsured or underinsured residents, and those facing other barriers to care. CHCs provide comprehensive primary and oral care, mental health support, and pharmacy services across multiple locations in the city. This model is designed to remove barriers to health care, offering a "medical home" where patients can receive timely, high-quality care regardless of their ability to pay. CHCs often hire providers who are passionate about addressing the community's unique needs, including chronic disease care and clinical preventive services based on local needs.

They also use mobile health care clinics to provide care, demonstrating an exceptional effort to meet patients where they are. This service offers free acute and primary care, along with transportation to medical appointments, especially for people without homes. By integrating services and actively reaching out to the most vulnerable, Memphis CHCs significantly improve health equity. This holistic approach, which links clinical care with vital social support, illustrates how community-based organizations can serve as essential hubs for health and well-being, helping to create a healthier, more resilient community.

STOP AND DISCUSS:

What assets exist in your community that are similar?

Food Justice Solutions in Charlotte, NC

Charlotte faces significant challenges with food security, especially in neighborhoods labeled as "food deserts," where access to affordable, nutritious food is limited. Local organizations and community leaders have responded with innovative solutions that go beyond traditional food banks. Initiatives like this focus on food rescue, which is diverting fresh, viable food from landfills and distributing it to hunger-relief agencies. This effort not only provides community members with direct access to food but also helps the environment, creating an integrated approach to community wellness. Other projects in Charlotte emphasize self-sufficiency and economic empowerment, recognizing that increasing access to food alone is not enough without addressing the social and economic factors that influence health.

A strong example of a community-led solution is the development of cooperative, community-owned grocery stores, like the effort focused on neighborhoods along Beatties Ford Road, West Boulevard, and the Historic West End. This model aims to create a full-service market that serves as both a place to buy food and a community hub. These stores often provide nutritional programs, a community kitchen for local entrepreneurs, and co-op ownership opportunities for residents—creating jobs and building wealth. By combining access to healthy produce with educational resources, job opportunities, and a supportive community environment, Charlotte's strategies empower residents to improve their nutritional security and make lasting healthy lifestyle choices.

STOP AND DISCUSS:

What assets exist in your community that are similar?

Community Power Sharing in Boston, MA

Boston views effective community engagement as a cornerstone of public health, essential for addressing deep-seated health disparities and promoting equity. Major health systems work with local community-based organizations to conduct regular Community Health Needs Assessments (CHNAs). This process ensures that public health initiatives are not top-down but are informed and shaped by the lived experiences, priorities, and voices of the people they serve. Initiatives often focus on key factors in poor health—including for heart disease, substance use disorders, and cancer—by building partnerships that address social determinants of health like food insecurity and housing instability.

A key strategy involves pushing care deeper into communities. For example, Community Care Vans offer a wide range of mobile medical services directly in diverse neighborhoods across Greater Boston, including screenings and interventions for chronic conditions. Organizations often create Community Advisory Boards (CABs) composed of local leaders to promote two-way communication among researchers, health care providers, and community members. This focus on trust-based relationships and shared decision-making ensures that health education materials, clinical research, and service delivery are culturally fluent, linguistically appropriate, and truly actionable for Boston residents, making community members active partners in their own health outcomes.

These initiatives lay out important groundwork, but they must be strengthened and expanded to achieve equitable outcomes. Ensuring that all Bostonians can afford care, access high-quality services, and live longer, healthier lives will require continued organizing, policy advocacy, and community leadership. It will also require structural changes in how care is funded, delivered, and governed, so that communities share power with health care systems and lawmakers in shaping the policies and practices that determine their health.

TOOL: COMMUNITY ASSET MAPPING

Asset mapping is a way to collect facts about the strengths and resources in a community.

The purpose of asset mapping is to help address community problems or gaps. By documenting a community's strengths and resources in a map, community stakeholders can identify assets, apply them to fill gaps, and build them up to improve overall health and growth.

There are six main community assets to be aware of: people, institutions, the local economy stories, associations, and physical spaces/assets.

A group may decide to create a community asset map rather than conduct a neighborhood health audit. In some cases, both may be useful.

6 MAIN TYPES OF COMMUNITY ASSETS

1. **People in a Community:** The residents in a community have specific skills and abilities that create value for others and can be used to develop the community. For example, a local firefighter who risks their life to keep the community safe is an asset.

2. **Institutions:** Any physical structure or place where people gather, such as a school, faith-based setting, community recreation center, library, or community center.

3. **Local Economy:** This includes the economic assets produced or consumed by a community, whether through local businesses or other forms of exchange.

4. **Stories**: Narratives or storytelling about a community's history create power that shapes understanding of the present and drives potential for the future.

5. **Associations:** Community associations include volunteers and support groups that contribute to building the community. Some of these associations include labor unions, fraternities and sororities, veterans, cultural groups, and more.

6. **Physical Assets:** Physical assets in the community include any physical object or place that strengthens the community, such as a fire station, a public transportation hub, or a historical statue.

HOW TO PLAN ASSET MAPPING

1. **Define your boundary.** Setting community boundaries involves defining the scope of your asset map. With community input, this can be decided quickly and may include landmarks, streets, or other significant areas.

2. **Involve your partners**. Find the people and organizations that share your interests and include them. Groups with similar interests can be a valuable source of information about community assets.

3. **Identify the assets.** Each community has its own unique set of assets. Consider everything, including economic and public resources. Determine which of these assets can improve your community.

4. **List and organize the assets.** Make a list of all the assets in your community and organize them into groups such as people, institutions, local economy, stories, associations, and physical spaces. This list should be growing as you and your group find new assets in your community.

5. **Create an asset map**. The asset map will serve as an important visual tool showing all available resources within your community. For this, you should have a local community map that includes as many details as possible, clearly highlighting community landmarks, freeways, parks, and other essential assets you identify.

Community Asset Map

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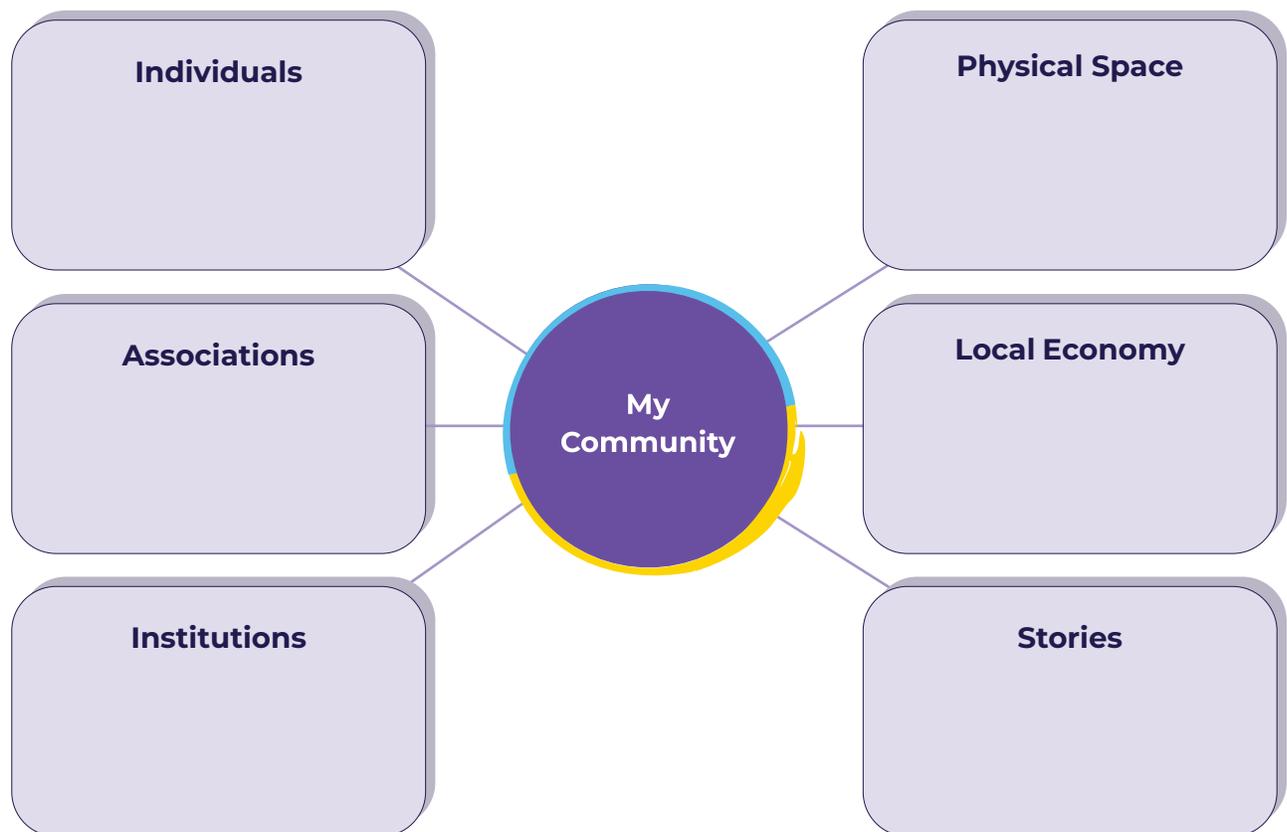
Ideas for a Community Asset Map

Consider what groups and people are in your community, drawing ideas from these lists. The lists are not exhaustive and are presented alphabetically.

ASSOCIATIONS

- Animal Care Groups
- Anti-Crime Groups
- Block Clubs
- Business Organizations
- Charitable Groups
- Civic Events Groups
- Cultural Groups
- Education Groups
- Environmental Groups
- Family Support Groups
- Fraternities and Sororities, including the Divine Nine (D9)
- Gender-Based Groups (Men's Groups, Women's Groups, etc.)
- Groups Focused on Disabilities or Neurodivergence
- Groups for Older Adults
- Health Advocacy and Fitness Groups
- Heritage Groups
- Hobby and Collectors Groups
- Mentoring Groups
- Mutual Aid Groups
- Neighborhood Improvement Groups
- Political Organizations
- Recreation Groups
- Religious/Faith Groups
- Service Clubs
- Social Groups
- Union Groups
- Veteran's Groups
- Youth Groups

INSTITUTIONS

- Community Colleges and Universities
- Local School Systems
- Crisis Programs or Shelters
- Fire Departments
- Foundations
- Local Health Departments
- Hospitals and Clinics
- Libraries
- Media
- Museums and Theaters
- Nonprofits
- Police Departments
- Social Service Agencies

INDIVIDUALS

Gifts, Skills, Capacities, Knowledge and Traits of:

- Activists
- Artists
- Community Event/Festival Coordinators
- Community Leaders
- Entrepreneurs
- Workers of Various Skills and Professions
- Older Adults
- Parents
- People Impacted by the Justice System
- People Living with Visible and Non-Visible Disabilities
- People Living with Neurodivergence
- People Living with Chronic Health Conditions or Mental Health Conditions
- People Living at Different Income Levels
- Students
- Veterans
- Youth

LOCAL ECONOMY

- Banks
- Barter and Exchange Economies
- Business Associations
- Chamber of Commerce
- Community Development Corporations
- Consumer Spending
- Credit Unions
- For-Profit Businesses
- Foundations
- Institutions (purchasing power and personnel)
- Merchants
- Nonprofits

PHYSICAL SPACE

- Biking/Walking Paths
- Bird Watching Sites
- Campsites
- Community Centers
- Cultural and Social Hubs (e.g., gyms, beauty salons, barbershops, etc.)
- Gyms/Fitness Centers
- Duck Ponds
- Fishing Spots
- Forest/Forest Preserves
- Gardens
- Housing
- Natural Habitats (coastal, marine, amphibian, etc.)
- Parking Lots
- Parks and Playgrounds
- Picnic/Cookout Areas
- Restaurants
- Star Gazing Sites
- Streets
- Transit Stops and Facilities
- Vacant Land and Buildings
- Wildlife Center
- Zoos

STORIES

- Of a time when you or your group felt appreciated and valued
- Of addressing racism, discrimination, or oppression
- Of background and personal history
- Of economic growth
- Of under-resourced and marginalized groups
- Of realizing and engaging people's skills and capacities
- Of recognizing the value of everyone
- Of successful community development or assets
- Of times when the community was at its best
- Of what you like to do and contribute

TAKE ACTION: WRITE A LETTER TO YOUR ELECTED OFFICIAL

After you or the community identify priority issues based on survey results, a neighborhood health audit, or community asset mapping, contact your elected official or other stakeholder to advocate for change. An advocacy letter should include the following:

- **Contact and Greeting** – This part of the advocacy letter can include the date of contact, the recipient's name and contact information, a subject line explaining the purpose of the outreach, and a greeting listing their official role or title.

- **Introduction (who you are and why you're writing)** – This section of the letter should clearly state your affiliation, which includes the perspective you hold or the group you represent. The introduction should mention a major headline or finding from the ACE Your Health survey report and explain why you need to speak up about the issue.

- **The Concern (the problem based on findings)** – This section is where you present the full facts and data based on the ACE Your Health information. Clearly state your concern and the affected population. The supporting evidence should provide one or two powerful data points from the ACE Your Health survey or neighborhood health audit. End this section with a clear human impact— connect the data to a real-world harm or disparity.

- **The Solution (the ask for action)** – This is the most critical part. This portion includes a specific, measurable request for action within a particular time frame. The specific ask should state what you want the official/stakeholder to do, such as a policy recommendation and/or funding considerations. Finally, explain how the solution fixes the problem.

- **Importance/Impact (the why**) – Provide an explanation of why this issue and solution are a priority, connecting it to the recipient's overall goals. Include a broader impact statement that explains the cost of inaction and a benefit that describes the positive outcome that will result from adopting the proposed solution.

- **Conclusion** – To conclude your letter, reiterate the issue, solution, and urgency, and thank them for their time. Offer resources, including the ACE Your Health data and other public datasets, to supplement your request and address the urgency. Request a specific follow-up so they understand how important this issue is.

Next, there is an example letter (or email) that you can fill in with relevant information.

[Include Date - if this is a written or typed letter]

Dear **[Full Name]** or Dear **[Full Name]**, **[Title]**, **[Organization Name]**

[Re/Email Subject Line:] Address Health Disparities in **[Your City/District/State]** & Support **[Bill Name/Number or XX Dollars in Funding]**

My name is **[Your Name],** and I am a **[NAACP or community role]** and health advocate from **[Your City/District/State]**. I am writing to you today regarding the urgent need to address **[Specific Topic/Issue]** in our community, a critical factor in health and well-being. The issue is a significant **[Health or Resource]** disparity impacting **[Specific Population]** in your region. The recent NAACP ACE Your Health national survey, which received nearly 23,000 responses, including **[Number of responses] from [City/State]**, combined with results from a local Neighborhood Health Audit, shows that **[Specific Data Point #1]**.
In addition, **[Specific Data Point #2]** emphasizes how this issue affects our community.

I urge you to **[Specific Action Request]**. This action would directly address the lack of **[Resource]** by **[Explain How the Action Solves the Problem]**. Addressing this matter is crucially important because **[Issue]** is directly linked to **[Negative Outcome]**. Investing in this solution will not only improve the immediate health of your constituents **[or community members]** but will also result in **[Positive Outcome]**.

Thank you for your time and commitment to public health. I welcome the opportunity to meet with you or your staff to review key findings and recommendations from the ACE Your Health Community Wellness Survey Report. I will contact your office to schedule some time. The full report can be found here.

I look forward to hearing about your plan of action on this critical issue.

Sincerely,

[Signature – if this is a written letter]
[Your Full Name]
[Your Role/Organization]
[Phone Number and Email]

ACTION GUIDE FOR NEXT STEPS

Host a community or branch meeting to discuss the survey results.

Gather your community or branch members to discuss the survey results. Review not only the survey results for your community (if available) but also the national results. Use the questions found in the discussion guide of this toolkit as a starting point for your conversation. What is your initial reaction to the data shown? What surprised or stood out to you the most? What is your specific solution/action idea based on the findings? Who should you contact to help solve the issue or improve conditions in your community?

If you are planning a town hall, use this guide to help you: City-Specific Town Hall Planning Guide

1. **Decide whether to perform a neighborhood health audit, learn how to advocate for patient care and in health systems, or conduct asset mapping.**

   During your community or branch meeting, make sure the right people are in the room. You'll want to have voices from those who live, work, play, age, and pray in the community.

2. **Identify priority issues or campaigns to focus on in your community, unit, or state conference.**

   There may be several issues or campaigns that are important to your community, unit, or state conference. However, we encourage you to focus on your top one or two issues! Focusing on too many things at once is an easy way to lose track of priorities and spread resources too thin. Instead, naming your top one or two issues allows community members to focus their efforts on what's meaningful and deliver specific results. Then write an advocacy letter to your elected official or stakeholder.

3. **Collaborate with other stakeholder groups to create change.**

   While it's great to work with your own community group or unit, it's even better to collaborate with other groups who share your interests! Are there other organizations nearby that you can partner with to make a difference? If your community group or unit lacks the resources for a specific project, working with other groups can be a great way to gain extra support. Also, your community group or unit might have something they need that someone else can provide!

4. **Hold systems accountable for individual and population-level health outcomes.**

   When advocating for what your community needs, it's crucial to hold systems accountable for health outcomes. Holding systems accountable may include budget demands and community investments, implementing shared data and public dashboards, promoting inclusive collaboration, strengthening governance and regulation, ensuring transparency, practicing cultural humility, and sharing power with communities for oversight. Remember, holding systems accountable is not only good for systems, but good for communities!

To stay involved,
join our **Monthly
Health Leads Forum**:

NAACP