Build Healthy Places Network

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Partnerships for Health Equity and Opportunity:

A Healthcare Playbook for Community Developers

Credit: BRIDGE Housing Corporation,
Potrero neighborhood in San Francisco, CA

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The Democracy Collaborative

Trinity Health

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Build Healthy Places Network

The Build Healthy Places Network is the national center at the intersection of community development and health, leading a movement to accelerate investments and speed and spread solutions for building healthy, prosperous, and equitable communities.

Credit: Bayou District Foundation, Columbia Parc in New Orleans, LA

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FOREWORD

In the United States, we spend nearly $3.5 trillion on medical care each year, with more than 80 percent spent on treating chronic disease — most of which is avoidable and concentrated among those living in low-income communities. **Thus, over $1 trillion is spent every year on treating avoidable disease created by conditions of poverty. We also know that the harms of poverty can negatively affect the health of generations to come.**

What if we changed the paradigm from treating to preventing, and reinvested that $1 trillion towards eliminating the intergenerational transmission of poor health and poverty? What would it take to get there?

We launched the Build Healthy Places Network in 2014 based on the firm belief that the work of the multi-billion-dollar community development sector creates health and, thus, could be a game-changing partner in addressing our nation's health and healthcare cost crisis. By developing and financing the physical spaces, infrastructure, and essential services needed to live a healthy and productive life, the community development sector can serve as an action arm for advancing population health and health equity. These investments could include affordable housing with on-site services, grocery stores in food deserts, community centers with workforce development programs, comprehensive childcare and educational facilities, small business support, and more.

The healthcare system is taking note and emerging as a critical partner in addressing important social determinants of health. For example, hospitals are pooling community benefit allocations[1] for greater impact and health insurers are providing direct, low-interest loans[2] to develop supportive housing with on-site health services. Community development corporations (CDCs) are working alongside hospitals[3] on holistic neighborhood revitalization efforts, and community development financial institutions (CDFIs) are providing investment vehicles[4] and serving as strategic partners for mission-oriented healthcare systems. Indeed, cross-sector partnerships have transformed from one-off pilot projects to a full-blown national movement — but this is just the beginning. We have yet to fully take advantage of the vast resources and expertise of the community development and health sectors to create truly healthier communities for all. It begins with knowing what assets exist, how to leverage them, and how to build a path to partnership that produces a meaningful "health" return on investment.

We developed this playbook with these goals and, specifically, the community development sector in mind, building on the work of the many practical tools that exist to advance cross-sector healthy communities work. For CDCs, CDFIs, affordable housing developers, and other community development organizations, this action-oriented guide will help you to navigate your approach to the healthcare system and explore untapped opportunities to deepen the impacts of your work through new healthcare partnerships. For hospitals and healthcare systems, this is a go-to resource on the community development sector's potential role in your efforts to address the social determinants and improve population health, and a tool to start the conversation on potential cross-sector partnerships with your institution's leadership.

By joining forces, the community development and health sectors can have far greater impacts on improving the lives and health of low-income people and the neighborhoods where they live. Though many barriers remain, this playbook moves us towards that goal by demonstrating that the best medicine for improving the health of our nation is through healthy, equitable, and prosperous communities.

Doug Jutte, MD, MPH,
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Credit: Nationwide Children's Hospital, Columbus, OH

INTRODUCTION

In the United States, "opportunity" is an ethos of our collective identity: no matter who you are, or where you come from, you should have the opportunity to live a long, happy, and healthy life. However, our nation's reality falls short of this aspiration.

Three problems related to this lack of opportunity include the widening chasm of economic inequality and concentrated intergenerational poverty; poor health outcomes, especially in low-income and minority populations despite astronomical healthcare spending; and intractable inequities in health and opportunity rooted in social injustices like racism and discrimination, that are not only avoidable, but unfair.[5]

Building healthier communities will require multi-faceted approaches that bring together multiple sectors, system-level policy changes, and innovative investment vehicles that prioritize health equity to create opportunities for every person to achieve optimal health and well-being regardless of identity, neighborhood, ability, or socio-economic status. In short, *it requires partnership and collaboration*. Each sector has unique capabilities and the perspective necessary to address factors that determine our health and opportunity, or the social determinants of health.

While community development and healthcare are sectors that share similar missions to improve the lives of the people they serve, each may see the work of other sectors as beyond their role and responsibility. Both healthcare and community development organizations might be unaware of existing opportunities for collaboration.

Currently, extensive information, resources, and tools exist for anchor institutions (e.g., hospitals and universities), public health, and general community-based organizations. Some of these resources acknowledge the community development sector but do not make specific recommendations for how specific types of community development organizations can pursue partnerships with hospitals and healthcare systems (see Table 1).

TABLE 1: SUMMARY OF EXISTING RESOURCES TO SUPPORT HOSPITAL PARTNERSHIPS

RESOURCE	AUTHORING ORGANIZATION	INTENDED AUDIENCE	PURPOSE
Conversations with Hospital and Healthcare Executives,[6] BUILD Health Challenge (2018)	BUILD Health Challenge/ de Beaumont Foundation	Community organizations, public health, and healthcare	Provides how-to guides for partnership based on BUILD Health sites
Emerging Strategies for Integrating Health and Housing,[7] ULI (2017)	Urban Land Institute	Community development (affordable housing)	Examines emerging interventions integrating housing and health services
Hospital Toolkits,[8] the Democracy Collaborative (2017)	The Democracy Collaborative	Healthcare	Helps hospitals build community wealth through procurement, employment and investment
Housing and Health Care: Partners in Healthy Aging, A Guide to Collaboration,[9] LeadingAge (2014)	Leading Age	Community development (affordable housing)	Fosters partnerships to meet needs of affordable senior housing residents
Innovative Models in Health and Housing,[10] LIIF and Mercy Housing (2017)	Low Income Investment Fund and Mercy Housing	Community development (housing) and health care	Bridges knowledge gap between fields that limits ability to implement health and housing projects and partnerships
Partnering for Prevention,[11] LIIF (2016)	Low Income Investment Fund (LIIF)	Community development (CDCs and CDFIs)	Provides case studies to highlight opportunities for CD- hospital collaboration
Playbook for Fostering Hospital Partnerships to Build a Culture of Health,[12] HRET (2017)	Health Research & Educational Trust (HRET)	Healthcare and community organizations	Charts a path and provide tools for partnership
The Practical Playbook,[13] DeBeaumont Foundation (2015)	de Beaumont Foundation	Public health and healthcare	Offers a roadmap to integrating their work with the larger goals of population health

This playbook is distinct from these resources as an action-oriented guide specifically designed for **community development corporations (CDCs), community development financial institutions (CDFIs), and affordable housing developers** on how to pursue partnerships with hospitals and healthcare systems to improve community health and well-being. Although the community development sector is the primary audience for this playbook, it also has utility for public health departments, hospitals, and healthcare systems that are interested in learning more about the assets community development organizations bring to partnerships and how they can be leveraged for sustained impacts on population health. Drawing from an in-depth literature review and semi-structured interviews with 30 stakeholders from multiple sectors, this playbook can help you:

- Identify cross-sector partners,
- Determine hospital readiness for collaboration,
- Leverage your assets for partnership, and
- Create your partnership roadmap.

Are you ready to make your pitch to a hospital and/or healthcare system? Build Healthy Places Network is here to help! Visit BuildHealthyPlaces.org for more information on our customized pitch decks and advisory services to help you make the case to hospitals and healthcare systems for partnerships.

Credit: Twin Cities LISC, St. Paul, MN

I. IDENTIFY CROSS-SECTOR PARTNERS

The community development-health partnership ecosystem is an interconnected web of sectors where all have a stake in improving the lives of the populations they serve. While this playbook focuses on community development and hospital partnerships, each player has motivations and skills that can be leveraged to scale the impacts of multilevel projects.

Figure 1 lays out schematically the types of organizations that comprise the "health partnership ecosystem." The columns show the various sectors within the "ecosystem" which primarily include community development and healthcare, which primarily include community development, healthcare, and public health — the latter often serving as a bridge between the first two. Philanthropy, government, and national capacity building networks also play key roles in the partnership ecosystem, frequently cutting across multiple sectors as shown by the bars in yellow and gray. To provide a foundation for shared understanding, the definition and defining characteristics of community development, healthcare, and public health are described below.

FIGURE 1: THE HEALTH PARTNERSHIP ECOSYSTEM

COMMUNITY DEVELOPMENT	PUBLIC HEALTH	HEALTHCARE
Philanthropy and Impact Investors		
• CDCs • CDFIs • Affordable Housing Developers • Community organizers • Trade associations • Service providers • Financial institutions	• Health departments • Research/think tanks • Trade associations • Hospital and conversion foundations	• Hospitals • Healthcare systems • Insurers • Trade associations • FQHCs • Community health centers
National capacity-building organizations		
Government		

Other sectors included in the health partnership ecosystem include education, service organizations, local businesses, public safety, faith-based organizations, and other fields beyond the scope of this playbook whose work influences social determinants of health.

Credit: Bayou District Foundation, Columbia Parc in New Orleans, LA

LEADING SECTORS IN THE HEALTH PARTNERSHIP ECOSYSTEM

Community development organizations are part of a multibillion-dollar sector which is vital for lifting people out of poverty. At its best, community development achieves health equity by addressing many of the factors — or social determinants — that affect the health of individuals, families, and neighborhoods. This includes building affordable housing with on-site services, grocery stores in food deserts, and community centers with asset building and workforce development programs. Community development actors have distinct skills and areas of focus, including real estate and finance expertise, independent resources, and strong community relationships. As stewards for communities, community development can also play an important role in communicating the value of meaningful community engagement to hospital and healthcare partners. For more information on community development see Build Healthy Places Network's Jargon Buster.[14]

Healthcare is a large industry in the U.S. comprised of organizations and people focused on health and well-being including hospitals, healthcare systems, and health insurers. Several factors motivate hospitals to address population health, or the health of communities. The most significant factor is the Affordable Care Act (ACA), which emphasizes the simultaneous goals of improved patient health outcomes, reduced healthcare costs, and improved population health.[15] The ACA changed the way hospitals are incentivized by shifting reimbursement based on number of services provided (fee for service) to quality of care and good health outcomes (pay for performance). By 2020, it is estimated that 75 percent of health system and payer contracts will have moved to value-based incentives.[16] As hospitals and healthcare systems identify their highest risk populations and redesign comprehensive care accordingly, it will require that they "understand and address the broader social, environmental, and behavioral determinants of health in order to achieve better outcomes, improve the care experience, and control total cost."[17]

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

A Community Health Needs Assessment (CHNA) is a formal process to better understand the health needs of a community. CHNAs are typically led by a nonprofit hospital. For healthy community advocates, a CHNA is an opportunity to bring to light and emphasize how factors beyond health care affect the overall health of the community. Once a CHNA is complete, a hospital must develop a plan for how it will address the identified health challenges—often called a **Community Health Implementation Plan (CHIP)**. Both of these documents should be available to the public on the hospital's website. See the Build Healthy Places Network's Jargon Buster for a detailed description.

The ACA also sets new community benefit requirements that require nonprofit hospitals to "give back" to communities in which they are located. This process includes surveying community health needs using a community health needs assessment (CHNA) every three years and addressing these needs using community benefit allocations. Once a CHNA is complete, a hospital must develop a plan* for how it will address the identified health challenges in the form of a Community Health Implementation Plan (CHIP) at times in coordination with local public health departments.[18] Through this regular and intensive look at pressing health challenges, nonprofit hospitals can better target partnerships, strategies and investment of its community benefit resources.[19] It is important to note that while all the hospitals within a single healthcare system may jointly conduct and file one community health needs assessment, each hospital must create a distinct implementation plan that describes how the issues identified in the CHNA will be addressed.

Hospitals report their community benefit expenditures and activities as part of Schedule H, a section of the Internal Revenue Service (IRS) Form 990, which has two parts. Part 1 encompasses the most common community benefit activities such as unreimbursed care, health professions education, training, and research. Part 2, however, is where hospitals report on "community building," which is distinct from the legal definition of community benefit. "Community building" activities can include physical improvements and housing, economic development, community support, environmental improvements, workforce development, and other activities that address upstream determinants. However, the IRS has clarified that community building activities can count as community benefit if 1) it meets a documented community health need (identified in a CHNA, for example) and 2) there is reasonable evidence linking the activity to improved health.[20]

Public health is a field distinct from healthcare that works to prevent disease and promote the health of whole populations through educational programs, policies and regulations, services, and research. Public health organizations include public health departments (which can include organizations at the local, city, county, and state levels); public health institutes,[21] schools and programs of public health, state-level organizations such as the National Association of Chronic Disease Directors, and national-level organizations, such as the Centers for Disease Control and Prevention (CDC). All public health organizations are not the same, but they generally include the following key functions:

- **Data/research, measurement, and case-making.** Public health departments often have surveillance and research capacities to identify need and measure the impact of community development efforts to improve health.
- **Neutral convener and "translator" role.** Public health organizations can convene a "neutral table" — an important feature when working with organizations with varying levels of power and motivations. They can also help in translating health impacts of community development projects.
- **Grassroots community connections and social networks.** Public health organizations usually are part of community coalitions and may have ties with community groups that could be involved.

* According to the Treasury and IRS, a hospital must "adopt an implementation strategy to meet the community health needs identified in a CHNA by the end of the same taxable year in which it conducts that CHNA."

- **Relationships with hospitals.** Public health departments are required to be consulted for nonprofit hospitals' CHNAs to promote greater alignment of hospital community benefits with other efforts to improve community health. (Public health departments must conduct their own survey of community needs and plan for how they will address these needs as part of their certification every three years.)
- **Influencing policy and maintaining a health equity perspective.** Public health practitioners can advance evidence for policy change by influencing decision-makers and elected officials. Many, but not all, public health organizations incorporate a health equity perspective and a social determinants of health framework and can help collaborative entities maintain that focus.

OTHER SECTORS

Other key players in the health partnership ecosystem include government, foundations, and socially motivated impact investors. These valuable partners have skills that can shape supporting conditions for partnership, including the ability to influence policy, create incentives, shape funding structures, and convene stakeholders.

Credit: Mercy Housing, Chamblee, GA

Credit: Rural LISC, Blytheville, AR

II. DETERMINE HOSPITAL READINESS FOR COLLABORATION

Given their mission and population health emphasis, certain nonprofit hospitals may be especially amenable to partnerships with community developers.

For example, many **Catholic health systems**[22] have been investing for decades in affordable housing, local businesses, and other economic development projects as means to meet their mission to serve the poor and underprivileged.[23] **Children's hospitals**[24] tend to understand the longer-term impacts of upstream population health efforts, noting "by virtue of their expertise, the timing of their interventions early in life, and the reliability of their brand, [children's hospitals] can potentially impact the health of entire generations."[25] **"Safety-net"**[26] **or "essential"**[27] **hospitals**, which include Federally Qualified Health Centers (FQHCs), community clinics, public hospitals and other local hospitals serve uninsured, low-income and others who face economic and social hardships. These institutions play a pivotal role in reducing health disparities under the ACA and have long been key healthcare providers for some of the nation's most vulnerable patients. FQHCs specifically represent an area that has seen significant partnership activity with CDFIs, given their aligned values.

A hospital's interest, capacity, and decision-making ability to address population health falls along a spectrum based on influencing characteristics like payment structure, level of engagement with partners, and leadership. Hospitals fall along the spectrum of preliminary, intermediate, or advanced readiness to address population health (see Figure 2).

While external factors like incentives and regulations arising from the ACA and changes in payment structure are shifting all hospitals toward addressing population health, these internal characteristics can influence a hospital's motivations, willingness, and in some cases, capacity to address upstream determinants of health affect a hospital's position.

FIGURE 2: THREE STAGES OF HOSPITAL ENGAGEMENT IN POPULATION HEALTH

	PRELIMINARY	INTERMEDIATE	ADVANCED
	Hospital's Stage of Engagement in Population Health Efforts		
Payment Structure	Payment system doesn't incentivize keeping people healthy (fee-for-service)	Experimenting with payment models that incorporate some value or quality-based incentives	Payment system fully incentivizes keeping populations healthy
Partnership	Consultative partnerships as part of community health needs assessments	Partnering to implement smaller-scale programs and strategies	Partnering on physical infrastructure and neighborhood-level projects
Leadership	Leadership beginning to think about managing care beyond hospital walls	Leadership beginning to act on vision by providing resources or funding programs with community benefit allocations	Leadership committed to "anchor mission," investment included as part of community benefit strategy

For more information on how hospitals and health systems are assessing how their systems are transforming to address population health, contact the Policy Leadership for Health Care Transformation initiative, led by Kevin Barnett. http://movinghealthcareupstream.org/innovations/policy-leadership-for-health-care-transformation.

THREE STAGES OF HOSPITAL ENGAGEMENT IN POPULATION HEALTH

In the **preliminary stages**, a hospital or healthcare system has likely made little structural change to their organization or activities. They may still be operating under a fee-for-service model, meaning that they are not incentivized to keep patients healthy; they still get paid for total services provided. To complete their CHNA, they might be consulting with community partners, but little more. Their leadership may be starting to think about addressing health beyond the hospital's walls, but this may be limited to a more "traditional" view, such as a community health fair or a mobile clinic.

In the **intermediate stages**, hospitals may be engaged in payment models that incentivize keeping a subset of their patients healthy, such as an Accountable Care Organization or Managed Care Organization. They are moving beyond mere consultation to collaboration, engaging with community groups to explore how projects or programs might be implemented. Leadership might be willing to dedicate community benefit allocations to areas farther beyond "traditional" activities.

Hospitals in the **advanced stages** of addressing population health have enacted significant changes to their health system to institutionalize population health. Leadership may embrace an "anchor mission" in which they are considering investments, procurement, and hiring as part of their commitment to the community.[28] Some of these hospitals may be part of accountable health communities, bridging the gap between clinical care and community services. Advanced hospitals may be exploring place-based investments in addition to their community benefit strategy, including brick-and-mortar projects. A hospital's path toward the advanced stage can take a long time and can be thought of as aspirational. A hospital may also pursue certain activities that fall within the advanced stage, but they may still have work to do in aligning all internal systems (payment, holistic patient care, etc.) and institutional resources to address health inequity.

In sum, based on a hospital's position on the population health spectrum, certain opportunities for collaboration become more feasible. Early stage opportunities can help to set the stage for more advanced partnership opportunities later on. Partnering with a hospital or healthcare system can provide more resources, support the work of community development organizations, or enable organizations to affect neighborhood change at a greater scale. In turn, community development organizations can bring skills and expertise related to community needs, extensive partner networks and knowledge of community strengths, and expertise in developing neighborhood infrastructure.

Accountable Care Organizations (ACOs) are groups of health care providers that accept financial risk for the total cost of care delivered to a defined population. ACOs financially encourage providers to keep a population of patients healthy at a lower cost by improving efficiency and coordination of care. To read more about ACOs, visit the Build Healthy Places Network's Jargon Buster at: https://www.buildhealthyplaces.org/jargon-buster/#accountable-care-organization-aco

Credit: Kathleen Constanza, Grandfamilies Place in Phoenix, AZ

III. LEVERAGE YOUR ASSETS FOR PARTNERSHIP

Partnerships with community development can influence a hospital's programs, investments, and ability to meet various regulatory requirements to better address social determinants of health within three areas of opportunity: Community Health Needs Assessment/Community Health Improvement Plan (CHNA/CHIP) processes, community benefit strategies, and investment strategies.

FIGURE 3: COMMUNITY DEVELOPMENT'S ASSETS FOR HEALTHCARE PARTNERSHIP

	PRELIMINARY	INTERMEDIATE	ADVANCED
	Hospital's Stage of Engagement in Population Health Efforts		
CHNA/CHIP	CDCs can offer data support/sharing framing to support CHNA process.	CDCs, CDFIs, and affordable housing organizations can help to shift CHNA/CHIP focus toward upstream social determinants.	Advocates hope joint CHNAs lead to joint CHIPs/aligned community benefit, which may lead to CD projects.
Community Benefit	CDCs/developer-managed propertes can co-locate health services or receive grants for health-related programming.	CDCs and affordable housing organizations can co-develop programs. CDFIs can help hospitals make investments that are "closer" to their traditional role and focus, like in food/nutrition, active living, or FQHCs.	Hospitals may be making significant changes to the way community benefit is done, including in community infrastructure. Many kinds of community development organizations can help to finance and develop these projects.
Place-Based Investment	CDCs can ask for non-monetary investments, including reputation, land, skills, time, etc.	CDFIs can offer community banking services, financial products, or structure/originate loan funds using funds from hospitals.	All kinds of community development organizations can act as partners in developing real assets that serve as community infrastructure.

COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAs) AND COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPs).

Community Health Needs Assessments are required of all nonprofit hospitals and represent a natural starting place for community development organizations and hospitals to begin collaboration. CHNAs represent an opportunity to surface identified community needs related to the social determinants of health and influence hospital priorities so that their community health improvement plans inform their community benefit allocations to best address identified community health needs. Opportunities for community development organizations to work within the CHNA requirement could include the following stages of engagement.

Preliminary: Share data. CDCs and housing developers may be collecting data applicable to the communities and populations they serve. Data sharing among partners can be particularly useful for hospitals seeking to understand how their patients' environments affect their health, and for community development organizations interested in their projects' health impacts. Data and the new understanding it can provide could help to frame opportunities for grants or guide hospital resource allocation later on.

Intermediate: Shift CHNA focus to social determinants. To shift the focus of CHNAs from disease management to community-level health promotion, community development organizations can provide ad hoc guidance from an economic and neighborhood infrastructure perspective for the CHNA process or join hospital-based CHNA/community benefit advisory boards in order to provide longer-term perspectives. This can bring attention to the local root causes of poverty and poor health and set the stage for more effective community benefit resource allocations.

Advanced: Guide further resource allocation or investment. As more hospitals and healthcare systems conduct joint CHNAs, health advocates hope the next step will include CHIPs and community benefit allocations that are also aligned and implemented jointly. Examples of joint CHNAs are growing, but aligned CHIPs are less common due to hospital fears of losing competitive advantage, differing priority areas, or compartmentalization of population health principles in the community benefits office.[31]

Credit: Vita and Charter Oak Communities, Stamford, CT

PARTNERSHIP SNAPSHOTS: CHNAs AND CHIPs

PRELIMINARY

- **Indianapolis Local Initiatives Support Corporation (LISC) and Eskenazi Health Center (Indianapolis, IN):** Through research, Indianapolis LISC found that 79 percent of the Eskenazi Health Center's emergency room visitors came from the neighborhoods they serve. They are using these data to make the case for deepening their partnership.
- **Interlm Community Development Association (Interlm CDA) and Swedish Hospital (Seattle, WA):** Interlm CDA's community survey findings revealed that many community members had major concerns about public safety in the neighborhood. Given the link between stressful environments and poor health outcomes (corroborated by hospital and public health data), Interlm knew that addressing public safety would have to be part of its 2020 Healthy Community Action Plan.

INTERMEDIATE

- **Boston Children's Hospital and Fenway Community Development Corporation (Boston, MA):** Fenway built upon its existing program support from Boston Children's and utilized its position on the hospital's Community Advisory Board to advocate for affordable housing, which Boston Children's now identifies as a priority.[29]
- **Stamford Hospital and Charter Oak Communities (COC) (Stamford, CT):** In Connecticut, Stamford's 2012 CHNA identified the two unhealthiest neighborhoods as adjacent to the hospital. Coupled with their prior involvement in social determinants projects with COC, this identification provided the impetus to develop the Vita Health and Wellness District.[30]

ADVANCED

- **The Alignment for Health Equity and Development (AHEAD) Initiative (Atlanta, GA):** One of AHEAD's sites, Atlanta's East Point neighborhood, has brought together community members and partners (many of whom are community development organizations) to identify community priorities. One success was creation of a playground, which was then jointly funded and built by the community. Longer term investment plans are in the works.[32]

Credit: BRIDGE Housing Corporation, Potrero neighborhood in San Francisco, CA

PARTNERSHIP SNAPSHOTS: COMMUNITY BENEFIT

PRELIMINARY

- **Rise Up and Apirus Health (Marathon County, WI):** RISE UP Central Wisconsin is a community participatory art experience that builds community cohesion while reducing stigma around mental illness and substance abuse recovery. Impressed by the evidence that participatory art can help with self-management of chronic and long term conditions, Aspirus Health committed community benefit dollars. Partners agreed to use the Aspirus campus as a pilot site for the engagement process with the hope that the process could be used as a platform to discuss other policy changes at the healthcare systems level, such as healthier meals in the cafeteria, more representation from staff, or improving patient experience.

INTERMEDIATE

- **Spartanburg Regional Health System and the Northside Regional Partnership (Spartanburg, NC):** Spartanburg made an initial contribution to Northside to help get a neighborhood revitalization project off the ground and later built upon this commitment by contributing investment in land to be redeveloped.
- **HonorHealth and Desert Mission Neighborhood Renewal (Phoenix, AZ):** HonorHealth supports the administrative costs of Desert Mission Neighborhood Renewal,[35] which provides minor home repair, homebuyer education and one-on-one counseling, and financial resiliency classes.[36]

ADVANCED

- **Central City Concern (CCC) and HealthShare of Oregon (Portland, OR):** In Portland, Oregon, HealthShare, a Coordinated Care Organization, donated $21.5 million — one of the largest single donations in the United States to a non-profit housing developer[37] — to CCC to support development of 379 affordable housing units. Years of previous collaboration and relationship building helped to frame discussions of housing as an important means of addressing health and enabled quick response to the investment opportunity.[38]
- **United Global Outreach and Florida Hospital (Bithlo, FL):** UGO, a nonprofit, partnered with Florida Hospital as part of their "Bithlo Transformation Project." Since it began in 2009, the transformation effort has brought a bus service, primary care, eye and dental care, mental health counseling, and a new private school to Bithlo, with other major infrastructure projects like roads, water systems, and housing to come in the future.

COMMUNITY BENEFIT

More effective community benefit[33] allocations are an area where significant gains in population health can be made. Though a majority of hospitals retrospectively assign most of their community benefit spending to unreimbursed charitable care occurring over the past year, an enterprising few have shown interest in investing more proactively in community-wide health improvement opportunities. Community benefit allocations can run the spectrum from traditional activities like financial support of health facilities co-located with affordable housing and provision of programs and services for high-risk populations to substantially different approaches to allocating community benefit dollars, like grants to support affordable housing construction. Community benefits represent an opportunity to attach hospital commitment to projects, deepen collaboration, and develop shared goals, language, and metrics.

Preliminary: Co-locate medical services/programs within properties or neighborhoods served by community development organizations. Given their strong community networks and deep ties to place, CDCs and local-level affordable housing developers can act as conduits for care, and provide access to important patient populations for hospitals and other healthcare providers wanting to expand their relationships and programs in the localities they serve.[34]

Intermediate: Provide pipeline of upstream community benefit opportunities. As community-based entities, CDCs and CDFIs have their finger on the pulse of community needs — both health and non-health — and can provide specific opportunities for partnership with healthcare that will allow the root causes of high-risk patient health needs to be directly addressed.

Advanced: Create new opportunities for community benefit. Community development organizations and hospitals can discuss how hospitals might use community benefit resources in new ways, including contributions to housing or other infrastructure development. A few hospitals are already making these comparatively nontraditional commitments instead of the more traditional use of hospital community benefit for unreimbursed health services.

PLACE-BASED INVESTMENT

While collaboration with hospitals as part of their community benefit obligation represents a great opportunity to begin laying the groundwork for partnership, community benefit represents only a small portion — "at most 10 percent"[39] — of the total impact a hospital or healthcare system could be making. Community benefit dollars are usually allocated in the form of grants. However, hospitals also hold large assets in investment portfolios that could be used to support the financing of projects that address social determinants of health. As place-based entities, hospitals can align their hiring, purchasing, and investments with community needs — otherwise known as the "anchor mission."[40] Opportunities could include the following stages of engagement.

Preliminary: Harness non-financial hospital assets, such as political clout or in-kind contributions. Place-based investment strategies are still new, so many hospitals may lack organizational capacity or political will to make changes to their investment portfolio. Although some of these examples represent financial investments, opportunities for partnership need not all be financial.

Intermediate: Place a portion of hospital investment holdings into community development banks or use community development organizations as a vehicle for deploying loans to the community. Increasing lending capacity can be one way for hospitals to improve health. Hospital investment, deposits, and cash holdings in community development banks and credit unions represent a low-risk way of increasing the lending capacity of these important community organizations. Community development loan funds can use hospital investments as debt capital to originate loans, as linked deposits to reduce interest rates for small business and affordable housing loans, and as loan guaranties to also reduce the costs of borrowing.[43]

Advanced: Support comprehensive, sustainable place-based investment strategy and build real assets. For hospitals fully committed to population health, community development organizations can serve as key intermediaries between hospitals and neighborhoods, given their expertise in balancing financial and social returns, and capacity for due diligence required of place-based private equity and venture capital strategies.

PARTNERSHIP SNAPSHOTS: PLACE-BASED INVESTMENT

PRELIMINARY

- **ReBUILD Health and MD Anderson (Pasadena, TX):** As part of a BUILD Health Challenge collaborative[41], MD Anderson took on responsibility for cross-cutting evaluation for all aspects of a multilevel sustainable food system project. This included evaluation of the construction of a farm and food pantry distribution, areas they weren't as familiar with. However, MD Anderson saw this as a way to build capacity among their own staff to evaluate larger multilevel programs in the future. The project's use of hospital resources for evaluation while building their capacity to evaluate more complex programs was a win-win for all partners.
- **Amerigroup and Mercy Housing (Atlanta, GA):** Amerigroup, a Medicaid managed care organization, was interested in leveraging Mercy's Resident Services to develop a telemedicine pilot program. As part of their deal, Amerigroup set up equipment in Mercy's community building and allowed use for all residents, not just those who were beneficiaries.[42]

INTERMEDIATE

- **ProMedica and CDFI partners:** ProMedica has invested in sixteen regional banks to build local relationships and impact neighborhoods. Additionally, as of March 2018, ProMedica and LISC National launched a partnership that will pool $45 million in the form of grants and a loan fund to scale up economic opportunity and improve health outcomes in Toledo, Ohio.[44] This diversity brings greater levels of security during economic downturns.[45]
- **Trinity Health and CDFI partners:** For more than a decade, Trinity Health's "Community Investing Program" has lent $32 million to CDFIs for affordable housing, day care, community facilities, small business development, and healthy food access.

ADVANCED

- **Boston Medical Center and Healthy Neighborhoods Equity Fund (HNEF) (Boston, MA):** These healthcare systems have recently invested $500,000 in HNEF, which invests in high-impact real estate projects with demonstrated potential to transform neighborhoods, strengthen community and environmental health, and promote regional equity while providing attractive risk-adjusted returns for investors.
- **Nationwide Children's Hospital and Community Development for All People (CD4AP) (Columbus, OH):** In 2008, CD4AP partnered with Nationwide Children's Hospital to form the Healthy Neighborhoods, Healthy Families (HNHF) Realty Collaborative. As part of the Collaborative, Nationwide works with CD4AP to invest in housing redevelopment and workforce development. For some properties, like the Residences at Career Gateway, these two components are co-located.[46]
- **UnitedHealthGroup (UH) and Enterprise Community Partners; Chicanos Por La Causa (CPLC) (Phoenix, AZ):** UH seeks out community development and affordable housing partners to identify developments that qualify for federal Low Income Housing Tax Credits (LIHTC) across the country.[47] UH built affordable housing, health centers, and other neighborhood infrastructure through direct investments in CPLC and partnerships with Enterprise.

EMERGING PARTNERSHIP OPPORTUNITIES

DELIVERY SYSTEM REFORM INCENTIVE PAYMENTS (DSRIPs):

DSRIP initiatives are waivers that give states additional flexibility for designing their Medicaid or Child Health Insurance Plan efforts. Implemented in eight states, a majority of these funds are being used to expand Medicaid eligibility and clinical services for low-income residents. While we are not aware of any current partnerships with community development, future opportunities for collaboration could include housing for Medicaid beneficiaries.

MISSION-RELATED INVESTMENTS (MRIs) AND PROGRAM-RELATED INVESTMENTS (PRIs)

Foundations are increasingly using MRIs (market-rate investments with a reasonable rate or return, aligned with a foundation's mission[48]) and PRIs (made to achieve a program objective rather than substantial return[49]) as a new tool to achieve their goals. PRIs deployed to CDFIs can be particularly impactful by increasing the flow of low-cost financing programs to projects that address the social determinants of health, from affordable housing with onsite services to health clinics and grocery stores.[50]

PAY-FOR-SUCCESS (PFS) FINANCING

In a world of slashed social program budgets, PFS financing — including social impact bonds — represents one way that state governments can experiment with cost-saving, innovative programs. Akin to seed capital for social programs, PFS approaches utilize private investment to fund cost-saving innovations in government programs. If specific program goals are met, the investors receive a payout and the government agency achieves an overall cost savings. PFS financing has been used to address homelessness and prisoner recidivism, among other examples.[51]

Credit: Odessa American, Ector County, TX

Credit: BRIDGE Housing Corporation, Potrero neighborhood in San Francisco, CA

STATE INNOVATION MODELS: ACCs AND CCOs

Accountable Care Communities (ACCs) extend beyond the Accountable Care Organization (ACO*) model to include populations within entire communities. Coordinated Care Organizations (CCOs) in Oregon and Regional Care Collaborative Organizations (RCCOs) in Colorado focus on the integration of physical, behavioral, and social services as well as community engagement and collaboration. CCOs have leveraged community benefit dollars to build affordable housing.

WELLNESS TRUSTS/FUNDS

Prevention and wellness trusts are funding pools raised and set aside specifically to finance interventions to improve the health outcomes of specific populations.[52] As wellness trusts strategically allocate funds to coordinate prevention efforts, they have the potential to enable collective impact in upstream investments[53] and can enable more community development involvement. The Massachusetts Prevention and Wellness Trust Fund is the first state-based prevention fund, raising $75 million in a one-time assessment on acute hospitals and payers.

Credit: Nationwide Children's Hospital, Columbus, OH

IV. CREATE YOUR PARTNERSHIP ROAD MAP

Charting a course to partnership requires a fair amount of work and a significant amount of time. As a community development leader interviewed for this playbook noted, "It can take a year to get a meeting with the right person and even more years to create a common foundation for action." However, these steps have an added benefit to your organization in helping you to form other partnerships in the ecosystem and build a foundation for addressing health at a more comprehensive scale.[54]

1) LAY THE GROUNDWORK FOR PARTNERSHIP

- Identify your community's assets. It is likely that efforts to address health and its social determinants are already underway in your community. Your community also is host to a wealth of assets and institutions that you can tap into. By building upon already established initiatives and meaningfully engaging residents in defining problems and solutions, you increase the likelihood of project sustainability and success of your efforts.
- Collaborate with public health and cross-sector national networks. Start small with partnership building. While sustained partnerships do take resources, the payoff can be great. Even attendance at the same community events can serve as building blocks for deeper partnerships and coalition building later down the road. National networks like the Build Healthy Places Network, County Health Rankings and Roadmaps, and 100 Million Healthier Lives can play a role in introducing partners or in "translating" what each sector does.
- Build coalitions with neighborhood-level organizations. In some areas, large hospitals may have fragmented partnerships with a number of organizations, all of which have received a small piece of the community benefit pie. As one community development leader interviewed for this playbook notes, "The missing piece oftentimes is basic community organizing or coordinating and analysis that can bring an opportunity to a hospital." Some level of coalition building and alignment can increase your collective capacity and bargaining power.

Credit: Woodlawn United, Birmingham, AL

- Leverage available resources to support collaboration. Community development and public health leaders interviewed for this playbook noted that almost all organizations face the challenge of carving out time and resources for partnerships. However, there are numerous opportunities available to help build capacity via grant programs, technical assistance, and other advisory services.

2) DETERMINE YOUR STRATEGY

- Start with mission-driven hospitals and those that are part of ACOs, managed care organizations, or accountable health communities. Many mission-driven hospitals often emphasize population health as a means to better serve their patients. Hospitals that are part of ACOs, managed care organizations, and accountable health communities share risk for their patients and are financially incentivized to keep people healthy.
- Leverage public health partners for introductions with healthcare. Public health departments, Federally Qualified Health Centers (FQHC), and others might have relationships with partners already. Two community development leaders interviewed for this playbook noted their relationship with their local FQHC helped them make an introduction to a hospital partner. Others discussed partnership on smaller initiatives as a chance to lay the groundwork for other opportunities.
- Engage a hospital's C-Suite. Planting the seeds among various departments in a hospital can help to accelerate group conversations and keep your efforts front-of-mind for a health system. However, you will have to tailor your message and framing based on who you are speaking to: a conversation with finance department staff may be different than with community benefit department staff. Above all, it helps to have the ear of people with decision-

Credit: Incourage, Wisconsin Rapids, WI

making power who can handle risk and can steer hospitals toward systems-level change. These people are usually in the C-suite (CEOs, CFOs, etc.)

- Invite health system leaders to be part of your board. Various community development, public health, and healthcare organizations interviewed for this playbook discussed cross-pollination of boards as a key factor for success. As one housing developer notes, "The fact that the CEO of that [health] system sits on our governing board of directors ensures that the door is open for us. There's still a lot of work to be done, but the fact that we've got a connection is critically important. It really is a great way for those relationships to grow and stay solid."

3) BUILD YOUR PATHWAY TO PARTNERSHIP

- Speak your hospital's language by balancing both short-term needs and long-term benefits. Hospitals tend to first focus on "super-utilizers," the small subset of patients that generate a majority of a hospital's costs which represent the most immediate cost benefit for a hospital. However, a majority of the populations that the community development organization may serve are not in that category. How do you make the case that health systems should invest in programs where they might not see the benefit until many years down the line? One national housing developer suggests acknowledging short-term resource considerations, but encouraging practitioners to frame benefit beyond systems' beneficiaries.
- Use data and logic models to help you make your case. Data collection is an important part of measuring the health effects of your project, but improved health outcomes may take time to see. However, the intermediary benefits are still an important part in getting to long-term health outcomes. A logic model can help you develop indicators for each stage in the pathway, so that you can show that you are on track to improved health outcomes.[55]
- Explore alternative financing mechanisms. Many healthcare organizations are interested in seeing the impact of housing and other social determinants on their patient/member populations, but use of LIHTCs mean restrictions on targeting benefits (units can't be designated for members of for-profit entities).[56] For those using LIHTCs, partnership with a public health agency allows designation of units as long as it doesn't violate the Fair Housing

Act. For healthcare organizations that want to demonstrate impact of social determinants on their members, other financing mechanisms beyond LIHTCs can provide this opportunity in addition to providing a return on investment. For example, UnitedHealthCare (UHC), an insurance provider, granted $20 million of low-interest financing to Arizona CDC Chicanos Por La Causa for a 500-unit housing redevelopment, with affordable units designated for UHC members.[57] UHC also is thinking creatively about how they will measure these impacts, noting that they want to "think beyond health care utilization measures to holistically evaluate health, wellbeing, and improvements in other areas of members' lives … [which] will also inform … policy engagement around health care reform and [reimbursable] Medicaid programs."[58]

Credit: BRIDGE Housing Corporation, Potrero neighborhood in San Francisco, CA

Credit: BRIDGE Housing Corporation, Potrero neighborhood in San Francisco, CA

V. LOOKING FORWARD

At this moment, we face uncertainty around the fate of government funding streams, the future of healthcare policy, and the possibility of wide-scale economic change. Federal budget cuts may mean that the role of the private sector and philanthropy become increasingly important.

Changes in the Affordable Care Act may mean that hospitals have to shift their community benefit focus back to charitable care to cover costs of the uninsured. However, various leaders interviewed for this playbook were optimistic that progress and momentum toward payment systems that incentivize keeping people healthy will continue, which means strategies in this playbook can still be applied.

Now is the time, too, for community development organizations to think about the processes and methods used to improve population health. In helping hospitals and health systems expand their understanding of population health to more fully incorporate the social determinants of health, this starts with recognizing community leaders and residents as equal partners, and communities as asset-rich and imbued with potential, rather than just health-deficient data points.

While health equity is something few people argue against in concept, implementation of strategies to improve health equity is another matter. As various sectors come together and work toward a common agenda, it is crucial to remain committed to principles of equity and justice. Within collective impact models, community development practitioners should push their partnership to "reexamine their membership, distribution of power and resources, social change agendas, and current commitments to an equity and justice work plan."[59]

As each sector continues to address shared societal problems related to lack of opportunity, an honest examination of social and institutional inequities that influence people's living conditions and geography of opportunity is needed. The opportunities for partnership in this playbook reflect the importance of cross-sector collaboration and encourage practitioners to push the envelope in terms of their current understanding of health and equity.

Credit: East Lake Foundation, Atlanta, GA

Build Healthy Places Network

Four-Step Path to Community Development-Healthcare Partnership™

Credit: Bayou District Foundation, Columbia Parc in New Orleans, LA

Charting a course toward new partnerships with the sprawling healthcare sector requires time. Our guide, "A Healthcare Playbook for Community Developers," can help provide clarity and put you on the path to new partnerships. As one community development practitioner interviewed for our playbook noted, "It can take a year to get a meeting with the right person, and even more years to create a common foundation for action."

These steps provide key questions and resources for navigating the complex healthcare ecosystem and build a foundation for addressing health at a more comprehensive scale. No matter where you are in the process, our checklist will help you assess your existing or emerging partnership or create a roadmap for embarking on an entirely new collaboration.

From "Partnerships for Health Equity and Opportunity: A Healthcare Playbook for Community Developers." Contact us at info@buildhealthyplaces.org to find out more.

STEPS	KEY QUESTIONS	RESOURCES *(see page 24 for links)*
STEP 1: ASSESS		
Assess your organizational capacity	• Does your community development organization have leadership buy-in and capacity to address the social determinants of health more intentionally? • Do you have time and resources to do so for the long-term?	• BHPN: MeasureUp • Health Research & Educational Trust: A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health • Metrics for Healthy Communities • Nonprofit Finance Fund: Healthy Outcome Initiative Nonprofit Readiness for Health
Identify community needs related to social determinants of health	• What are key issues among the communities your organization serves?	
Take stock of strengths and areas of opportunity	• What data do you collect? What are your strengths and areas of focus?	
STEP 2: MAP AND NETWORK		
Map potential partners, insurers and payment reform initiatives	• Who are the health players in your community? Who else might be interested in your issue? • Based on your research, where does the local hospital/potential partner fall on the population health spectrum?	• BHPN: Partner Finder • Grant programs that support coalition building: The BUILD Health Challenge, 100 Million Healthier Lives SCALE 2.0, Invest Health Strategies for Healthier Cities • Health Research & Educational Trust: A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health
Build coalitions and fill capacity gaps	• What relationships do you have that might help facilitate an introduction? • If you are involved with a hospital currently, what does your relationship look like? How might you deepen it?	
STEP 3: MAKE THE CASE		
Hone in on your partner	• Who within the hospital or healthcare partner might be important to talk to and for what reasons? • Who in your network might help you secure an in-person meeting with the appropriate staff?	• BHPN: Making the Case for Linking Community Development and Health • BHPN: MeasureUp • CDC Community Health Improvement Navigator • County Health Roadmaps & Rankings Roadmaps, Take Action to Improve Health: Action Center and What Works for Health • LIIF: Social Impact Calculator • The BUILD Health Challenge Report: Conversations with Hospital and Healthcare Executives: How Hospitals and Health Systems Can Move Upstream to Improve Community Health
Develop or refine your value proposition	• What can you offer that they want/need? • How will you frame it in a way that will catch their attention? • On what issues can you quickly find common ground?	
STEP 4: BUILD YOUR PARTNERSHIP		
Explore shared interest	• What is your shared goal(s)/vision?	• BHPN: Jargon Buster • BHPN: Vita Health and Wellness District VitaImpact Tool • Berkeley School of Public Health: Accountable Communities for Health Data-Sharing Toolkit • Data Across Sectors for Health (DASH) • HRET's Hospital-Communities Partnerships playbook • Nonprofit Finance Fund: Partnership Assessment Tool for Health • The Democracy Collaborative: Hospital Toolkits
Structure and implement partnership	• Who is responsible for what? • How will you collect data, and what will you collect? • What will success look like? • How will you sustain the work? • How can you sustain the partnership over time? • What would a transition look like, if partnerships are not sustainable?	

Are you ready to make your pitch to a hospital and/or healthcare system? Build Healthy Places Network is here to help! Visit buildhealthyplaces.org for more information on our customized pitch decks and advisory services to help you make the case to hospitals and healthcare systems for partnerships.

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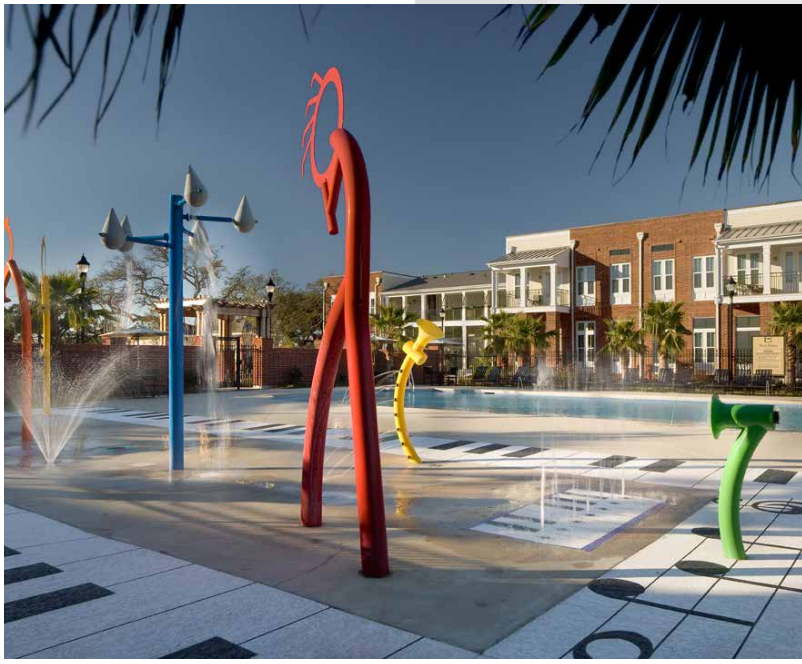

Credit: Bayou District Foundation, Columbia Parc in New Orleans, LA

APPENDIX LINKS

STEP 1: ASSESS RESOURCE LINKS

BHPN: MeasureUp https://www.buildhealthyplaces.org/measureup/

Health Research Educational Trust (HRET): A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health http://www.hpoe.org/Reports-HPOE/2017/A-playbook-for-fostering-hospitalcommunity-partnerships.pdf

Metrics for Healthy Communities http://metricsforhealthycommunities.org/

Nonprofit Finance Fund: Healthy Outcome Initiative Nonprofit Readiness for Health https://nff.org/fundamental/nonprofit-readiness-health-partnership

STEP 2: MAP AND NETWORK RESOURCE LINKS

BHPN: Partner Finder https://www.buildhealthyplaces.org/partners/

Grant programs that support coalition building: The BUILD Health Challenge, 100 Million Healthier Lives SCALE 2.0, Invest Health Strategies for Healthier Cities http://buildhealthchallenge.org/

Health Research Educational Trust (HRET): A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health http://www.hpoe.org/Reports-HPOE/2017/A-playbook-for-fostering-hospitalcommunity-partnerships.pdf

STEP 3: MAKE THE CASE RESOURCE LINKS

BHPN: Making the Case for Linking Community Development and Health https://www.buildhealthyplaces.org/resources/making-the-case-for-linking-community-development-and-health/

BHPN: MeasureUp. https://www.buildhealthyplaces.org/measureup/

CDC Community Health Improvement Navigator. https://wwwn.cdc.gov/chidatabase

County Health Rankings & Roadmaps: Take Action to Improve Health: Action Center and What Works for Health http://www.countyhealthrankings.org/take-action-improve-health/action-center

LIIF: Social Impact Calculator https://www.liifund.org/calculator/

The BUILD Health Challenge: Conversations with Hospital and Healthcare Executives: How Hospitals and Health Systems Can Move Upstream to Improve Community Health http://buildhealthchallenge.org/resources/conversations-with-hospital-health-system-executives/

STEP 4: BUILD YOUR PARTNERSHIP RESOURCE LINKS

BHPN: Jargon Buster http://buildhealthyplaces.org/jargon-buster/

BHPN: Vita Health and Wellness District VitaImpact Tool https://www.buildhealthyplaces.org/measureup/mapping-tools/#vita-health-and-wellness-district

Berkeley School of Public Health: Accountable Communities for Health Data-Sharing Toolkit. http://www.chhs.ca.gov/InnovationPlan/CHOIR_dec2016_revised.pdf

Data Across Sectors for Health (DASH) http://dashconnect.org

HRET’s A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health http://www.hpoe.org/Reports-HPOE/2017/A-playbook-for-fostering-hospitalcommunity-partnerships.pdf

Nonprofit Finance Fund: Partnership Assessment Tool for Health. https://nff.org/fundamental/partnership-assessment-tool-health

The Democracy Collaborative: Hospital Toolkits http://hospitaltoolkits.org/

Are you ready to make your pitch to a hospital and/or healthcare system?

Visit **BuildHealthyPlaces.org** for more information.

Build Healthy Places Network

Build Healthy
Places Network

www.buildhealthyplaces.org