

# Bridging the Gap

Successful Health and Community Development  
Partnerships in Practice

*August 8, 2019*



**Build Healthy  
Places Network**



# DISCUSSION OUTLINE

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1 Welcome and Introduction

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2 Why? Who? How?

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3 Making the Case for Partnerships

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4 The St. Mary CDC Example

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5 Q&A with Resources

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# TECH HOUSEKEEPING

The screenshot shows the Zoom website homepage. At the top, there is a navigation bar with the Zoom logo and links for SOLUTIONS, PLANS & PRICING, CONTACT SALES, JOIN A MEETING, HOST A MEETING, and MY ACCOUNT. The main heading reads "One Consistent Enterprise Experience." Below this, there are six feature cards: Meetings, Video Webinar, Zoom Rooms, Business IM, H.323/SIP Connector, and Developer Platform. Each card includes a brief description and a "Watch Video" or "Learn More" link. At the bottom of the page, there is a navigation bar with icons for Audio Settings, Chat, Raise Hand, Q&A, and Leave Meeting. Two blue callout boxes with arrows point to the "Tech Issues" and "Content Q&A" sections. A large blue arrow points from the bottom of the Zoom website towards the Q&A window on the right.

The screenshot shows a Q&A window titled "Q&A". The main text in the center says "You have no question." Below this, there is a text input field with the placeholder text "Input questions and comments here!". At the bottom of the window, there is a checkbox labeled "Send Anonymously" and a blue "Send" button.

# WHY?

*What is motivating collaborations  
between the health and community  
development fields?*

Working Together for Strong Communities®



# WHY?

## THE EVIDENCE BASE



- **Housing quality:** Substandard housing is associated with increased morbidity, including infectious diseases, chronic illnesses. Lead, mold, indoor air pollutants, and poor heat control directly negatively affect health.
- **Housing affordability/stability:** Eviction, foreclosure, and other causes of housing instability are all associated with adverse health outcomes (Arcaya *et al.* 2013).
- **Access to quality education, transportation, and social capital** is limited by where one lives (Diez Roux and Mair, 2010).
- **Neighborhood conditions:** cleaning/greening vacant lots associated with reduction in self-reported feelings of depression and worthlessness (South *et al.*, 2018).
- Communities of color disproportionately live in neighborhoods with high concentrations of low-quality housing (JCHS 2016). This pattern is partly due to **historical disinvestment** from communities of color, causing **economic and racial segregation** and entrenched disparities (Shapiro *et al.* 2013).
- Neighborhood **social cohesion mediates the association between physical deterioration** and mental health (Kruger *et al.*, 2008).

# WHY?

## THE COMMUNITY DEVELOPMENT PRACTITIONER PERSPECTIVE

Social Justice

Economic  
Impact

Organizational  
sustainability

*This answer was developed by a group of community development practitioners convened by NeighborWorks America in a learning community.*

Working Together for Strong Communities®



# WHO?

*Who are the players in the community development sector and how can they articulate the health value of their work?*

Working Together for Strong Communities®





# WHO? HEALTH

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In the U.S., we spend \$3.5 trillion on healthcare each year –an estimated \$1 trillion is spent treating preventable conditions caused by poverty

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Payment models for healthcare organizations are shifting from volume to value, with incentives to achieve better health outcomes and raising awareness of how social determinants affect health and well-being

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Public health departments and practitioners are increasingly focused on preventative measures that include addressing neighborhood conditions and poverty to advance health equity

# WHO?

## COMMUNITY DEVELOPMENT

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Community Development is in the ZIP Code improvement business - a **\$200 billion sector investing in Social Determinants of Health** in low-income neighborhoods

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The ***Community Reinvestment Act*** (CRA) was passed in 1977 as the anti-redlining federal law requiring all banks to meet the depository needs of low-income communities.

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***Community Development Corporations*** (CDCs) - not to be confused with The CDC in Atlanta - are nonprofit affordable housing developers and community-based nonprofits that invest in neighborhood revitalization. About 5,000 of these local CDCs exist across the country

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***Community Development Financial Institutions*** (CDFIs) are private mission-oriented banks 100% dedicated to delivering responsible, affordable lending to help low-income people and communities. There are approximately 1,000 government certified CDFIs in the US.

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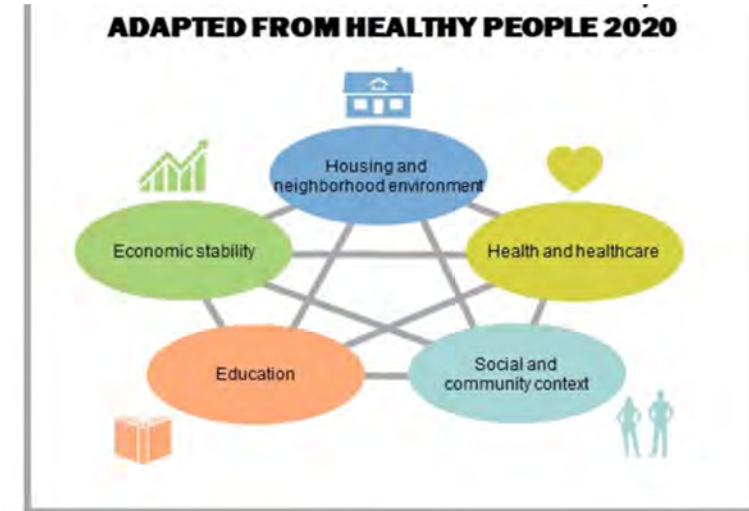
***Health Equity*** means that everyone has a fair and just opportunity to be healthy

# WHO?

## PENQUIS EXAMPLE

# PENQUIS

How we promote **community health** and **well-being** by improving the social determinants of health:



### ECONOMIC STABILITY

- *Income*
- *Employment*
- *Food security*
- *Housing security*
- *IDA/FDA Accounts*
- *Foreclosure Counseling*
- *Home Buyer Education*
- *Home Lending*
- *Commercial and microfinance loans*

### HOUSING & NEIGHBORHOOD ENVIRONMENT

- *Housing quality*
- *Food access*
- *Vacancy*
- *Safety*
- *Neighborhood amenities*
- *Segregation*
- *Housing Development*
- *LiHEAP, ECIP, AMP*
- *Lead testing/abatement*
- *Home Repair*

### HEALTH & HEALTHCARE

- *Health care access*
- *Health care quality*
- *Primary care access*
- *Cultural competency*
- *Health Literacy*
- *Transportation*
- *Health Navigator*
- *Residential Support for people with disabilities*
- *Assisted Living Facilities*

### SOCIAL & COMMUNITY CONTEXT

- *Community engagement*
- *Social cohesion*
- *Discrimination*
- *Incarceration*
- *Homeless Outreach*
- *Batterer's Intervention*
- *Case Management*
- *Law Project*
- *Rape Response Services*
- *Restorative Justice*
- *Child Advocacy Center*

### EDUCATION

- *Early Childhood Education & Development*
- *High school graduation*
- *Higher education*
- *Literacy*
- *Head Start*
- *Early Head Start*
- *Child Care*
- *Maine Families*

# HOW?

*How are community development and health stakeholders building collaborative strategies and co-investing in community health and well-being?*

# HOW?

## NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY

### Incubation Projects: 2018-19

#### The Food As Medicine Project

- Referrals at discharge of Adults over 60 to NMCAA Meals On Wheels
- Medically tailored nutrition education, linkages to food pantries, and meals delivered by volunteers

#### Improving the Homeless Response System

- Develop client centered service design process that will inform discharge policies.

#### Financial Capability and Housing Coaching (planning)

- Referrals utilizing a customer connection form to refer customers for housing related services and bill payment plans.

# HOW?

## CHAMPLAIN HOUSING TRUST & UNIVERSITY OF VERMONT MEDICAL CENTER

**Supportive housing for housing insecure patients**

**Total cost saved: \$1.2 Million**

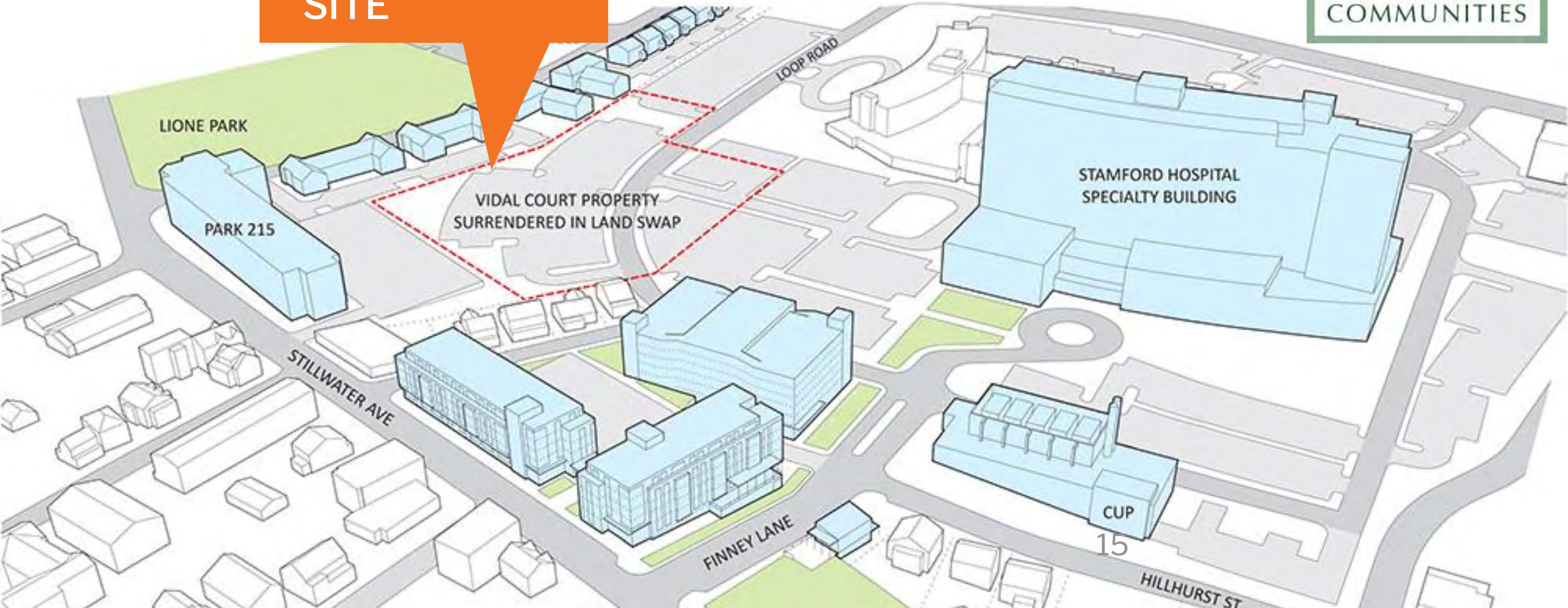
Partnership Impact on first 32 individuals served	Spending for chronically homeless	Spending for individuals who are permanently housed
Housing/Motels	\$6,500	\$11,000
Services	\$5,000	\$8,000
Health	\$23,000	\$8,700
Total	\$34,500	\$28,200

All data from Champlain Housing Trust and University of Vermont Medical Center

# HOW? VITA STAMFORD, CT



LAND SWAP  
SITE



# HOW?

## NATIONWIDE CHILDREN'S HOSPITAL, COLUMBUS, OH



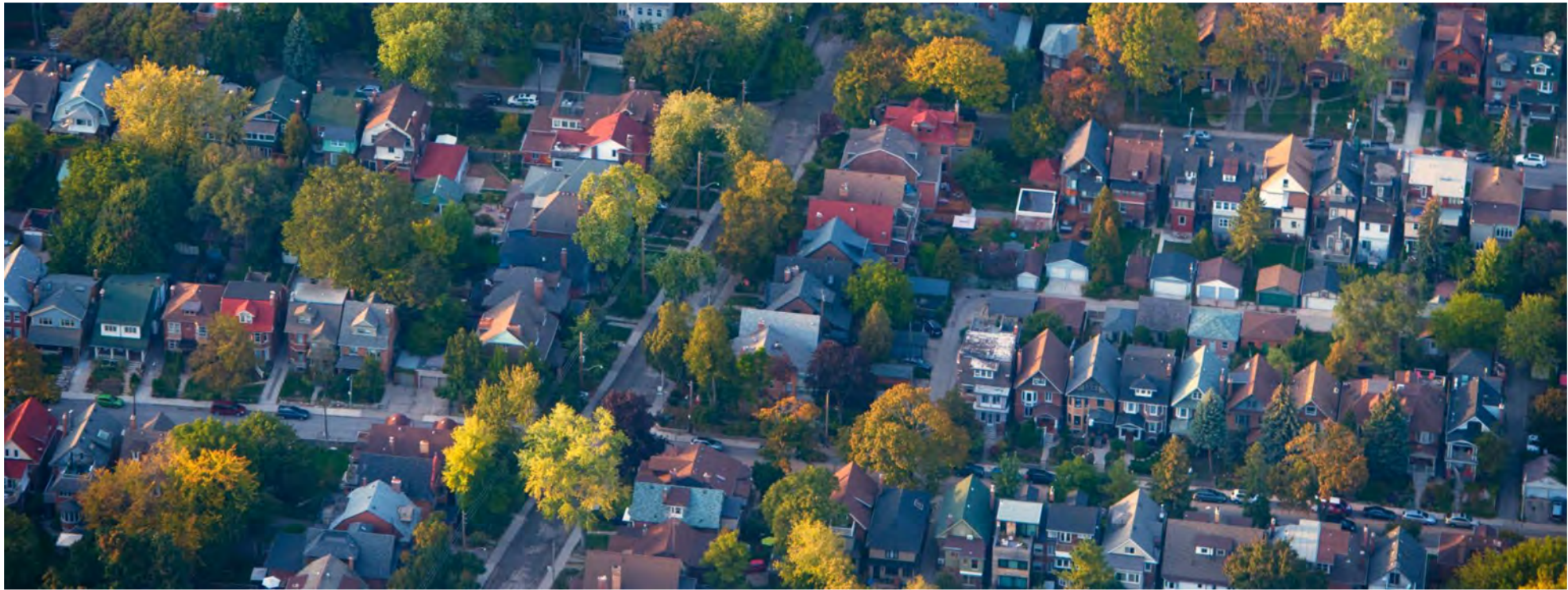


# HOW?

## ILLINOIS PUBLIC HEALTH INSTITUTE

Alliance for Health Equity

Hospitals and Communities Improving Health Access across Chicago and Cook County



One of the largest collaborative hospital-community partnerships in the country with the current involvement of 30+ nonprofit and public hospitals, seven local health departments, and representatives of more than 100 community organizations serving on action teams.

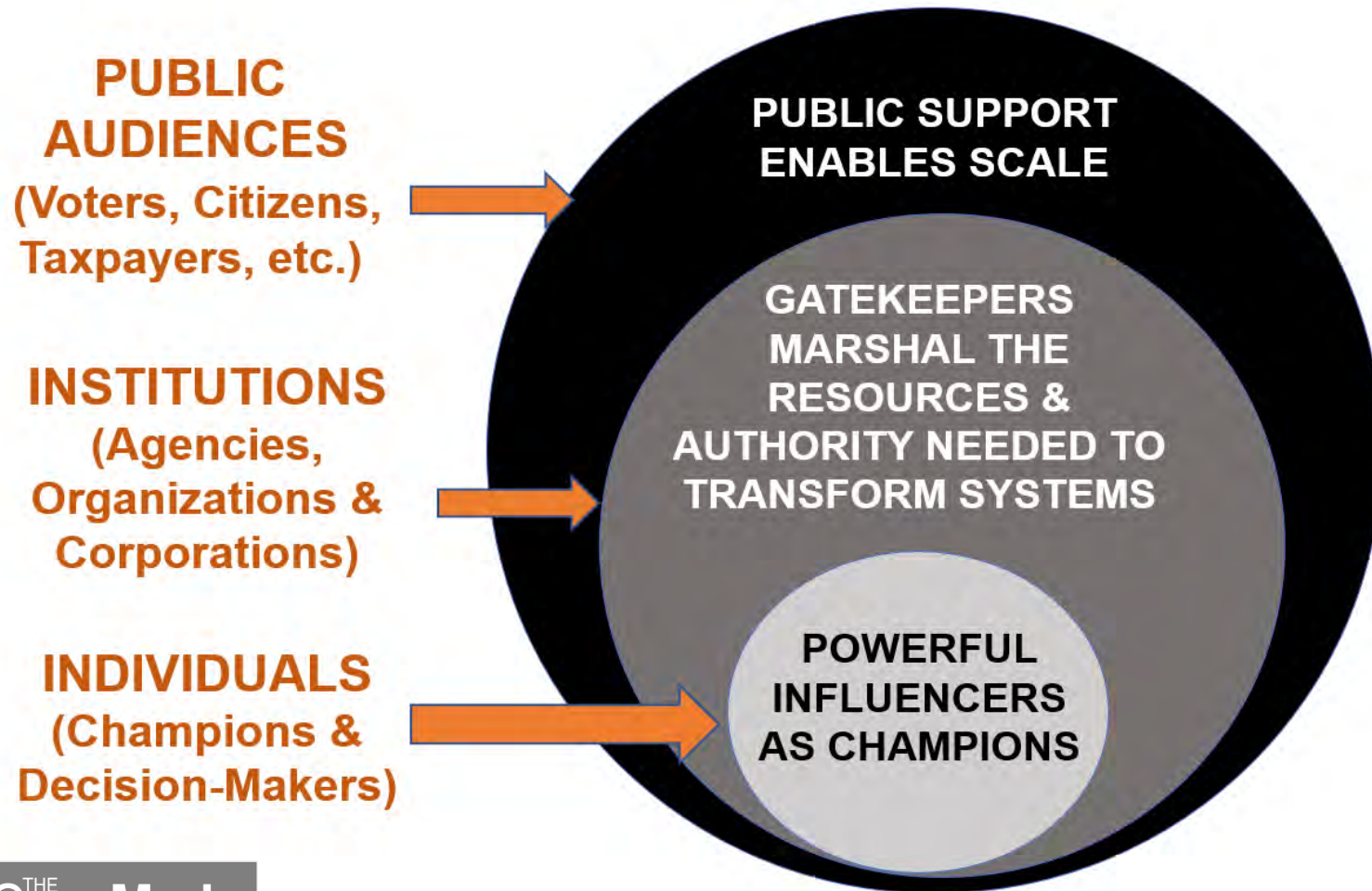
# Making the Case For Equitable and Inclusive Systems Change



“Building the public and political will necessary to transform the systems that shape the future of our communities, is one of the most critical challenges of our time.”

Backfires, Bias and Bedtime Stories: The Urgency to Build Public Will and Fix What is Ailing America

# Making the Case For Transformative Solutions Balancing Stakeholder Roles, Perspectives, Needs, & Interests



## Effective Changemakers:

1. Recognize the unique needs and opportunities of engaging this continuum of stakeholders
2. Recognize that these stakeholders will not be moved solely by the logic of your case
3. Wed both passion and strategy to help stakeholders at multiple levels to see value/state in their success.

# Making the Case

## Three NeighborWorks America Affiliates Advancing Partnerships with Health



### Reframe the Narrative

**Partnership:** To initiate a strong partnership with a local hospital in Hopewell Virginia, NeighborWorks affiliate Community Housing Partners (CHP) worked hard to reframe the conversation.

**Outcome:** CHP was able to onboard the hospital as a new local partner, explaining the benefits to the hospital board, and securing agreement with the hospital to provide medical records to track resident health outcomes.

### Tell the “Story of Us”

**Partnership:** Boston NeighborWorks affiliate Nuestra Comunidad and Boston Medical Center

**Outcome:** Boston Medical Center extended \$1m to Nuestra in a no-interest loan with long-term repayment in addition to an operating subsidy for four years. Together, they are putting the “story of us” in action and addressing long-standing health disparities between low-income and more-affluent neighborhoods.



### Anchor the Solutions with Data that Inspires Us to Do More, Better

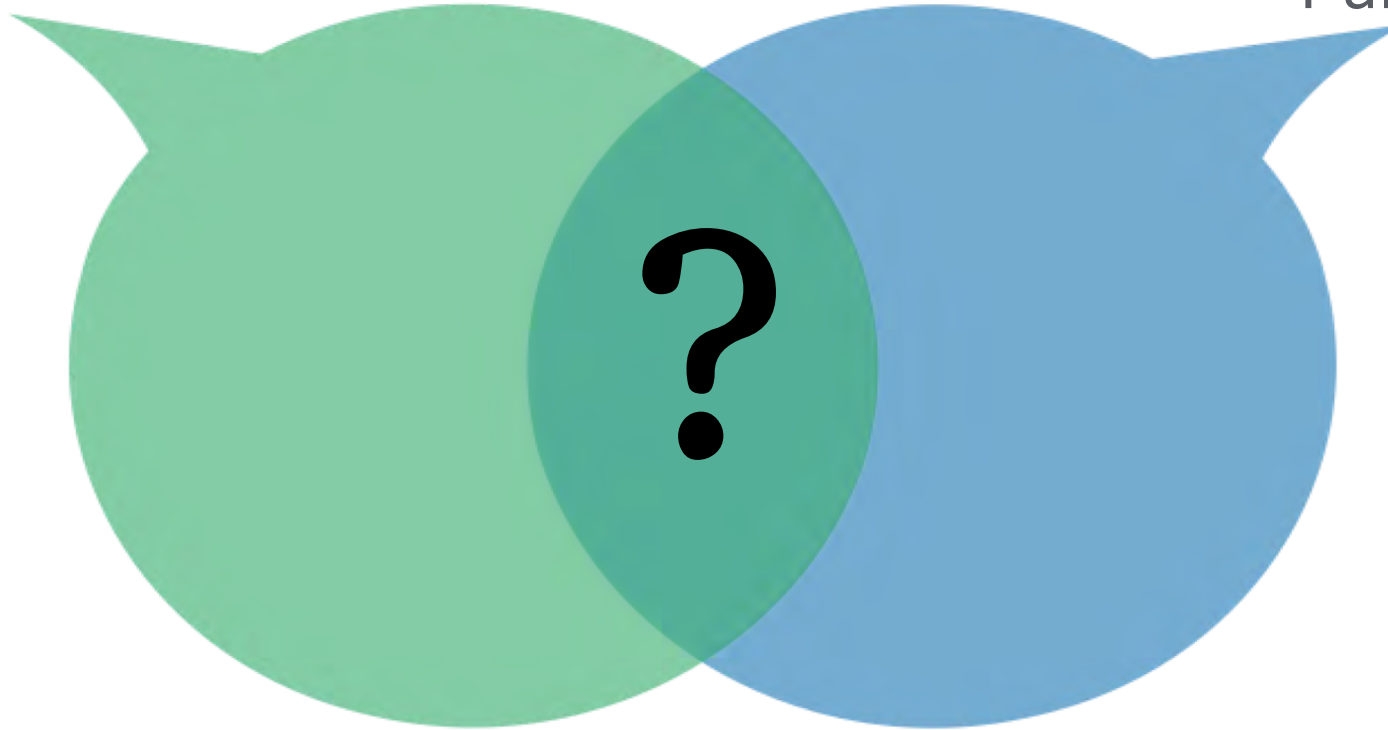
**Partnership:** NeighborWorks affiliate Foundation Communities (FC) provides service-enriched housing in Texas and has a results framework for ongoing evaluation of key success measures.

**Outcome:** By tracking key indicators around housing, health, and program-level outcomes, FC allows the organization to regularly assess the effectiveness of its interventions and provide results accountability back to funders, community partners, its staff and board

# ST. MARY CDC EXAMPLE



Health  
Partners








There was a disconnect between how we talked about our programs and how our healthcare partners talked about their programs.

# ST. MARY CDC EXAMPLE



Improving *social determinants of health* through affordable housing development and service coordination.

 ECONOMIC STABILITY	 HOUSING & ENVIRONMENT	 HEALTH & HEALTHCARE	 SOCIAL & COMMUNITY CONTEXT	 EDUCATION
<ul style="list-style-type: none"> <li>• Apartment rents 20% to 40% lower than market rate</li> <li>• Energy-efficient apartment design reduces utility bills</li> <li>• Emergency financial assistance available when residents experience a crisis</li> <li>• Connect residents to services valued at more than \$500,000 annually</li> </ul>	<ul style="list-style-type: none"> <li>• Apartments more accessible than 99% of all housing in the US, allowing seniors to age-in-place</li> <li>• On-site Service Coordinator office helps prevent evictions</li> <li>• Food and transportation coordination available</li> </ul>	<ul style="list-style-type: none"> <li>• 32% of seniors are frail or at-risk yet remain independent</li> <li>• Routine follow-up with residents who call 911</li> <li>• Apartment sites located near hospitals &amp; nursing homes</li> <li>• On-site office space for visiting physicians</li> <li>• Care coordination &amp; home health referrals provided</li> </ul>	<ul style="list-style-type: none"> <li>• Sites picked with walkability in mind &amp; near transit stops</li> <li>• Properties include social-meeting spaces and fitness areas</li> <li>• Partnerships with police, fire &amp; libraries</li> <li>• Monthly resident meetings</li> <li>• Coordination of voter registration</li> </ul>	<ul style="list-style-type: none"> <li>• More than 200 on-site educational programs and clinics offered each year</li> <li>• Properties include education-meeting spaces</li> <li>• Evidence-based programing covers finances, physical &amp; emotional wellness, &amp; intellectual health</li> </ul>

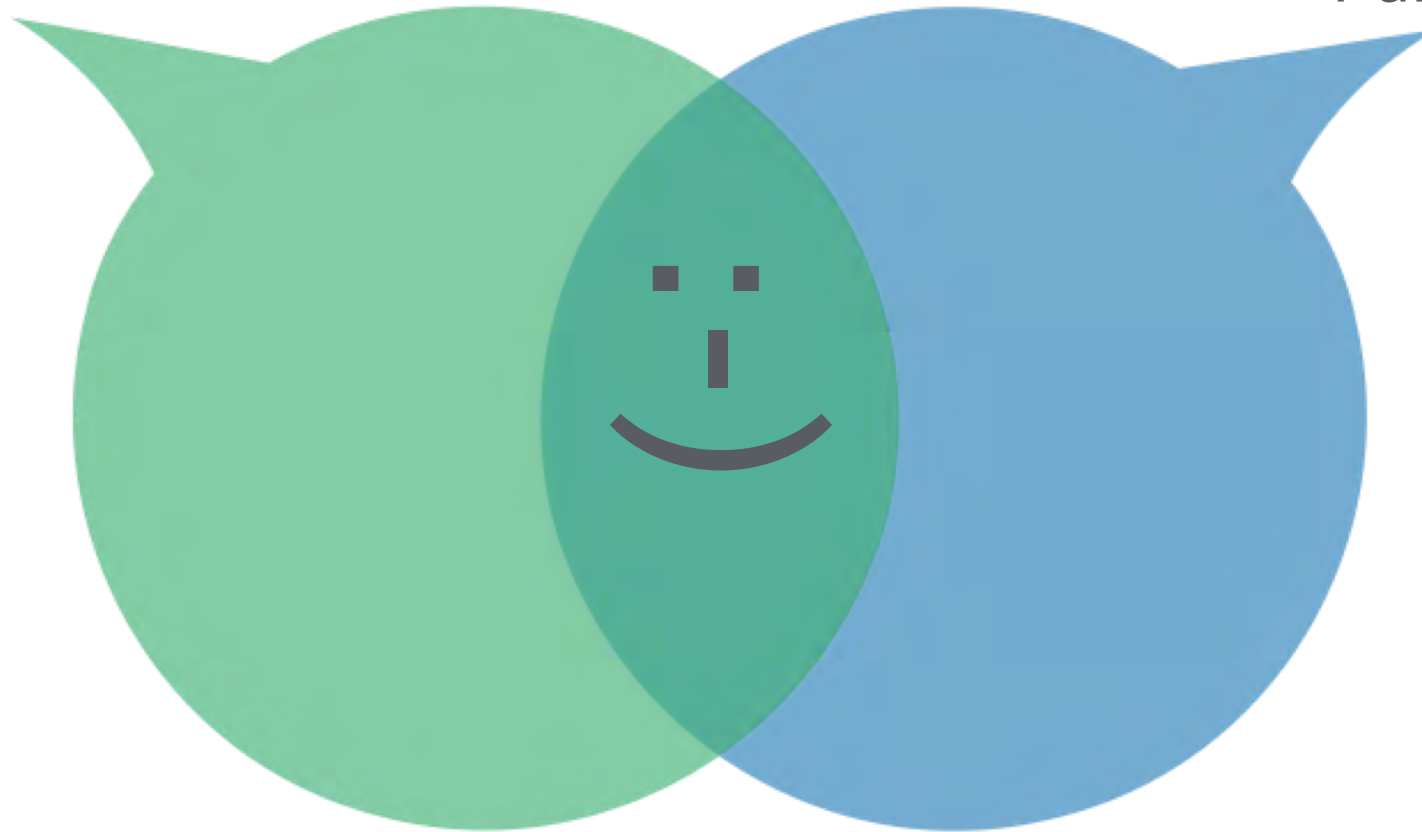


This template was developed as part of a NeighborWorks America Learning Community on Health Partnerships, with St. Mary Development Corporation, Penquis Community Action Agency, Community Service Programs of West Alabama, NeighborWorks Sacramento and Northwest Michigan Community Action Agency. Social determinants of health adapted from Healthy People 2020.

# ST. MARY CDC EXAMPLE



Health  
Partners



The *shared language* of *social determinants* has helped us find *shared mission* with partners.

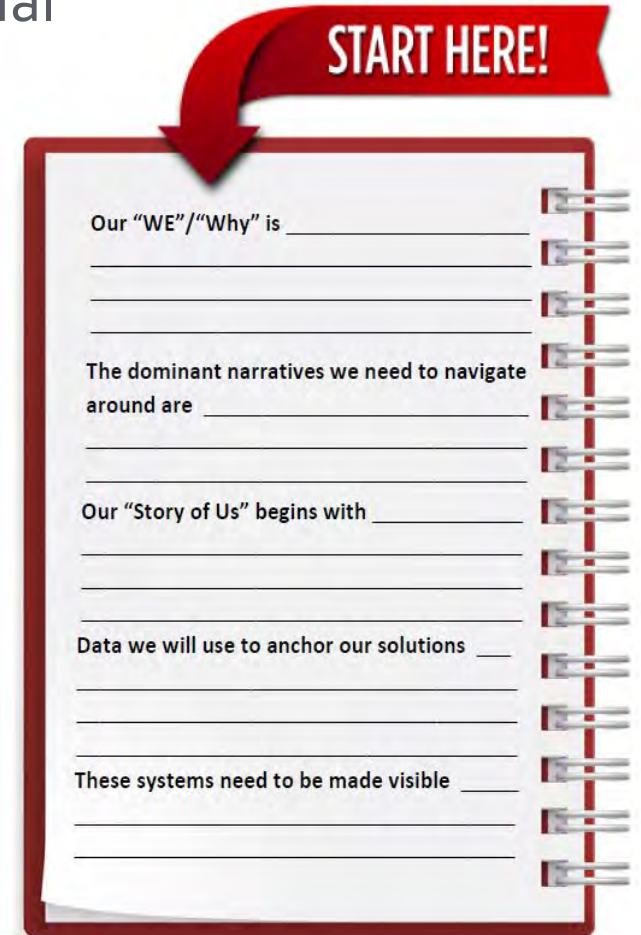
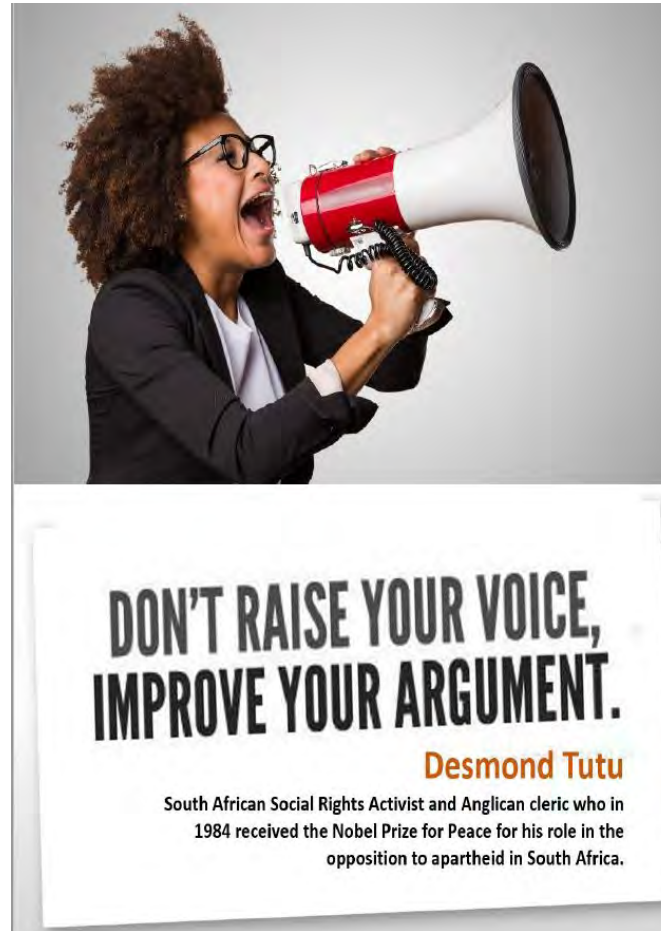
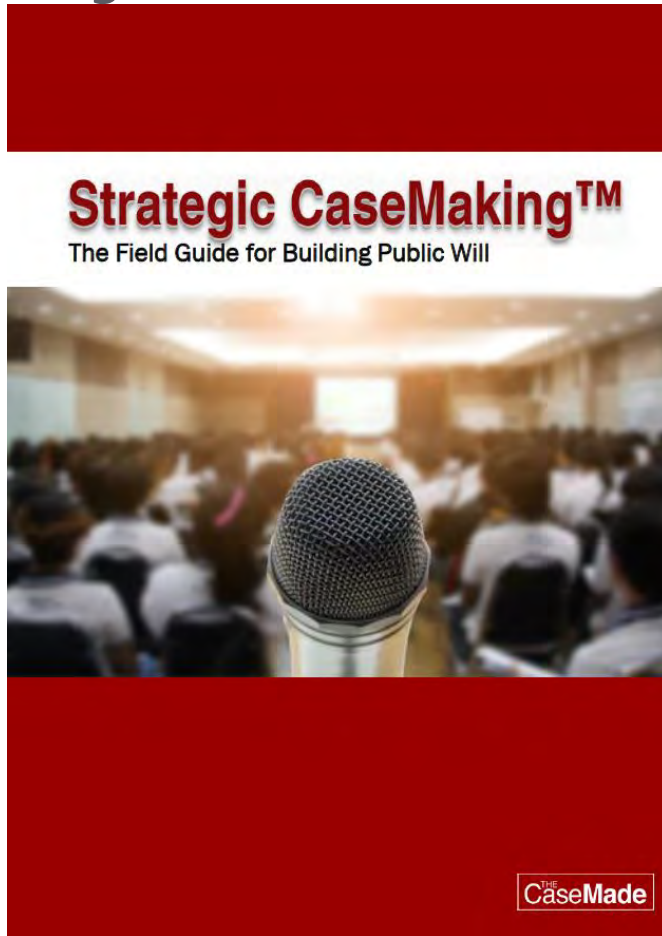


# Resources



# The CaseMade RESOURCES

The Strategic CaseMaking™ Field Guide: A Pocket Book for Social Changemakers



# BHPN RESOURCES

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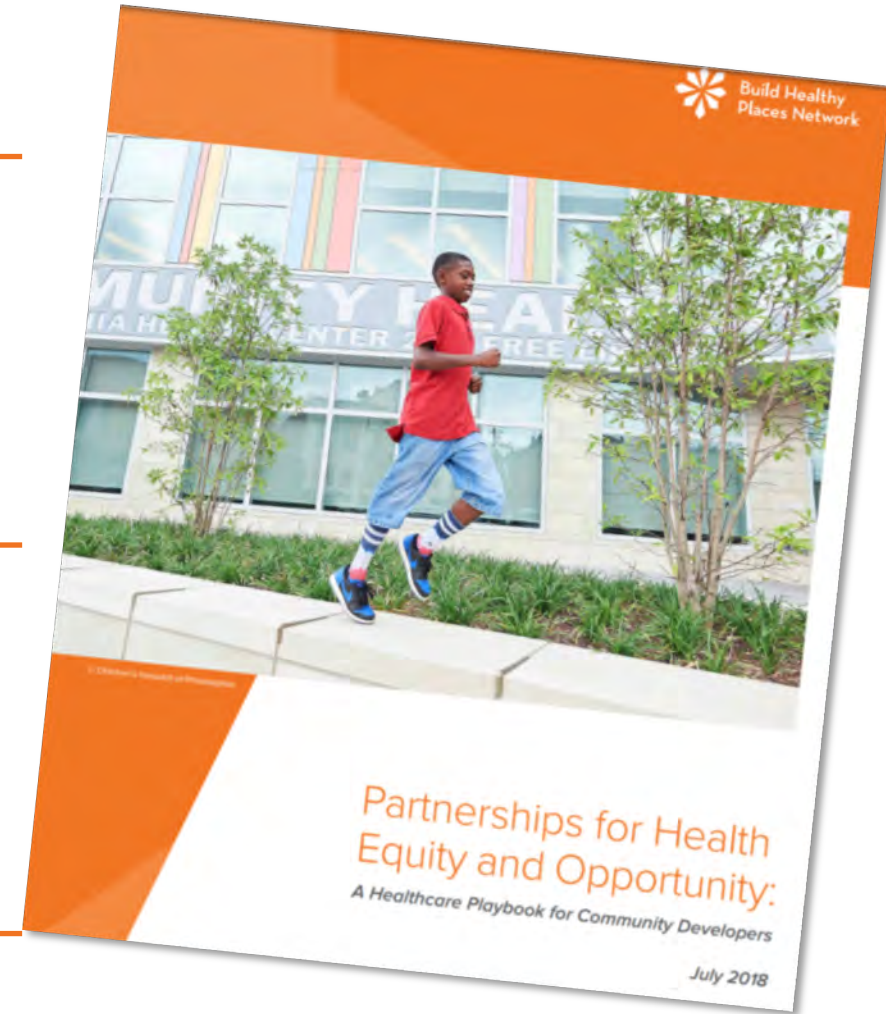
Healthcare Playbook for Community Developers: [www.build.health/Playbook](http://www.build.health/Playbook)

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Principles for Building Healthy & Prosperous Communities: [www.build.health/Principles](http://www.build.health/Principles)

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Jargon Buster: [buildhealthyplaces.org/jargon-buster/](http://buildhealthyplaces.org/jargon-buster/)



# NEIGHBORWORKS AMERICA RESOURCES



Symposia:  
8/21/19  
New Orleans, LA



Q & A



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