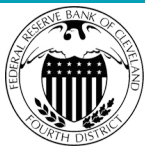# REGIONAL HEALTHY COMMUNITIES WORKSHOP:

Advancing Partnerships for Health Equity and Economic Mobility

Co-hosted by the Build Healthy Places Network,
County Health Rankings & Roadmaps, and
the Federal Reserve Bank of Cleveland

Workshop Highlights
Cleveland, Ohio
August 9, 2016

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Build Healthy
Places Network

FOREWORD

In January 2016, County Health Rankings and Roadmaps brought together leaders from around the country working on Healthy Communities Demonstration Programs —programs that connect, guide and support local revitalization efforts involving cross-sector partnerships and addressing the social determinants of health (SDOH). Our conversations there highlighted not only the proliferation of Demonstration Programs, but also the concentration of them in certain places. The idea was born to find out if and how these programs were intersecting, leveraging, and complementing each other—both at the national program office level and within regions where they overlapped.

We identified Ohio as one region where multiple national Demonstration Programs had sites. Working with the Federal Reserve Bank of Cleveland, the Build Healthy Places Network and County Health Rankings and Roadmaps convened leaders representing the Demonstration Programs from across the region. The meeting's purpose was to find out how aligned their efforts were; how much they knew about each other; keys to success they had discovered; and challenges they faced. The goal was to give the Demonstration Programs a platform for connecting to each other in a way that could further their collective efforts while also informing their national and regional funders about lessons learned both within and across programs and communities.

Not only was the action-packed day a success in connecting projects within the region, it also provided insight into what can be done at the field and funder levels to coordinate like-minded efforts. We're excited about what we have learned through this process, and look forward to continuing the conversation with the participants as they advance a Culture of Health across America. Thank you to everyone who participated!

COLBY DAILEY
Managing Director
Build Healthy Places Network

MARY HELEN PETRUS
Assistant Vice President
Community Development
Department, Federal Reserve
Bank of Cleveland
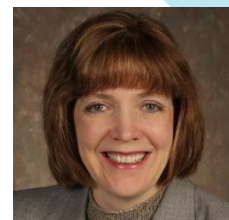
JULIE WILLEMS VAN DIJK
Director
County Health Rankings
& Roadmaps

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I. OVERVIEW AND PURPOSE

Leaders from Healthy Communities Demonstration Programs within the Federal Reserve Bank's Fourth District participated in the one-day workshop to connect with each other, discuss existing partnerships, share success stories, and unearth additional partnership opportunities. The Federal Reserve Bank of Cleveland's district comprises Ohio, Western Pennsylvania, Eastern Kentucky, and the northern panhandle of West Virginia. In total, 80 individuals representing 21 national and regional programs attended (See Appendix A and B).

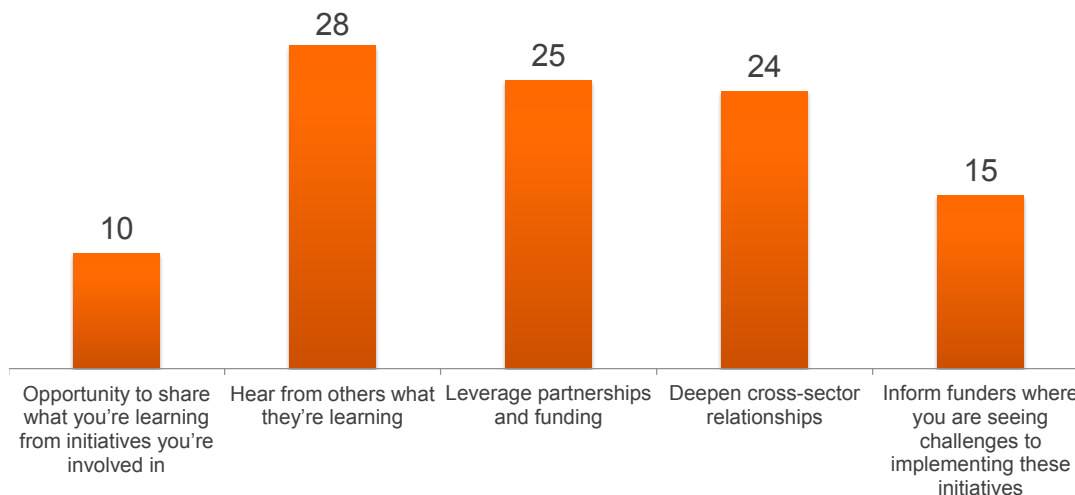**HEALTHY COMMUNITIES DEMONSTRATION PROGRAMS**

Programs that connect, guide and support local revitalization efforts involving cross-sector partnerships and addressing the social determinants of health (SDOH).

Before the workshop, registrants were asked to complete a short survey to identify the extent of familiarity and existing connections across programs, and to inform the content and structure of the day. The results highlighted what participants expected from the event: **1) Hear from others what they're learning; 2) Leverage partnerships and funding; and 3) Deepen cross-sector relationships.**

Survey Results (n= 32)

Q: Which of the following would be most helpful for you at the workshop?

Category	Value
Opportunity to share what you're learning from initiatives you're involved in	10
Hear from others what they're learning	28
Leverage partnerships and funding	25
Deepen cross-sector relationships	24
Inform funders where you are seeing challenges to implementing these initiatives	15

Full survey results available here.

The survey also revealed that there was no program that was familiar to all respondents, that participants were unaware of other organizations working in their region and sector, and that they were interested in exploring potential partnerships.

The sentiments of the day were best captured in opening remarks by Katie Wehr, Program Officer at the Robert Wood Johnson Foundation, who framed the discussion with a call to cross-sector action to advance health equity efforts.

> "Moving toward a culture of health takes teamwork across sectors, across geographies, and across ideologies."
> –Katie Wehr, RWJF

II. KEYS TO SUCCESS

Attendees discussed a range of key attributes and strategies essential to the success and sustainability of a Demonstration Program. Across the discussions four were repeatedly mentioned: **1) Partnership; 2) Leadership; 3) Community involvement; 4) Anchor institution involvement; and 5) Systems change.**

1. PARTNERSHIPS: STRENGTHEN EFFORTS BY JOINING FORCES

The most commonly cited key to success was working in partnership with others. No one organization is likely to have the full complement of assets, resources, knowledge of—and relationships in—the community, and expertise needed to fully achieve healthy

> "Having a partner-focused strategy is important for presenting a unified vision for the community and working to breaking down silos."

community goals. Therefore, establishing relationships with others who can contribute their strengths to combined efforts can result in greater accomplishments.

Each organization brings assets to the table: one organization may have strong community connections, another may have strong financial resources. By joining forces, both benefit by gaining access to the strengths of the other. Participants noted that there are, however, challenges to establishing and maintaining partnerships. They cautioned that identifying potential partners, determining common aims, establishing trust, and negotiating roles requires both skilled diplomacy and time. And, with each addition of a new partner, or a leadership change at a partner organization, the trust, relationship, vision and roles must be revisited.

There was discussion about the potential for conflicting priorities and perspectives

> "At what point do you recognize you're not the expert and it's time to look for partnerships?"

among some partners, and the value of having a "neutral convener" (e.g. the local United Way, the Cleveland Foundation, or the Cleveland Federal Reserve Bank) to help negotiate among partners. One participant also described the difficulties in maintaining partnerships, as organizational priorities and capacities—and enthusiasm—shift over time. Participants agreed that the time, effort, and resources needed to develop and maintain partnerships is worth the investment, but that funders frequently overlook these requirements.

One participant noted that working with partners can double the level of effort required for a project and lengthen the timeline as well. Participants also acknowledged that gatherings (such as the workshop) aid in rapidly identifying potential partners.

One example is the revitalization effort in Avondale, a Cincinnati neighborhood that has

struggled with high poverty rates, unemployment, and blighted properties. More than 10 local organizations came together to apply for and secure a $29.5 million Choice Neighborhoods Implementation Grant from the U.S. Department of Housing and

COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFIS)

Private financial institutions dedicated to delivering responsible, affordable lending to help low-income, low-wealth and other disadvantaged people and communities join the economic mainstream.

Urban Development. This led to a partnership between Local Initiatives Support Corporation (LISC) of Greater Cincinnati & Northern Kentucky*, and some of Cincinnati's largest institutions such as the Cincinnati Children's Hospital and Medical Center, Cincinnati Zoo and Botanical Gardens, the Health Alliance of Greater Cincinnati and the University of Cincinnati. The partnership collectively was able to distribute loans to improve housing, improve access to job opportunities, and increase student achievement within Avondale.

2. LEADERSHIP: STRONG AND VISIONARY LEADERS "KEEP THEIR EYES ON THE PRIZE" AND PUSH FOR POSITIVE RESULTS

Strong and visionary leadership is the second key to success identified by workshop participants. Stories told by participants demonstrated that there are different types of leaders—all valuablein their own right. Leaders can be charismatic, attracting others to the cause, and visionary, seeing what a community can become (e.g., the Mayor's Office). Others are strategic, keeping everyone focused on outcomes. Still others have the talent to see an opportunity that may not be visible to

"Visionary leadership and asking the question 'why not' is vital. Never underestimate the power of optimism."

others. While an "ideal" leader might have all of these attributes, participants discussed how each kind of leader can facilitate engagement, spark enthusiasm and steer progress forward. Participants also pointed out that not every project has the good fortune to have a strong leader. In such cases, participants provided examples of reaching out beyond the program to draw from external leadership.

3. COMMUNITY INVOLVEMENT: THE PEOPLE WHO ARE AFFECTED MUST HAVE A SEAT AT THE TABLE

Participants also identified bringing community members—perceived leaders and others— to the table. Community members' perspectives on the problem and potential solutions are key; they may identify issues in a different way given their daily exposure to the attributes

*LISC is a national community development financial institution (**CDFI**) with local chapters

and deficits in their neighborhoods, and what they value in their daily lives.

For example, LISC Cincinnati helps a community develop its own "quality of life" plan as a way to capture the needs and values of residents. As another example, the "First Ladies for Health"—wives of pastors—approached Cincinnati Children's Hospital and said "we can help you help us." But key elements to success are not easy to come by. A workshop participant from the Environmental Health Watch in Cleveland pointed out the need to include some "unlikely partners" such as landlords who may be reluctant to participate, or others who otherwise may be competitors. Further, in under-resourced neighborhoods it may be necessary to build the capacity of leaders and residents to become effective participants—a resource need not frequently identified for funding.

4. ANCHOR INSTITUTION INVOLVEMENT: INSTITUTIONS BRING NEW KINDS OF RESOURCES TO THE TABLE

ANCHOR INSTITUTIONS

Anchor institutions are enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors.

As place-based entities with vast resources, anchor institutions have the potential to bring crucial, and measurable, benefits to local children, families, and communities.

Anchor institutions are drivers of economic development, job creation, and investment, but they can be isolated from the communities that surround them. Bringing anchor institutions into cross-sector health equity efforts taps into important expertise, dollars, and in-kind resources. Increasingly, anchor institutions are considering investments in their surrounding neighborhoods; however, they often do not know what to do or how to do it. This presents an opportunity for partners who do know where investments can be made for the greatest impact, and how to make those investments.

For example, in the University Circle neighborhood of Cleveland, the Cleveland Foundation has been a critical anchor, as well as a convener of other anchor institutions—bringing local hospitals Cleveland Clinic and University Hospital, the local university Case Western Reserve, and others to the table to implement neighborhood revitalization efforts together. Providing a neutral platform and leadership for a common vision, the Cleveland Foundation has enabled a unique partnership among what otherwise might be competing institutions. In addition, the Cleveland

"The value proposition and incentives are shifting, with the changes to how hospitals are reimbursed and IRS requirements."

"Challenged neighborhoods generate the most costs in medical care."

Foundation recognized early on that the revitalization efforts could benefit from additional financing mechanisms. Partnering with another local foundation, it seeded a local CDFI to provide capital for commercial real estate investments in the Cleveland area.

> "It's hard to get anchor institutions engaged. United Way made it happen by getting their CEO to call the hospital CEO directly."

One aspect of the Greater University Circle Community Health Planning Collaborative funding is a community doula program, which trains and hires residents as community doulas and lead risk assessors. This strategy has additional benefits: workforce development is a key factor in the economic health and well being of a neighborhood. Additionally, the Cleveland Clinic Health System, a member of the Greater University Circle Initiative*, invests in local and minority owned businesses as part of their strategy to "Hire Local, Buy Local, Live Local, and Connect".

Nationwide Children's Hospital in Columbus began the Healthy Neighborhoods Healthy Families initiative in 2008 which invests in Columbus' South Side. The five focus areas of impact are Affordable Housing, Education, Health & Wellness, Safe & Accessible Neighborhoods, and Workforce Development. Therefore, the hospital's role as anchor extended into and beyond the neighborhoods in which they were situated.

Other stories offered during the day described partnerships resulting from happenstance meetings. For example, in 2014 Cincinnati LISC's CEO happened to attend a meeting with Cincinnati Children's Associate Chair of Community Health which led to a partnership with Cincinnati Children's Hospital. Initially their work together was focused on neighborhood investment and not explicitly on health. But in the neighborhoods

> "Children's hospitals have a more global perspective in a community since they see children from all neighborhoods —therefore their role as anchor is about the contiguous community but much larger."
> –Dr. Jim Greenberg
> Cincinnati Children's Hospital

where they worked together, residents began identifying health-related needs such as fresh food access through community gardens and grocery stores. Fast-forward to this year: Cincinnati Children's Hospital will invest $11.5 million through LISC over five years into housing, local resident workforce training, and neighborhood-based organizations. This partnership story has a happy ending, but it did not arise from strategic matchmaking of the two organizations. Leaders from each side did the heavy lifting to identify synergy and make it work—but until this workshop

> "We've invested $11.5 million in neighborhoods, working with LISC —and we have no idea if that's a lot or a little relative to other hospitals. We need to learn more about what other hospitals are doing in terms of neighborhood investment."

*For a detailed case study of anchor institutions coming together to engage in neighborhood revitalization, see the Democracy Collaborative's 2016 publication, Cleveland's Greater University Circle Initiative: An Anchor-Based Strategy for Change.

they weren't even aware of just how ground-breaking their partnership is. Sentiments of the day were that more can be done to highlight these types of examples to help hospitals understand potential opportunities, thereby increasing the incidence of intentional rather than happenstance partnerships.

5. SYSTEMS CHANGE: HIGHER LEVEL CHANGE CAN AFFECT MORE PEOPLE OVER A LONGER TIME—EVEN ACROSS GENERATIONS

Addressing the root causes of poor health and poverty is an immense challenge. Systems-level problems such as structural discrimination, competing policy incentives, siloed funding, and different scales of geography are entrenched barriers to progress. Therefore, systems-level change is needed in order to impact the greatest number of individuals and communities.

But such change requires sustained effort over time and effective partnerships—such as involvement from local government and strong and aligned institutional procedures and policies.

"Root causes of economic mobility and health are the same."

Further, programmatic interventions that are not institutionalized or are unable to secure sustainable funding are likely to have too short of a lifespan to cause real change. Which is why banding together is important; working with community groups that can push for policy change and amplify the demand for change (e.g., church alliances) is critical to successful systems change.

The Ohio Health Policy Institute raised the idea of convening a policy working group to help outline policy changes at the state level that could support the collective efforts in the room.

III. CHALLENGES TO SUCCESS

Across the 21 organizations represented at the workshop, four problematic issues were consistently cited: **1) Measuring impact; 2) Enough time to achieve change; 3) Institutional engagement and capacity; 4) Community-level engagement; and 5) Addressing equity.** Not surprisingly, some of the conversations about challenges related to the "flip side" of keys to success. That is, participants pointed out the challenges associated with getting the "keys to success" right.

1. MEASURING IMPACT TO DEMONSTRATE THE VALUE OF ACTION

Measuring impact is critical for fundraising, program sustainability, and overall effectiveness. But collecting neighborhood and community levels-data and tracking health outcomes over time is challenging and expensive. Many organizations are engaged in measurement, but the data collected may differ by program needs, funder requirements, and geographic footprints, hampering any collective impact assessment.

Having a shared dataset could be valuable, as it would paint a bigger picture of the work being done and its impact, streamline data collection resources, and reduce duplication of efforts. However, such a dataset would

> "How do we measure the health value of impact? It is hard to translate into outcomes."

require funder and organization-level agreement on what would be tracked and measured, and there could be a mismatch in resources and expectations from funders. Participants suggested that although this would be an involved exercise in collaboration, it could well be worth the effort in the long run.

As another interesting point on measurement, we heard that in some cases, funders' demand for evaluation can overshadow how a program runs. One participant told the story of how she had received a $1 million grant to implement a community intervention and $3 million to evaluate the implementation. In this instance, dollars for evaluation outscaled what was available locally to fund the program. Raising awareness of these types of challenges that local programs face can help funders and national program offices understand and mitigate them.

Finally, we know that it's very difficult to measure the health value of community improvements. Yet, that's an important piece of cross-sector collaboration.

2. THIS COLLABORATIVE WORK TAKES TIME

"It took time to get here; it's going to take time to solve."

"It takes a lot of—and a long—time" was the mantra across discussions of achieving success and addressing challenges.

Achieving healthy communities together requires sustained energy and focus that extends beyond a grant term or funding cycle. Philanthropic support is often time-bounded. Public support can disappear suddenly following an election or economic shift. Participants called for increased understanding and attention to the long term needs for support that can produce lasting, cross-generational changes. We know that all of this combined work can make a difference if given the necessary platform.

3. INSTITUTIONAL ENGAGEMENT AND CAPACITY

Unfortunately, there is no single directory for place-based organizations seeking to align with other like-minded organizations. And, as the pre-workshop survey revealed, in many instances the participants didn't know about each other or their aligned goals.

To address this gap, the Build Healthy Places Network recently released a "Partner Finder" tool to help organizations find one another in the community development, public health, and healthcare sectors.

In addition to the workshop, participants requested a major role for funders: connecting grantees and their programs to each other. Regional entities like the Federal Reserve Banks can also play a role in these linkages. For example, staff of the Community Development Department at the Federal Reserve Bank of Cleveland had not been aware of all of the Demonstration Programs in its district, and now can further connect programs to each other. In addition, the Health Policy Institute of Ohio identified each Ohio-specific site from the National Programs in attendance and sent a modified list to the participants (see Appendix B).

4. COMMUNITY LEVEL ENGAGEMENT

Engaging with the residents and leaders of a community is more than sharing knowledge and discussing plans. It's a two-way conversation about community needs, assets, and dreams with trust at the center. And making sure that happens in a meaningful way requires deep respect of relationships with neighborhood residents—this takes time and

sincerity. The issue of inequity and disparity is real and must be part of the conversation. These are tough conversations to have but they need

to happen; and there must be a safe environment where these conversations can take place. Developing trust amongst partners was mentioned as a key to success, essential to successful collaborations.

In some instances it requires capacity building, such as training neighbors to serve on boards, helping residents strengthen their voices and visibility within city decision making processes, and providing leadership to improve health. Incorporating the community of people affected by the problem may be time consuming, but is vital to long term success. Presenting a unified vision for the community is important in gaining their trust.

The type of engagement varies by neighborhood and geography. Some neighborhoods are closer to an anchor institution, or have an association or faith-based institution that can serve as a foundation for additional capacity building, outreach, and engagement. Workshop participants lifted up faith-based partnerships as particularly influential, citing health hubs in churches, and networks of pastors. Pastors' wives are also influential: the Cincinnati First Ladies for Health has partnered with Children's Hospital (among over a dozen health

related organizations) to help reduce health disparities and improve overall health for Cincinnati residents. Pastors themselves are leaders in their communities, and can shape the conversation and shepherd change.

Understanding the dynamics within and across neighborhoods, meaningfully involving residents, and generating reciprocal circles of trust and momentum is possible, but requires a significant amount of time and resources. Funders and policymakers should stay attuned to these challenges and ensure programs have what they need to properly invest in community engagement. Partners should leverage each other's strengths to ensure engagement is appropriate and lasting.
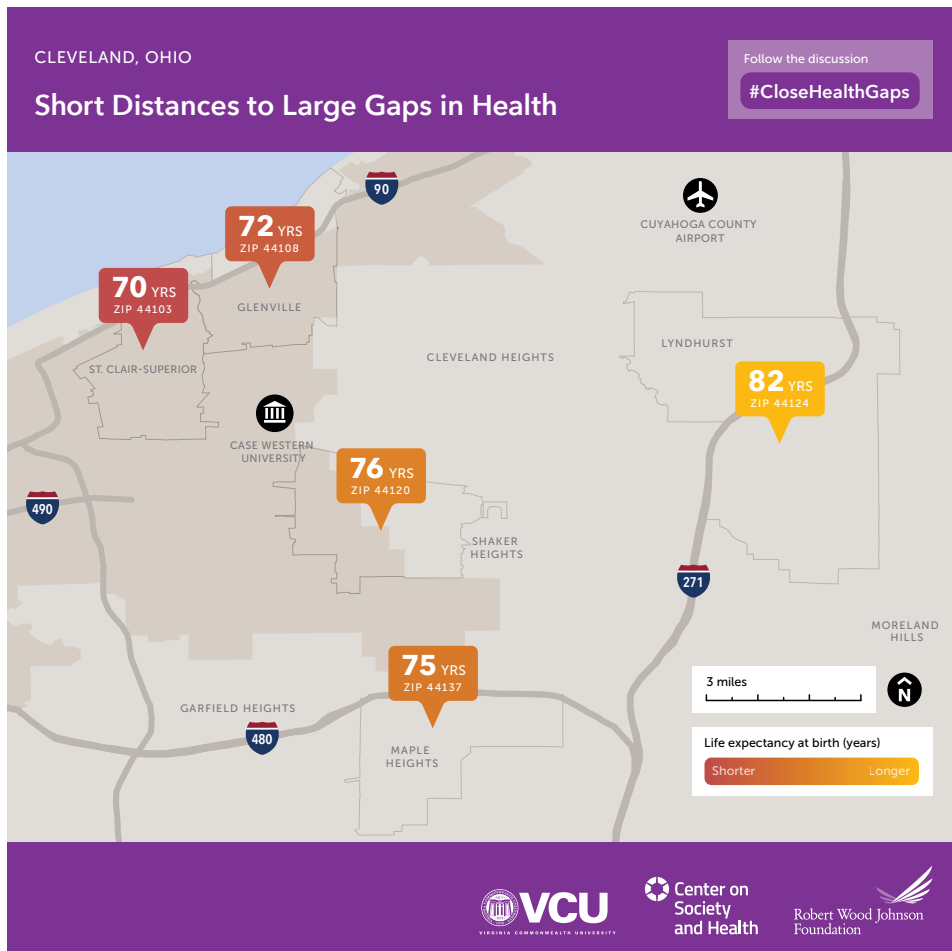
5. ADDRESSING EQUITY

Racial and economic equity must be part of the conversation, but just as important is a safe space to have the conversation. Power dynamics are important to acknowledge; balancing the influence of large organizations and the people living within the community is critical for successful partnerships and change.

For example, there was enormous imbalance before the University Circle effort took shape

in Cleveland. The university and hospitals had resources, but the surrounding neighborhoods were isolated from those resources and cut off from the local economic development (see map below). Now with over 10 large institutions on board to revitalize the area, community representation is more important than ever.

"What does it mean to be equitable?"

"You can't get to equity without being honest."

CLEVELAND, OHIO

Short Distances to Large Gaps in Health

Follow the discussion
#CloseHealthGaps

72 YRS
ZIP 44108

70 YRS
ZIP 44103

GLENVILLE

ST. CLAIR-SUPERIOR

CUYAHOGA COUNTY AIRPORT

CLEVELAND HEIGHTS

LYNDHURST

82 YRS
ZIP 44124

CASE WESTERN UNIVERSITY

76 YRS
ZIP 44120

SHAKER HEIGHTS

MORELAND HILLS

75 YRS
ZIP 44137

GARFIELD HEIGHTS

MAPLE HEIGHTS

3 miles

Life expectancy at birth (years)
Shorter   Longer

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

Center on Society and Health

Robert Wood Johnson Foundation

IV. THE FUTURE OF CROSS-SECTOR WORK

Participants noted that to sustain cross-sector work there must be: **1) An increased capacity for developing partnerships; 2) Emphasis on sustainability and growth; 3) Economic and policy drivers promoting collaboration; 4) Continued momentum to work beyond silos; and 5) Measurement to identify progress and the value of cross-sector work.**

1. INCREASING THE CAPACITY FOR DEVELOPING PARTNERSHIPS

Workshop participants agreed resoundingly that the amount of effort and time it takes to develop and sustain relationships with key partner organizations is as important as the health equity work itself. Among the 18 Demonstration Programs represented in the room, there was broad acknowledgment that they could do more if they leveraged and bolstered each other's work. Knowing about each other is a first step toward alignment. However, resources included in most grants are not sufficient to invest in partner relationships and collaborative work.

Participants suggested that funders could help by introducing funded Demonstration Programs to each other; building in resources that support collaborative work; providing a "roadmap" for successful collaboration; and, in some cases, serving as a convener. Funders also could support grantees by coordinating with other funders to ensure that grantees on the ground can work more in alignment with each other. For example, national and local funders working in overlapping geographic areas, or with the same organizations, and with complementary aims, could coordinate and model how Demonstration Programs also could relate to each other.

2. SUPPORTING SUSTAINABILITY AND GROWTH

Participants stressed that grant terms are too short to affect significant progress. While funders play a critical role in providing initial funding and important support, grantees frequently shoulder the burden of developing sustainability plans and identifying additional resources without grant support. Participants identified several other ideas for thinking about sustainability.

A coordinating agency or neutral convener (such as a United Way or local foundation) can bring together relevant funders such as community and health foundations or funder collaboratives. These coordinators can help to pool and deploy funds in a cohesive manner.

"If we don't get to these root causes that impact health, we will never get to the point where people are working and taxpayers are regenerating our economy."

For example, the "Pathways Community HUB" based in Mansfield, OH establishes a coordinated regional infrastructure to better connect and provide health and social services to vulnerable populations. The program is implemented in multiple low-income counties across the state. Pathways-funded programs are reimbursed through value rather than volume, and incorporate both state and federal funding streams. The Pathways model aims to connect residents with more than medical services—adding other related services such as transportation, food, clothing, and housing in order to improve health in vulnerable populations.

3. USING ECONOMIC AND POLICY DRIVERS TO PROMOTE COLLABORATION

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

A formal process to better understand the health needs of a community, typically led by a nonprofit hospital.

Required by the Patient Protection and Affordable Care Act of 2010 (ACA), all nonprofit hospitals must complete a CHNA every three years.

Political and economic drivers can be strong forces to support collaboration. The community health needs assessment **(CHNA)**, Non-Profit Community Benefits, and Health Impact Assessments (HIAs), can be used to identify community funding and other social determinants of health priorities, These tools reflect multiple sectors' perspectives and help guide decision-making across sectors.

However, there are few models and fewer incentives to expend the effort to do so. Demonstration Programs can play a role in enabling cross-sector/cross stakeholder participation in these needs assessments, for example, working with hospitals to enable maximum community/partner engagement and investment.

"Collaboration didn't happen JUST because it was the right thing to do but because it was good for business."

–Dr. Kelly Kelleher
Nationwide Children's Hospital

"It's time to think of community benefit as activities that measurably benefit the community rather than an IRS requirement."

–Dr. Jim Greenberg
Cincinnati Children's Hospital

4. CONTINUING THE CROSS-SECTOR MOMENTUM BY WORKING WITH UNEXPECTED PARTNERS BEYOND SILOS

Developing partnerships with both usual and unlikely partners can expand the potential for success. Participants mentioned a number of "unexpected partners" that have become unlikely allies including transit authorities, artists, competing entities, landlords, faith-based organizations, workforce development agencies, school systems, media, and local and regional banks. For example, media in Cleveland highlighted lead poisoning throughout the city's rental housing, shining a spotlight on a critical health issue.

"Where do I fit in this ecosystem?"

"To build momentum we need more conversations like today's forum."

"We need people with hard business experience and skills—not just nonprofit motivation, but the for-profit navigation skills."

5. IDENTIFYING PROGRESS AND THE VALUE OF CROSS-SECTOR WORK

"We need people who can figure out how to effectively measure neighborhood-level success."

Throughout the day, participants talked about the importance of, and difficulty in assessing progress through measurement and data collection and analysis. Public health researchers and healthcare providers are well-poised to track health data. Coordinating with those working in community development addressing social determinants of health could provide critical evidence of how neighborhood improvements impact health. This evidence in turn could bring additional partnerships, funding, and policy change to support cross-sector work. Participants at this workshop discussed the need for data at the local level, an understanding of where data already exists, capacity to analyze the data, and the necessary evaluation to show progress toward health equity goals.

V. SUMMARY
· ··

In sum, the convening was full of inspiration and sharing. The post-workshop evaluation results were overwhelmingly positive, but the biggest lesson was this: much more can be done to help programs connect to each other, to leverage and bolster each other's efforts, and to further cross-sector collaboration to advance health equity and economic mobility in low-income communities.

This event served as a starting place for future conversations locally, regionally, and nationally. In fact, the Health Policy Institute of Ohio based in Columbus plans to convene a forum to talk through ways these Demonstration Programs can help shape local, state, and federal policy agendas. Additionally, the Federal Reserve Bank of Cleveland plans to work more closely with many of the programs that were represented. Health funders from other regions joined as observers, and there is an interest in replicating this event in other states.

We're sure there's more to come as a result of the convening.

"Great opportunity to learn, network and think."

"Great opportunity to learn about other initiatives and areas of intersect."

"I appreciated the balance of local and national context to think of potential solutions. The invitees and topics were so rich."

"I enjoyed making some good connections and definitely plan to follow up with them to explore some ideas for 2017."

"Very useful day for me. These events add value by fostering synergy/alignment."

Thank you to everyone who attended the August 9th Ohio Regional Convening.
We appreciated your input and participation in the conversation!

We welcome any additional feedback from the workshop and look forward to continuing
the conversation.

THE BUILD HEALTHY PLACES NETWORK
THE FEDERAL RESERVE BANK OF CLEVELAND
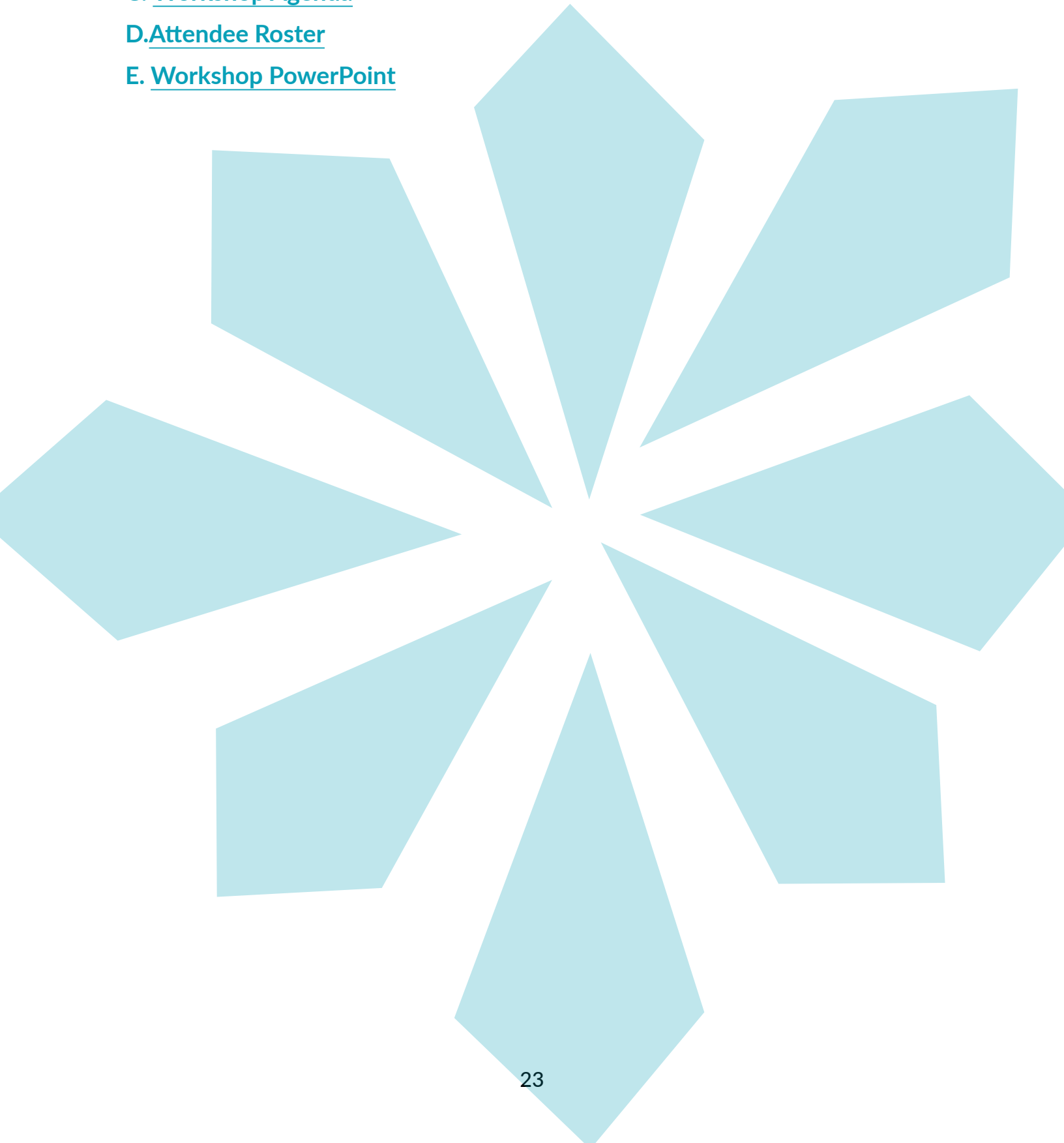**COUNTY HEALTH RANKINGS & ROADMAPS**

VI. APPENDICES
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Build Healthy Places Network
Investing in Communities,
Transforming Lives

National Healthy Communities Demonstration Program Profiles

Note: The ⬡ *symbol denotes that an Ohio Site exists for the National Program.*

National Programs:

Name of Program: Aligning Forces for Quality (AF4Q)
Based: Princeton, NJ
Funded By: The Robert Wood Johnson Foundation
Number of Sites: 16 sites
Focus Areas: Aligning Forces for Quality addressed five main areas during 2007 – 2015. These areas of focus were: (1) Measurement and public reporting of health care quality and efficiency for ambulatory physician practices and hospitals; (2) Efforts to engage consumers as partners in their own care (consumer engagement); (3) Adoption and spread of effective quality improvement strategies to improve care; (4) Ensuring the equitable receipt of healthcare; and (5) Integration of alliance activities with payment reform initiatives.

Name of Program: Alignment for Health Equity and Development (AHEAD)
Based: Oakland, CA
Funded By: The Kresge Foundation, The Reinvestment Fund, Public Health Institute
Number of Sites: 5 sites
Focus Areas: The Alignment for Health Equity and Development (AHEAD) initiative aims to: 1) Align the resources of health and community development stakeholders into balanced portfolios of investment in comprehensive health improvement strategies with a shared measurement system; 2) Focus resources in neighborhoods where health inequities are concentrated; and 3) Build a field of practice that provides the tools, evidence, and models to support local scaling and replication across the country.

Name of Program: Best Babies Zone
Based: Berkeley, CA
Funded By: The W.K. Kellogg Foundation
Number of Sites: 3 Zones with an expansion in the works
Focus Areas: Best Babies Zone communities promote good health from one generation to the next. The vision of the organization is that every baby is born healthy, into communities that enable them to thrive and reach their full potential. This is evident in the belief that positive life experiences and increased opportunities where we live, work, learn and play, such as early childhood education, affordable housing and a vibrant local economy will help everyone thrive and be healthy.

Name of Program: Bridging for Health Initiative (Georgia Health Policy Center, National Coordinator)
Based: Atlanta, GA
Funded By: The Robert Wood Johnson Foundation
Number of Sites: 4 Sites
Focus Areas: Communities across the nation are acting on or developing ambitious plans to change systems and structures to improve health and community wellness. Bridging for Health focuses on: Innovations in Financing, Collaboration & Collective Impact, and Health Equity. The goal of the initiative is to foster connections among multiple sectors that impact health, including health care, public health, social services, business, schools, housing, and others. Sites will be provided: technical assistance, evaluation support, resources for convenings, core functions, or special projects, and opportunities for peer learning and exchange.

Name of Program: BUILD Health Challenge
Based: National
Funded By: The Advisory Board Company, The Kresge Foundation, The DeBeaumont Foundation, The Robert Wood Johnson Foundation, The Colorado Health Foundation
Number of Sites: 18 Partnerships
Focus Areas: The BUILD Health Challenge supports "bold, upstream, integrated, local, and data-driven" (BUILD) community health interventions in low-income, urban neighborhoods. The BUILD Health Challenge was designed to encourage communities to build meaningful partnerships among hospitals and health systems, community-based organizations, their local health department and other organizations to improve the overall health of local residents. By strengthening these partnerships, improvements in community health and well-being become evident.

Name of Program: Business Alliance for Local Living Economies (BALLE)
Based: Oakland, CA
Funded By: RSF Social Finance, Vend, Local Orbit, Etsy, Farmigo, Social (K)
Number of Sites: 36 Current Fellows
Focus Areas: BALLE (pronounced "bolly") was founded in 2001 to nurture and curate the emergence of a new economy – one that will gradually displace the destructive and failing economy with a system that supports the health, prosperity, and happiness for all people and regenerates the vital ecosystems upon which our economy depends. With a focus on real change within a generation, BALLE works to identify and connect pioneering leaders, spread solutions, and attract investment toward local economies.

Name of Program: Child Health Systems Transformation Initiative
Based: Los Angeles, CA
Funded By: National Institutes of Health, Eunice Kennedy Shriver National Institute, U.S. Department of Health and Human Services (Health Resources and Services Administration), U.S. Department of Health and Human Services (Maternal and Child Health Bureau), The W.K. Kellogg Foundation, The California Endowment, Children and Families Commission of Orange County, First 5 California Children and Families Commission, First 5 Tulare County, Hartford Foundation for Public Giving, Los Angeles County Children and Families First Commission, The W.M. Keck Foundation
Number of Sites: N/A
Focus Areas: The Child Health System Transformation Initiative (CHSTI) seeks to take advantage of opportunities by setting in motion a scalable child health improvement initiative anchored by systems innovations and practice changes on the ground. CHSTI proposes a comprehensive approach linking sector-specific learning networks (e.g., for children's hospitals, school-based health centers, community clinics, etc.) and establishing a national learning system for monitoring, analyzing and responding to emerging challenges and opportunities. Made up of a national group of organizations, CHSTI is in the process of developing proposals to launch these networks and advance this collaborative learning system, collectively impacting child health outcomes and the performance of local child health services and our national child health system. CHSTI welcomes child health and delivery systems/financing experts and local coalitions across the US to join in this endeavor.

Name of Program: The Collaboratives for Health Equity (formerly Place Matters)
Based: Washington, D.C.
Funded By: The W.K. Kellogg Foundation
Number of Sites: 27 Jurisdictions
Focus Areas: Collaboratives for Health Equity (CHE) is a national initiative designed to empower leaders and communities to identify and address social, economic, and environmental conditions that shape health and life opportunities. Launched in 2006, CHE blazed trails as a national place-based initiative, formerly known as PLACE MATTERS, focused on understanding the power of place through community engagement. 10 years later, in 2016, CHE is rebranded as a national community of practice committed to policy and systems change that advances equity. Our national center and 19 teams in 27 jurisdictions throughout the US are helping to build the capacity of communities and leaders using effective models of partnership, advocacy and engagement. Our work focuses on the development of strong multisectoral networks to share data, leverage resources, advance policy, and disseminate best practices, so every person has an opportunity to achieve optimal health.

Name of Program: Community Health Peer Learning Program (CHP)
Based: AcademyHealth (Washington D.C.)
Funded By: Office of the National Coordinator for Health Information Technology (ONC)
Number of Sites: 10 Participants and 5 Subject Matter Expert communities
Focus Areas: CHP aims to advance progress toward population health improvements through the expanded capture, sharing, and use of electronic health data from diverse sectors. Engaging ten Participant Communities and five Subject Matter Expert (SME) communities in a peer learning collaborative, the CHP Program builds community capacity and supports the identification of data solutions, acceleration of local progress, and dissemination of best practices and lessons learned. The CHP Program encourages demonstrations of how linking critical information within and outside of health care can address population health challenges ranging from pediatric asthma to housing insecurity; reveal key themes and challenges; and offer technical assistance in areas such as data governance, community engagement, systems infrastructure, and sustainability. Taken together, these community-based efforts also will help to inform national strategy and align with other delivery system reform efforts driving toward better care, smarter spending, and healthier people.
CHP and Data Across Sectors for Health (see below), programs with similar goals and objectives, are committed to close collaboration to ensure maximum community benefit. For more information on the collaboration click here.

Name of Program: Data Across Sectors for Health (DASH) (Illinois Public Health Institute in partnership with Michigan Public Health Institute)
Based: Chicago, IL
Funded By: The Robert Wood Johnson Foundation
Number of Sites: 10 sites
Focus Areas: DASH aims to identify barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement. Connected information systems and access to integrated data from different sectors can improve communities' capacity to plan, monitor, innovate, and respond for health improvement. DASH works to develop strong cooperation and connections between public health, health care, human services, and other sectors that contribute to building a Culture of Health that will enable all Americans to live longer, healthier and more productive lives.

Name of Program: Invest Health
Based: Philadelphia, PA & Baltimore, MD
Funded By: The Robert Wood Johnson Foundation, Reinvestment Fund
Number of Sites: 50 grantees
Focus Areas: Invest Health is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. The program is a collaboration between the Robert Wood Johnson Foundation and Reinvestment Fund.

Name of Program: Local Initiatives Support Corporation (LISC)
Based: New York, NY
Funded By: Ford Foundation, Aetna Life & Casualty, Atlantic Richfield, The Charles Stewart Mott Foundation, Continental Illinois Bank, International Harvester, Levi Strauss & Co., and Prudential Insurance Co. and others
Number of Sites: Offices in 31 cities
Focus Areas: LISC equips struggling communities with the capital, strategy and know-how to become places where people can thrive. LISC works with local leaders to invest in housing, health, education, public safety and employment - all basic needs that must be tackled at once so that progress in one is not undermined by neglect in another. Key local players collaborate to take on pressing challenges and incubate new solutions, hence the development of smarter public policy. Ultimately affecting America's neediest neighborhoods.

Name of Program: National League of Cities Learning Collaborative on Health Disparities
Based: Washington, DC
Funded By: Robert Wood Johnson Foundation
Number of Sites: 7 cities in the Learning Collaborative
Focus Areas: NLC helps local officials build healthy communities by: (1) Training and building the capacity of city leaders to address the social determinants of health, (2) Working with community leaders to promote physical activity and prevent childhood obesity, (3) Connecting children and families to federal nutrition programs and health care coverage, and (4) Identifying local models to reduce childhood obesity-related health disparities.

Name of Program: Purpose Built Communities
Based: Atlanta, GA
Funded By: Cousins Family Foundation
Number of Sites: 14
Focus Areas: Purpose Built Communities is working to break the cycle of intergenerational poverty. The cycle is broken by helping local leaders transform struggling neighborhoods, and bringing together the vital components necessary for holistic community revitalization: high quality mixed-income housing, an effective cradle-to-college education pipeline, and comprehensive community wellness resources, organized and driven by a single purpose non-profit community quarterback. Purpose Built is a non-profit consulting firm that works side-by-side with local leaders to plan and implement a holistic revitalization effort. Purpose Built services — provided at no charge — are tailored to each community's needs and the dynamics of the neighborhood they are working to revitalize.

Name of Program: ReThink Health
Based: Morristown, NJ & Cambridge, MA
Funded By: The Fannie E. Rippel Foundation
Number of Sites: Multiple nationally

Focus Areas: ReThink Health, the collaborative flagship initiative of the Rippel Foundation, was founded in 2007 by a group of the nation's most influential change-makers in health, economics, politics, business, and energy. ReThink Health works with communities to help them foster catalytic leadership and test innovative ideas for bridging and redesigning their health and health care systems, continuously learning with those who strive for significant, system-wide change

Name of Program: The Robert Wood Johnson Foundation Culture of Health Prize
Based: Princeton, NJ
Funded By: The Robert Wood Johnson Foundation
Number of Sites: Up to 10 annually
Focus Areas: Building a Culture of Health means creating a society that gives every person an opportunity to live the healthiest life they can. The *RWJF Culture of Health Prize* honors communities that place a high priority on health and bring partners together to drive local change. Each year, up to 10 winning communities each receive a $25,000 cash prize and have their success stories celebrated and shared broadly to inspire change

Name of Program: Spreading Community Accelerators through Learning and Evaluation (SCALE) (Initiative of the Institute for Healthcare Improvement)
Based: Cambridge, MA
Funded By: The Robert Wood Johnson Foundation
Number of Sites: 24
Focus Areas: Spreading Community Accelerators through Learning and Evaluation provides communities in the United States with the opportunity to substantially accelerate their health improvement journey. SCALE recognizes and values that communities hold the solutions to improve their health. Therefore, the goal of SCALE is to equip communities with skills and resources to unlock their potential and achieve significant results.

Name of Program: StriveTogether
Based: Cincinnati, OH
Funded By: The Annie E. Casey Foundation, The Charles and Lynn Schusterman Family Foundation, The Draper Richards Kaplan Foundation, The Ford Foundation, Living Cities, Lumina Foundation, MetLife Foundation, The Robert Wood Johnson Foundation, Tableau Foundation, Target
Number of Sites: 64 Community Partnerships in 32 states
Focus Areas: StriveTogether brings proven expertise, effective resources and a nationally-recognized collective impact approach that enables communities to create local education ecosystems to support children and youth from cradle to career. This approach helps align existing resources to increase impact by using data to determine what works best for children. StriveTogether supports communities in developing shared outcomes and indicators of success to use across programs and systems, identifying promising practices and allowing for meaningful dialogue about local disparities and solutions to close achievement gaps. Finally, StriveTogether works with communities to regularly use data to consistently implement and improve strategies through continuous improvement and collective impact.

Name of Program: Trinity Health, Transforming Communities Initiative
Based: Livonia, MI
Funded By: Trinity Health
Number of Sites: 6 communities
Focus Areas: The Transforming Communities Initiative is awarding grants, loans, community match dollars for a variety of community efforts with particular focus on providing healthier foods and more physical activity at schools, raising the smoking age from 18 to 21 and improving breastfeeding policies. A total of $80 million has been designated for this initiative, with $40 million of that set aside for community development.

Regional Programs:

Name of Program: Cuyahoga County Pay for Success
Based: Cleveland, OH
Highlighted Partner Organizations: FrontLine Service, The Reinvestment Fund, The George Gund Foundation, The Cleveland Foundation, Sisters of Charity Foundation of Cleveland, Nonprofit Finance Fund
Focus Areas: The Cuyahoga Pay for Success program is the nation's first county-level PFS program. It aims to reconnect foster children with caregivers in stable, affordable housing. The Pay for Success model for Cuyahoga County utilizes private funding to pay for the program and only spend County taxpayer dollars to repay funders if the program is proven to be successful. The program has the potential to transform the way the County provides services for families who are both homeless and have children in foster care.

Name of Program: Greater University Circle
Based: Cleveland, OH
Highlighted Partner Organizations: Cleveland Foundation, University Hospitals, Cleveland Clinic, Case Western Reserve University
Focus Areas: The Greater University Circle Initiative achieved coordination among three large anchor institutions located in Cleveland's park-like University Circle area—almost one-square mile of world class educational, cultural, and health institutions. Through this initiative, the Cleveland Clinic, University Hospitals, and Case Western Reserve University networked and deployed their resources in a powerful challenge to the persistent poverty and disinvestment in seven surrounding neighborhoods. The Greater University Circle Initiative seeks to reweave community networks, in part through community engagement, to improve the quality of life in surrounding neighborhoods, and to give residents a greater voice and connection to the resources of the anchor institutions.

Name of Program: HIP Cuyahoga
Based: Cleveland, OH
Highlighted Partner Organizations: Better Health Partnership, Cuyahoga County Board of Health, The Ohio State University – Cuyahoga Extension, Susan G Komen Northeast Ohio, Mt. Sinai Health Care Foundation
Focus Areas: Health Improvement Partnership-Cuyahoga (HIP-Cuyahoga) understands that neighborhoods and communities are not all created equal, and some people are born and live in places where it is difficult to grow up healthy. The conditions in which people live, and the opportunities they have, form the foundation for health and without them, people are more likely to live shorter, sicker lives. That's why more than 100 community partners have come together as the HIP-Cuyahoga Consortium to build opportunities for EVERYONE in Cuyahoga County to have a fair chance to be healthy. When healthy living is easier, we all live longer and healthier lives.

APPENDIX B

National Healthy Communities Demonstration Program Profiles

Ohio Site List

National Program	City	Ohio Program
Aligning Forces for Quality (AF4Q)	Cincinnati	The Health Collaborative
	Cleveland	Better Health Greater Cleveland
Best Babies Zone	Cincinnati, Price Hill Neighborhood	Cincinnati Children's Hospital Medical Center
BUILD Health Challenge	Cleveland	Engaging the Community in New Approaches to Healthy Housing (ECNAHH)
Business Alliance for Local Living Economics (BALLE)	Cincinnati	Mortar Cincinnati, Derrick Braziel
	Cleveland	Northeast Ohio Hispanic Center for Economic Development, Jenice Contreras
	Cleveland	Cuyahoga County Department of Sustainability, Shanelle Smith
The Collaboratives for Health Equity (formerly Place Matters)	Cleveland	Collaborative for Health Equity Cuyahoga County
Community Health Peer Learning Program (CHP)	Cincinnati	Cincinnati Children's Hospital Medical Center
	Cleveland	University Hospitals Rainbow Babies & Children's Hospital
Invest Health	Youngstown	Invest Health Youngstown
	Canton	Invest Health Canton
	Akron	Invest Health Akron
Local Initiative Support Corporation (LISC)	Cincinnati	Greater Cincinnati & Northern Kentucky
	Toledo	Toledo

(Continued)

National Healthy Communities Demonstration Program Profiles

Ohio Site List (cont'd)

National Program	City	Ohio Program
National League of Cities Learning Collaborative on Health Disparities	Cleveland	Cleveland
Purpose Built Communities	Columbus	Partners Achieving Community Transformation (PACT)
Spreading Community Accelerators through Learning and Evaluation (SCALE)	Cleveland	Summit County (Mentor) & Cleveland (Pacesetter)
StriveTogether	Toledo	Aspire
	Dayton	Learn to Earn Dayton
	Columbus	Learn4Life
	Cincinnati (Also Newport & Covington, KY)	StrivePartnership
	Akron (Summit County)	Summit Education Initiative
	Warren	The Eastern Ohio Education Partnership