Bridging the Gap
Successful Health and Community Development Partnerships in Practice

August 8, 2019
DISCUSSION OUTLINE

1. Welcome and Introduction
3. Making the Case for Partnerships
4. The St. Mary CDC Example
5. Q&A with Resources
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TECH HOUSEKEEPING

Tech Issues
Content Q&A
What is motivating collaborations between the health and community development fields?
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 disproportionally 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).

Literature review drawn from Building Healthy Places: How are Community Development Organizations Contributing? by Alina Schnake-Mahl and Sarah Norman, published at Cities and Health on June 8, 2017. (View the previously-published working paper.)
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.
Who are the players in the community development sector and how can they articulate the health value of their work?
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.

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

Public health departments and practitioners are increasingly focused on preventative measures that include addressing neighborhood conditions and poverty to advance health equity.
Community Development is in the ZIP Code improvement business - a $200 billion sector investing in Social Determinants of Health in low-income neighborhoods.

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.

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.

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.

Health Equity means that everyone has a fair and just opportunity to be healthy.
Who? Penquis Example

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

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Housing &amp; Neighborhood Environment</th>
<th>Health &amp; Healthcare</th>
<th>Social &amp; Community Context</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income, Employment, Food security, Housing security</td>
<td>Housing quality, Food access, Vacancy, Safety, Neighborhood amenities, Segregation</td>
<td>Health care access, Health care quality, Primary care access, Cultural competency, Health Literacy</td>
<td>Community engagement, Social cohesion, Discrimination, Incarceration</td>
<td>Early Childhood Education &amp; Development, High school graduation, Higher education, Literacy</td>
</tr>
</tbody>
</table>
How are community development and health stakeholders building collaborative strategies and co-investing in community health and well-being?
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? NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY**
### Supportive housing for housing insecure patients

**Total cost saved:** $1.2 Million

<table>
<thead>
<tr>
<th>Partnership Impact on first 32 individuals served</th>
<th>Spending for chronically homeless</th>
<th>Spending for individuals who are permanently housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing/Motels</td>
<td>$6,500</td>
<td>$11,000</td>
</tr>
<tr>
<td>Services</td>
<td>$5,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Health</td>
<td>$23,000</td>
<td>$8,700</td>
</tr>
<tr>
<td>Total</td>
<td>$34,500</td>
<td>$28,200</td>
</tr>
</tbody>
</table>

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
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.
“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 Communidad 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.

www.TheCaseMade.com
There was a disconnect between how we talked about our programs and how our healthcare partners talked about their programs.
Improving **social determinants of health** through affordable housing development and service coordination.

<table>
<thead>
<tr>
<th>ECONOMIC STABILITY</th>
<th>HOUSING &amp; ENVIRONMENT</th>
<th>HEALTH &amp; HEALTHCARE</th>
<th>SOCIAL &amp; COMMUNITY CONTEXT</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Apartment rents 20% to 40% lower than market rate</td>
<td>• Apartments more accessible than 99% of all housing in the US, allowing seniors to age-in-place</td>
<td>• 32% of seniors are frail or at-risk yet remain independent</td>
<td>• Sites picked with walkability in mind &amp; near transit stops</td>
<td>• More than 200 on-site educational programs and clinics offered each year</td>
</tr>
<tr>
<td>• Energy-efficient apartment design reduces utility bills</td>
<td>• On-site Service Coordinator office helps prevent evictions</td>
<td>• Routine follow-up with residents who call 911</td>
<td>• Properties include social-meeting spaces and fitness areas</td>
<td>• Properties include education-meeting spaces</td>
</tr>
<tr>
<td>• Emergency financial assistance available when residents experience a crisis</td>
<td>• Food and transportation coordination available</td>
<td>• Apartment sites located near hospitals &amp; nursing homes</td>
<td>• Partnerships with police, fire &amp; libraries</td>
<td>• Evidence-based programing covers finances, physical &amp; emotional wellness, &amp; intellectual health</td>
</tr>
<tr>
<td>• Connect residents to services valued at more than $500,000 annually</td>
<td>• On-site office space for visiting physicians</td>
<td>• On-site office space for home health referrals provided</td>
<td>• Monthly resident meetings</td>
<td></td>
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<tr>
<td></td>
<td>• Care coordination &amp; home health referrals provided</td>
<td></td>
<td>• Coordination of voter registration</td>
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</table>

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

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

Strategic CaseMaking™
The Field Guide for Building Public Will

Don’t Raise Your Voice, Improve Your Argument.

Desmond Tutu
South African Social Rights Activist and Anglican cleric who in 1984 received the Nobel Peace Prize for his role in the opposition to apartheid in South Africa.

Our “WE”/“Why” is

The dominant narratives we need to navigate around are

Our “Story of Us” begins with

Data we will use to anchor our solutions

These systems need to be made visible

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

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

Jargon Buster: [buildhealthyplaces.org/jargon-buster/](http://buildhealthyplaces.org/jargon-buster/)
Training
Success Measures Evaluation Tools and Support
NeighborWorks Network of Community Development Organizations
Symposia and Convenings
Publications and Tools
Learning Communities

Symposia: 8/21/19
New Orleans, LA
Q & A
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REFERENCES

• JCHS (Joint Center for Housing Studies at Harvard University), 2016. The State of the Nation’s Housing. Cambridge, MA: Joint Center for Housing Studies of Harvard University.
• Shapiro, T., Meschede, T., and Osoro, S., 2013. The roots of the widening racial wealth gap: explaining the black-white economic divide. Institute on Assets and Social Policy. Waltham, MA: Brandeis University.