

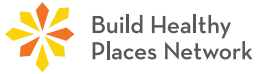
Summarizing the Landscape of Healthy Communities:

A review of demonstration
programs working
towards health equity

A Report For
The Colorado
Health Foundation by
Build Healthy Places Network







BUILD HEALTHY PLACES NETWORK

The Build Healthy Places Network catalyzes and supports collaboration across the health and community development sectors to improve the lives of those living within low-income communities. The Network achieves its mission by connecting leaders and practitioners, curating resources and examples of what works, and building the knowledge base for cross-sector collaboration. Build Healthy Places Network is a program of the Public Health Institute in Oakland, CA and funded by the Robert Wood Johnson Foundation.

THE COLORADO HEALTH FOUNDATION

The Colorado Health Foundation works to make Colorado the healthiest state in the nation by ensuring that all Colorado kids are fit and healthy and that all Coloradans achieve stable, affordable and adequate health coverage to improve their health with support from a network of primary healthcare and community services. To advance our mission, the Foundation engages the community through grantmaking, public policy and advocacy, private sector engagement, strategic communications, evaluation for learning and assessment and by operating primary care residency training programs. For more information, please visit www.ColoradoHealth.org.

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FOREWORD

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At the Build Healthy Places Network, we connect leaders in community development, public health, and healthcare, lifting up stories of people working together across sectors to improve health in their communities. Embedded in our mission is our commitment to health equity and communities where all people can live rewarding and healthy lives.

As our nation struggles with what is fair and just, and for whom, the urgent call for health equity rings loudly — we’ve seen philanthropic, community development, and public health organizations all prioritize equity in their work. To us, “equity” means fairness. No matter your race, ethnicity, ability, gender, or sexual identity, having an equal opportunity to achieve the American Dream is an intrinsic value in the United States. “Health equity” means a fair and equal opportunity to achieve the long and healthy life we all aspire to live.

What stands in the way? For some of us, there are hurdles too high to jump even when personal motivation is strong. Barriers such as lack of access to good jobs, quality education, affordable quality housing, a safe environment, a social support system, good healthcare — all are determinants of health.

At all levels — national, state, regional, and local — healthy communities demonstration programs are on the rise. These programs focus on addressing the determinants of health, engaging multiple sectors and leveraging new partnerships, and ensuring sustainability of efforts through capacity building and empowerment of people directly affected by the issues at hand in their communities. Through this work, healthy communities programs hope to change the way people think not just about health, but also opportunity, and in turn, advance a culture of health and well-being across the country.

As a leader in healthy communities investments, the Colorado Health Foundation partnered with the Build Healthy Places Network to catalog a range of efforts focused on improving the health of communities. Our report, “Summarizing the Landscape of Healthy Communities: A Review of Demonstration Programs Working Towards Health Equity,” aims to build awareness around mechanisms that currently support healthy communities programs, highlight resources available for the work, and lift up emerging strategies for financing and supporting local efforts.

At the Network, we believe that the determinants of good health are also the determinants of a rewarding life, and that everyone should be able to achieve both. By working together across community development, health, and finance, we have the power as a nation to reverse inequities in health and well-being. The programs detailed in this summary are examples of progress toward that goal. We are happy to share our findings with everyone similarly committed to health equity and opportunity for all.



DOUG JUTTE
Executive Director



COLBY DAILEY
Managing Director





Executive Summary

OVERVIEW

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Over the past four decades, the healthy communities movement has transformed the way we define and address health. Driven by the disconnect between health spending and health outcomes, growing awareness of the importance of the social determinants of health, and the need to address poverty as means of improving health, communities across the U.S. are bringing together partners from diverse sectors to ensure that good health is happening where we live, learn, work and play.

How can these types of efforts be replicated, and what role do investors — particularly foundations — play in building healthier communities that ensure health equity, equitable opportunities and economic mobility? This report answers this question through a review of capacity-building and investment **healthy communities demonstration programs**, defined as local, regional and/or national programs of the past 10 years that connect, guide and support local revitalization efforts involving cross-sector partnerships and addressing the social determinants of health. Through this review, this report aims to build awareness around mechanisms that currently support healthy communities efforts nationwide, highlight the types of resources available for the work, and identify new opportunities to finance and support local efforts.

REPORT STRUCTURE

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This report begins with an overview of the Healthy Communities Movement at large, providing a framework for a broader environmental scan of 38 regional and national demonstration programs, followed by a deeper dive into the role of foundations in supporting this work.

Three broad research questions guide the analysis of the environmental scan:

1. What actions are communities across the U.S. undertaking to promote healthy communities?
2. At the community level, what types of organizations are working to improve the health of their community?
3. In what ways are foundations investing in this area?

The report ends with questions for the field with an emphasis on the continued role of foundations in healthy communities efforts and future opportunities for cross-sector work.

RESEARCH QUESTIONS AND KEY FINDINGS

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1. WHAT ACTIONS ARE COMMUNITIES ACROSS THE U.S. UNDERTAKING TO PROMOTE HEALTHY COMMUNITIES?

- **Though place-based health strategies are proliferating, they are relatively new.** With roots in the World Health Organization-led Healthy Cities Movement, foundations and healthcare leaders have shifted the movement from largely separate multi-sector efforts to truly cross-sector enterprises. While federal partners have played a key role in the institutionalization of the work, leading partners now include philanthropy and community development.
- **Definitions of “healthy communities” are flexible, vary by sector and are shaped by communities themselves.** Though definitions of health have been connected with place and social determinants of health more widely, specific social determinants associated with health may vary by sector and organization. Based on this variation, leaders recommend contextual and community-led processes to actualize the definition in practice.
- **A wide range of investors spanning multiple sectors support healthy communities initiatives.** Investments from leading sectors represent a small fraction of annual healthcare expenditures, only scratching the surface of need. To address this, investors and capacity-building organizations are looking to cross-sector efforts and innovative financial models to help connect communities to capital and sustain investment impact.
- **Federal programs are supporting local action.** Government is a leading investor in healthy communities efforts. While government focused on key social determinants in silos throughout the 1990s and early 2000s, new focus on neighborhood revitalization and healthcare reform has resulted in cross-agency federal programs holistically addressing the social determinants of health.

2. AT THE COMMUNITY LEVEL, WHAT TYPES OF ORGANIZATIONS ARE WORKING TO IMPROVE THE HEALTH OF THEIR COMMUNITY?

- **Healthy Communities 2.0 represents a movement from concept to action.** The first two decades of the movement focused on awareness building; now capacity-building and investment programs are more squarely supporting the implementation of concrete projects and programs. Of particular note is the closer integration of key sectors.
- **Leading organizations span multiple fields, sectors and scales.** “Usual suspects” include coalitions and community quarterbacks at the local level; mid-size health foundations and public health departments at the regional level; and large-scale health foundations, CDFIs and nonprofit networks at the national level.
- **Demonstration programs matter for building the movement.** Capacity-building and investment programs are key mechanisms for enabling healthy communities efforts from concept to implementation. Tactics still vary widely across programs, but they commonly focus on social determinants of health and provide a framework for local action.
- **Context and measurement-driven efforts are key.** Becoming increasingly clear is the fact that the healthy communities movement is not just neighborhood-level or urban — it spans rural communities, counties, regions, and more. Furthermore, future investment is critically dependent on demonstration of measurable impact — thus it is no surprise that a number of capacity-building and investment programs emphasize data and measurement.

3. IN WHAT WAYS ARE FOUNDATIONS INVESTING IN THIS AREA?

- **Evolving foundation frameworks influence local definitions of health.** Foundations are shifting their guiding frameworks, internal structures and funding strategies to include a holistic view of health and wellness, the link between place and health, and the importance of cross-sector work. These new points of emphasis shape how communities define health for themselves.
- **Foundations are key investors in early stages of healthy communities work and in cross-sector collaboration.** Foundations are investing in various efforts based on their frameworks and definitions of health. Additionally, foundations are skilled at catalyzing collaborative processes, coalition building and implementation, making them effective investors in the early-mid stages of the healthy communities implementation pathway.
- **New grantmaking structures are emerging.** While size and duration of grantmaking varies across foundations, many are adjusting their grant amounts, structure and length of terms to address healthy communities’ need for flexible, longer-term and sustainable support.
- **Foundations use varying levels of technical assistance and other activities to support and build trust with communities.** The depth of technical assistance (TA) engagement is partly determined by a foundation’s typology, size and framework focus. Foundations are creating opportunities to learn with and from communities themselves.

LOOKING FORWARD

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The healthy communities movement has evolved significantly over time. In moving from concept to action, more truly coordinated efforts are taking shape. Still, this research surfaced important lingering questions that must still be answered to effectively leverage resources and sustain healthy communities efforts:

1. How can all communities be better connected to capital?
2. How can investors work effectively with rural communities?
3. How can foundations incorporate a long-range view into their grantmaking?
4. How can healthy communities efforts be financed in innovative ways?
5. Beyond investment, how will healthy communities efforts be sustained over time?

Healthy communities work often involves addressing complicated and multifaceted problems, and significant positive change in health outcomes may take decades to take shape. However, foundations are well positioned to address these challenges to make significant and lasting impact on communities by implementing new grantmaking strategies, coordinating and nurturing deep partnerships across sectors, developing new measurement and evaluation strategies, and guiding sustainability of healthy communities work for generations to come.





Introduction

OVERVIEW

During the last four decades, philanthropic organizations, nonprofits, and government agencies have led efforts to improve the health and well-being of the nation’s most vulnerable communities. This “healthy communities movement” has been driven by multiple factors.

Non-medical factors matter for health. Recent research has found that over 50% of premature deaths are attributable to non-medical factors such as where one lives and the opportunities for health and economic mobility, including education, jobs, income, access to housing and transit, community safety, and other well-established *social determinants of health*. According to County Health Rankings & Roadmaps, only 20% of the factors that account for the length and quality of life are attributed to access to and quality of medical care.¹ In spite of this growing evidence, investments in prevention pale in comparison to what we spend on treatment. For example, in 2014, annual healthcare expenditures grew to \$3 trillion, only 5% of which went towards public health investments.²

Healthcare spending does not equal better health. The U.S. spends more on healthcare than any other country, yet thirty countries — including those with

1. County Health Rankings and Roadmaps 2014.
2. Fisher 2015.

developing and developed economies — have lower infant mortality rates and longer life expectancies.³ And poor health is costing everyone. The Robert Wood Johnson Commission to Build a Healthier America reported that as of 2014, the U.S. economy lost \$227 billion in potential growth due to lost productivity from ill employees.⁴ The social and economic impacts of poor health and healthcare spending have further burdened hospitals and healthcare systems, which are now rethinking the way they do business by prioritizing prevention over treatment.⁵

Improving health requires addressing poverty at its roots. Clearly, it takes more than medical care to improve health. But it is also evident that improving Americans' health requires addressing poverty at its roots. One in six Americans now lives in poverty, which is the highest level in the last half-century. Growing evidence has revealed low-income communities and communities of color tend to experience the greatest disparities in health, often associated with preventable, chronic diseases such as heart disease, diabetes and hypertension. Furthermore, according to Virginia Commonwealth University's Center on Society and Health, life expectancy can vary as much as 20 years across neighborhoods just a few miles apart.⁶

In light of these factors, it is clear that building healthier communities is not the responsibility of one sector or industry. It requires multi-faceted approaches that bring together multiple sectors, system-level policy changes and innovative investment vehicles that prioritize health equity, creating opportunities for every person to achieve optimal health and well-being regardless of identity, neighborhood, ability or social status.

The good news is that there are growing efforts nationwide to build healthier communities through cross-sector collaboration. For example:

- **Purpose Built Communities** is a multi-city network that supports local leaders in combining mixed-income housing, cradle-to-college education and community wellness programs for comprehensive community revitalization. The organization's model of community development grew out of the dramatic transformation of East Lake Meadows. What was once one of Atlanta's most troubled neighborhoods changed into a vibrant, walkable community with quality mixed-income housing, a high performing charter school, a YMCA, and a variety of health and wellness services for adults and youth.
- The **Healthy Neighborhoods Equity Fund** is a \$30 million private equity fund that offers investors the potential to improve lives while creating new opportunities for socially responsible "triple bottom line" investments that generate financial, social and environmental returns. The fund's first investment provided \$900,000 in equity in two new apartment buildings known as Chelsea Flats, which feature 96 units of mixed-income housing, green spaces and a playground. A rapid transit bus stop being built near the apartments will provide Chelsea's first direct line to Boston.
- The **Vita Health and Wellness District** based in Stamford, Connecticut, is a comprehensive neighborhood initiative that explicitly combats chronic illness among low-income populations through healthy housing, urban farming and supportive services. The project was the result of collaboration between Stamford Hospital and the local housing authority, Charter Oak Communities, who worked together to revitalize an entire neighborhood as part of a hospital expansion project.

3. RWJF Commission 2014.

4. Ibid.

5. Norris and Howard 2016.

6. Virginia Commonwealth University 2015.

How can these types of efforts be replicated, and what role do investors — particularly foundations — play in building healthier communities that ensure health equity, equitable opportunities and economic mobility?

This report answers this question through a review of recent capacity-building and investment programs that support local healthy communities efforts. Currently, extensive research exists on healthy communities and numerous reports describe specific local efforts to individual sectors (e.g., planning, public health).⁷ Additionally, there are numerous reports on specific local efforts like those mentioned above.⁸ This review of healthy communities demonstration programs is distinct in its emphasis on the **programs that support cross-sector efforts at multiple scales with a focus on low-income communities.**

By providing an in-depth resource on healthy communities work that looks across sectors, geographies and program goals, this report aims to:

- Build awareness around mechanisms that currently support healthy communities efforts nationwide.
- Highlight the types of resources available for this work.
- Identify new opportunities to finance and support local efforts.

This report begins with an overview of the Healthy Communities Movement at large. This provides a framework for a broader review of **38 regional and national demonstration** programs, followed by a deeper dive into the role of foundations in supporting this work. The report ends with questions for the field, with an emphasis on the continued role of foundations in healthy communities efforts and future opportunities for cross-sector work.

DEFINITION OF TERMS

This report defines **healthy communities demonstration programs** as local, regional, and/or national programs of the past 10 years that connect, guide, and support local revitalization efforts involving cross-sector partnerships and addressing the *social determinants of health* in low-income communities.⁹ This definition provides a guide for answering the following primary and secondary research questions as summarized in Table 1.

7. Koo et al 2016.

8. Bell and Rubin 2007.

9. Build Healthy Places Network. "Jargon Buster." Accessed 2016. <http://buildhealthyplaces.org/jargon-buster/>. The World Health Organization defines social determinants of health as "the conditions in which people are born, grow, live, work, and age, including the health system." Specific social determinants of health include economic and housing stability, employment status, educational attainment, access to healthcare, access to healthy foods, exposure to crime and violence, and environmental conditions. By improving neighborhood conditions, community development addresses multiple social determinants of health, thus providing a pathway and means to finance the neighborhood changes required to achieve health equity.

Table 1: Research Questions

1	What actions are communities across the U.S. undertaking to promote healthy communities?	<ul style="list-style-type: none">• How do municipalities act on issues affecting health?• What is included in their definitions of promoting healthy communities?• To what extent are communities investing in efforts to improve the health of their residents?• How are federal agencies supporting efforts to build healthier communities?
2	At the community level, what types of organizations are working to improve the health of their community?	<ul style="list-style-type: none">• What types of organizations are involved in this work?• Are the organizations the “usual suspects”?• What organizations are leading this type of work?• In what ways are “community quarterbacks” (a coordinating entity within the community) involved in healthy communities demonstration programs?• In what ways are the community development, healthcare, and public health sectors involved in cross-sector healthy communities demonstration programs?
3	In what ways are foundations investing in this area?	<ul style="list-style-type: none">• How do foundations frame the work?• How much grantmaking is occurring in this area vs. other activities? What are the average and range of award sizes? Duration of investments?• How are foundations engaging with communities around this work?• How are foundations investing in/supporting healthy communities demonstration programs?


RESEARCH METHODOLOGY

Given that the programs reviewed as part of this study are relatively new, this scan is based on a review of existing literature complemented by 12 semi-structured interviews with individuals and organizations representing an illustrative cross-section of healthy communities work nationwide. Our research was conducted in the following three phases:

Phase 1: High-Level Scan. Our research began with a high-level review of existing literature using internet search engines and academic databases (e.g., Google Scholar). Example keywords include: “healthy communities,” “health equity” and “community health.” Following this initial search, we scanned organizational websites for detailed information on specific demonstration programs. Subsequently, we attempted to fill any gaps in this research by reviewing professional reports, gray literature and journal articles.

This high-level scan allowed us to develop an initial list of demonstration projects and to understand how these efforts fit into the healthy communities movement at large (in response to Research Question 1).

Phase 2: Deeper Dive. To gain in-depth insights into the range of efforts taking place and their main drivers, we conducted semi-structured interviews with 14 healthy communities program staff (both executive and program-level). These interviewees represented not only the breadth and depth of healthy communities programs themselves (capacity-building versus investment), but also the variety of organizations involved in this work, from community development financial institutions (CDFIs) to non-profit networks to health foundations.



These interviews complemented our high-level scan by providing fine-grained, firsthand insights into the drivers of various healthy communities efforts, how they are situated in the larger field, and lessons learned for future healthy communities efforts (in response to Research Question 2). These interviews also provided a basis for our in-depth analysis of the role of foundations in supporting healthy communities efforts (in response to Research Question 3).

Phase 3: Synthesis. Together, Phases 1 and 2 of this research enabled us to synthesize and categorize healthy communities demonstration programs nationwide. This synthesis provided a starting point for thinking about lessons for the field and the ways that foundations such as the Colorado Health Foundation can strategize their local and regional investments to improve community health and well-being.





I. The Healthy Communities Movement: From Multi-Sector to Cross-Sector Action

What actions are communities across the U.S. undertaking to promote healthy communities?

- How do municipalities act on issues affecting health?
- What is included in their definitions of promoting healthy communities?
- To what extent are communities investing in efforts to improve the health of their residents?
- How are federal agencies supporting efforts to build healthier communities?

Across the United States, communities are defining and addressing the health of their citizens in new ways. No longer confined to the doctor's office, a broader definition of health now includes social determinants, defined by the World Health Organization as “the conditions in which people are born, grow, live, work, and age.” Despite its beginnings as a largely public health-driven movement, the last two decades of healthy communities efforts have been marked by a convergence of health and non-health sectors that are collectively revitalizing communities with health equity and economic opportunity in mind.

This chapter describes the U.S. Healthy Communities Movement and its influence on local practice, investment and federal government efforts to build healthier communities.

HOW MUNICIPALITIES ADDRESS HEALTH

Place-based strategies to improve health are proliferating nationwide with the heightened roles of government, philanthropic organizations, financial institutions, and more specifically, community development, public health, and healthcare partners in coordination with urban planning, education, and other sectors. And yet, this movement towards building “healthy communities” is still relatively new.

The U.S. Healthy Communities Movement (also used interchangeably with Healthy Cities Movement) has its roots in the international Healthy Cities Movement¹⁰ spearheaded by the World Health Organization in the 1970s and 1980s. The Healthy Cities Movement emphasizes cross-sector collaboration, community participation and empowerment of communities to build healthier cities, with a critical role for government agencies in particular.¹¹

For example, the U.S. Department of Health and Human Services (HHS) formalized the Healthy Communities concept in 1989 by enabling the launch of the U.S. Healthy Communities Initiative in collaboration with the National Civic League. It was soon after in 1992 that health foundations and healthcare systems piloted comprehensive healthy communities efforts at regional levels. Cases in point are [Dignity Health’s Community Investment Program](#) and [The Colorado Trust’s Healthy Communities Initiative](#). A critical force in scaling these initiatives was the Coalition for Healthier Cities and Communities established in 1996, which served as one of the first national networks to bring together local, state, and national organizations to support cross-sector healthy communities efforts¹² (see extended list of milestones in Figure 1).

A shift in thinking beyond conventional public health approaches call for involvement of a diverse range of sectors to address the social determinants of health. Approaches to health vary in scale, partly due to the fact that social determinants of health often include the “causes of the causes” of health inequity. However, a focus on “place” and the community context-specific factors that influence health is the common theme underlying healthy communities projects.

It is important to note that these early efforts were established with cross-sector collaboration in mind, but remained largely *multi-sector* in practice. Truly coordinated efforts across sectors proliferated widely beginning in the 2000s with the leading role of health foundations such as the Robert Wood Johnson Foundation and healthcare systems such as Kaiser Permanente.

Federal programs and policies played a critical role in institutionalizing healthy communities work, with the creation of key grant programs at the Centers for Disease Control and Prevention (CDC) — namely the [Racial Ethnic Approaches to Community Health](#) (REACH) Program beginning in 1999. Most notably, the Affordable Care Act of 2010 catalyzed coordinated healthy communities efforts across sectors through its focus on healthcare access, preventive health and its new requirements for hospitals to engage with and reinvest in the communities they serve.

10. World Health Organization. Europe. Declaration of Alma-Ata. September 12, 1978. http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf. The Healthy Cities Movement was spearheaded by the World Health Organization with the Declaration of Alma Ata in the late 70’s, representing the first time health was connected to its social determinants, such as economic and social development.

11. Corburn 2009.

12. Norris and Pittman 2000.

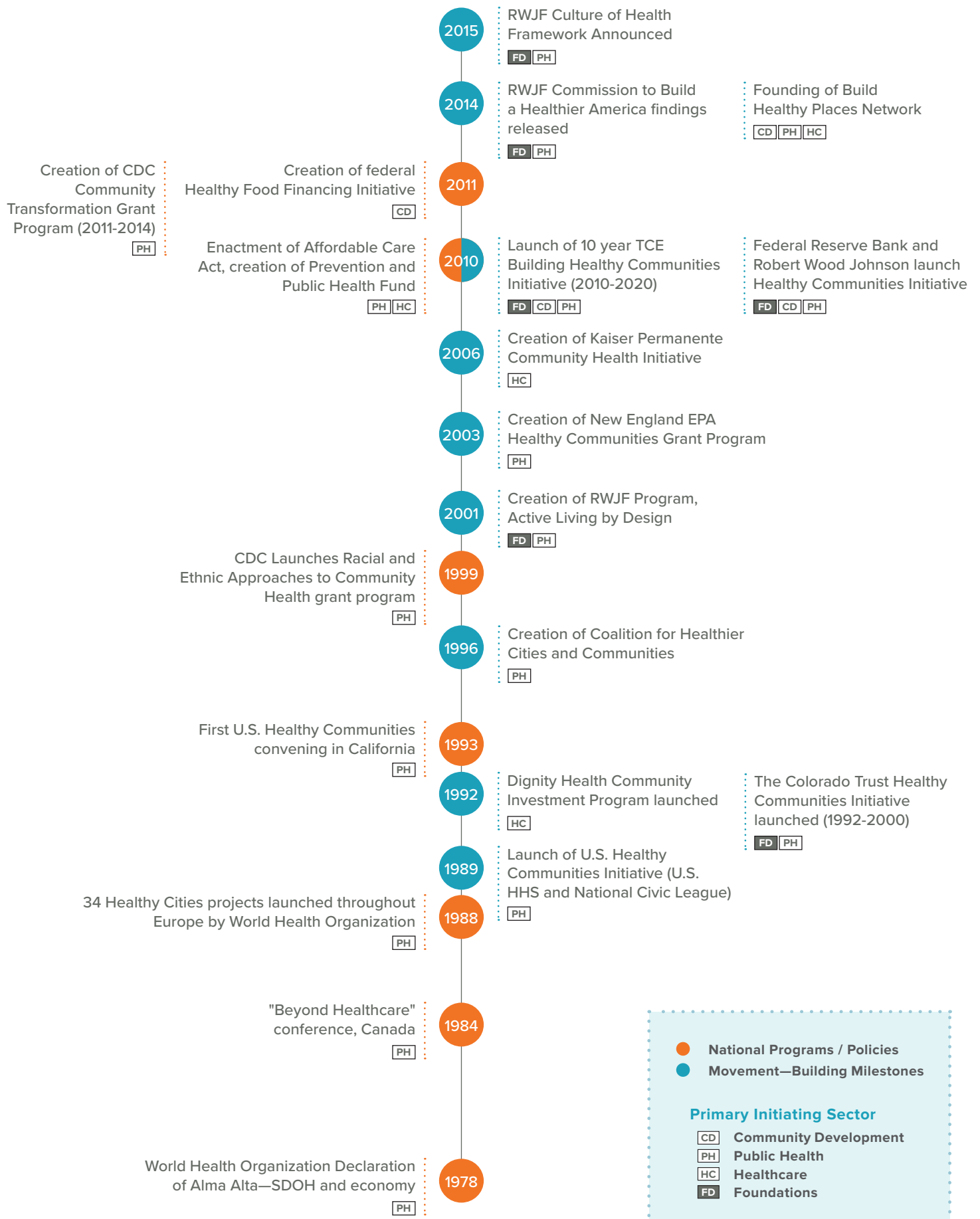
Since then, philanthropic organizations and the community development sector have emerged as leading partners in healthy communities work. For example, The California Endowment's [Building Healthy Communities Initiative](#) (launched in 2010) set the stage for numerous grant programs nationwide supporting the development of local coalitions to implement healthy communities efforts. The Robert Wood Johnson Foundation played a leading role in funding local efforts and connecting the community development sector — a \$200 billion industry that has revitalized low-income communities for over a half-century — to ongoing efforts of the public health and healthcare sectors. A case in point is the Federal Reserve Bank's national [Healthy Communities Initiative](#), which convenes community development financial institutions (CDFIs) and health practitioners to strategize cross-sector collaborations.

This spirit of community development, public health and healthcare collaboration continued with the Robert Wood Johnson Foundation's [Commission to Build a Healthier America](#), established in 2008, and their subsequent grantmaking to support cross-sector healthy communities efforts nationwide. This includes the [Build Healthy Places Network](#), established in 2014 to actualize the Commission's goals of “fundamentally chang[ing] the way we revitalize neighborhoods by fully integrating health and community development.”¹³

13. RWJF Commission 2014.



Figure 1: Selected Healthy Communities Milestones, 1970s–Present



DEFINING “HEALTHY COMMUNITIES”

As multiple sectors converge around healthy communities efforts, there is a movement towards a common language. While health models and paradigms have shifted over the years, recent definitions of health connect it with place and the social determinants of health. As practices similarly concerned with broader well-being, community development, planning, public health and healthcare organizations understand health in these terms, and many sectors also are changing their definitions of health based on cross-sector learning.

The specific social determinants associated with health, however, vary from organization to organization. Sectors may also emphasize particular social determinants within their definitions and frameworks for healthy communities that directly align with their work. For example, planning emphasizes the built environment, while community development prioritizes housing options, social support, and income/wealth. Some sectors choose to take a broader approach, instead using more abstract visions for a healthy community (see Table 2).

Based on these varying definitions and context-specific considerations required for assessing and addressing health, Health Resources in Action recommends community-led processes to define healthy communities and actualize them in practice.¹⁴

14. Health Resources in Action 2013.

“Our approach brings in the social determinants of health as the driver.”
– Best Babies Zone

“Our definition of healthy communities...continues to evolve as we learn more about the connection between community development and health”
– Purpose Built Communities

Table 2: Selected Examples of Healthy Communities Definitions Across Sectors

SECTOR	SELECTED DEFINITIONS
COMMUNITY DEVELOPMENT	<p>“LIIF’s investments save low income families money on household expenses by increasing the availability of affordable housing and child care. By supporting high-quality educational opportunities from early childhood through high school, LIIF also improves the life outcomes of low income youth, leading to higher lifetime earning potential and lower costs to society on adult social services.”</p> <p>–Low Income Investment Fund (LIIF)</p>
HEALTHCARE	<p>“Dignity Health identified five prominent socio-economic barriers that enable us to quantify healthcare access in communities across the nation: income barriers, cultural/language barriers, educational barriers, insurance barriers, and housing barriers.”</p> <p>–Dignity Health</p>
PLANNING	<p>“The built environment impacts all aspects of our health...coalitions work with communities to increase access to healthy food or increase opportunities for active living where residents live, work, and play.”</p> <p>–Plan4Health (American Planning Association and the American Public Health Association)</p>
PUBLIC HEALTH	<p>“A healthy community... is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential.”</p> <p>–Centers for Disease Control and Prevention</p> <p>A “place-based” organizing framework, reflecting five key areas of social determinants of health was developed by Healthy People 2020...[including] economic stability, education, social and community context, health and healthcare, and neighborhood and built environment.”</p> <p>–Healthy People 2020</p>

Community Development as a Partner for Health Equity

Community development is a multi-billion-dollar sector of the American economy that invests in low- and moderate-income communities through the development and financing of affordable housing, businesses, community centers, health clinics, job training programs and services to support children, youth and families. The sector has its roots in the urban revitalization efforts of the late 19th century, but expanded as a result of the War on Poverty programs of the 1960s. Today, the community development sector invests more than \$200 billion annually in low-income communities.

While community development is not a discrete academic discipline or an accredited field like public health, it is more than an activity. It is best viewed as a self-defined sector involving organizations from multiple fields that share a common focus on improving low-income communities. These organizations come from fields including real estate, city planning, law, social work, public policy, public health, affordable housing, and finance, and generally identify themselves as being part of the community development industry. Neighborhood-level

Community Development Corporations (CDCs) and Community Development Financial Institutions (CDFIs), working at both local and national levels, provide leadership in the sector, often working alongside neighborhood residents, real estate developers, philanthropic organizations, city agencies, investors and social-service providers.

By improving well-being in disadvantaged neighborhoods, community development affects the “upstream” causes of poor health, such as poverty, unstable housing and limited access to fresh food markets and other services. At its best, community development achieves health equity by addressing many of the factors, or social determinants, that affect public health.

Read more at the Build Healthy Places Network’s Jargon Buster, www.buildhealthyplaces.org/jargon-buster/#

Community Development Financial Institutions

Community Development Financial Institutions (CDFIs) are “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” (see the [Opportunity Finance Network](#)). CDFIs include both for-profit and nonprofit institutions like community development banks, credit unions, loan funds and venture capital funds. These institutions invest in communities by financing small businesses, microenterprises, nonprofit organizations and commercial real estate and affordable housing. As of 2012, there were more than 1,000 CDFIs serving cities, rural areas and Native American reservations.

CDFIs also serve as intermediaries that help commercial banks invest in low-income communities to meet their Community Reinvestment Act (CRA) requirements. Some Community Development Corporations and affordable housing developers

operate CDFIs as part of their work. For example, the affordable housing developer Mercy Housing has an associated CDFI, Mercy Loan Fund.

Leading CDFI resources include the Opportunity Finance Network, the nation’s leading CDFI trade association, and the United States Treasury’s CDFI Fund, the federal government’s designated funding source for CDFIs. Established in 1994, the CDFI Fund provides financial and technical-assistance grants to certified CDFIs, and manages the New Markets Tax Credit program, among others. CDFIs must be certified through the CDFI Fund to access these programs. In 2015, the CDFI Fund distributed \$172.6 million to CDFIs nationwide.

Read more at the Build Healthy Places Network’s Jargon Buster, www.buildhealthyplaces.org/jargon-buster/#

HEALTHY COMMUNITIES INVESTMENTS AND THE ROLE OF FOUNDATIONS

A range of investors spanning multiple sectors support healthy communities initiatives. Among the sectors leading healthy communities efforts, investors generally include banks/financial institutions, government, philanthropic organizations and private investors (see Table 3).

Foundations, in particular, play a significant role in improving health of communities through organizational capacity building, establishing new organizations, developing and activating leadership, and facilitating planning and problem solving.¹⁵ While some foundations such as health conversion foundations and hospital foundations have a direct link with healthcare and hospital systems, other non-health foundations or even non-foundation partnerships can add value in addressing the social determinants of health.¹⁶

Of particular note is the groundbreaking work of The Colorado Trust in the healthy communities movement. The Colorado Trust's Healthy Communities Initiative (CHCI) was one of the first and largest healthy communities efforts. A joint effort of the

Table 3: Selected Healthy Communities Investors/Investment Types

INVESTORS	TYPES OF INVESTMENT	SECTOR			
		COMMUNITY DEVELOPMENT	HEALTHCARE	PLANNING	PUBLIC HEALTH
Banks/Financial Institutions	Loans, private equity, flexible capital	CDFIs (e.g., Low Income Investment Fund)			
Government	Grants, federal tax credits	Dept of Housing and Urban Development (HUD), CDFI Fund/U.S. Treasury, Dept of Agriculture (USDA), Dept of Education (ED), Dept of Justice (DOJ), EPA, local and state community development and housing agencies	Center for Medicaid and Medicare innovation/Centers for Medicare & Medicaid Services (CMMI/CMS), CDC, local and state health departments	HUD, Dept of Transportation (DOT), Environmental Protection Agency (EPA)	CDC, HHS, local and state health departments
Philanthropic Organizations	Grants, loans, program-related investments, mission-related investments, impact investments	Private foundations (Kresge Foundation)	Health conversion foundations, charity foundations (Kaiser)		Regional and national health foundations (Robert Wood Johnson Foundation)
Other Private Investors	Pay-For-Success, Social Impact Bonds	Private banks (JP Morgan Chase), individuals	Health insurance companies	Real estate development companies	

15. Easterling et al. 2016.

16. Ibid.

National Civic League and The Colorado Trust, the 1992 initiative increased its scope from a \$4.45 million, five-year investment to an \$8.8 million, eight-year initiative across 29 communities. Guided by principles of representativeness, a broad definition of health, consensus decision-making and capacity building, the CHCI aimed to stimulate community-based coalitions to address their most important health issues.¹⁷

The initiative produced many successful projects, built capacity among residents involved in the process and provided infrastructure for ongoing community problem-solving. But long-term results include lasting resources for Colorado, such as construction of two new healthcare facilities, a new health network and establishment of key transit corridors.¹⁸ At the national level, CHCI provides best practices around community initiatives and place-based grantmaking, and continues to inspire a network of leaders calling for a healthy communities approach.

In light of these investment trends, the question remains: *how much* is being invested in building healthier communities? While it is difficult to estimate exactly how much is invested in healthy communities efforts on an annual basis, here's what we do know:

In 2014, U.S. healthcare spending grew 5.3 percent to reach \$3 trillion, accounting for 17.5% of the nation's GDP.¹⁹ Over 60% of this amount went towards treatment alone — this includes spending towards hospital care, clinical services and prescription drugs.²⁰ Chronic disease adds to growing healthcare costs. According to the Institute of Medicine, between one-third and one-half is due to wasteful spending, particularly redundant, inappropriate or unnecessary tests and procedures as a result of non-adherence to medical advice, alcohol abuse, smoking and obesity. Furthermore, researchers predict that there will be a 42% increase of chronic disease cases by 2023, adding \$4.2 trillion in treatment costs and lost economic output.²¹ In sum, health expenditures continue to grow despite evidence that only 20% of the factors that determine good health are attributable to medical care.²² So how much are we investing in addressing the root of the problem?

Healthy communities investments from leading sectors represent a small fraction of annual healthcare expenditures. While exact figures are not available, annual investments by the sectors leading healthy communities efforts amounts to less than 6% of total healthcare expenditures not including public investments in transportation, infrastructure, housing, and city planning:²³



17. Conner and Easterling 2009.
 18. Easterling and Baughman Csuti 2014.
 19. Centers for Medicare & Medicaid Services 2014.
 20. Ibid.
 21. Aetna 2011.
 22. County Health Rankings and Roadmaps 2014.
 23. Aggregate numbers were unavailable.
 24. Federal Financial Institutions 2010.
 25. Levi et al. 2015.
 26. Build Healthy Places Network 2015.
 27. Rosenbaum 2016.

In sum, healthy communities investments are significant, but still just scratch the surface in fully addressing local, regional, and national needs. It is for this reason that investors and capacity-building organizations are looking to cross-sector efforts and innovative financial models to help connect communities to capital and sustain the impacts of their investments — large or small.

FEDERAL PROGRAMS TO SUPPORT LOCAL ACTION

As noted in the previous section, government — particularly the federal government — is a leading investor in healthy communities efforts. For example, the CDC initiated one of the first national grant programs to support cross-sector healthy communities efforts with a focus on low-income communities: the Racial and Ethnic Approaches to Community Health (REACH) grant program. Through the 1990s and early 2000s, federal government programs focused on key social determinants — housing, education, food access and transportation — in silos. During the last seven years of the Obama Administration, a core focus on neighborhood revitalization within the Office of the White House combined with healthcare reforms resulted in cross-agency federal programs that holistically address the social determinants of health, though not always explicitly (see Table 4).

Additionally, local and regional government programs have shaped and have been shaped by federal efforts. For example:

- Launched in 2006, the **HOPE SF Program** aims to revitalize San Francisco's four most distressed public housing sites in light of the ongoing deterioration of the city's public housing stock amidst cuts to the federal HOPE VI revitalization program.
- Launched in 2003, the **New England Environmental Protection Agency's (EPA) Healthy Communities Grant Program** combines available resources to best identify competitive projects that will achieve measurable environmental and public health results in New England Communities. This is one of the only regional EPA programs with an explicit focus on healthy communities.
- Active from 2004-2010, the **Pennsylvania Fresh Food Financing Initiative** was established as a public-private partnership between the Commonwealth of Pennsylvania, Reinvestment Fund, The Food Trust and the Urban Affairs Coalition to stimulate supermarket development and increase the availability of fresh food in low-income neighborhoods. This program served as a precedent for the Federal Healthy Food Financing Initiative.

Colorado Federal Program Sites

- **Choice Neighborhoods:** (FY 13 Sun Valley, Colorado) In 2013, the Denver Housing Authority received a \$500,000 grant to revitalize Sun Valley, Denver's most distressed neighborhood. The DHA's Transformation Plan pairs previous investment in the Denver FasTracks West Corridor with development practices necessary to ensure a vibrant, sustainable community.
- **Prevention and Public Health Fund:** (Statewide) Colorado received more than \$38.14 million dollars through the Prevention Fund from 2010 through 2014. The Denver Health & Hospital Authority received \$1.83 million from the Community Transformation Grant program (a component of the Prevention Fund) to serve the large county of Denver, focusing on implementing strategies to support healthy lifestyles.
- **Sustainable Communities:** (Denver: Creating an Inclusive Neighborhood) In a coordinated effort with 86 partner organizations, the Denver Regional Council of Governments (DRCOG) secured a three-year, \$4.5 million grant to support regional, corridor and site-level planning and implementation activities. In particular, the partners will work to further enhance and implement Metro Vision, the region's long-range plan for growth and development and leverage of the expansion of the FasTracks transit system.
- **Sustainable Communities:** (South Lincoln Redevelopment, Mariposa) Building upon the FasTracks expansion plan, the Denver Housing Authority secured a grant for the La Alma/Lincoln Park neighborhood to plan for transit-oriented development. Working closely with the community, the city developed the Mariposa Healthy Living Initiative, an accompaniment to the master plan, which considers how redevelopment might affect the determinants of health and quality of life for residents.

Table 4: Selected Federal Programs to Support Healthy Communities

	TARGET SECTOR	FEDERAL PROGRAM	AGENCIES INVOLVED	TYPES OF SUPPORT	PRECEDENTS / GUIDING PROGRAMS
ACCESS TO HEALTHY FOODS	CD, PH	Healthy Food Financing Initiative (2010)	CDFI Fund (U.S. Treasury, USDA, HHS)	Grants and loans to CDFIs, government-certified community development entities	Pennsylvania Healthy Food Financing Initiative
	PL, PH	Local Foods, Local Places (2015)	USDA, CDC, DOT, ARC, DRA	Grants and technical assistance	ARC-EPA-USDA Livable Communities Partnership
ACCESS TO HEALTHCARE	HC	Healthy Communities Challenge (2015)	Office of the White House	N/A	Affordable Care Act (2010)
AFFORDABLE HOUSING AND NEIGHBORHOOD REVITALIZATION	CD, PL	Choice Neighborhoods (2011)	HUD with HHS, ED, DOJ, U.S. Treasury	Planning and implementation grants	HOPE VI (1992- 2010)
	CD, PL	Sustainable Communities (2009)	HUD, DOT, EPA	Planning and implementation grants	Livable Communities Act (2009)
HEALTH PROMOTION	PH	Partnerships to Improve Community Health (PICH) (2014)	CDC	Grants to public health agencies and nonprofits	Various CDC health promotion programs
	PH	Prevention and Public Health Fund (2010)	CDC	Block grants to state and local public health departments	Community Transformation Grant (2011-2014)
	PH	Racial and Ethnic Approaches to Community Health (REACH) (1999)	CDC	Grants to state and local health departments, tribes, universities, community-based organizations	Various CDC health promotion programs

- TARGET SECTOR
- CD COMMUNITY DEVELOPMENT
- PH PUBLIC HEALTH
- PL PLANNING
- HC HEALTHCARE

Below are summaries of selected federal programs cutting across four areas spanning key social determinants of health: access to healthcare, access to healthy foods, affordable housing and neighborhood revitalization, and health promotion.

Access to Healthcare

Healthy Communities Challenge: Launched by the White House in 2015, the Healthy Communities Challenge aims to engage communities with high percentages of uninsured people to help them gain coverage. Based on particularly high opportunity for impact, the White House reached out to local officials in each of these 20 communities, who embraced the Healthy Communities Challenge to get their uninsured constituents covered.

Access to Healthy Foods

Healthy Food Financing Initiative (HFFI): HFFI is a \$400 million tri-agency program administered by the U.S. Department of Treasury, HHS, and the U.S. Department of Agriculture (USDA) to increase the availability of healthy food in low to moderate-income under-served communities (rural, urban and suburban) through the creation and expansion of healthy food retail outlets such as grocery stores, farmers markets and coops. More than 100 CDFIs and CDCs have been awarded over \$169 million in federal funds to introduce or expand healthy food options in their communities.

Local Foods, Local Places: Launched in 2015, is sponsored by the U.S. Department of Agriculture (USDA), Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention (CDC), the U.S. Department of Transportation (DOT), the Appalachian Regional Commission (ARC), and the Delta Regional Authority (DRA), with support from the White House Rural Council. Local Foods, Local Places helps people create walkable, healthy, economically vibrant neighborhoods through the development of local food systems and aims to boost economic opportunities for local farmers and businesses, improve access to healthy local food, and promote childhood wellness. Local Foods, Local Places will work with 27 communities in 2016.

Affordable Housing and Neighborhood Revitalization

Choice Neighborhoods: The Choice Neighborhoods Program is an interagency partnership formed in 2011 between HUD and the Departments of Education, Health and Human Services, Justice, and Treasury as part of the White House Neighborhood Revitalization Initiative (NRI). Choice Neighborhoods funds locally driven neighborhood revitalization strategies to address communities with distressed public or HUD-assisted housing. These strategies focus on directing resources to address three core goals: Housing, People and Neighborhoods. To achieve these goals, communities must develop and implement a comprehensive neighborhood revitalization strategy, or Transformation Plan.

Sustainable Communities: Founded in 2009, HUD, DOT, and the EPA joined together to help communities nationwide improve access to affordable housing, increase transportation options and lower transportation costs while protecting the environment. Grantees across the US are using these coordinated resources to implement a number of community-based development programs.

Health Promotion

Partnerships to Improve Community Health (PICH): Started in 2014, PICH is a three-year initiative that supports implementation of evidence-based strategies to improve the health of communities and reduce the prevalence of chronic disease. PICH builds on a body of knowledge developed through previously funded CDC programs and encourages collaborations with a multisectoral coalition to implement sustainable changes in communities where people live, learn, work and play. PICH awardees are working with a variety of governmental agencies and nongovernmental organizations. In 2014, CDC awarded \$49.3 million to 39 awardees representing three designated geographic areas: \$30.9 million to 13 large cities, \$14.2 million to 20 small cities, and \$4.2 million to six tribal organizations.

Prevention and Public Health Fund: The Affordable Care Act established the Fund in 2010 to provide national investments in prevention and public health, to improve health outcomes and to enhance healthcare quality. The Fund supports community-driven prevention efforts targeted at reducing tobacco use, increasing physical activity, improving nutrition, expanding mental health and injury prevention programs and improving prevention activities. As part of the Fund, The Preventive Health and Health Services Block Grant (Block Grant) provides \$160 million of flexible funding to all states to address their unique public health issues at the state and community level. From 2011-2014, the CDC also funded the Community Transformation Grant Program, which helped communities design and implement chronic disease prevention programs.

Racial and Ethnic Approaches to Community Health (REACH): Started in 1999 by the CDC, the REACH program aims to reduce racial and ethnic disparities in health. Through REACH, CDC supports awardee partners that establish community-based programs and culturally tailored interventions for specific racial groups. REACH gives funds to state and local health departments, tribes, universities and community-based organizations. Awardees use these funds to build strong partnerships to guide and support the program's work. Along with funding, CDC provides expert support to REACH awardees.



A photograph of two women walking and smiling outdoors. The woman on the left has blonde hair and is wearing a grey sweater. The woman on the right has dark hair and is wearing a blue jacket with green accents. They are walking on a path with trees and a blurred background.

II. Environmental Scan of Healthy Communities Programs

At the community level, what types of organizations are working to improve the health of their community?

- What types of organizations are involved in this work? Are the organizations the “usual suspects”?
- What organizations are leading this type of work?
- In what ways are “community quarterbacks” (a coordinating entity within the community) involved in healthy communities demonstration programs?
- In what ways are the community development, healthcare, and public health sectors involved in cross-sector healthy communities demonstration programs?

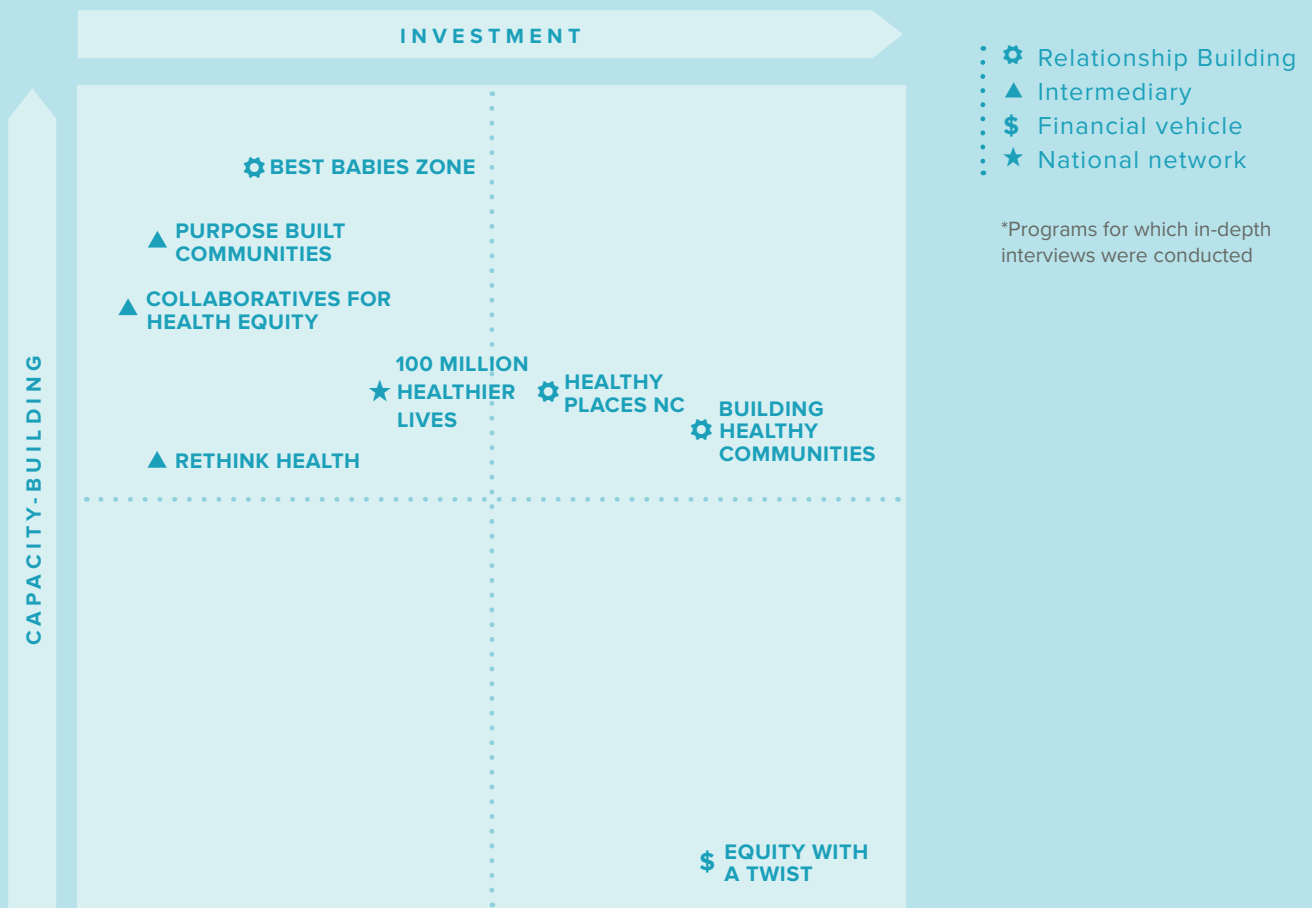
SUMMARY OF KEY FINDINGS

At the community level, a variety of organizations are working to improve the health of their communities. This chapter summarizes key actors in the healthy communities movement of the last decade and focuses in on the capacity building and investment programs that make local, regional, and national efforts possible (see Figure 2).

“Investment programs” refers to grant programs and financial investment vehicles that support cross-sector healthy communities efforts either on a national or regional level. These programs are largely administered by philanthropic organizations, often in conjunction with nonprofits and financial institutions (both nonprofit and private banks). These programs serve primarily as funding mechanisms for healthy communities efforts, but many (particularly those administered by philanthropic organizations) often include a technical assistance component involving direct consultation with local groups during the course of grant/investment period.

“Capacity-building programs” refers to programs or organizations focused on providing technical assistance to local organizations as they plan and implement healthy communities projects. These programs are usually administered by nonprofit organizations that serve as liaisons between funders and local communities. While some of these programs include small planning grant programs to support the early stages of healthy communities efforts, they primarily focus on capacity building as opposed to financing.

Figure 2: Spectrum of Healthy Communities Programs with Select Program Examples



HEALTHY COMMUNITIES PROGRAMS

were reviewed and 12 in-depth interviews were conducted.

Programs emphasized capacity-building or investment.

18 national capacity-building programs primarily administered by nonprofits and/or initiated by philanthropic organizations;

11 national investment programs spanning grant programs and new financial vehicles administered by philanthropic organizations and/or nonprofit and private banks; and

2 regional capacity-programs focused on statewide healthy communities efforts led by nonprofits or philanthropic organizations;

7 regional investment programs spanning grant programs and new financial vehicles administered by philanthropic organizations, nonprofit banks, and private investors.

This scan is not meant to be exhaustive, but rather a snapshot of the most recent healthy communities programs to date. It is also important to note that this scan involved review of programs established in the last 15 years, but **22 of the 38 programs (58 percent) surveyed were established in the last five years specifically.**

Overall, this research revealed several important findings regarding the current state of the healthy communities movement, the “usual suspects,” and how demonstration programs have forwarded both cross-sector and broader health goals:

- **Healthy Communities 2.0: A movement from concept to action.** The first two decades of the movement focused on awareness building, but now capacity-building and investment programs are more squarely supporting the implementation of concrete projects and programs. Of particular note is the closer integration of key sectors.
- **Leading organizations span multiple fields, sectors and scales.** “Usual suspects” include individual leaders, coalitions and community quarterbacks at the local level; mid-size health foundations and public health departments at the regional level; and large-scale health foundations, CDFIs and nonprofit networks at the national level.
- **Demonstration programs matter for building the movement.** Capacity-building and investment programs alike are key mechanisms in enabling healthy communities efforts from the concept to implementation. Tactics vary widely across programs, but they commonly focus on social determinants of health and provide a framework for local action.
- **Context and measurement-driven efforts are key.** Increasingly clear is the fact that the healthy communities movement is not just neighborhood-level or urban — it spans rural communities, counties, regions and more. Furthermore, future investment is critically dependent on healthy communities efforts that show measurable impacts, thus it is no surprise that a number of capacity-building and investment programs emphasize data and measurement.

HEALTHY COMMUNITIES 2.0: A MOVEMENT FROM CONCEPT TO ACTION

As previously mentioned, a variety of sectors, industries and types of organizations are involved in healthy communities work. While cross-sector collaboration was a goal of early healthy communities efforts, the last decade has been marked by concrete endeavors to build and sustain coordinated efforts across sectors. This review specifically revealed the following trends:

Public health still leads the movement, but in coordination with the planning and healthcare sectors. For example, over half of the demonstration programs reviewed were explicitly focused on connecting public health and healthcare organizations as part of broader cross-sector efforts to build healthy communities. It is important to note that these programs vary quite widely in terms of their focus:

- *Improving healthcare delivery systems.* ReThink Health fosters catalytic leadership and tests innovative ideas for bridging and redesigning health and healthcare systems. ReThink supports cross-sector partnerships that involve both public health agencies and healthcare systems as leads. Other notable efforts include Bridging for Health, Communities Joined in Action, Moving Healthcare Upstream and Network for Regional Healthcare Improvement.
- *Connecting neighborhood revitalization efforts to health.* For example, the BUILD Health Challenge supports community health interventions in low-income neighborhoods to strengthen partnerships between local nonprofits, healthcare systems and local health departments. Projects range widely from healthy food access initiatives to broader neighborhood revitalization strategies. Other notable efforts include Best Babies Zone, Building Healthy Communities (The California Endowment), Collaboratives for Health Equity, Healthy Neighborhoods Fund (New York), Healthy Beginnings + Healthy Communities (Oregon, Washington).
- *Improving the use of data in informing local action.* Data Across Sectors for Health (DASH) identifies barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement. Public health agencies and research institutions have been primary grantees of this program. Other notable efforts include The Way To Wellville and What Works Cities.

A critical factor in this shift is the Affordable Care Act (ACA) and its inherent health equity goals. ACA elevated the importance of public health through its focus on expanding access to healthcare for the uninsured as part of broader population health goals.²⁸ That said, there are still opportunities for the public health sector to understand how community development can be part of their ongoing efforts.

Community development is increasingly a partner to public health and healthcare organizations. Around 39 percent of the programs reviewed explicitly included the community development sector as a partner in building healthier communities. While the sector has revitalized low-income communities for over a half-century, there is an increasing understanding that community development organizations serve as action arms to address health equity by improving the places where people live.²⁹ In fact, part of the work of the Build Healthy Places Network (a capacity-building program included in this scan) involves highlighting examples of innovative partnerships, which continue to proliferate nationwide.³⁰

28. Bovbjerg et al. 2015.

29. Edmonds et al. 2015.

30. See www.buildhealthyplaces.org for more information.

Of particular note is the role of CDFIs as co-investors and alongside private banks, health foundations, and hospitals and healthcare systems. Cases in point include the following:

- *New financial vehicles to support healthy communities.* The Healthy Futures Fund improves community health by expanding healthcare access through a co-location model for health centers and affordable housing projects. Key partners in the project include the national CDFI Local Initiatives Support Corporation (LISC), Morgan Stanley and the Kresge Foundation.
- *Partnerships with hospitals.* Alignment for Health Equity and Development (AHEAD) specifically aligns the resources of health and community stakeholders to improve health. The program is a partnership between the Public Health Institute and the national CDFI Reinvestment Fund.

Foundations are critical support mechanisms for varied healthy communities efforts.

Almost 77 percent of the programs reviewed were made possible through funding from philanthropic organizations. Of particular note are the leading roles of the Robert Wood Johnson Foundation and the Kresge Foundation. As the nation’s largest health foundation, Robert Wood Johnson Foundation either fully or partially funded over 39 percent of the programs reviewed — particularly those with a capacity-building focus. The Kresge Foundation is either a lead or partner in five of the programs reviewed, with an emphasis on new financial vehicles and social investment models to support healthy communities work (see Chapter 3: The Role of Foundations).

∴ *“So many of the solutions [we] needed to get breakthrough outcomes lay in other sectors. And we often hold the answers to other people’s challenges. We began to realize how much more we could accomplish together [rather] than alone.”*
∴ *– Institute for Healthcare Improvement*

LEADING ORGANIZATIONS SPAN MULTIPLE FIELDS, SECTORS, AND SCALES

Healthy Communities 2.0 is a cross-sector movement with multiple sectors, industries and types of organizations converging in their efforts. Capacity-building and investment programs spanning the government, nonprofit, and the private sectors support the efforts of a wide range of local organizations (see Figure 3).

Within this expansive network of organizations involved in healthy communities work, several types of organizations have emerged as key leaders of the movement at local, regional and national levels.

Local Leaders

Coalitions/Relationship Builders. Around 39 percent of programs reviewed directly supported the creation of either informal or formal partnerships bringing together individuals and/or organizations spanning multiple sectors around a defined healthy communities goal.

For example, The California Endowment’s Building Healthy Communities program supported the development of local coalitions throughout California such as the Healthy Richmond Initiative. Led by a steering committee and support staff from The California Endowment, the Healthy Richmond Initiative organized more than 1,700 residents in community-led initiatives focused on access to healthcare, safety, healthy

Figure 3: Selected Key Organizations Involved in Healthy Communities Efforts

	GOVERNMENT	NONPROFIT	PRIVATE
COMMUNITY DEVELOPMENT	Office of the White House, HUD, CDFI Fund/U.S. Treasury, USDA, ED, DOJ	Community development corporations, CDFIs, Federal Reserve System, affordable housing developers trade associations (OFN: Opportunity Finance Network, NACEDA: National Alliance of Community Economic Development Associations)	Private banks
HEALTHCARE	CMMI/CMS, Office of the White House	Hospitals and healthcare systems, Accountable Care Organizations (ACO), Federally Qualified Health Centers (FQHC), trade associations (AHA: American Hospital Association, ACHI: Association for Community Health Improvement)	Healthcare consultants
PLANNING	Local, regional and state level agencies: planning, transportation, redevelopment; regional governments, mayors' offices, DOT, HUD	Planning coalitions, trade associations (APA)	Private real estate developers, design and planning firms, consultants
PUBLIC HEALTH	Local and state health departments, CDC, HHS, USDA	Health foundations, conversion foundations, Public Health Institutes, trade associations (APHA)	Public health institutes
OTHER SECTORS		Community-based organizations, social services agencies, schools, academic institutions, resident councils, faith-based organizations	Pay-For-Success, social impact investors, private/corporate foundations, trusts, wellness trusts

schools and economic revitalization.³¹ Other examples include: Alignment for Health Equity and Development (AHEAD), Bridging for Health, the BUILD Health Challenge, and the Healthy Neighborhoods Fund (New York State Health Foundation).

Community Quarterbacks: Around 45 percent of the programs reviewed supported community quarterbacks or “backbone organizations.”³² Popularized in the book, “Investing in What Works for America’s Communities” community quarterbacks are commonly known as “trusted and established organizations that can articulate a vision, marshal funding sources, and align the efforts of multiple efforts towards common goals.”³³ Community quarterbacks span community development corporations, community foundations, public health departments, social service agencies and others.

31. Healthy Richmond 2016.

32. This report uses “community quarterback” as a catchall term to describe the lead organizations supported to steward healthy communities work from concept to action. This is not a term explicitly used by all healthy communities demonstration programs.

33. Partners in Progress 2016.

For example, the East Lake Foundation is a community based foundation that was created specifically to facilitate the revitalization of East Lake, Atlanta, through cradle-to-college institutions, mixed-income housing and community wellness programs. The East Lake Foundation set an important precedent for the work of Purpose Built Communities (a capacity-building program), which now provides technical support to community quarterback organizations across its 13 sites.³⁴ (see Chapter 4: Case Studies).

Regional Leaders

Regional/State Health Philanthropic Organizations: This scan explored nine regional healthy communities programs, seven of which involved the leadership of health foundations with a statewide or regional focus. Compared to national foundations, these regional/states foundations' work is often designed around particular issues affecting a given geographic area.

For example, the Kate B. Reynolds Charitable Trust administers Healthy Places NC (a regional investment program), a place-based initiative aimed at improving the health and overall quality of life for people in rural areas of North Carolina. Governed by Wells Fargo, the Trust was established by the North Carolina-based Reynolds family to improve the quality of life and health of their local community (see Chapter 4: Case Studies).

Public Health Departments: Public health has been a leader in healthy communities efforts since the 1970s. In today's context, public health departments play a particularly significant role — be it as community quarterbacks, members of coalitions or participants in broader regional efforts.

For example, the Harris County Public Health and Environmental Services Department in Pasadena, Texas, is a recipient of two national investment program grants: BUILD Health Challenge and the Joining Forces Grant. Both grants are supporting its efforts to lead the development of a Healthy Food Financing Plan that explores alternatives for scaling up commercial urban farms in Pasadena (see Chapter 4: Case Studies).

National Leaders

National Foundations: Nationally focused philanthropic organizations have played a critical role in forwarding local healthy communities efforts. Beyond the “usual suspects” of Robert Wood Johnson Foundation and the Kresge Foundation, the de Beaumont Foundation, Kellogg Foundation and Bloomberg Philanthropies are among national foundations that are informing a variety of healthy communities efforts through their grantmaking and technical assistance (see Chapter 3: The Role of Foundations).

Nonprofit Networks: Apart from programs supporting specific facets of local and regional projects, the last decade has been marked by a growth of nonprofit networks that provide high-level resources relevant to context-specific healthy communities efforts. The Build Healthy Places Network is among organizations that serve as a key convener between sectors. Other notable examples include the Federal Reserve Healthy Communities Initiative, 100 Million Healthier Lives, Network for Regional Healthcare Improvement, and Moving Healthcare Upstream.

National CDFIs: CDFIs are emerging leaders in the healthy communities movement but it is particularly important to highlight the role of national CDFIs including the Local Initiatives Support Corporation (LISC) and the Low Income Investment Fund (LIIF). Around half of the healthy communities programs with an explicit community development focus involve at least one of these organizations. Both LISC and LIIF are

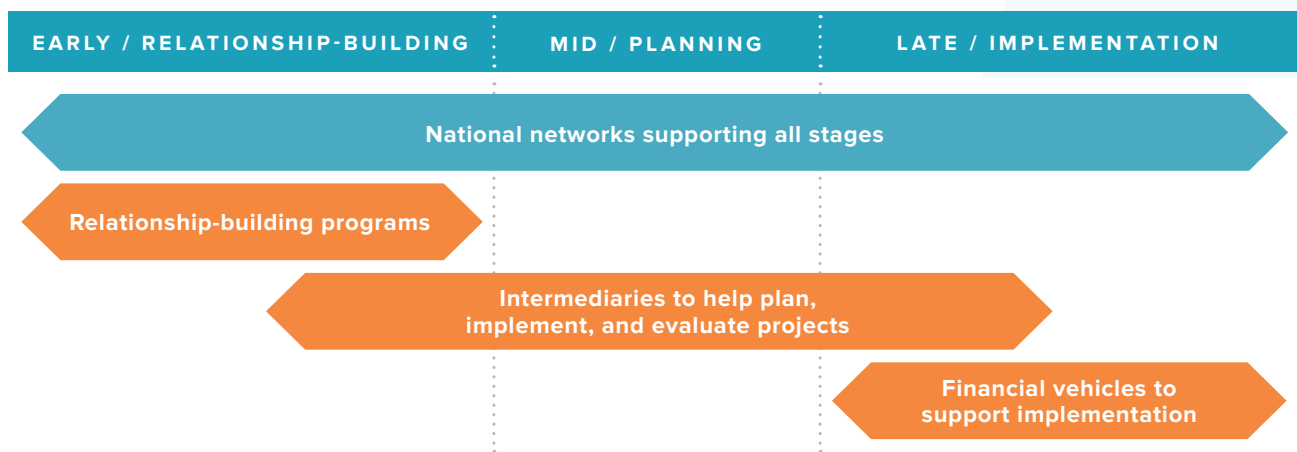
34. East Lake Foundation 2016.

among other national CDFIs paving the way for innovative partnerships with the public health and healthcare sectors.

Though a few private investors are becoming involved in healthy communities work, large-scale representation of private banks is notably lacking. Four of the 38 programs reviewed included private banks — namely Citibank (via Citi Foundation, Partners in Progress), JP Morgan Chase (Equity With a Twist), Morgan Stanley (Healthy Futures Fund), and Wells Fargo (Kate B. Reynolds Charitable Trust). It is important to note that all of these investment programs, with the exception of the Kate B. Reynolds Charitable Trust (which is also a different type of financial model), involve partnerships with CDFIs.

DEMONSTRATION PROGRAMS MATTER FOR BUILDING THE MOVEMENT

Capacity-building and investment programs alike have played critical roles in supporting healthy communities efforts from their early stages to the late stages of implementation. Additionally, although many healthy communities efforts are locally focused by design, these programs provide a larger framework to help communities connect the dots between place, health and health equity.



Supporting efforts at every stage.

- Over 60 percent of the programs reviewed specifically support early-stage relationship building and project planning. It is important to note that relationship-building can take many forms. For example, programs like the BUILD Health Challenge finances *urban* healthy communities efforts that strengthen existing partnerships between local nonprofit organizations, health systems, and local health departments. As such, the BUILD Health Challenge supports the development of cross-sector coalitions premised by the concept of *collective impact*, a concept coined by John Kania and Mark Kramer of consulting firm FSG to describe “when organizations from different sectors agree to solve a specific problem using a common agenda, aligning their efforts, and using common measures of success.”³⁵ Central to the collective impact model is the leading role of a “backbone organization” or community quarterback within coalitions, which manages relationships and coordinates activities across stakeholders.³⁶
- Relationship-building could also involve cultivating trust and mutual understanding across key individuals in a more decentralized fashion. For example, the Kate B. Reynolds Charitable Trust’s Healthy Places NC program tailors its relationship-building approach to the unique needs of small rural North Carolina communities

35. Kania and Kramer 2011.
36. Easterling 2013.

⋮ *“We often talk about it as an inside/outside strategy. The ‘outside’ is building up capacity of residents to participate in the democratic process, become decision makers, shape policy and solutions, and change culture. [The] ‘inside’ [is] trying to work within those institutions...to incorporate and institutionalize an equity lens in what they’re doing.”*
⋮ *– The California Endowment*

⋮ *“We don’t attach a lot of strings to the money itself...in that sense it’s supporting innovation on the ground, and that is something that is very rare in our field.”*
⋮ *– Equity With a Twist*

Providing a framework for local action

It is important to note that communities have defined their own approaches to building healthier communities. But capacity-building and investment programs alike provide broader frameworks that help them translate their visions into action.

For example, the Purpose Built Communities model includes three pillars: mixed-income housing, cradle-to-college education and wellness services. However, Purpose Built acknowledges that the prioritization and rollout of each part of the model varies because “they’re all going about it in different ways just because the neighborhoods look so different.” For those without a defined model, certain principles are accepted unanimously, such as equity and well-being.

⋮ *“The only way to get traction is to recognize how people work and live rather than imposing the foundation’s own structure on them.”*
⋮ *– Healthy Places NC*

⋮ *“We agree on some core principles [but] we also believe that healthy communities must be defined by communities themselves... It has to be their vision of an equitable and just community.”*
⋮ *– Collaboratives for Health Equity*

Additionally, programs tend to focus in on certain social determinants of health — be it housing, healthcare access, physical activity, etc. Health equity is an explicit area of focus for most programs, in line with the historical roots of the healthy communities movement and growing evidence on the connections between poverty and health (see Chapter 1).

⋮ *“[We want to be] more intentional and explicit about the importance of equity and health equity in particular, to our mission and also to the nation’s prosperity and health...”*
⋮ *– The Robert Wood Johnson Foundation*

CONTEXT AND MEASUREMENT-DRIVEN EFFORTS ARE KEY

This scan revealed that the recent healthy communities movement is not just urban or neighborhood-level. It now varies widely in geography (urban, rural and suburban) and in scale (neighborhood, regional and national). Additionally, the future of capacity-building and investment programs alike depends on showing measurable results and impacts.

The importance of geography, scale, and local context

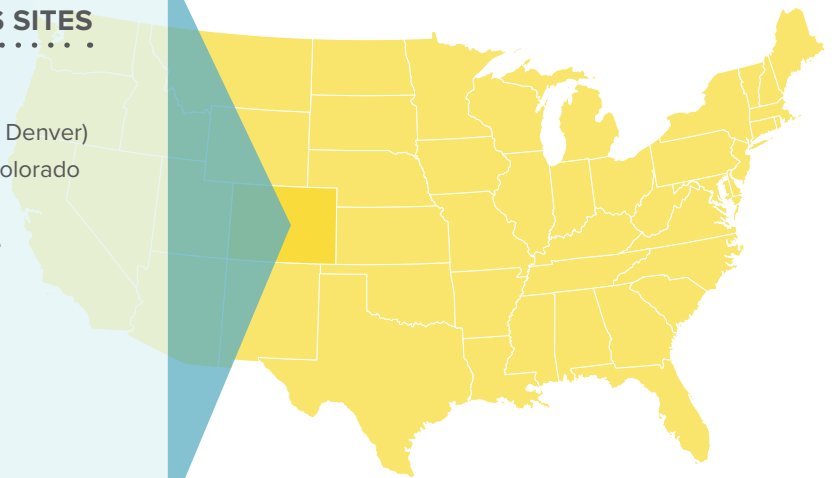
While the common perception of a healthy communities initiative might be a neighborhood-level, urban setting, in actuality the range of geography and scale of these initiatives varies, including rural settings, entire regions or even involvement with state-level work. These factors help an organization determine what approach and level of focus fits with its desired outcomes. For example, Healthy Places NC does not use a collective impact model due to differences in relationships and power structures in rural communities. ReThink Health's systems change goals require efforts at the regional rather than neighborhood level — the level at which health systems operate. In contrast, organizations like Collaboratives for Health Equity see local jurisdictions as a point of leverage for policy and systems change, which then informs location of their teams. Similarly, Best Babies Zone takes a zonal approach to affect change in place-specific infant mortality outcomes.

The role of measurement

As the healthy communities movement matures, measurement and evidence of impact/outcomes is essential for future investment. Because changes in health outcomes sometimes take decades to realize, foundations and organizations are balancing measurement strategies with the long-term nature of the work, including process-related measures. Additionally, co-creation of a measurement strategy by foundations and organizations is important. Organizations with a previously developed set of metrics sometimes face pressure to adapt to foundation systems of measurement, which can cause relationship strain and disruption to the work.

COLORADO HEALTHY COMMUNITIES SITES

- Active Living by Design (Denver)
- BUILD Health Challenge (Colorado Springs and Denver)
- Colorado Healthy Communities Initiative, The Colorado Trust (29 sites statewide)
- Community Health Initiative, Kaiser Permanente
- Invest Health (Pueblo and Westminster)
- Plan4Health (Eagle County)
- PRO Neighborhoods (Costilla County)
- ReThink Health (Pueblo)
- SCALE/Pathway to Pacesetter (Pueblo)
- What Works Cities (Denver)



⋮ *“How do you sit calmly knowing that you’re not going to be able to measure a health outcome for probably ten years?”*
⋮ *–Best Babies Zone*

⋮ *“The overly-zealous emphasis on our part on the achievement of goals and indicators in the granting relationship...struck many community partners as philanthropic arrogance.”*
⋮ *– The California Endowment*

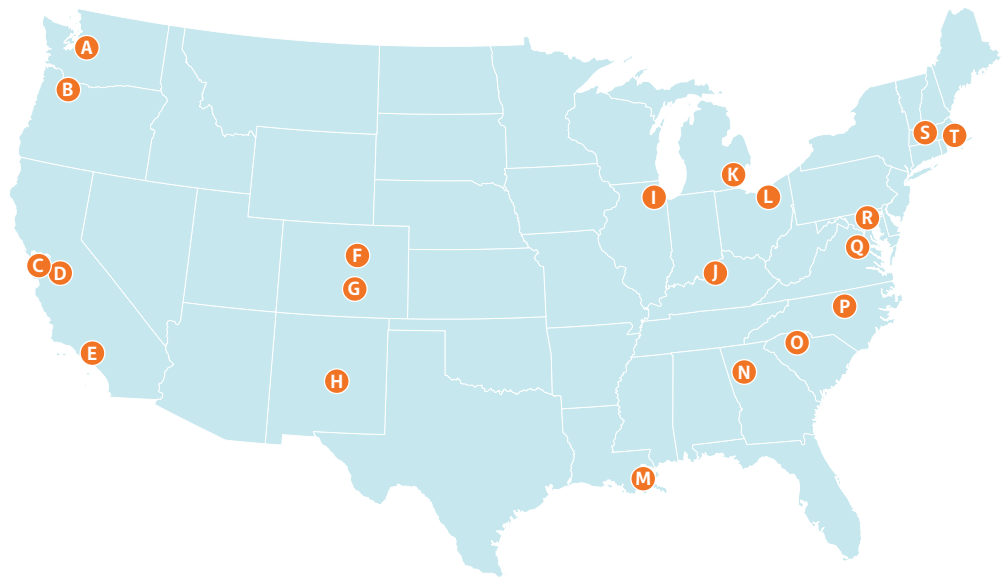
OVERLAPPING PROGRAMS ACROSS CITIES

A number of cities and counties have been the sites of multiple overlapping healthy communities efforts. This reflects both the growth of the cross-sector healthy communities movement nationwide and the enhanced ability of local communities to leverage multiple investment and capacity building opportunities for sustained local impacts. It is important to note that there are often multiple recipients of healthy communities investments and capacity-building programs within a particular city/county. For example, organizations including county health departments and community quarterback organizations that may or may not be aware of each other's efforts. There are still many untapped opportunities for coordination within cities, which this environmental scan helps to identify. The map below summarizes cities/counties where three or more healthy communities efforts in this review are taking place.

⋮ *“You can’t do this [work] in isolation. [This is why] we encourage our teams to be involved with other coalitions.”*
⋮ *– Collaboratives for Health Equity*



Cities / Counties with 3+ Healthy Communities Efforts



INVESTMENT PROGRAMS CAPACITY BUILDING PROGRAMS

- A**
Seattle / King County, WA
BUILD Health Challenge, DASH
Healthy Communities Initiative
- B**
Portland / Yamhill County, OR
BUILD Health Challenge
AHEAD, Bridging for Health, Healthy
Beginnings + Healthy Communities
Initiative
- C**
San Francisco, CA
Equity with a Twist, Partners in Progress
SCALE
- D**
Oakland / Alameda County, CA
Best Babies Zone, BUILD Health
Challenge, Partners in Progress,
Building Healthy Communities
Collaboratives for Health Equity,
Purpose Built Communities
- E**
Los Angeles, CA
BUILD Health Challenge, Equity
with a Twist, Partners in Progress,
Building Healthy Communities
SCALE
- F**
Denver, CO
BUILD Health Challenge
Healthy Communities Initiative,
What Works Cities
- G**
Pueblo, CO
InvestHealth
SCALE, ReThink Health
- H**
Albuquerque / Bernalillo County, NM
BUILD Health Challenge,
Joining Forces Grant
Collaboratives for Health Equity, SCALE
- I**
Chicago / Cook County, IL
BUILD Health Challenge, Culture of
Health Prize, DASH, Partners in Progress
Healthy Communities Initiative,
Collaboratives for Health Equity
- J**
Louisville, KY
Culture of Health Prize
Plan4Health, What Works Cities
- K**
Detroit / Wayne County, MI
BUILD Health Challenge
AHEAD, Collaboratives for Health Equity
- L**
Cleveland / Cuyahoga County, OH
BUILD Health Challenge
Learning Collaborative on Health
Disparities, Collaboratives for Health
Equity, SCALE
- M**
New Orleans, LA
Best Babies Zone, Equity with a Twist
Purpose Built Communities
- N**
Atlanta, GA
AHEAD, Purpose Built Communities,
ReThink Health
- O**
Spartanburg, SC
Culture of Health Prize, Way to Wellville
Bridging for Health,
Purpose Built Communities
- P**
Raleigh, NC
Healthy Futures Fund
SCALE, What Works Cities
- Q**
Washington, DC
Healthy Futures Fund, Partners in
Progress, Community Health Initiatives-
Kaiser Permanente
Collaboratives for Health Equity
- R**
Baltimore, MD
BUILD Health Challenge, DASH
Collaboratives for Health Equity,
Plan4Health
- S**
Springfield, MA
BUILD Health Challenge, Joining Forces
Grant, Transforming Communities Initiative
- T**
Boston Metro Area, MA
Healthy Neighborhoods Equity Fund
AHEAD, Healthy Communities Initiative,
Plan4Health

*InvestHealth was an emerging program effort at time of scan; sites included for only CO programs.

Relevant Colorado Healthy Communities Efforts

The Colorado Trust Healthy Communities Initiative: Funded from 1992-2000, (funding was set to end in 1998 but was extended two additional years) the \$8.8 million program was a joint initiative between The Colorado Trust and the National Civic League to stimulate coalitions in 30 Colorado communities.

LiveWell Colorado: LiveWell takes a multisector approach to combating obesity, focusing on healthy eating and active living through place-based policy and environmental changes. The organization was established as a grantmaking collaborative in 2007 with support from the Colorado Health Foundation, Kaiser Permanente, the Kresge Foundation and the Colorado Department of Public Health and Environment.

Colorado Center for Community Development (CCCD): CCCD conducts applied research in the areas of environmental health and community development to Colorado urban centers, rural and small towns, and counties, and takes a community-based approach to the creation of neighborhoods, towns, cities or counties that support mental, social and physical health. They have partnered with LiveWell Colorado for a few healthy communities projects.

The Civic Canopy: The Civic Canopy began in 2003 in response to the growing complexity of social problems and the need for multiple sectors to work together to solve these issues. A grantee of the BUILD Health Challenge, they also provide small grants (\$20,000 in 2014) and backbone support to the SHARE Network and LiveWell community, a health action network focusing on increasing healthy eating and active living in Northeast Denver.

Colorado Fresh Food Financing Fund (CO4F): CO4F improves access to healthy food in underserved Colorado communities by financing grocery stores and other forms of healthy food retail. The seed funding for CO4F comes from the Colorado Health Foundation, which developed this initiative based on research on food access barriers in Colorado communities and national Fresh Food Financing best practices. Key partners include the Colorado Enterprise Fund (CEF), Progressive Urban Management Associates (P.U.M.A.) and the Colorado Housing and Finance Authority (CHFA).

Colorado Enterprise Fund (CEF):

The CEF provides a variety of loans and other financial services for small businesses unable to get loans from traditional banks. CEF is also involved with the Healthy Foods Fund, which finances a wide range of healthy food businesses encompassing all segments of the food system to reduce food deserts in Colorado.

El Paso County Healthy Community Collaborative (HCC): The El Paso County HCC is a stakeholder group of community partners that work together to implement evidence-based strategies that address important behaviors and risk factors leading to poor diet and physical inactivity in El Paso County. The collaborative consists of representatives from schools, hospitals and health systems, non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens.

The Menaus Fund: The Menaus Fund is committed to social justice issues, particularly as related to low-income populations, and works to build the capacity of communities to empower people to actively engage to achieve a more just society. Projects include the Valley Settlement Project, a Kellogg Foundation-supported initiative focused on school readiness, elementary school achievement, economic stability and community engagement for local families.

Local Example: Pueblo Triple Aim Corporation

As Matt Guy, Executive Director for The Pueblo Triple Aim Corporation (PTAC), describes, the journey from loosely based coalition to backbone agency has been “revolutionarily evolutionary.” A prime example of an organization that has successfully utilized other healthy communities frameworks, efforts and resources, The PTAC’s work began after an inspiring Triple Aim workshop facilitated by Institute for Healthcare Improvement (IHI). In 2010, Pueblo received funding from Kaiser Permanente to participate and continue Triple Aim efforts in the IHI’s Triple Aim pilot project in 2011.

Simultaneously, Pueblo began work with ReThink Health to understand impacts of interventions on their Triple Aim. Now a full-fledged nonprofit backbone and support entity for health efforts in Pueblo, PTAC is participating in Invest Health to learn new strategies for increasing and leveraging private and public investments.

EMERGING EFFORTS

In addition to the many established healthy communities initiatives nationwide, there are numerous **emerging cross-sector** efforts nationwide:

California Accountable Communities for Health Initiative (CACHI): The California Endowment, Blue Shield of California Foundation and Kaiser Permanente

In July 2016, CACHI awarded \$5.1 million in total funding to six Accountable Communities for Health (ACH), which are partnerships between various health and non-health sectors aimed at improving the health of their community. Each ACH will be awarded up to \$850,000 over three years to advance common health goals and create a vision for a more expansive, connected, prevention-oriented health system.

Healthiest Cities & Counties Challenge: American Public Health Association, Aetna Foundation and National Association of Counties

Launched in April 2016, the Healthiest Cities and Counties Challenge is a \$1.5 million prize competition for small- and mid-sized U.S. cities and counties as well as federally recognized tribes. Cities and counties will compete over the course of several years to develop practical, evidence-based strategies to improve measurable health outcomes and promote health and wellness, equity and social interaction.

HealthyCities Leadership Academy: General Electric

In October 2016, 10 community winners will receive up to \$25,000 of funding for a population health program plan implementation for one year. At the end of the funding period, winning teams will be eligible to receive additional funding from a total pool of \$250,000 to further develop and implement the plan for an additional designated time period. General Electric's goal for this challenge is to demonstrate that businesses can help to drive improvement in population health, lower healthcare costs and enhance their corporate image by collaborating with traditional government and private organizations.



Invest Health: Robert Wood Johnson Foundation and Reinvestment Fund

Launched in November 2015, Invest Health is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation. The goal is to develop new strategies to increase and leverage private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. This initiative provides an opportunity for mid-sized cities to transform the way local leaders work together to create solution-driven and diverse partnerships. As of 2016, 50 cities were selected will receive a grant award of up to \$60,000.

Kresge Community Finance: The Kresge Foundation and Surdna Foundation

Piloted in March 2016, Kresge Community Finance is a \$30 million, program-related investment (PRI) finance offering to certified CDFIs and quasi-public or private Development Finance Agencies (DFA) expanding opportunities for low-income people in America's cities.

Partnership for Raising Opportunity (PRO) Neighborhoods: JP Morgan Chase

Piloted in 2014 and launched in April 2016, PRO Neighborhoods is a \$125 million, five-year initiative to identify and support custom solutions for the unique challenges facing disadvantaged neighborhoods in U.S. cities. PRO Neighborhoods encourages CDFIs to work together in CDFI collaboratives that address community development challenges and develop innovative financing options for projects in distressed neighborhoods that are unable to qualify for traditional loans.

Strong Prosperous Resilient Communities Challenge (SPARCC): Robert Wood Johnson Foundation, Low Income Investment Fund, Enterprise Community Partners, Natural Resources Defense Council, Federal Reserve Bank of San Francisco, The Kresge Foundation and the Ford Foundation

Launched in July 2016, SPARCC supports 10 geographically focused, cross-sector partnerships paired with a set of national activities that have the potential to spur widespread market transformation. SPARCC will select six teams to receive access to a total of \$90 million in grant funding, technical assistance, program support and financing to accelerate their efforts over the next three years.



III. The Role of Foundations in the Healthy Communities Movement

In what ways are foundations investing in this area?

- How do foundations frame the work?
- How much grantmaking is occurring in this area versus other activities? What are the average and range of award sizes? Duration of investments?
- How are foundations engaging with communities around this work?
- How are foundations investing in/supporting healthy communities demonstration programs?

Foundations of all kinds are involved in healthy communities work. Our review identified a few types,³⁹ including national family foundations with a defined mission and funding priorities (Robert Wood Johnson Foundation, The Rippel Foundation, The Kresge Foundation, The Kellogg Foundation, the de Beaumont Foundation); health

39. Easterling, Smart, and McDuffee 2016.

conversion foundations in which a nonprofit health system is sold to a firm (The California Endowment); corporate foundations that disburse charitable funds on behalf of a parent corporation (Citi); community-based foundations that raise funds and provide various services for a defined area (East Lake Foundation); trusts that are managed by financial institutions (Kate B. Reynolds Charitable Trust); and foundations associated with hospitals (Kaiser Permanente). This section will highlight foundations’ role in the healthy communities movement and explore how their definitions of health and level/area of focus influence how they frame the issues, bring together new partners, utilize new grantmaking strategies and provide various means of support.

HOW FOUNDATIONS FRAME HEALTHY COMMUNITIES

Foundations have shifted their frameworks of health using healthy communities movement principles. Healthy communities movement principles include a holistic view of health and wellness, the link between place and health, and the importance of cross-sector work. In light of these principles, foundations are shifting their guiding frameworks, internal structure and funding strategy. Additionally, a foundation’s taxonomy influences their thinking around healthy communities. For example, the Citi Foundation is a corporate foundation with a specific philanthropic focus on economic development for low-income communities. However, its Partners in Progress initiative represents a shift to a more holistic approach to community development, incorporating elements such as health and child development. The Kate B. Reynolds Charitable Trust, a regional foundation, shifted funding strategy from provision of grants to the same types of organizations to a more targeted, place-based and involved strategy with their Healthy Places NC initiative. Table 6 provides examples of the types of foundations and how healthy communities principles have influenced their new frameworks.

Table 6: Selected Examples of Foundation Types and Frameworks

FOUNDATION	TYPE	FRAMEWORK SHIFT
Citi Foundation	Corporate foundation (economic development-focused)	Broadened definition of “community development” to include health through Partners in Progress
Robert Wood Johnson Foundation	National health foundation	Shift from traditional healthcare/ public health approach to Culture of Health vision; place-based investment strategy
The California Endowment	Regional health conversion foundation	Move beyond healthcare in addressing health; translate the social determinants of health (SDOH) lens in practice through place-based initiative Building Healthy Communities (health systems to health justice shift)
Kate B. Reynolds Charitable Trust	Regional trust	Shift to open grantmaking to place-based investment in rural communities through Healthy Places NC
The Rippel Foundation	Family foundation	Shift from healthcare focus to systems level change through ReThink Health

Foundation frameworks influence local community definitions of health. Foundations rely on the work of the organizations they fund to catalyze the change they desire. Based on a foundation’s definition of health, this can mean provision of a model with core components (e.g., East Lake Foundation) or a more flexible framework (Kate B. Reynolds). Regardless of the model, three trends emerge. First, social determinants of health provide a general definitional point of reference. Second, in shifting toward “collective impact,”⁴⁰ foundations play a unique role in engaging cross-sector partners to have greater impact. As one Robert Wood Johnson Foundation staff member said, “we’re not asking for leaders to change their objective... to health, but we are asking them to understand the role that health plays... and how interconnected and interdependent [these goals are].” Third, while most foundations agree that being too prescriptive in providing healthy communities definitions is a bad thing, they can provide a longer-range, bigger picture view. As ReThink Health said, “The best thing funders can do is to help their potential grantees and program officers...understand that systems thinking is the way of the future.”

An institutional commitment is required. Foundations are undoubtedly providing greater attention and resources to address conditions in communities to shape health. However, some foundations say that it requires a whole institutional commitment to make a lasting and meaningful impact. Some foundations are taking the commitment seriously: Robert Wood Johnson Foundation has restructured and refocused many of its grantmaking programs previously focused on healthcare innovations to align with its Culture of Health vision, which incorporates social determinants of health and emphasis on place. In embracing social determinants and shifting focus from health systems to health justice, The California Endowment made an internal shift in how they were “talking about the work internally and with our partners, to be more...explicit about power building...community organizing, voting, and civic engagement as a key element to health.” Overall, foundations should be aware that operating in the healthy communities space requires strategies that may differ from traditional grantmaking.

FOUNDATION INVESTMENTS IN HEALTHY COMMUNITIES

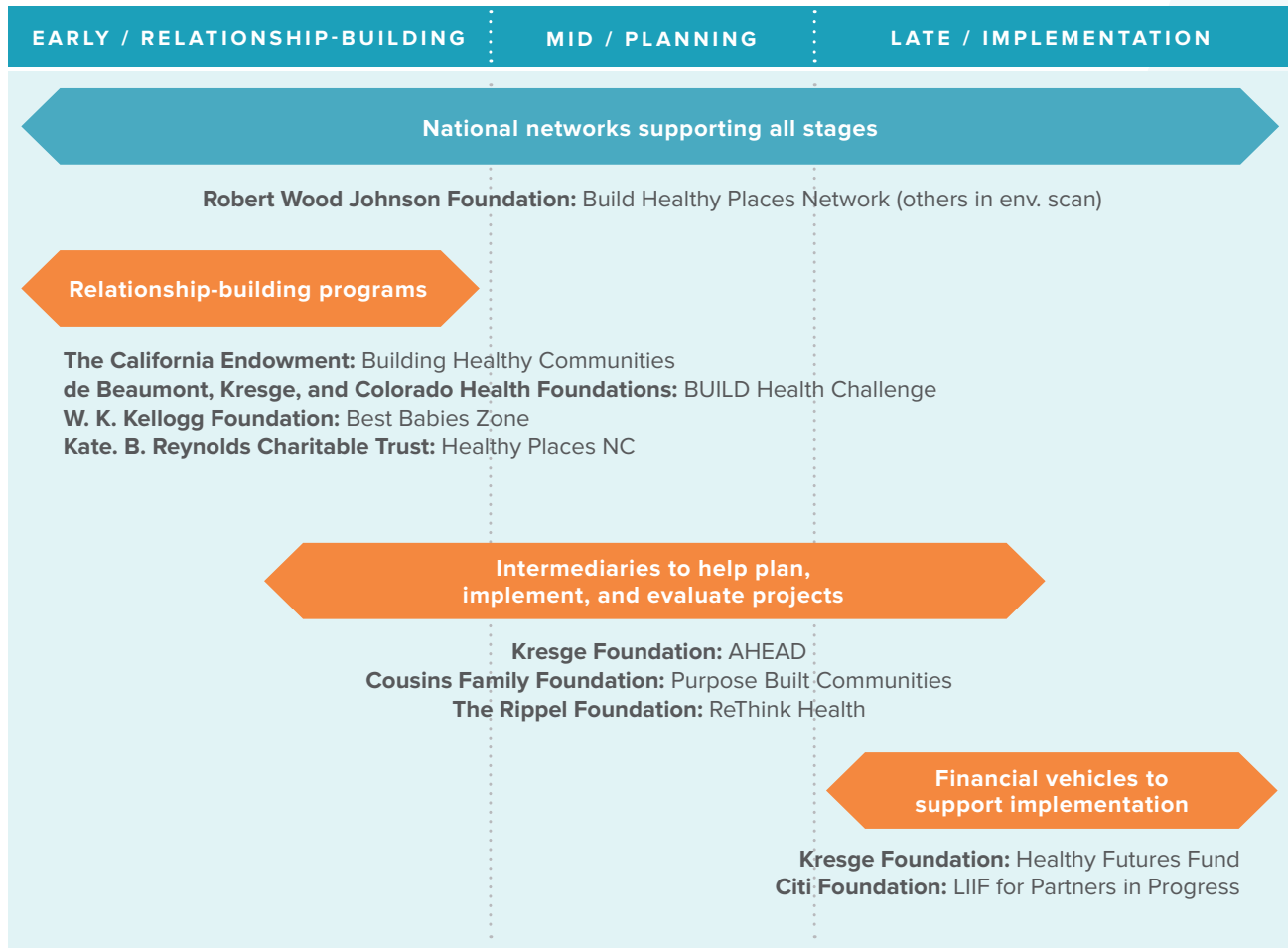
While foundations support communities at all stages of the healthy communities implementation pathway, they play a key role in working in the early- to mid-stages.

In light of these new frameworks and broader shift to place-based focus, foundations are investing in communities in various ways, falling at varying points on the healthy communities implementation pathway (see Graphic 1). Because of their influence in shaping local definitions of health using social determinants and experience in bringing together partners across sectors, foundations are ideal conveners of collaborative processes, relationship building and implementation, which fall at the early- to mid-stages of pathway.

A foundation’s definition of a healthy community and its typology affects grant strategy and distribution. As a result of these new frameworks, foundations are beginning to fund in new ways based on their definitions of health. For example, in recognizing the importance of cross-sector collaboration to address social determinants of health, Robert Wood Johnson Foundation invests in network building at a local level. The Kresge Foundation, a national foundation with various funding area interests, is exploring investments beyond traditional grantmaking to reach underserved markets, deploying program-related investment funds through CDFIs and other investment vehicles. Alternatively, The Rippel Foundation’s healthcare focus guides funding toward movement and relationship-building around health systems at the regional level.

40. Easterling 2013.

Graphic 1: Healthy Communities Pathway



National and regional foundations like Robert Wood Johnson Foundation, Kate B. Reynolds Charitable Trust and The California Endowment are incorporating a place-based framework to expand beyond traditional grantmaking areas. For example, The California Endowment said: “Prior to BHC, we funded some organizing, we funded universities, we funded research — a multitude of strategies. However, we did not see change happen in local communities. Where we saw greater change is when there’s an intentionality between statewide and local work.”

Their Building Healthy Communities Initiative represented a shift to place-based funding – a major trend amongst foundations focusing on the social determinants of health. A place-based focus helped foundations to “achieve systemic and sustainable change, [which] means more impact, more lasting improvements, and more easily replicable work that we can take to other areas of the state.”⁴¹

Foundations are investing in cross-sector partnerships. Foundations have a multifaceted understanding of what it means to be healthy. To actualize this healthy communities vision, foundations are investing in ways to build cross-sector efforts and collaboration among the fields of community development, healthcare and public health. Community development is becoming a more explicit investment focus due to increasing alignment of healthcare and community development efforts. Of the 18 foundation-initiated programs in our environmental scan, 44 percent explicitly focus on

41. The California Endowment 2016.

cross-sector collaboration with community development, and 33 percent of foundation-initiated programs focused on cross-sector collaboration between public health/healthcare. Though a public health/healthcare focus was more prevalent across all programs reviewed, in part due to public health leadership and in part from impetus from the ACA, the increasing focus of foundation-led initiated programs including community development is notable.

SCOPE AND SCALE OF GRANTMAKING

Size and duration of foundation grantmaking varies. Philanthropic investments have been critical in supporting healthy communities *process* work through grants and technical assistance. This is reflected in the size and terms of philanthropic investments, which primarily include six-month to five-year planning and implementation grants ranging from \$20,000-\$250,000. That said, larger and longer-term philanthropic investments in healthy communities efforts are increasingly coming from regional philanthropic organizations such as The California Endowment and Kate B. Reynolds Charitable Trust (see Table 7 for examples). Additionally, other smaller foundations are shifting their assets to healthy communities investments (e.g. The Rippel Foundation).

Table 7: Selected Examples of Healthy Communities Grantmaking

	ROBERT WOOD JOHNSON FOUNDATION	THE CALIFORNIA ENDOWMENT	THE RIPPEL FOUNDATION	KATE B. REYNOLDS CHARITABLE TRUST
Total Portfolio	~\$10 billion	~\$3 billion	~\$80 million	~\$500 million
Healthy Communities Investments	Healthy Communities is one of four grantmaking themes. Our best guess is roughly one-quarter of total grantmaking.	\$1 billion over 10 years to 14 communities. Roughly one-third of total grantmaking.	Majority goes to ReThink Health, its flagship initiative for health systems change	\$7-9 million every year to Healthy Places NC; goal is \$100 million over 10 years.
Community Development Involvement	Explicit. Community development is an important stakeholder for cross-sector collaboration. “ZIP code is more important than your genetic code when it comes to determining your health.”	Implicit. “Health happens in neighborhoods.” Some of the communities include community developers as part of the coalition.	Implicit	Implicit. Availability/presence of CDFIs, CDCs and other capital limited.
Scope	National	Statewide in California	National, but also New Jersey focus	Statewide in North Carolina
Origins	Established in 1972 with Johnson & Johnson assets	Established in 1996 when Blue Cross of California acquired the for-profit WellPoint Health Networks	Established in 1953 with family foundation funds	Established in 1947; Wells Fargo is trustee.

Foundations are adopting longer-term grantmaking strategies to affect health outcomes.

While traditional planning and implementation grants are often less than three years, foundations are realizing that one-off grants can only do so much and are reassessing what duration of grant is truly require of impact. As The California Endowment said, “This is not like a two year initiative, it’s a ten year initiative, and coming from a place of recognizing that ultimately what we’re trying to do is change the status quo...that’s going to take a very long time.”

Funders and program officers need to adjust outcomes-related expectations. As one Robert Wood Johnson Foundation staff person said, “It’s like saying to Albert Einstein, ‘So the clock’s ticking, when are you going to come up with the theory of relativity?’”

Grant amounts and terms reflect the need for flexibility and long-term sustainability.

Because of the long-term nature of healthy communities work, many funders spoke about the need for funding mechanisms to be nimble, allowing for flexibility for communities to respond and adjust for change. Potential to address “early wins” should be built in. As the California Endowment staff said, “It shouldn’t take six months to respond to something that’s imminent in a month.”

Additionally, funders are also experimenting with grant amounts that will enable an organization’s sustainability after the grant period has ended. As Robert Wood Johnson Foundation staff said, “The process by which we work with a community for only a few years can be extraordinarily destructive...because it’s so dependent on soft money, it’s not durable.”

The Pueblo Triple Aim Corporation, an on-the ground participant in multiple healthy communities programs, said: “We joke about being piloted to death... the [danger] of pilots [is that] they die, and without the reinvestment, which we have very little of, nothing stays.” To address this, funders are testing various approaches. The Robert Wood Johnson Foundation is experimenting with levels of funding types, like the \$25,000 Culture of Health prize, which is not a grant. The California Endowment is beginning to fund community-organizing activities and build on two-year community planning processes to guide program managers toward funding prioritized areas. Still other foundations are moving toward provision of grants to address higher indirect operating costs. Across the board, organizations and funders spoke of the need for funders to work together – both at the local and national level – to support the elimination of funding silos.

Efforts to determine appropriate amounts and duration of support continue to evolve. As one Robert Wood Johnson Foundation staff member said, “I am told there are now 33 different ways to fund partnerships for healthy communities...not by any means have [we] reached the bottom of explorations for that.” One approach that has shown promise in rural communities involves funding a community strategy for improving health rather than leading with programmatic grant money to ensure groups stay focused on the issue. For example, health policy scholar Doug Easterling said, “The prospect of getting an implementation grant causes game playing. The participating organizations get overly focused on their own immediate wants rather than developing the bold, comprehensive solution that the foundation is looking for. As they angle for their own piece of the pie, we sometimes see disruptions to the relationships that were there before the foundation entered the picture.”

- ⋮ *“Keep the funding off the table until a community develops a strategy,*
- ⋮ *then fund essential elements of the strategy and provide additional*
- ⋮ *supports that enable the partners to take their solutions forward.”*
- ⋮ *– Doug Easterling, health policy scholar*

Graphic 2: Amount of Technical Assistance Needed



COMMUNITY ENGAGEMENT

Foundations are providing a range of technical assistance (TA) activities.

Foundations provide a wide range of grants, including some lump sum amounts with no strings attached, some with more operational components, and others larger and less defined that might require extra foundation guidance. While most healthy communities programs typically have some kind of TA as part of its terms, the depth at which foundations engage in technical assistance depends on how much they might choose to emphasize capacity building over investment, which is partly determined by their typology, size, and framework focus. Examples of where foundations fall on this TA spectrum is described in Graphic 2.

Extensive technical assistance

On one end, foundations are significantly engaged with communities. TA of this level may involve on-site problem solving, monitoring and evaluation, capacity building and other activities provided directly by the foundation. Foundations deeply involved in supporting the design of actual local efforts themselves and remain at the table when the programs are being implemented. Regional foundations like The California Endowment and the Kate B. Reynolds Charitable Trust have program officers embedded deeply in communities with significant TA responsibilities, including convening stakeholders and participating in community organizing and advocacy work, though these efforts look quite different based on community context. Community-based foundations like the East Lake Foundation sometimes serve as “community quarterbacks” who promote sustainable community development, develop leadership and build coalitions, and act as stewards for implementation of a vision for a healthy community (see Chapter 4: Case Studies).

Moderate technical assistance

Oftentimes, foundations providing moderate technical take on an ongoing advisory role for healthy communities projects, help communities/grantees connect to other organizations relevant to their vision, and provide guidance and strategy to bring this vision to action. Because they are not “on the ground” like some regional or community foundations, national foundations like Robert Wood Johnson Foundation instead focus on where they can build strategic partnerships with organizations with local reach, such as the YMCA, United Way, American Academy of Pediatrics, AARP and others. A Robert Wood Johnson Foundation staff member said, “That’s how we’re trying to lead: by making sure that we’re having conversations with leaders and leadership institutions within particular sectors that are aligned with our shared goals.”

Light technical assistance

While foundations engaged in light technical assistance work may not provide the same depth of services firsthand, they do act as investors in partnerships with other organizations to carry out on-the-ground TA. For example, for the Partners in Progress Project, which advances the “community quarterback” model of community development, the Citi Foundation partnered with the Low Income Investment Fund, an organization with vast experience in local community development and technical assistance provision. The Kresge Foundation provided a planning grant for the Build Healthy Places Network to explore partnerships between CDFIs and BUILD Health Challenge grantees, which include community development corporations, public health departments, and healthcare systems. Finally, the Healthy Futures Fund represents an unprecedented impact investing partnership of a foundation, a financial institution, and a community development organization working together to break the cycle of poverty and health inequity (see Chapter 4: Case Studies).



IV. Case Studies

The following section provides a snapshot of representative examples of healthy communities and investment programs:

- Building Healthy Communities, The California Endowment (regional investment program)
- Healthy Futures Fund (national investment program)
- Healthy Places North Carolina (regional investment program in rural communities)
- Joining Forces Grant, Build Healthy Places Network (national investment program)
- Villages of East Lake, Purpose Built Communities (community quarterback/capacity-building program)

BUILDING HEALTHY COMMUNITIES, THE CALIFORNIA ENDOWMENT

In 2010, The California Endowment affected the regional philanthropy community in a big way. Recognizing the profound influence of place on health, The California Endowment shifted its grantmaking strategy from one supporting health delivery systems to a two-part strategy of investing in place-based, comprehensive change and in policy and systems change. The Building Healthy Communities program, a \$1 billion, 14-site initiative, was the largest and most ambitious of its kind, especially against the backdrop of the nation's economic downturn.

The Building Healthy Communities Initiative involves four long-term goals, 10 outcomes, three campaigns, and five drivers of change as part of their framework. The program has many novel components for a philanthropy-driven effort, including large investments in community organizing, focusing on youth leadership and organizing, embedding program managers within sites and supporting local and statewide advocacy infrastructure.

Five years in, Building Healthy Communities has documented the following success:

- Improved health coverage for the underserved
- Strengthened health coverage for the undocumented
- Improved school climate, wellness, and equity; made strides in justice system
- Supported outcome-improvement work in young men of color
- Successfully promoted a “health in all policies” framework

However, The Endowment will also shift course based on lessons learned. For example, they now know they applied an overly complicated, prescriptive framework; created confusion around expectations for sites; had a misguided belief that one “hub” could be established amid “systems insider” mistrust; underestimated the role of trauma and oppression in affecting health; made naïve assumptions about triggering private sector capital to spur economic development; and underestimated staffing requirements.

Moving forward, Building Healthy Communities restructured the framework to make it less complicated; strengthened their ‘alignment’ function among local and statewide advocacy efforts; will increase the use of assets, such as program-related investments and mission-related investments; utilize longer-term, multi-year grants; and is revising staff configuration.

“Building Healthy Communities, The California Endowment” Fast Facts

Program Type: Regional investment.

Project Status: Launched in 2010; \$1 billion across 14 sites in California over 10 years.

Role of Foundation: Investor; program officers embedded in each site.

Definition of a Healthy Community: Places where “children and youth are healthy, safe, and ready to learn.”

Project Components: Four long-term goals: providing a health home for all children, reversing the childhood obesity epidemic, increasing school attendance and reducing youth violence; ten outcomes including increasing health coverage, supporting healthy youth development, improving neighborhood and school environments; three campaigns: Health Happens with Prevention, Health Happens in Schools, and Health Happens in Neighborhoods; and five drivers of change: developing youth leaders, building resident power, collaboration, leveraging partnerships and changing the narrative. Embedded program managers and “Hub” managers within each site.

Key Stakeholders: The California Endowment, Healthy California staff, community residents, community-based organizations, state-level and local public agencies, etc.

Financing: single and multi-year grants, program-related investments (PRIs) over 10 years.

HEALTHY FUTURES FUND

With the advent of the ACA and momentum toward health system transformation, the Kresge Foundation, Morgan Stanley, and LISC saw an opportune moment to collaborate and invest in community health. In 2012, the partners launched the Healthy Futures Fund, an unprecedented \$100 million initiative that aims to break the link between poverty and poor health by bringing together nontraditional partners who, together, can bring opportunities for better health to low-income neighborhoods.

This “impact investing” partnership was a win-win. As part of its core mission as a CDFI, LISC was already extremely familiar with funding and facilitating community development projects in low-income communities. For Morgan Stanley, the collaboration provided an opportunity to explore community development and potential to combine affordable housing with other benefits. For Kresge, the partnership allows it to expand its work on community health centers through leveraging other capital.

The Fund focuses on projects that combine two key components: affordable housing and healthcare services. Of the \$100 million, \$50 million is for affordable housing co-located with healthcare services, funded by Low Income Housing Tax Credits. The other \$50 million funds community health centers that link with affordable housing or other services, and is a combination of New Markets Tax Credit loans, equity and grants.

The Fund’s partners announced another \$100 million in funding for a second fund: Healthy Futures Fund 2.0. Like the first fund, it will include \$50 million in Low Income Housing Tax Credits; the other \$50 million in New Market Tax Credits will be directed to community health centers that co-locate with wider variety of services that could include education, job training or nutrition.

Healthy Futures Fund Fast Facts

Project Type: National investment.

Project Status: Phase I pilot launched in 2012; phase II launched 2014.

Scale: National; 450-500 affordable housing units with integrated health services; eight federally qualified health centers that will serve an estimated 100,000 people.

Role of Foundation: Investing partner.

Definition of a Healthy Community: Health of low-income communities is affected by its social determinants, especially access to affordable housing and health services.

Project Components: Loans, equity and grants to selected projects that combine two key components: affordable housing and healthcare services.

Key Stakeholders: Kresge Foundation, LISC and Morgan Stanley are the founding partners. Other partners include the National Development Council, Capital Impact Partners, Capital Link, Primary Care Development Corporation, Mercy Loan Fund, Opportunity Finance Network and Corporation for Supportive Housing

Financing: \$50 million in Low Income Housing Tax Credit equity for affordable housing developments incorporating healthcare programs and services; \$50 million New Markets Tax Credit equity and loans for health center construction and permanent financing; \$250,000 in technical assistance and planning grants; \$600,000 in program grants.

HEALTHY PLACES NORTH CAROLINA

While maintaining its mission to improve the quality of health and life for lower-income North Carolina residents, the Kate B. Reynolds Charitable Trust decided it was time to move beyond more traditional, isolated, short-term grants to longer-term place-based grants in order to create systemic and sustainable change. With the support of its sole trustee, Wells Fargo, a new initiative was born: through Healthy Places NC, the Trust will invest \$100 million to improve the health of residents in 10 to 12 of the state's rural, financially disadvantaged counties for up to 10 years.

Drawing upon previous experience and unique knowledge of rural communities, Healthy Places NC seeks to respond precisely to the needs of a specific community rather than imposing a prescriptive, top-down model. In addition to leadership training, resource management and coaching, and other forms of technical assistance, Trust program officers are immersed in rural communities to build trust and cultivate relationships between local, regional, and state-level leaders. This approach reflects the fact that smaller rural communities have long-standing relationships; to uncover these, Trust officers must have a deep and firsthand understanding of community power dynamics.

This approach is not for every organization- it requires a great deal of flexibility and adaptability to the needs of each county, and a level of deep, consistent involvement of Trust officers within the community. While impact-focused outcomes are often difficult to quantify, Healthy Places NC has seen success, such as the establishment of a hospital-based clinic by Halifax County's federally qualified health center to encourage patients to use primary care rather than the emergency department (a first for North Carolina), construction and active use of walking trails in a number of participating counties, and the introduction of new prevention programming that reaches low-income residents who had traditionally not had access (e.g., the YMCA diabetes prevention program in McDowell County).

Healthy Places North Carolina Fast Facts

Project Type: Distinct investments in multiple counties across the state.

Project Status: Launched in 2012. Foundation has stimulated new work and built capacity in rural North Carolina counties which is setting the stage for long-term improvements in community health.

Scale: County-level; 10-12 rural communities in North Carolina.

Role of Foundation: Kate B. Reynolds Charitable Trust identifies counties to participate, committing to ongoing investments of funding and other supports for at least 6 years. Program officers operate in a community engagement capacity to identify local opportunities and interests, to encourage local actors to initiate new health-improvement work, to connect related efforts and to support strategic thinking and learning. The Trust also engages a variety of national, state and regional organizations to provide targeted capacity-building.

Definition of a Healthy Community: A community that values and encourages health-promoting behavior, that provides needed health services to all residents (especially those with limited

financial means), and that strives to create the social, economic and physical conditions that allow all residents to lead healthy lives. People and organizations throughout the community (well beyond the health sector) are committed to improving health and have the confidence, initiative and knowledge to take effective action.

Project Components: Deep, fluid, ongoing engagement by program officers; sequenced grantmaking with the expectation of increasingly strategic projects; long-term support from a regional partner organization; leadership development and other targeted capacity building; developmental framework guides the delivery of resources.

Key Stakeholders: A broad range of local organizations and actors (e.g., residents, government officials, organizational leaders), Kate B. Reynolds Charitable Trust (foundation leadership, program officers, communications director); two "regional support organizations," Center for Creative Leadership, County Health Rankings & Roadmaps, KaBOOM!, other regional, state and national organizations that deliver specific components of the HPNC strategy.

Financing: Grant-based, \$100 million over 10 years

Joining Forces Grant, Build Healthy Places Network Fast Facts

Program Type: National investment.

Project Status: Pilot grant program launched in 2015. Six-month grant cycle that ends in 2016.

Scale: Neighborhood-level; three sites in Springfield, Massachusetts, Pasadena, Texas, and Albuquerque, New Mexico.

Role of Foundation: Kresge Foundation provided grant funding to Build Healthy Places Network to host an interactive breakfast event at 2015 Opportunity Finance Network conference and administer pass-through planning grants to three BUILD Health Challenge grantees.

Definition of a Healthy Community: Defined by local coalitions in line with the BUILD Health Challenge broader healthy communities framework.

Project Components: Convenings and planning activities that connect CDFIs and BUILD Health Challenge grantees

Key Stakeholders: DevelopSpringfield, Massachusetts; Harris County Public Health Department, Pasadena, Texas; First Choice Healthcare, Albuquerque, New Mexico.

Financing: Three \$20,000 planning grants over six months.

JOINING FORCES GRANT, BUILD HEALTHY PLACES NETWORK

For decades, the community development and health sectors have worked in the same places with the same people, often without knowing about each other. In recent years, the sectors have begun to work together more frequently to improve opportunity in neighborhoods where residents face obstacles to health and well-being. There are bright spots, but we need more examples of how collaboration can work and the impact it can generate.

With this in mind, the Build Healthy Places Network and The Kresge Foundation co-hosted a breakfast at the 2015 Opportunity Finance Network conference in Detroit. The object of the networking event was to bring together a group of BUILD Health Challenge grantees and CDFIs to discuss partnership opportunities. As an extension of this event, the Build Healthy Places Network initiated the Joining Forces Grant to support planning grantees that will result in collaboration between BUILD grantees and CDFIs. The Network, with grant funding from the Kresge Foundation's Social Investment Practice and Health Program, provided \$20,000 planning grants to support three ongoing efforts led by three BUILD Health Challenge grantees:

• First Choice Community Healthcare of

Albuquerque, New Mexico, is developing a financing package and business plan for its South Valley Commons expansion project. First Choice is exploring financing partnerships, including New Markets Tax Credit opportunities, with CDFIs such as Capital Impact Partners, Housing Partnership Network and others.

- **Harris County Public Health & Environmental Services (HCPHES), of Pasadena, Texas,** is undertaking a sustainability planning process resulting in a Healthy Food Financing Plan for scaling, sustaining and replicating urban farms. Partners include the CDFI PeopleFund and the local economic development corporation Pasadena Second Century.
- **DevelopSpringfield of Springfield, Massachusetts,** is developing a project pro-forma to successfully attract a viable grocery store operator. Partners include the local CDFI Common Capital and a local community development corporation (CDC), HAP Housing.

The grant period is currently underway, but grantees have already reported productive connections with both regional and national CDFIs as they continue to develop their larger neighborhood-level initiatives.

VILLAGES OF EAST LAKE, PURPOSE BUILT COMMUNITIES

In the mid-90s, the Atlanta community of East Lake was known as “Little Vietnam” — a veritable war zone after decades of economic neglect, grappling with extreme poverty, violent crime, abysmal educational outcomes and high unemployment. After witnessing this hardship, local real estate developer and philanthropist Tom Cousins partnered with Atlanta Housing Authority (AHA) President and CEO Renée Glover, influential resident leader Eva Davis, and local business leaders to revitalize the neighborhood. Together, they formed the East Lake Foundation (ELF) in 1995, which helped to transform East Lake using a unique and comprehensive approach to break the cycle of poverty.

This holistic, three-pronged approach included high quality mixed-income housing, an effective cradle-to-college education pipeline and comprehensive community wellness resources. Throughout the process, ELF served as a “community quarterback” to implement the vision, which involved partnership building with key organizations like the AHA, Atlanta Public Schools, the YMCA of Metro Atlanta, and the East Lake Meadows Residents’ Association, and piecing together the financing for the project, which included \$172 million to fund core components of the model.

East Lake has had astounding success, including a 90 percent reduction in violent crime, 5 percent of subsidized housing residents on welfare (versus 59 percent in 1995), 100 percent of non-disabled, non-elderly adult subsidized housing residents working or in job training (versus 13 percent employment in 1995), and 98 percent of charter school students grades 3-8 meeting or exceeding state standards in core subjects. The success of East Lake inspired creation of Purpose Built Communities, a nonprofit that seeks to replicate successful elements of the East Lake model in other low-income communities.

Villages of East Lake, Purpose Built Communities Fast Facts

Program Type: Community quarterback/capacity-building.

Project Status: Project launched 1995, now well established and showing impressive results. Inspired Purpose Built Communities, which replicates model in other communities.

Scale: Neighborhood, 175 acres, 542 apartments, ~2100 students in early learning center and K-12 charter school.

Role of Foundation: East Lake Foundation serves as community quarterback.

Definition of a Healthy Community: Three-pronged model: mixed-income housing; cradle-to-college education; community wellness resources.

Project Components: Mixed-income housing, “Education Village,” indoor and outdoor recreational and community facilities, parks, grocery stores, private and public golf courses.

Key Stakeholders: East Lake Foundation, Atlanta Housing Authority, YMCA, East Lake Meadows Residents’ Association and Atlanta Public Schools.

Financing: HUD grant, Low Income Housing Tax Credits, New Markets Tax Credits, revenue and general obligation bonds, private debt and equity investment, foundation, corporate, and individual grants and donations.



Looking Forward

Though the healthy communities movement has evolved significantly over the past four decades, the basic principles remain: place matters, health is influenced by its social determinants and it takes the work of everyone working together to truly build a healthy community. In moving from these concepts to action, more coordinated efforts have begun to take shape.

Leading sectors, particularly community development, healthcare, planning and public health are beginning to work closely together through capacity building and investment demonstration programs to build coalitions, implement projects and programs, and share lessons learned. Importantly, foundations have played a key role in coordinating efforts across sectors and act not just as advisors, but stewards for a community's vision of a healthy place. This research raised a number of questions to consider as the healthy communities movement continues to progress:

How can communities be better connected to capital?

- Under-resourced communities face challenges in accessing capital. In some cases, financial institutions are not even present in the community. Additionally, private banks are noticeably few in healthy communities work at a larger scale, though CDFIs have played a critical role in leveraging private investments into healthy communities efforts. Both CDFIs and foundations must address context-specific challenges and find ways to better engage private investors to build markets that truly value health.

• *“There are midsize cities who have CDFIs and have entrepreneurial investment, venture capitalists — we have no idea who those people are because we don’t have any — they don’t exist.”*
• *– Pueblo Triple Aim (ReThink Health program, SCALE, and Invest Health)*

How can investors work effectively with rural communities?

- It is clear that healthy communities efforts span all kinds of settings- urban, rural, and suburban. Even though the broader health issues might be similar, there are unique considerations when working within rural communities. Investors of all types must tailor capacity-building and investment strategies to particular local contexts, understanding that strategies largely applied in urban settings (e.g., collective impact) may not fully address rural community needs.

• *“Collective impact is a model that has never worked in rural areas....because it empowers the five or six people who have made all the decisions for the last fifty years ... it enforces the gatekeeper mindset.”*
• *– Healthy Places NC*

How can foundations incorporate a long-range view into their grantmaking?

- Healthy communities work requires nimble, flexible funding mechanisms that allow for course-correction and long-term support for measurable outcomes. Foundations might experiment with a phased long-term grant strategy to address these needs.

• *“You need to have very flexible funding processes so that early money can get out to act upon the potential early wins in community.”*
• *– The California Endowment*

• *“This is coming from a place of recognizing that ultimately what we’re trying to do is change the status quo...that’s going to take a very long time.”*
• *– The California Endowment*





Appendix

ENVIRONMENTAL SCAN: HEALTHY COMMUNITIES DEMONSTRATION PROGRAMS

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
NATIONAL CAPACITY-BUILDING								
100 Million Healthier Lives	Capacity-building	Nonprofit	Healthcare, public health and other sectors working to improve health	Help 100 million people live healthier lives by 2020, fundamentally transform the way the world thinks and acts to improve health, well-being and equity to get to breakthrough results.	2014 6 years	Public health/ healthcare focus	Amount N/A Over 700 members/sites	Robert Wood Johnson Foundation (a project of the Institute for Healthcare Improvement)
Active Living by Design	Capacity-building	Philanthropy	Public health, public policy, urban planning, design, community development, architecture, social work, nutrition	Creates community-led change by working with local, state and national partners to build a culture of active living and healthy eating.	2002 Ongoing	Public health/ healthcare focus	Amount N/A Sites unknown	Robert Wood Johnson Foundation (a program of Third Sector New England)
Alignment for Health Equity and Development (AHEAD) Initiative	Capacity-building	Nonprofit	Community development, public health, healthcare	Aligns resources of health and community development stakeholders to improve health.	2014 18 months	Explicit community development focus	\$60,000 in-kind TA, \$20,000 seed funding to 5 sites	Public Health Institute, Reinvestment Fund, Kresge Foundation
Best Babies Zone	Capacity-building	N/A	Social services, education, healthcare, public health	Ensures all babies are born healthy, in communities that enable them to thrive and reach their full potential.	2012 4 years	Cross-sector	Amount N/A 3 sites	Kellogg Foundation with technical support from UC Berkeley School of Public Health
Bridging for Health	Capacity-building	Nonprofit	Healthcare, public health, social services, business, schools, housing, and others	Improves population health by rebalancing and aligning investments while fostering linkages among public health, healthcare and other sectors.	2015 Ongoing	Public health/ healthcare focus	Amount N/A 4 sites	Robert Wood Johnson Foundation with technical support from Georgia Health Policy Center
Build Healthy Places Network	Capacity-building	Nonprofit	Community development, public health, healthcare	Catalyzes and supports collaboration across the community development and health sectors to improve low-income communities and lives of people living in them.	2014 Ongoing	Explicit community development focus	\$20,000 for Joining Forces Grant Program Sites N/A	Robert Wood Johnson Foundation (a program of Public Health Institute)
Collaboratives for Health Equity (formerly Place Matters)	Capacity-building	Nonprofit	Public health, public policy, local government	Empowers leaders and communities to identify and address social, economic and environmental conditions that shape health and life opportunities.	2006 Ongoing	Local government focus	Amount N/A 19 sites	Kellogg Foundation, and others (a project of the National Collaborative for Health Equity/New Venture Fund)
Communities Joined In Action	Capacity-building	Nonprofit	Public health, healthcare	Creates networks of community health collaboratives to improve health, improve access and eliminate disparities.	2005 Ongoing	Public health/ healthcare focus	Amount N/A Sites unknown	Robert Wood Johnson Foundation (a program of Georgia Health Policy Center)
County Health Rankings & Roadmaps	Capacity-building	Philanthropy	Public health, business, education, Philanthropy and investors, nonprofits, community development, government and healthcare	Strengthens capacity to advance efforts to build a Culture of Health in their communities.	2009 Ongoing	Explicit community development focus	Amount N/A Sites N/A	A program of Robert Wood Johnson Foundation

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
Healthy Communities Initiative	Capacity-building	Financial institution, Philanthropy	Community development, public health, healthcare	Enriches the debate on how cross-sector and place-based approaches to revitalize low-income communities might both revitalize neighborhoods and improve health.	2010 Ongoing	Explicit community development focus	Amount N/A Sites unknown	Robert Wood Johnson Foundation (in partnership with the regional Federal Reserve Banks)
Learning Collaborative on Health Disparities	Capacity-building	Nonprofit	Local government (mayors, council, health departments, planning departments, etc)	Seeks to understand emerging city-level models to address the social determinants of health and reduce childhood obesity-related health disparities.	2014 1 year	Local government focus	Amount N/A 7 sites	Robert Wood Johnson Foundation
Moving Healthcare Upstream	Capacity-building	Academic institution	Healthcare, public health	Accelerates innovations that improve health of the community by promoting child and family well-being.	N/A Ongoing	Public health/ healthcare focus	Amount N/A 20 sites	The Kresge Foundation (program of Nemours and UCLA Center for Healthier Children, Families, and Communities)
Network for Regional Healthcare Improvement	Capacity-building	Nonprofit	Healthcare, public health	Improves health and healthcare in communities across the U.S. through an active and engaged network of Regional Health Improvement Collaboratives (RHICs).	2004 Ongoing	Public health/ healthcare focus	Amount N/A 40 collaboratives	Robert Wood Johnson Foundation
Plan4Health	Capacity-building	Government, Nonprofit	Local government (planning, public health)	Supports creative partnerships to build sustainable, cross-sector coalitions (focus on increasing health equity through nutrition or physical activity).	2014 Ongoing	Local government focus	Small grant programs based on topic to 36 sites	Centers for Disease Control and Prevention/ Program of American Planning Association and American Public Health Association
Purpose Built Communities	Capacity-building	Philanthropy	Education, housing, healthcare, community development, social services	Partners with a local lead organization that serves as the community quarterback to help create vibrant new communities where everyone has the opportunity to thrive.	2009 Ongoing	Explicit community development focus	Amount N/A 13 sites	Cousins Family Foundation, private investors
ReThink Health	Capacity-building	Philanthropy	Healthcare, economics, policy, government, business	Foster catalytic leadership and test innovative ideas for bridging and redesigning their health and healthcare systems, continuously learning with those who strive for significant, systemwide	2007 Ongoing	Public health/ healthcare focus	Amount N/A 4 sites	The Rippel Foundation, Robert Wood Johnson Foundation
Spreading Community Accelerators through Learning and Evaluation (SCALE): Pathway to Pacesetter (P2P)	Capacity-building	Nonprofit	Public health (health department), healthcare (insurers and hospitals), community based organizations, education,	Assists communities to achieve unprecedented results in improving the health and well-being of people, populations and the community-at-large and to close equity gaps.	2015 20 months	Public health/ healthcare focus	\$60,000 to 24 sites	Robert Wood Johnson Foundation (a program of 100 Million Healthier Lives/ Institute for Healthcare Improvement)
What Works Cities	Capacity-building	Philanthropy	Local government (public health, affordable housing, transportation, planning, public safety)	Helps 100 mid-sized American cities enhance their use of data and evidence to improve services, inform local decision-making and engage residents.	2015 Ongoing	Local government focus	Amount N/A 39 sites	Bloomberg Philanthropies

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
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REGIONAL CAPACITY-BUILDING

Colorado Healthy Communities Initiative	Capacity-building (regional)	Philanthropy	Community development, healthcare, public health, planning, education, early childhood	Helped communities define and act on their own vision of a healthy community.	1992 9 years	Explicit community development focus	\$50,000 annually to 28 sites (\$8.8 million total)	The Colorado Trust
Foundation for Healthy Communities, NH	Capacity-building (regional)	Nonprofit (hospital association)	Healthcare, public health, early childhood, education	Improve health and healthcare in communities through partnerships that engage individuals and organizations.	N/A Ongoing	Public health/ healthcare focus	Amount N/A Sites unknown	New Hampshire Hospital Association

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
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NATIONAL INVESTMENT

BUILD Health Challenge	National Investment	Philanthropy	Healthcare (health systems, hospitals), public health (health departments), community-based organizations	Increases the number and effectiveness of hospital, community and public health collaborations to improve health.	2015 2 years	Public health/ healthcare focus	\$75,000 planning grants; \$250,000 implementation grants to 17 sites	Kresge Foundation, Robert Wood Johnson Foundation, the Advisory Board Company, de Beaumont Foundation, The Colorado Health Foundation
Building Sustainable Communities	National Investment	Nonprofit/ nonprofit bank (CDFI)	Community development, public health, housing, healthcare, education, social services	Works with community partnerships to take on affordable housing, economic development, education, health and safety, and stabilizing family income simultaneously.	2007 Varied	Explicit community development focus	1,100 grants per year; \$15 million in 56 neighborhoods (about \$50 million annually in total)	Local Initiatives Support Corporation
Culture of Health Prize	National Investment	Philanthropy	Multi-sector (not specified)	Celebrates communities that have placed a priority on health and are creating powerful partnerships and deep commitments to make change.	2015 1 year	Cross-sector	\$25,000 in individual prizes to 16 sites	Robert Wood Johnson Foundation (Administered by County Health Rankings & Roadmaps)
Data Across Sectors for Health (DASH)	National Investment	Philanthropy	Public health, healthcare, human services and other sectors	Identifies barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement.	2014 18 months	Public health/ healthcare focus	Up to \$200,000 in individual grants to 10 sites	Robert Wood Johnson Foundation; technical support from Illinois Public Health Institute and Michigan Public Health Institute

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
Dignity Health Community Investments	National Investment	Nonprofit (hospital)	Community development, healthcare and other stakeholders	Improves our communities by giving local activists the financial tools they need to serve the underserved.	1992 Ongoing	Explicit community development focus	\$88.1 million in loans to 185 nonprofits Sites unknown	Dignity Health
Equity With a Twist	National Investment	Nonprofit (CDFI) and private bank	Community development, affordable housing, and education	Supports integrative, outcomes-driven solutions to poverty.	2016 10 years	Explicit community development focus	\$2 million in flexible, low-cost financing per site (\$6 million total) to 3 sites	Low Income Investment Fund in partnership with JP Morgan Chase
Healthy Futures Fund	National Investment	Nonprofit (CDFI) and private bank	Community development, healthcare, and other stakeholders	Improves community health by expanding healthcare access through a co-location model for health centers and affordable housing projects.	2012 7 years	Explicit community development focus	\$2-10 million individual loans (\$200 million total) Sites unknown	Project of Local Initiatives Support Corporation/Morgan Stanley and The Kresge Foundation
Joining Forces Grant	National Investment	Philanthropy, nonprofit	Community development, public health, healthcare	Supports planning activities that will result in collaboration between BUILD grantees and Community Development Financial Institutions.	2016 6 months	Public health/ healthcare focus	\$20,000 planning grant to 3 sites	Build Healthy Places Network, Kresge Foundation
Partners In Progress	National Investment	Nonprofit bank (CDFI), Philanthropy	Community development, housing, youth development, social services	Transforms the field of community development by advancing the community "quarterback" model.	2014 1 year	Explicit community development focus	\$250,000 individual grants (\$3.2 million total) to 11 sites	Citi Foundation in partnership with Low Income Investment Fund
The Way to Wellville	National Investment	Nonprofit, Philanthropy	Public health, education, transportation	Produces visible improvements in five measures of health and economic vitality (health, financial, community conditions, sustainability and local priorities).	2014 5 years	Public health/ healthcare focus	Amount N/A 5 sites	A program of Health Initiative Coordinating Council (HICcup), partially funded by Robert Wood Johnson Foundation
Transforming Communities Initiative	National Investment	Nonprofit (healthcare system)	Public health, healthcare (hospitals and healthcare systems), education, early childhood, academic institutions	Focuses on community health and well-being as a way to empower low-income, disadvantaged and underserved populations and communities (emphasis on built environment economic revitalization, social determinants, etc.)	2015 5 years	Public health/ healthcare focus	Up to \$500,000 individual investments (\$80 million total) to 6 sites	Trinity Health

NAME	PROGRAM TYPE	INITIATING SECTOR	TARGET FIELD / INDUSTRY	MISSION / APPROACH	START DATE / PROGRAM PERIOD	SECTOR FOCUS	GRANT AMOUNTS # SITES (if applicable)	FUNDERS
REGIONAL INVESTMENT								
Building Healthy Communities, CA	Regional Investment	Philanthropy	Education, healthcare, neighborhood development groups (community development, planning, etc)	Improves health systems and the physical, social, economic and service structures that support healthy living and healthy behaviors in California.	2010 10 years	Public health/ healthcare focus	\$1 billion across 14 sites	The California Endowment
Community Health Initiative- Kaiser Permanente	Regional Investment	Nonprofit (healthcare system)	Healthcare, public health, education, local government, community-based organizations, businesses, residents	Supports access to healthy, affordable food and activity-promoting environments	2006 Ongoing	Public health/ healthcare focus	Amount N/A Sites unknown	Kaiser Permanente
Healthy Beginnings+Healthy Communities Initiative, OR, WA	Regional Investment	Philanthropy (health)	Education, community-based organizations, coalitions, healthcare	Supports community-led efforts that impact health in the early years of life	2015 5 years	Cross-sector	\$750,000 to 25 communities in Oregon and Southwest Washington	Northwest Health Foundation
Healthy Neighborhoods Fund, NY	Regional Investment	Philanthropy (health)	Local government, businesses, education, community-based organizations, residents	Increases access to healthy, affordable food; improves access to safe places where people can exercise and be active; and connects children and adults to programs that encourage healthy behaviors.	2015 2 years	Cross-sector	\$250,000-\$600,000 grants (\$2 million total) to 6 sites	New York State Health Foundation
Healthy Places NC	Regional Investment	Philanthropy	Healthcare, education, local government, community-based organizations	Improves the health and overall quality of life for people in rural areas of North Carolina.	2012 10 years	Public health/ healthcare focus	\$100 million across 10-12 sites in seven counties (\$30 million invested so far)	Kate B. Reynolds Charitable Trust
New Communities Program, Chicago	Regional Investment	Nonprofit financial institution (CDFI), Philanthropy	Community development, public health, healthcare, public safety, housing	Supports comprehensive community development in 16 Chicago neighborhoods with a focus on employment, health, housing, and violence reduction	2002 Ongoing	Explicit community development focus	\$47 million over 14 years to 16 neighborhoods	MacArthur Foundation (administered by LISC)

INTERVIEW PROTOCOL

Each interview was customized to the interviewee, but drew from this larger list of interview questions.

Strategy-related questions (executive and program level)

- What is included in your definition of healthy communities and why (e.g., air quality, built environment, healthcare systems, etc.)?
- Can we ask why they chose to include the areas that they did in their definition?
- Provide examples of how you've invested in healthy communities. What are the goals and expected outcomes of these efforts?
- For how long have you been investing in healthy communities, as you've defined above? When did this particular project begin?
- What factors triggered your investments in healthy communities (e.g., policy environment, leadership, new funding priorities, mission)?
- How have your investments in healthy communities informed your other grant making, i.e. is this a significant portion of your grant portfolio? Conversely, how has it been informed by other programs inside or outside the foundation?

Project-related questions (program level)

- How do you engage with the communities with which you are working? Do you provide technical assistance or other support beyond the scope of the grant?
- Can we add to this question how their staff engage with these communities?
- What was your site selection process? What were the criteria?
- What makes a successful grantee, e.g. the types of partnerships, a leader/coordinator organization, etc.?
- What is the range of grant amounts? Average grant amount?
- What is the grant term? Is it renewable?
- Are you connecting your projects with other funders or programs? Leveraging other efforts?
- How do you measure the impact of the work?

Reflections (executive and program level)

- What are the barriers to success in this type of grantmaking?
- What advice would you give to other foundations looking to invest in healthy communities through demonstration projects like yours?
- What would you do differently knowing what you know now?

SELECTED HEALTHY COMMUNITIES RESOURCES FOR ACTION

- [Addressing Health Disparities in Cities: Learning from the Field Report](#), National League of Cities
- [Build Healthy Places Network](#)
- [Building Cross-Sector Collaboration](#), The Prevention Institute
- [Community Commons](#)
- [County Health Rankings and Roadmaps](#)
- [Mapping the Movement map](#), Institute for Healthcare Improvement: 100Million Healthier Lives
- [Making the Case and Getting Underway: A Funder Toolkit](#), the Convergence Partnership
- [Pathway for Transforming Regional Health; Stewarding Regional Health Transformation; Financing Regional Health Transformation](#), ReThink Health
- [The Community Toolbox](#), Work Group for Community Health and Development at the University of Kansas
- [Towards A Better Place: Resources for Effective Grantmaking & Community Partnerships](#), Movement Strategy Center, Neighborhood Funders Group, and the Aspen Institute Forum for Community Solutions
- [Healthy Communities Navigator](#), Trust for America's Health



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