COMMUNITY DEVELOPMENT 101
Health happens in neighborhoods - and what we can do about it

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PUBLIC HEALTH INSTITUTE
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CACHE/CBI
WHAT IS COMMUNITY DEVELOPMENT?
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AND WHERE DOES IT COME FROM?

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Federal tax credits & grants:
  Low Income Housing Tax Credit (LIHTC)
  New Markets Tax Credit (NMTC)
  Community Development Block Grants (CDBG)
  Healthy Food Financing Initiative (HFFI)

Philanthropy & Mission-Related Investing (MRI)

For-profit Banks:
  Community Reinvestment Act (CRA)
ANTI-REDLINING:
COMMUNITY REINVESTMENT ACT OF 1977 (CRA)
NON-PROFIT HOSPITAL COMMUNITY BENEFIT

Nonprofit hospitals:
1. Conduct a Community Health Needs Assessment (CHNA) at least every three years, with an accompanying Implementation Strategy updated every year;
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Banks receive a score based on their evaluations of “outstanding”, “satisfactory”, “needs to improve”, or “substantial non-compliance.” (NCRC, 2007)

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1. Office of the Comptroller of the Currency
2. Office of Thrift Supervision
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Penalties
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CDFIs
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CDCs & Housers
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Visit the Build Healthy Places Network’s Partner Finder tool for leading CDFIS and CDCs in major cities
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OPTION #1    OPTION #2
COMMUNITY DEVELOPMENT IS IN THE LEVERAGING BUSINESS

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$15 MILLION RAISED IN CAPITAL CAMPAIGN

OPTION #2

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COMMUNITY DEVELOPMENT IS IN THE LEVERAGING BUSINESS

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OPTION #2

$15 MILLION RAISED IN CAPITAL CAMPAIGN

$5 MILLION INVESTED IN AFFORDABLE HOUSING

$15 MILLION BORROWED FROM CDFIS AND BANKS

$15 MILLION AFFORDABLE HOUSING

$20 MILLION AFFORDABLE HOUSING

$10 MILLION EARLY CHILDHOOD CENTER
FUNDING INNOVATIONS

HEALTHY FUTURES FUND:
Conway Center, Washington, DC
HOSPITAL PARTNERSHIPS:
South Philadelphia Community Health & Literacy Center
South Philadelphia Community Health & Literacy Center
South Philadelphia Community Health & Literacy Center
Stamford Hospital, CT

Vita

CARE, GROW, ASPIRE.

Fairgate Farm
Growing a Local Food System
LOCAL EXAMPLE: HOPE SF – Sunnydale

HOPE SF supports strong, vibrant communities
HOPE SF will revitalize four of San Francisco’s severely distressed public housing sites thriving and mixed-income communities.

HOPE SF: Revitalizing Communities, Transforming Lives
HOPE SF is not just about rebuilding public housing. The program borrows from the most successful national models to focus on revitalizing the whole community, not just on constructing new buildings. HOPE SF will create opportunities to transform residents’ lives, not just their homes, by investing in the schools, services, safety, and support needed for success. Find out more »

HOPE SF Launches First Site: Hunters View
At Hunters View, obsolete buildings are in dire need of replacement. HOPE SF will replace all existing 267 public housing units and add additional affordable and market-rate homes to the community. The development team, composed of John Stewart Company, Ridge Point Non-Profit Housing Corporation, and Devine & Gong, Inc., began construction in January 2010. Find out more »
SUNNYDALE, SAN FRANCISCO
$800+ MILLION in 50 ACRES
AERIAL VIEW: SUNNYDALE NOW
AERIAL VIEW: SUNNYDALE NOW
AERIAL VIEW: NEW MASTER PLAN
THE HUB SUNNYDALE
COMMUNITY DEVELOPMENT & HEALTH
WORK SIDE-BY-SIDE IN THE SAME PLACES

Economic Hardship by City

Childhood Obesity by City

Los Angeles County
CONNECTING COMMUNITY DEVELOPMENT AND POPULATION HEALTH

Working in same places, often with same people

Able to intervene on neighborhood-level SDoH

Financial expertise and substantial resources

Looking for guidance on most meaningful investments and best measures of impact

www.BuildHealthyPlaces.org @BHPNetwork
Historical Context: How did we get here?
History, Structural Inequities, and Hospitals

- Post WWII migration and investment patterns
- Homeowners Loan Corporation (1933) – Redlining
- Grey Areas Initiative
- Urban renewal
  - Housing Act of 1949
  - 1959/Section 112
- Community Action Program / War on Poverty
- Fair Housing Act (1968)
- Model Cities
- Community Reinvestment Act of 1977
- Devolution and Privatization
- Tax exempt hospitals!
Redlining
Key Facts in History of Redlining

• The Home Owner's Loan Corporation established in 1933 as part of the New Deal, and drafted maps of communities to determine which were worthy of mortgage lending. Neighborhoods ranked and color-coded, and the D-rated ones — with "inharmonious" racial groups — outlined in red.

• This strategy was quickly adopted by private banks, and carried out during a period of massive expansion of home ownership. “Redlined” communities were effectively cut off from essential capital, and business investment followed suit.

• Redlining technically outlawed by the passage of the Fair Housing Act of 1968, but more subtle forms of discrimination continued – see Beryl Satter’s “Family Properties” to read about contract mortgages in Chicago.

• Important to recognize that denial of opportunity for capital accumulation for these populations has a multi-generational impact – see Picketty’s “Capital,” and impacts of the great recession.
Post WWII Migration and Investment Patterns

• Despite economic growth associated with war-related manufacturing during the early 1940s, poverty became more concentrated in urban communities across the country. Key factors included:
  – Substantial federal support for housing development in suburbs for returning veterans contributed to a flow of middle class out of urban areas.
  – Highway development projects bisected and/or otherwise obliterated urban neighborhood environments. See Harrington’s “The Other America.”
  – Public housing projects in 1930s – 60s focused in minority neighborhoods (established through redlining) and contributed to further geographic concentration of poverty.
  – Movement of employers from urban centers to suburban communities, eliminating employment network environments.
  – Erosion of tax base through loss of employers and affluent residents negatively impacted available services in urban inner city.
Ford Foundation Grey Areas Program

- Began in the late 1950s as a strategy to support *systematic approaches to the social and physical problems* of urban “grey areas” of decline. The grants created “community action agencies” to coordinate programs in areas such as youth employment and education. Grants were awarded to Oakland, New Haven, Boston, and Philadelphia, and North Carolina. The program was intended to address the following identified problems:
  - Many welfare programs were not reaching the poor
  - Services were often *inappropriate to needs*
  - Delivery mechanisms were *fragmented*
  - *Limited understanding of problems* by professionals & leaders
  - Research *not designed to increase understanding of aggregate impact*
  - Lack of political leadership
  - *Lack of participation of beneficiaries* in design and delivery
Community Action Program

- Initiated in 1964 as part of the Johnson Administration’s War on Poverty.
- Coordination of neighborhood services and bureaucratic reform were central elements. Modeled after Gray Areas Initiative.
- 40% of CAP funding supported local priorities, and 60% supported federal programs such as Head Start and Job Corps.
- Central focus on “maximum feasible participation” of residents, but lack of understanding of the goals of participation. In the context of struggle for civil rights, mobilization led to conflicts with local political leaders.
- CAP established programs such as Head Start and created a generation of minority CBO leaders.
- There are approximately 1100 CAAs in the U.S., covering 94% of geographic areas.
Model Cities

- Shifted the *leadership for implementation to local governments*, in part in *reaction* assertion of power by residents in CAP program.
- Expanded beyond coordination of social services to include physical infrastructure and economic development.
- Reduced funding for low income housing by year two, driven by pressures associated with spending on the Vietnam War.
- Local governments required to select specific neighborhoods and develop a comprehensive revitalization strategy.
- Set a *precedent for comprehensive approaches* by linking *health and social services coordination to physical and economic development*.
- Highlighted the limits of community revitalization that could not overcome *racial discrimination, economic restructuring*, and the flight of white residents and jobs.
Devolution and Privatization

- Federal programs targeting low income neighborhoods were shifted to the *Community Development Block Grant* (CDBG) program in 1974.

- CDBG gave local governments more autonomy to select communities, and *funds shifted away from low income neighborhoods* towards broader economic development.

- Reagan administration argued against place-based funding with claim that aid for high poverty areas interfered with market forces.

- Implemented a parallel reduction in federal funding for safety net services at the local level.

- Reduced safety net support and the loss of tax revenues associated with outmigration to suburbs led to *increased scrutiny of tax exempt hospitals in cities*, at least some of which were focusing their marketing and services to commercially insured patients in the suburbs.
Banking Practices

• Hudson City Savings Bank (CT, NJ, NY)
  – .013% loans to AA; 6% of branches opened and 8% of brokers deployed in AA/Latino neighborhoods.

• Associated Bank (WI)
  – Denied qualified AA/L loan applicants in Chicago, Milwaukee, Minneapolis

• Evans Bancorp (NY)
  – Developed a map defining trade areas that excluded predominantly AA/L neighborhoods

• Santander (RI)
  – Patterns of discrimination with AA/L loan applicants

• Five Star Bank (NY)
  – Developed map excluding downtown and suburban areas with majority minority residents.
<table>
<thead>
<tr>
<th>Opportunities for Alignment</th>
<th>Local Health Departments (CHAs/CHIPs)</th>
<th>Tax-exempt Hospitals (CHNAs/ISs)</th>
<th>Community Health Centers (Section 330 Application)</th>
<th>United Ways (CHAs)</th>
<th>Community Action Agencies (Community Services Block Grant Application)</th>
<th>Financial Institutions (CRA Performance Context Review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue-Specific Assessments (Health Impact Assessment)</td>
<td>When available, HIAs provide an additional layer of information, most often relating to broader environmental impacts, in the design of strategies to improve health.</td>
<td>IRS allows hospitals to develop ISs in collaboration with other hospitals and State and local agencies, such as public health departments. Expanded enrollment and movement towards global budgeting will require work with others who can help address the determinants of health and reduce health disparities.</td>
<td>CHCS are encouraged to link with other providers such as LHDs and hospitals to provide better-coordinated, higher quality, and more cost-effective services.</td>
<td>UWs have an established history of collaborating with other stakeholders in conducting assessments and addressing unmet health needs.</td>
<td>Standard 2.1 emphasizes partnerships across the community, CAAs can often “serve as a backbone organization of community efforts to address poverty and community revitalization: leveraging funds, convening key partners…”</td>
<td>Targeted CRA investments in housing, retail, education, and job creation in targeted low-income census tracts that are aligned with parallel interventions and investments of health care and public health stakeholders provide an opportunity to address social determinants of health and help reduce health care costs.</td>
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National dialogue initiated by the Federal Reserve Bank of San Francisco in support from the Robert Wood Johnson Foundation.

Released series of essays entitled *Investing in What Works for America*

Focus on Diabetes and its Antecedents: Stakeholders and Areas of Focus

**Community**
- **Public Sector**
  - Public Health
  - Parks and Recreation
  - Community Development

**Backbone Entity**
- Care Management
- Health Education
- After school programs
- Neighborhood Walking
- CBOs/Coalitions
- Local Philanthropy

**Shared Metrics**
- ↓ Diabetes PQI
- ↑ Food Access
- ↑ + Options in schools
- ↑ Awareness/knowledge
- ↑ Physical activity

- TOD/Walkability
- Affordable HSG with support services
- Grocery/corner store development
- Child care/development
- Façade Renovation
Problem Analysis

Root Causes
- Epigenetic triggers
- Toxic stress/helplessness
- Unsafe Neighborhoods
- Poverty
- Food Insecurity
- Limited healthy food access
- Food mktg influence
- Limited access to preventive services
- Limited transport options

NT Causes
- Limited physical activity
- Bullying, isolation in school

NT Impacts
- Diabetes
- Low self esteem

LT Impacts
- Increased societal HC costs
- Reduced career options
- Reduced productivity
- Poverty/dependency
- High morbidity
- High service utilization
- Poor medical mgmt

Food Insecurity
- Limited healthy food access

Limited transport options
- Limited healthy food access

Limited access to preventive services
- Limited healthy food access
Components of Diabetes-Focused Convergence Strategy

Impacts/outcomes monitored by Backbone / Community QB

Sample metrics include:

- Reduced BMI
- Increased purchase of healthy foods
- Volume of local assets leveraged
- Policy reforms
- Increased organizational capacity
Leaders in SDH Investments

- **Dignity Health**
  - Engaged in targeted investments since 1980s with portfolio over $100M in loans
- **Trinity Health**
  - $70M in targeted investments
  - Transforming Communities Initiative
- **Bon Secours**
  - $70 million in targeted investments in Baltimore, Richmond, VA, etc.
- **Cincinnati Children’s Hospital**
  - $10M in community benefit agreement to support development in Avondale
- **ProMedica**
  - Comprehensive revitalization in Toledo, OH; convener of national Root Cause Coalition
- **United Healthcare**
  - $350M in LIHTC investments, focused on 6M Medicaid members
Top 10 Readiness Factors

1. Resident and CBO engagement with **cohesion in spirit and priorities**.
2. Local philanthropy and anchor institutions **fund infrastructure**.
3. **Comprehensive approach** to health / CD alignment that includes allocation of returns for communities.
4. Provider/payer **commitment to pursue risk-based contracts**.
5. Partner commitment to **data/information sharing**.
6. Focus on a health problem with SDH **across the time/ROI continuum**.
7. **Evidence-based intervention** (with wrap around services, activities, policies, etc. to build comprehensive framework) **at the core**.
8. Engaged **local government agencies** (e.g., PH, SS, P&R, CED)
9. Engaged local **elected officials**, including city/county reps and mayor.
10. **Links to regional planning** strategy and priorities, including transportation.
Letter from AHA/CHA to IRS, 4-1-15

• “Some examples of the kinds of activities a hospital might undertake to improve housing for patients and others in the community include: removing materials such as asbestos or lead paint that harm residents of low income housing; providing HEPA filter vacuum cleaners or air conditioners to low-income households to reduce asthma triggers; and making grants to not-for-profit organizations to subsidize relocation of needy individuals to healthy living arrangements.”

• “The list of community health improvement activities should be expanded to include: ‘activities and services that are provided to improve the health of individuals in the community by addressing the determinants of health, including the social, economic, and physical environment, such as improved housing for vulnerable populations by removing materials that harm the health of residents, housing for vulnerable patients and low income seniors.’”
Ascension, the St. Louis-based system that owns the hospital, is looking to create a "health village" on the site of the 408-bed hospital. CEO Darcy Burthay said Providence wants to provide services that can impact the overall health of the community outside of "traditional health care." That means affordable housing, retail, education and other social services could all be part of the new plan to replace the traditional hospital building.
RESOURCES FOR LEARNING MORE
BuildHealthyPlaces.org

By joining forces, community developers and health professionals can have a more powerful impact.

Learn More About the Network

The Pulse

A monthly roundup of what we’re reading and where we’ve been at the intersection of community development and health.

View Past Issues | Sign Up
Making the Case for Linking Community Development and Health
<table>
<thead>
<tr>
<th>Jargon</th>
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</tr>
</thead>
<tbody>
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<td>CDC (Centers for Disease Control and Prevention)</td>
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<td>CDC (Community Development Corporation)</td>
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Crosswalk

Whose City Is it? The Promise and Peril of Gentrification

What to Make of Social Impact Bonds

From Treating the Ill to Preventing the Illness

Investing With Health in Mind
Welcome to MeasureUp, a microsite of resources and tools to help you measure and describe your programs’ impact on families and communities and on factors related to health. MeasureUp provides examples, tools, and resources to help you make your case, without having to become an economist.

Here’s what’s available:

- **Mapping Tools**
- **Measurement Tools**
- **Evidence Base**
- **Measurement Stories**
- **Deeper Dive**

**Featured Resources**

- **Metrics for Healthy Communities**
- **Mapping Child Opportunity**
- **How Developers Can Build Healthier Places**
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PENALTIES

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Summarizing the Landscape of Healthy Communities:
A review of demonstration programs working towards health equity

Build Healthy Places Network
Welcome to Partner Finder

Welcome to Partner Finder, a collection of directories to help you find the community development and health organizations nearest to you. Partner Finder helps you take the first steps to identify potential cross-sector partners in improving the health and well being of your community.
Build Healthy Places Network

www.BuildHealthyPlaces.org
@BHPNetwork

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