READINESS TOOLKIT

From Silos to Collaborations: Building a Health Partner Investment Strategy

NeighborWorks® AMERICA

center for community investment

Acknowledgements

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About

Healthy Homes & Communities at NeighborWorks America

NeighborWorks America is a congressionally chartered and funded nonpartisan nonprofit. NeighborWorks provides communities — through its network of more than 240 member organizations in every state, the District of Columbia and Puerto Rico — with affordable housing, financial counseling and coaching, training, and resident engagement and collaboration in the areas of health, employment and education. NeighborWorks builds the skills, supplements the resources and amplifies the reach of network organizations so they can empower more individuals and transform more communities than they could on their own. NeighborWorks supports its network and the broader community development field with grant funding, peer exchange, technical assistance, evaluation tools and training. Recognizing the deep tie between community development and health, for the past decade NeighborWorks has supported its network members in working to improve living conditions and address inequities. Today, nearly 70% of the NeighborWorks network is advancing health strategies in their communities.

Accelerating Investments for Healthy Communities at the Center for Community Investment

Since its creation in 2017, the Center for Community Investment at the Lincoln Institute of Land Policy has worked to transform this country's community investment system so that all communities, especially communities of color and historically disinvested communities, can provide the resources and opportunities their residents need to live healthy lives. With funding from the Robert Wood Johnson Foundation, CCI's Accelerating Investments for Healthy Communities initiative (AIHC, 2018–21) helped six pioneering hospitals and health systems deepen their investment in affordable housing and advance policies and practices that foster equitable housing solutions. The participating health systems helped to advance affordable housing not only by investing capital, making grants and guarantees, and offering surplus land, but also by convening local partners and leveraging their skills and relationships to advocate for affordable housing policies and funding. The AIHC teams have continued to build on the momentum of the initiative. The lessons from the initiative were collected in a toolkit developed with the Catholic Health Association to guide health systems formulating strategies for community investment. The AIHC initiative and the toolkit provide a foundation for the Health Partner Investment Learning Lab.

The Health Partner Investment Learning and Action Labs

In 2021, NeighborWorks America launched the Health Partner Investment Learning Lab as part of a longstanding set of capacity-building opportunities to help network organizations and NeighborWorks better understand how health institutions approach upstream investment in affordable housing. In partnership with the Center for Community Investment, seven network organizations received funding, training, one-on-one coaching, and other capacity building support to explore this newer capital source as they sought to improve the health and well-being of their communities by increasing affordable housing. In 2022, NeighborWorks and CCI continued to refine and test this approach through the support of six additional network organizations in the Health Partner Investment Action Lab. The findings from these labs will continue to inform future support to the NeighborWorks network and the wider community development field as they pursue health partner investment strategies.

From Silos to Collaborations: Building a Health Partner Investment Strategy

THIS TOOLKIT presents the lessons learned from the Health Partner Investment Learning Lab, a collaboration between the Center for Community Investment and NeighborWorks America, which was designed to help community development organizations partner with health institutions on upstream investments in affordable housing. It presents frameworks and tools for leaders who seek to build sustainable, deep partnerships with health partners to address systemic inequities in disinvested communities.

These tools were developed to accompany a mindset shift. Can you understand your organization as part of a larger ecosystem that includes your neighbors? Can you commit to building relationships within and outside of your organization, with the goal of undoing the inequities in your community? Can you move at the speed of trust while holding the urgent reality that we must do something differently to create a more just, equitable world?

These tools will help you accomplish this shift. Along the way, they will help you learn what motivates health systems, how to understand their operations, how to prepare to work with them, and what kinds of work you can do together to support community transformation without reproducing past harms. This essential work is long-term and systemic, but it starts with the first steps. This toolkit will help you take those steps.

THIS ESSENTIAL WORK IS LONG-TERM AND SYSTEMIC, BUT IT STARTS WITH THE FIRST STEPS. THIS TOOLKIT WILL HELP YOU TAKE THOSE STEPS.

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Upstream Investment:
Solving for Root Causes

AS WE NAVIGATE the ongoing social and economic consequences of the COVID-19 pandemic, it is ever more clear that those consequences continue to fall most heavily on disinvested communities whose residents are almost wholly people with low incomes and people of color. Not surprisingly, these are the communities that have long borne the brunt of the systemic factors that shape community health and wellbeing in this country.

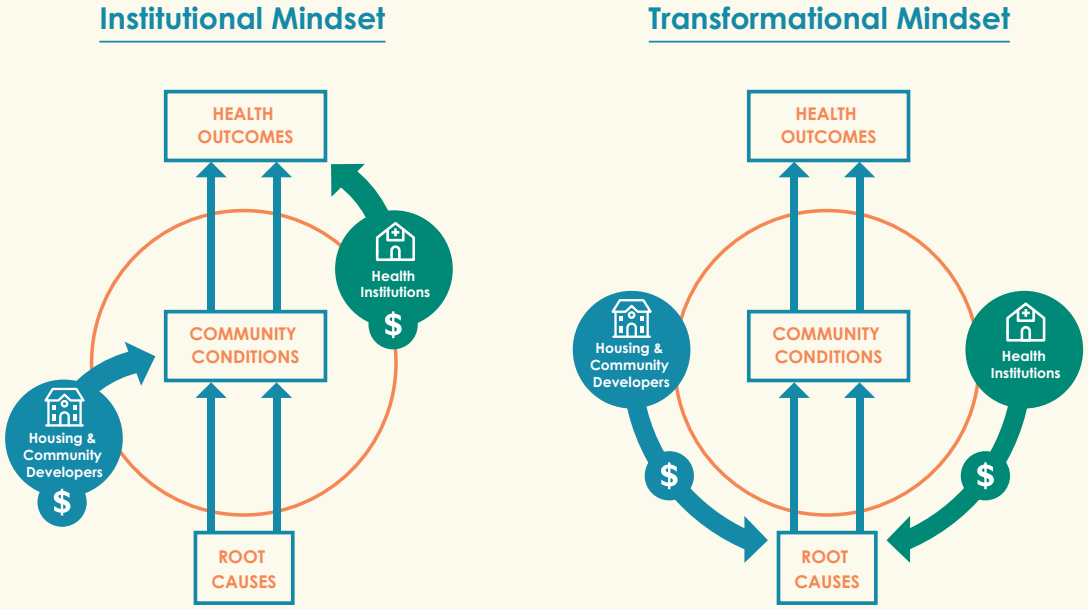
SINCE THE EMERGENCE of community development in the 1960s, community development corporations (CDCs) and affordable housing developers have primarily focused on community conditions such as housing affordability, healthy food access, and availability of economic opportunities. Meanwhile, health institutions have focused on providing medical care to patients who come through their doors—or on paying for that care, in the case of health plans.

In recent years, however, the interests of these two sectors have started to converge as health institutions began to understand the importance of social determinants of health–defined by the Office of Disease Prevention and Health Promotion as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Providing services such as vouchers for housing, backpacks of healthy food, and other programs that meet social needs has made a difference for individual patients, but does not change the fundamental inequities–in housing, food access, job opportunities, and more–that shape their lives.

As john a. powell, Stephen Mendendian, and Wendy Ake argue in *Targeted Universalism: Policy and Practice*, individual outcomes are shaped by the social, cultural, and economic structures of our society. They write, "individuals are necessarily situated within structures and systems—malleable as those may be. Furthermore, structures are not neutral." Addressing the root causes of health outcomes means addressing structural inequities, and investment is critical to both.

When health institutions and community development and affordable housing professionals partner to invest in community conditions, they can move their work to the level of systemic inequity. As demonstrated in the image below, investment is critical to long-term, sustainable, community-centered change at the root cause level–which will in turn produce the changes in community conditions and health outcomes that both sectors ultimately seek.

A Partnership Vision: Addressing Root Causes and Facilitating Investment for Improved Health



When health institutions and housing and community developers look beyond their siloed focuses (health outcomes and community conditions, respectively) to address the root causes of inequity through investment, their efforts can create lasting change for communities.

What does this mean for you as a community development leader?

By shifting your target from measurements of individual health toward root causes, you'll create an opportunity to forge new kinds of relationships with health partners. Health institutions who seek to address social determinants can be consistent sources of resources like capital, land, capacity, and relationships, as well as partners in creating systemic change in places where they have ongoing real stakes.

With aligned interests and a joint commitment to build the relationships that sustain long-term partnerships, you and your health institution partners have the potential to transform the distribution of resources in your community. The tools provided here will help you lay the groundwork for this partnership.

BY SHIFTING YOUR TARGET FROM MEASUREMENTS OF INDIVIDUAL HEALTH TOWARD ROOT CAUSES, YOU'LL CREATE AN OPPORTUNITY TO FORGE NEW KINDS OF RELATIONSHIPS WITH HEALTH PARTNERS.

When developers and health institutions get together…

Developers can offer…

- ☑ Ability to execute important projects in disinvested or rapidly gentrifying neighborhoods
- ☑ Understanding of market forces and what is feasible
- ☑ Stabilization of neighborhoods around the medical campus
- ☑ Community ties
- ☑ Low-risk, high-impact mission investment opportunities
- ☑ Platform for improving health outcomes and reducing spending on unneeded health care services such as emergency room visits
- ☑ Development of workforce housing

Health institutions can offer…

- ☑ Land at below-market price
- ☑ Support (financial or in-kind) for resident services, including telemedicine, transport to health care providers, nutrition programs, etc.
- ☑ Influential support on policy and regulatory issues
- ☑ Anonymized data about local needs
- ☑ Financing—predevelopment, equity, guarantee, patient loan capital
- ☑ Anchor tenants or master leases for ground-floor spaces in new mixed-use developments

PART II GUIDE

Health Institutions and Community Investment

HEALTH INSTITUTIONS HAVE ENORMOUS POTENTIAL TO HELP TRANSFORM COMMUNITY INVESTMENT and create just and equitable communities for all the residents of their communities. CDCs and developers can create unprecedented partnership opportunities and accomplish system-level interventions for community health and wellbeing by understanding health institutions' motivations and assets, considering what the pioneers in this field have already accomplished and how the system can work differently, and bringing a clear community-led strategy to the table.

To prepare to engage with health institutions, you need to get to know them. **This section introduces the kinds of health institutions that make up the field, what motivates them, what they bring to the table, and what they are already doing that might align with your goals.**

Who's Who in the Health System

The United States health system includes many kinds of institutions. Knowing the differences among them will help you assess the most promising partners for you.

Health Care Payers

Health care payers are the institutions that bear the costs of health services. They include government plans like Medicare and Medicaid, as well as nonprofit and for-profit health plans. Payers are primarily concerned with the health of their own members. The fact that they only pay for care for their own members may make them less likely to be interested in community health–unless they are geographically concentrated. **When a health plan dominates a local market, it is much more likely to be interested in the health of the general community.**

Health Providers

Health providers offer medical services and include nonprofit and for-profit hospitals, private physicians groups, and federally qualified health centers. **Due to their size, mission, and tax-exempt status, nonprofit hospitals are the providers you will most likely want to approach for community development partnerships.** With their already established community benefit departments, obligations under the Affordable Care Act to serve their communities, and lack of competing obligations to shareholders, these institutions are ideal partners for community development work. Some have already recognized the potential roles they can play as anchor institutions in their communities by intentionally hiring, purchasing, and investing locally.

Health Conversion Foundations

Health conversion foundations are another potential partner. **When a nonprofit health system is acquired by or converted to a for-profit corporation, it is required to put proceeds from the transaction into an endowment to benefit the population** (usually a community, region, or state) served by the nonprofit health system. The mission of these foundations generally centers on community health and often on root causes, which aligns them with community development and affordable housing development. There is wide variety in the size and approach of health conversion foundations. Two examples include The California Endowment, a statewide foundation, and Richmond Memorial Health, a regional one. The California Endowment, with an endowment exceeding $3 billion, formed in 1996 and focuses on expanding access to affordable, quality health care while addressing the social determinants of health in homes, schools, and communities throughout the state. Richmond Memorial Health Foundation makes grants to foster an equitable and healthy Richmond Region. Grantmakers in Health has been tracking the emergence of these foundations since the 1980s, and their records can help you find out if there is one in your area.

HEALTH PROVIDERS AND HEALTH PAYERS are increasingly intertwined: the trend towards paying for value instead of volume of services is pushing health care organizations to prioritize population health. **Managed care organizations (MCOs) and accountable care organizations (ACOs) are compensated based on the health of their members, which incentivizes them to help people stay healthy–which means investing upstream in the drivers of wellness works for them.** Many health institutions incorporate both payer and provider elements: a hospital may have a managed care contract through which they assume the risk of caring for a group of patients in exchange for a set fee. For example, Nationwide Children's Hospital has an ACO called Partners for Kids that "helps ensure that more than 400,000 children covered by Ohio's Medicaid managed care plans receive the care they need, when they need it." Kaiser Permanente is an integrated system that is both a health payer and a service provider.

Motivations for Health Institutions to Invest Upstream

WHAT WILL INSPIRE health institutions to partner with you? While the motivations of a nonprofit hospital might differ from what drives a payer or foundation, **many health institutions are motivated to invest in social determinants for reasons which may include:**

- **Mission**
  Growing recognition that good health depends on many factors besides access to health care is leading health institutions to intervene in the social, economic, and environmental conditions experienced by their patients, plan members, and neighbors.
- **Institutional Self-Interest**
  Investing in projects that are prioritized by elected officials and the community helps health systems build relational capital and goodwill.
- **Strategy**
  Some institutions want to gain experience and be at the cutting edge of innovative health care reform.
- **Reputation**
  Some health institutions seek recognition as innovators and field leaders.
- **Financial Returns**
  Upstream investments can generate economic returns both directly, through interest payments, and indirectly, through savings resulting from fewer unnecessary hospitalizations and lower cost of care. For-profit institutions can invest in Low Income Housing Tax Credits, resulting in direct financial benefits.

Motivations specific to hospitals and health systems may include:

- **Regulatory Compliance**
  As tax-exempt institutions, nonprofit hospitals have a legal obligation to serve their communities.
- **Competitiveness**
  Investing in neighborhoods near hospital facilities can help attract and retain both staff and patients.

Any or all of these motivations may be in play for a given health institution, and often executives in different departments will have different reasons to act. For top executives, reputational considerations and institutional mission and self-interest may be key, especially if the institution has made a major commitment to racial equity, and/or if the institution is facing community pressure. Some triggers that are particularly relevant include a proposed merger, a campus expansion or relocation, or the need for a zoning variance or other form of government approval. Financial executives sometimes can be motivated to deploy a portion of cash or insurance reserves or endowment assets in the form of community investments if doing so will make them more attractive in competitive bids. And real estate departments may be willing to donate or lease surplus land for community purposes rather than disposing of it if the reputational and community health benefits are made clear. Board level commitments to racial equity goals can also be an important driver of action on community investment.

AS YOU EVALUATE POTENTIAL PARTNERS, LOOK FOR A HEALTH INSTITUTION THAT IS MOTIVATED TO BE PART OF THIS MOVEMENT AND BE PREPARED TO HELP THEM UNDERSTAND THE VALUE OF INVESTING CAPITAL IN ROOT CAUSES, RATHER THAN ONLY SUPPORTING PROGRAMS WITH TEMPORARY IMPACTS.

Potential Health Sector Contributions

WHILE PARTNERSHIPS may involve investments in development or preservation of affordable homes, grocery stores, childcare centers, or other community assets, health institutions are more than sources of potential capital. As partners, they can:

PROVIDE CREDIT ENHANCEMENT
to unlock capital investment from sources such as foundations and banks

INVEST directly or through intermediaries in deals, projects, or enterprises that advance community priorities

MAKE GRANTS strategically to build community capacity or lay the groundwork for deals

CONVENE STAKEHOLDERS
and engage new partners

CONTRIBUTE TO ADVOCACY EFFORTS
related to upstream investment in root causes

CREATE DEMAND BY:

- Targeting purchasing to local businesses ("buy local")
- Strengthening residential neighborhoods through "live local" incentives for employees
- Making real estate developments financially feasible through master leases, guarantees, or strategic off-campus locations of offices and facilities.

Health Sector Assets

WHEN IT COMES TO ACTUAL INVESTMENTS, health institutions have a broad range of assets and are well positioned to develop creative and flexible financing in ways that meet the needs of developers and other community development practitioners. As a developer, you can create partnerships that shift the traditional finance systems that led to our economically inequitable society, rather than reinforcing or reinventing them. Health institutions can:

- Deploy risk-taking predevelopment money that goes to a developer or fund (rather than a specific project) so it can be recycled;
- Create repayable grants, forgivable loans, and other funding sources that fill the gap between traditional grants and loans; and
- Provide patient capital by offering terms tailored to the needs of borrowers and prioritized transactions.

Some creative ways that pioneering health institutions, including participants in the Center for Community Investment's Accelerating Investments for Healthy Communities (AIHC) initiative, invested assets upstream included:

Loans

- CommonSpirit made construction loans to two nonprofit developers of scattered site, single family affordable homes, with the intention of revolving those funds to develop additional units.
- Kaiser Permanente made loans to funds held by Community Development Finance Institutions (CDFIs) and CDCs to finance affordable housing, permanent supportive housing, and economic development.
- UPMC Health Plan made a 15-year, low-interest term loan to a CDFI for affordable housing preservation and development.
- Boston Medical Center, a safety net hospital, made a 20+ year, 0% non-amortizing loan to an intermediary to finance three Low-Income Housing Tax Credit projects.

Guarantees

- Nationwide Children's Hospital provided a $1.5 million guarantee to unlock $15 million for a fund to develop affordable rentals.

Grants

- Nationwide Children's Hospital made a grant of $100K to pay for predevelopment of 30 single family rental homes, unlocking $336K from the city that needed to be deployed quickly.

Land

- UPMC Health Plan leased surplus land at $1/year to a developer of affordable senior rental housing.
- SBH Health System donated two properties adjacent to the hospital to a developer who built 314 affordable units, including 95 for homeless families.

Equity Investments

- UnitedHealth Group bought low-income housing tax credits, investing in pooled funds, while making grants for on-site services in the buildings developed.

Relationships

- CareSource, a managed care plan, is leveraging its Federal Home Loan Bank membership by partnering with local banks to sponsor affordable housing projects for FHLB grants and loans. It is also working in partnership with Nationwide Children's Hospital, an AIHC participant.

For more resources on partnering with health institutions, see Appendix A.

PART III GUIDE

Preparing to Partner with Health Institutions

IN ORDER TO BUILD SUSTAINABLE PARTNERSHIPS with health institutions that will shift systems to increase equity, affordable housing and community development organizations need to come to the table with more than a request for a grant or below-market-rate loan for a single project.

YOU MAKE a valuable health investment partner because of your understanding of the local community, your established relationships with its residents and institutions, your ability to maintain a portfolio of investments that can significantly affect root causes–and your ability to speak the language and navigate the landscape of the health sector.

Becoming that partner will require preparation. This section provides tools and frameworks that will help you develop and execute community-led strategies in partnership with health institutions (who may have complex relationships with the communities they serve). **The tools below will help you understand and address the root causes of structural inequity, assess and improve your relationship with your community, acknowledge and overcome silos and blind spots within your own institution, and explore the current work happening in the landscape around you.** This preliminary work will position you to create a health partner investment strategy that can transform your community.

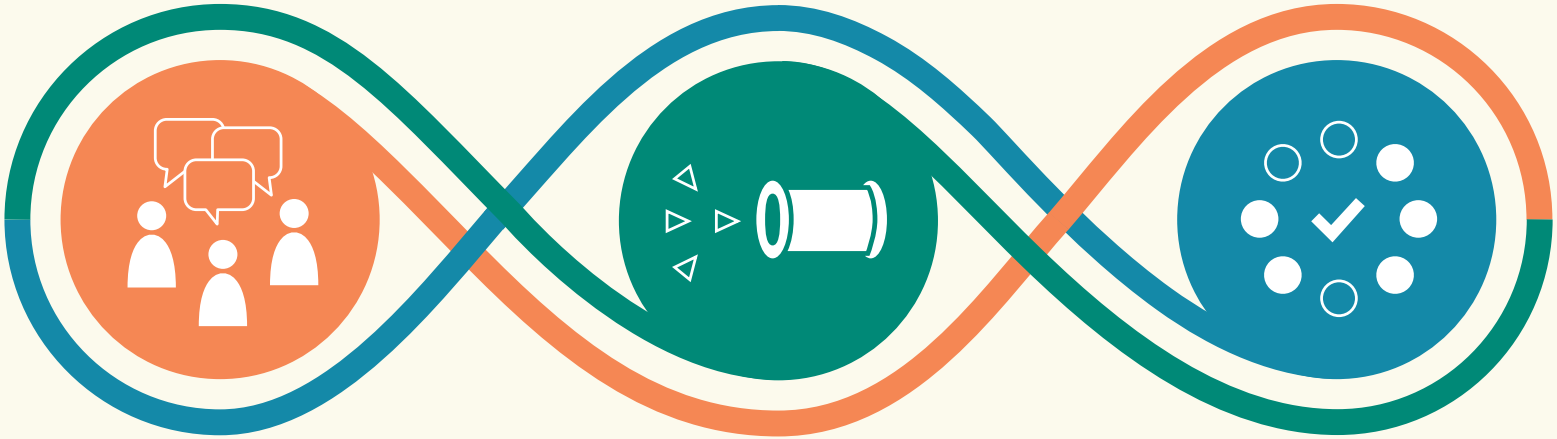
Community development and affordable housing development efforts can engage deeply with community needs and interests–or can continue to reproduce the harms that have led

to systemic inequity. The difference is not in the right tool, framework, or leader, but rather in the willingness to be curious, patient, and adaptive. The solutions to disinvestment and inequity are not one-size-fits-all. Rather, it's up to your team to find the right path in your place, which means you need to be prepared for the work and oriented toward strategies that shift the root causes of injustice.

For more resources on community development and health partner investments, see Appendix A.

BECOMING THAT PARTNER WILL REQUIRE PREPARATION. THIS SECTION PROVIDES TOOLS AND FRAMEWORKS THAT WILL HELP YOU DEVELOP AND EXECUTE COMMUNITY-LED STRATEGIES IN PARTNERSHIP WITH HEALTH INSTITUTIONS

Transforming Communities: The Capital Absorption Framework



THE CENTER FOR COMMUNITY INVESTMENT'S Capital Absorption Framework is a systems change approach that supports collaboration among partners working to access the investments that will enable their residents to live, work, and learn in healthy homes and neighborhoods, while paving the way to make future deals and projects easier to execute. It helps local residents, leaders, organizations, and institutions define their shared priorities, develop and execute pipelines of investable deals to achieve those priorities, and create supportive enabling environments of policies and practices to accomplish those deals more efficiently and effectively. The three functions are intertwined; they can help you build your orientation and mindset and your organizational culture and capacity. Using the Capital Absorption Framework as a lens can support your team to frame your housing and community development work as part of a collective push to transform systems of opportunity.

To learn more about the three capital absorption functions—shared priorities, pipeline, and enabling environment—see **Appendix B.**

Maintaining and Developing Relationships with the Community

DEFINING A SHARED PRIORITY and building a strategy that creates health equity requires a strong relationship with your community. As with any relationship, the kind of meaningful connection to your community that will produce honest and ongoing feedback cannot be spontaneously generated and requires constant maintenance. In building and maintaining these connections, community development and affordable housing practitioners must take past interactions between institutions and local residents into account, whether or not you were involved. You need to recognize how practices such as redlining, divestment, displacement, and other past harms influence how institutions are received by the community, acknowledge these histories directly, and put time and effort into building trust.

Gaining a deep understanding of how power operates in your community, as well as the root causes of inequities, takes research, planning, and ongoing engagement. If you find, through reflecting on the questions below, that you are not in a position to truly represent your community, consider pursuing a twofold solution: while you work to establish a deeper relationship, seek out other organizational partners with stronger relationships to join your conversation with health partners.

GAINING A DEEP UNDERSTANDING OF HOW POWER OPERATES IN YOUR COMMUNITY, AS WELL AS THE ROOT CAUSES OF INEQUITIES, TAKES RESEARCH, PLANNING, AND ONGOING ENGAGEMENT.

Reflect On and Refine Your Understanding of This Community

To work successfully with a community, you need not only to understand the history and politics, but to have strong, collaborative relationships with residents and local organizations. You may not know what you don't know about your community. As you answer the following questions, take time to consider your own biases, interpretations, and assumptions. Where did you get your information? How much of it actually comes from community residents?

What is the population of the community? What do you know about residents' racial demographics, median incomes, household size, housing needs (e.g., median rent, home value)? How is the community changing? How has institutional racism shaped the community's current realities? What are the community's assets? How might your work support and build upon the community's assets and history?

NOTES

What are the community's priorities? Or, what has the community named as their priorities in the past? For example, is there an up-to-date, authentically generated neighborhood plan or other document that captures community priorities?

NOTES

What are the events and forces that have shaped and are currently shaping the community's current realities?

NOTES

What motivates residents and leaders in this community to participate in your work?

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Do the projects in your pipeline reflect the community's priorities? What policies, practices and processes get in the way?

NOTES

Are there existing collaborations or efforts that are underway? How do those collaborations include community residents and leaders?

NOTES

Are there ways you might shift your upcoming work to better address the racialized history of the community you are working in?

NOTES

What does success look like for your work in this community that could meet their priorities?

NOTES

More Tools for Community Engagement

The community engagement spectrum in **Appendix C** provides a tool to assess and improve your community's involvement with your health partner investment strategy.

The community engagement error patterns in **Appendix D** can help if you feel you have hit a roadblock with your community. It identifies common errors and how to adjust for them.

Building Your Health Partner Investment Team

IT IS COMMON for CDCs and affordable housing developers to maintain investment portfolios in one department and programmatic health-related interventions in another. But like health institutions, CDCs are learning that these approaches are inextricably linked. In order to address community health needs through investments, you will need to explore which departments in your organization can contribute to the effort, identify your allies in those departments, and learn to collaborate effectively.

You'll need to be intentional on two fronts as you build your health partner investment core team:

1. Use the **BART Chart** in Appendix E to establish who will be responsible for the key roles in creating and implementing your strategy.

2. Consider how all members of your staff and board can contribute to the work, even if they are not members of the core team.

A clear understanding of who is responsible for which parts of the work and how the work fits into the larger mission of your organization will help the health investment strategy move forward, support employee morale, and position you for the long haul. In particular, we recommend that the CEO hold the big picture strategy and executive-level relationships while also identifying one or two key leaders to be responsible for implementation.

Your core team might include:

ROLE	RESPONSIBILITIES	POSSIBLE POSITION
Strategy Leader	Structures the work of the team and serves as the organizational face of the strategy	Executive Director, Chief Executive Officer
Team Leader	Organizes core team to achieve results, facilitates operational and organizational alignment, and seeks to integrate health partner investment strategy across the organization	Chief Operating Officer, Deputy Director
Programmatic Leader	Advances key initiatives and special projects within the organization, often working with external partners and across departments to align and advance organizational and community priorities	Vice President/Director of Strategic Initiatives, Chief Operating Office, Deputy Director
Community Building and Engagement Specialist	Builds and supports relationships with community residents and institutions to ensure that the strategy centers their priorities and has their buy-in. The person in this role should have strong relationships with residents of affordable housing properties and other community residents and a good understanding of their needs.	Vice President/Director of Community Building and Engagement, Vice President/Director of Resident Services, Director of Healthy Neighborhoods
Storyteller and Fundraiser	Supports the development of messaging and materials to engage community residents and partners in health investment strategy, including fundraising pitches	Vice President/Director of Communications, Vice President/ Director of Development, Vice President/Director of Marketing
Housing Developer	Supports the organization's portfolio and development pipeline, along with scouting new development opportunities	Vice President/Director of Real Estate Development
Fiscal Approver	Helps shape investment deals to ensure they meet development and organizational budget needs	Chief Financial Officer, Comptroller, Director of Finance and Administration

This way of working may require the organization to shift its culture. While the CEO will likely serve as the face of your strategy, a core team that includes leaders from across the organization will be critical to successful implementation. Everyone will need to be committed to being adaptive: testing and evaluating new approaches, learning from missed targets, thinking strategically, and leveraging relationships. Keeping leaders of all departments informed on the progress of the health investment strategy will help align the strategy with organizational operations and prepare departments to engage in the work when they are needed–as they will be.

Board leadership should support the health investment strategy, board members should be ready to participate, and staff in all departments should be aware of how their day-to-day work supports it. If you haven't already, you might consider recruiting board members from the health sector, or even the institution you want to work with, to help build cross-organizational relationships.

The BART Chart in **Appendix E** is an adaptive leadership tool designed to help teams work together more effectively.

EVERYONE WILL NEED TO BE COMMITTED TO BEING ADAPTIVE: TESTING AND EVALUATING NEW APPROACHES, LEARNING FROM MISSED TARGETS, THINKING STRATEGICALLY, AND LEVERAGING RELATIONSHIPS.

Assessing Your Organization's Readiness

THE RUBRIC on the following page, developed by Success Measures at NeighborWorks America, can help you assess your approach, internal capacity, and relationships in order to identify the work you need to do to prepare for your health investment partnership. Drawing upon lessons from the Health Partner Investment Learning Lab, this Readiness Assessment was designed to provide clarity about what it takes for an organization to be ready to take on this work. As CCI and NeighborWorks continue to learn and work together, this assessment may deepen to include more categories and nuances. Through capturing the lessons learned in supporting affordable housing and community development organizations advance health partner investment, the following categories were identified as important readiness areas:

Orientation and Mindset

Organizations that are most successful in starting a health partner investment strategy think and act differently in their approach to the work. These organizations recognize that they are using the investment strategy as part of a solution to a community-driven priority. This orientation results in their ability to demonstrate their deep connection to community and to articulate the community assets and challenges. These organizations have a deep understanding of how their mission and work advance the social determinants of health and are comfortable talking about how their work creates healthier individuals and communities beyond programs and services.

Organizational Culture

Advancing a health partner investment strategy often requires staff to work together in a new way. The strategy work involved is not always clear and the path can be winding. It is important organizations have a culture of collaboration where the team environment creates and encourages learning, and where mistakes or challenges are seen as opportunities for improvement and iteration. It is also important that the internal leaders of the organization value and emphasize the importance of holding relationships with community residents and partners and that there is a strong emphasis on ensuring that the health partner investment strategy collectively advances the community's needs, not just the organization's.

Organizational Capacity

Moving a health partner investment strategy takes time and resources across many staff members and departments. It is important to set aside funds to resource this strategy, which often can take longer than a year. Along with resourcing and providing staff capacity, the organization must be able to source a pipeline of projects and deals to ensure the investment strategy is at the scale of the partner. It is important that organizations have experience managing capital, relationships with financial partners, and a clear sense of priorities to both secure and manage a health partner investment deal.

	NOT READY FOR PARTNERSHIP	READY FOR PARTNERSHIP
ORIENTATION AND MINDSET		
Transformation	The team thinks about their housing work primarily in the context of an individual development, as a response to a need for affordable housing, or as addressing a general need for more housing rather than as a part of a broader systems change strategy.	The team thinks about their housing work as part of an attempt to transform opportunity for a particular group of people.
Recognizing Housing as a Core SDOH	The mission of housing and health are not intersecting within the organization. The team holds health outside of their housing work. Connecting housing and health is transactional, e.g. bringing health partners in to offer health services such as community clinics.	Programming, messaging, and staff conversation demonstrate that the organization sees quality, affordable housing as a core social determinant of health.
Centers Racial Equity	Organization does not acknowledge racial equity as a core component of the work or connect ongoing investment and development work with the historical context of discrimination and exclusion within housing.	Demonstrates an understanding of the history and the current state of the place. Also demonstrates an understanding of the roles that development and housing exclusion have played and identifies the community assets and relationships they can support and build on.
ORGANIZATIONAL CULTURE		
Internal Culture of Collaboration	Staff are not sure whom to engage and do not have proven pathways of working across departments and/or programs.	Staff frequently work across departments for project planning, implementation, and sensemaking and can articulate the inherent value-add of working across departments and programs.
Staff and Leadership Support	Staff are unable to engage key program staff or gain consistent leadership support for the strategy.	Staff recognize that moving this kind of strategy is a full organizational effort and there is evidence of internal alignment across departments.
Time and Resources to Maintain Relationships with the Community	The team only engages with the community on specific existing projects and does not have the time, resources, or bandwidth to have pre-transaction relationships.	The team is resourced to support pre-transaction engagement with the community and to maintain ongoing relationships with the community.

	NOT READY FOR PARTNERSHIP	READY FOR PARTNERSHIP
ORGANIZATIONAL CAPACITY		
Motivation for Pursuing this Work	Interest in the project stems from a desire for resources rather than a community priority.	There is a specific external opportunity or impetus for this work that keeps community priorities at the center. For example, the threat of gentrification.
Staff and Partnership Capacity	There is little evidence that staff have the time or resources to manage relationships across departments, with community, or with other key partners.	Staff from across the organization have time built into their work culture to build, maintain, and grow relationships with community and other partners.
Capacity to Build and Manage a Pipeline of Projects	The organization has generally worked one deal at a time and has a programmatic or a transactional frame (see the Capital Absorption Framework).	The team has the capacity to source, prioritize, and develop multiple projects simultaneously. The organization has a transformational frame — one that regards housing as a component of a strategic goal of transforming opportunity for people in a community.
Experience Managing Capital	The team accesses and deploys capital project by project.	The team has the relationships and expertise to fundraise and manage capital strategically to finance its pipeline.
Identification of Clear Priorities	The team identifies conflicting or misaligned goals for pursuing the investment.	The team is able to identify a clear goal related to the specific investment they are pursuing.

Reaching Out to Health Institutions

PART IV GUIDE

BUILDING A HEALTH PARTNER INVESTMENT STRATEGY IS A MARATHON, NOT A SPRINT. As we've explored so far in this toolkit, the work begins with a mindset shift, shifting your perspective on your work from specific projects toward a view of the root causes of inequity. It requires deep work with the community and reshaping how you work across teams within your organization. Finally, it requires an approach to partnership that goes beyond the transactional. **In this section, we'll explore how to assess a health institution as a potential investment partner, what it takes to build a strong relationship with them, how a pitch to an institution with whom you've developed that relationship might eventually look, and a few examples of what it looks like when it all comes together.**

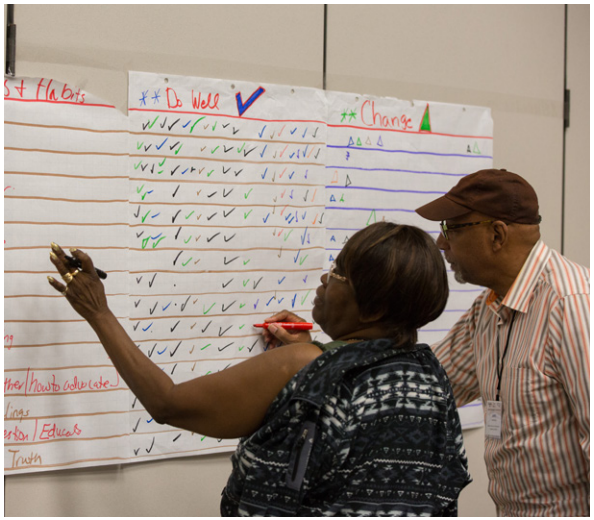
Assessing a Health Institution

WITH AN ALIGNED organizational team and a strong relationship with your community, you are well-positioned to begin researching your local health institution. Before you approach them, get to know the work they are already doing so that you can speak effectively to their motivations, needs, interests, and capacity. You can learn about them by reviewing news articles and publicly available documents, through conversations with the community, and by speaking with leaders who are familiar with key executives and other staff at the health system. Some key documents available from nonprofit hospitals, a common health investment partner, include:

- **Community Health Needs Assessment (CHNA)**
  Nonprofit hospitals are required by law to conduct a systemic evaluation of community health assets and challenges every three years. A CHNA can reveal the hospital's current thinking: Are they focused on disease and direct intervention? Or are they already considering root causes and upstream interventions? Hospitals must seek community input for this assessment, and the input that went into it can suggest the extent to which the relationship with the community is pro forma or well developed. CHNAs usually can be found by searching on the health system's website.

- **Community Health Improvement Plan**
  Hospitals develop these plans to address the findings of their CHNAs. You can use it to identify your health institution's priorities and where you might coordinate with them. The plan can usually be accessed by searching on the health system's website or requesting it from the public affairs office.

- **Form 990:**
  The IRS requires nonprofit hospitals to report the net value of community benefit services offered in the following areas: charity care and means-tested government programs, community health improvements, health professions education, subsidized health services, community building activities, research, and cash or in-kind contributions. This information appears on Form 990, Schedule H. Two of the six parts of Schedule H are particularly useful: Charity Care and Certain other Community Benefits at Cost and Community Building Activities, which include housing and other community supports that may not qualify as "community benefit" but address the root cause of community health problems. Form 990s from nonprofit health institutions are available for free via the IRS.



BEFORE YOU APPROACH THEM, GET TO KNOW THE WORK THEY ARE ALREADY DOING SO THAT YOU CAN SPEAK EFFECTIVELY TO THEIR MOTIVATIONS, NEEDS, INTERESTS, AND CAPACITY.

Exploring The Health Institution's Departments

Health institutions are complex organizations, with multiple departments that may play a role in accomplishing community investment goals. Key players at these large institutions may not be aware of how other departments can support the work. One of the first steps in implementing your strategy will be reaching out to the right departments and convening their leaders, who may not be used to collaborating–or supporting a health institution leader to do so. The chart below lays out the departments that are most often found at hospitals. Guidance for other types of health institutions follows.

DEPARTMENT	POTENTIAL CONTRIBUTION	IMPACT ON DECISIONS
Mission/Strategy	Understanding of history and traditions	Explain how investment fulfills the hospital's mission.
Community Benefit	Knowledge and data about community needs; relationships with community organizations; understanding of compliance requirements for reporting	Help understand pressing health needs, identify opportunities to intervene or partner.
Community or Population Health (may also include managed care plans)	Strong business incentive to address drivers of health; often lead value-based clinical care and research initiatives	Make the case for allocating resources and undertaking new initiatives to address social determinants based on data.
Finance and Investment	Access to financial assets as part of an impact investment strategy that seeks both financial and social returns; understanding of how to assess potential risks and returns	Inform decisions about the amount and type of capital available; help shape investments.
Facilities/Real Estate	Awareness of land and buildings owned by the health care organization, knowledge of the local real estate market	Identify underutilized or surplus property; inform development strategy.
Foundation	Donor relations; connections to other foundations; program-related investments from the endowment; grants	Attract donors who might co-invest alongside your hospital.
Government Relations	Political capital and relationships; understanding of the priorities of local elected officials	Advocate for public policies that foster investments in community health.

HEALTH FOUNDATIONS tend to be divided into program staff who have responsibility for making grants and investment staff who manage the foundation's endowment assets. Some health foundations have designated a portion of their endowment for impact investments, sometimes called Program-Related Investments or Social Investments. Program staff can use their grants to lay the groundwork for investments, by paying for feasibility studies and market assessments, helping to fund community engagement or planning, or creating credit enhancements such as loan loss reserves. Impact investments can provide debt or equity at the project or enterprise level.

The High Action/High Alignment worksheet in **Appendix F** can help your team identify who can best help you build and advance your strategy.

Key Questions to Address: Using the tools above, ask yourself the following questions:

		NOTES
1	What community needs has the health institution identified?	
2	What upstream work has the health institution contributed to already? Are they already participating in any community collaborations?	
3	What issue, trend, event, or other catalytic moment might the health institution be concerned with? (e.g., campus expansion, change in leadership, merger, relocation)	
4	What potential contributions could the health institution make to advance community priorities? (e.g., investments, land, political capital)	
5	What might motivate the health institution to make those contributions? (e.g., Mission, Institutional Self Interest, Competitiveness, etc.)	

The answers to these questions will first help you determine whether this health institution has the potential to be a strong partner and then help you shape your approach if you see partnership potential.

Building a Relationship with the Health Partner

HEALTH INSTITUTIONS have commented that they often are approached by potential partners for investment in a specific project, with little attention to building a relationship or larger understanding of context. A transactional approach is less likely to be successful, and less likely to lead to an ongoing partnership that results in strengthening the health of a community. Think about engaging a potential health partner as a sustained effort that involves identifying shared goals and values and finding ways to express those goals through collaboration. Appendix G provides a guide for how you can thoughtfully build relationships with the health care sector.

- Start by doing your homework. What have you learned about their priorities, existing activities, and strategies? Who are their key executives and board members? What pre-existing relationships could you leverage to get to know their decision makers? What needs do they have that you could meet? What motivations can you lean in on?

- As you work to understand the health partner and meet their leaders where they are, keep in mind that health partners are often unfamiliar with community development and may lack the expertise to invest in housing as a root cause of good health. You also may be in a position to educate your health partner on the connections between health and housing. Have materials such as those in Appendix A ready to share.

- Like you, they may have siloed departments and need to navigate among competing priorities, risk-averse financial staff, and tight budgets. Can you build a strong enough relationship with leaders at the health institution to be a thought partner as they move the work at their organization?

- Although you enter these conversations with a view towards moving a community priority or set of projects, remain flexible enough to recognize opportunities as they present themselves. Your approach and your ask will likely evolve as you learn about your health partner's priorities, experience with leveraging their capital, and their relationship with the community.

Making the Pitch

If, like the organization in the following example, you have the existing relationships and development experience when the opportunity presents itself, you are ready to design a pitch. Your pitch should include your community shared priorities, how you will solve a problem for your health system, why upstream investment is the vehicle to do it, the expected results, how you'll measure them, and why you are the organization best situated to deliver these results for the community.

Neighborhood Services used the pitch deck guide found in **Appendix H**, which you can also use to design your approach.

An Emerging Example from the Field:
Neighborhood Services

Neighborhood Services[1] (NS) has been a service provider and community developer in a gentrifying immigrant neighborhood in Big City for decades. Over the years, NS has been involved in several public/private partnerships around affordable housing and city services. They also have a community health worker program and active relationships with local health institutions, including Major Academic Hospital.

Recently, NS decided to take a more strategic approach to social determinants of health by trying to redevelop a large industrial property with housing, a community facility, a health clinic, and a preschool. They knew this project would require partners, and they thought that a primary partnership with one of their local health institutions could potentially be a source of investment funds as well as health care services.

Just as NS was considering whom to approach, Major Academic Hospital received a $100+ million grant for community

health. NS realized that these funds could be used not only for their social determinants project but to make a real difference in housing in their neighborhood. NS's longstanding commitments to health and housing, strong neighborhood reputation, and existing relationships with Major Academic Hospital programs and staff enabled them to get in front of Major Academic Hospital leaders within weeks to propose a significant investment in their health and housing strategy.

Though negotiations are still in process as this toolkit is developed, getting to the table was a result of the groundwork NS had laid across these critical areas.

1 Examples in this toolkit such as the Neighborhood Services story are real examples whose names have been changed.

Evaluation & Impact

Health institutions often want to know what health outcomes they will be able to measure after an investment for community health. The types of outcomes they have historically measured are often more related to clinical health outcomes and savings to the health system than the root causes of those outcomes. Be prepared to initiate a conversation about impact measurement and how this long-term strategy can be used to both gain an understanding of and strategically address the root causes of social determinants of health. In the Local Community Development Corporation example below, a CDC works with their health partner to invest in housing, not for a direct impact on clinical health outcomes and savings but to address the larger community's priority around affordable housing.

See **Appendix I** for resources to create metrics for evaluation.

Putting it All Together

A Developer's Journey Toward Partnership with Health Institutions

WHEN DEVELOPERS lay the groundwork to partner with health institutions, the result is far more than the sum of its parts. As the Local Community Development Corporation's (LCDC) story below demonstrates, the building blocks for a successful partnership are alignment (both internally and with the partner), strategic vision, and relationships (established or new).

Successful partnerships have multiplier effects that can lead to systems change, which is what creates the scaled impacts needed to achieve community health and wellbeing. LCDC originated in the 1970s as a community organization in Triangle Square, a busy, crowded neighborhood in Cityville. Triangle Square's residents were mostly working people with low incomes. LCDC initially sought to serve the Triangle Square community by providing space and support to local nonprofits and businesses, which they continue to do. But as they listened to resident concerns, it became increasingly clear that affordable housing was a critical need. This was true not only in Triangle Square but across much of Cityville, where in recent years thousands of affordable units had been lost to redevelopment and eminent domain.

As a result, LCDC pivoted and became an affordable housing developer. By the mid-2000s, the organization was managing thousands of units in dozens of properties they had either built or repurposed. But the 2008 housing crisis and subsequent recession pulled the rug out from under a fundamental assumption of the community development and affordable housing fields: that housing is the route to health and economic wellbeing. For one thing, it showed that housing could slip away as easily as it had been acquired; for another, housing alone did not protect Cityville residents from the consequences of the recession.

At the same time, the Cityville Public Health Department was looking at life expectancy data in Cityville's neighborhoods. They found a 15-year life expectancy difference between Black and Brown young people who grew up in the disinvested neighborhoods in Cityville's core and those who grew up in the more suburban neighborhoods at its edge. As LCDC considered this data and its implications for affordable housing, they decided to shift to a healthy communities approach, which included affordable housing as one of several social determinants of health that, along with health care, needed to be addressed if people were to be able to flourish in their communities.

The Stanford Social Innovation Review's groundbreaking article, Collective Impact (2011), provided LCDC with a model for their work. As the organization had neither the resources nor the full expertise needed to create healthy communities on their own, they realized they would have to work in partnership with other organizations, institutions, and, especially, residents.

The opportunity to put their ideas into practice arose when LCDC purchased the Cityville Arms in South Cityville. The Arms, as it was known, had once been a distinguished apartment building, housing the city's Black elite in the first half of the 20th century. But in the second half of the century, the city, the neighborhood, the building's ownership, and the building itself changed. Its spacious units were cut up into smaller apartments that housed larger immigrant families. It then became an increasingly neglected SRO (single room occupancy) and eventually an abandoned building.

Two key reasons LCDC took on the Arms were to sustain the building's history and to provide quality affordable housing to local residents; a third was that the Arms could anchor their healthy communities approach in South Cityville, an area they had already targeted. LCDC had already gotten the Cityville Community Foundation (CCF) to support the work as a critical initial partner, providing investment and technical assistance.

With the help of a collective impact coach provided by CCF, LCDC undertook a rigorous planning process that included identifying the specific part of South Cityville where they would focus, examining the data to understand its history, engaging current residents to identify their aspirations and concerns, and figuring out how best to change the tide for the neighborhood. The result was a comprehensive neighborhood plan that emphasized community voice and focused on health services, affordable housing, local businesses, and food access–and the realization that if their goal was a healthy community, they needed to partner with local health care institutions, as both service providers and investors.

The next stage of the work was all about relationship building. A staff member at a neighborhood organization, with whom LCDC often collaborated, introduced them to South State Health, a local hospital chain that became their first health institution partner. The success of this partnership motivated them to target Regional Health, a large multi-state health care provider and insurer that already had an active commitment to social determinants of health, affordable housing, and community investment.

Insights

SOMETIMES HEALTH INSTITUTIONS SEEK OUT DEVELOPERS. When Industrial City Health Plan (ICHP) decided to make a significant investment in affordable housing in their headquarters city, they realized they needed local partners who had the skills, resources, and relationships they lacked. A consultant introduced them to IC Housing, an established nonprofit housing developer with relationships and successful projects in neighborhoods across Industrial City. IC Housing was able to help ICHP identify the most critical neighborhoods for housing investments. Over the next few years, ICHP made three major investments in IC Housing, two through a fund set up with a local CDFI, another critical partner, and one direct investment. IC Housing's existing network and readiness to partner strategically as well as financially were critical to the success of this collaboration.

One of LCDC's founders and current board members was a doctor at Regional. She used her understanding of the organization and clout to recruit Regional's deputy comptroller to the LCDC board to help shape their health care strategy. That staff member became LCDC's champion at Regional. One of her critical roles was to create a Regional team to navigate the internal politics and dynamics of securing a significant investment for LCDC. Ultimately this team included members from several critical departments, including the state community health director, the CFO, the CEO, and the doctor who was already on LCDC's board.

Regional had a much larger footprint and significantly more resources than South State, and they were already deeply concerned with homelessness, which was a source of their interest in social determinants of health. LCDC had a health strategy, was also working on homelessness, and was shifting to building and preserving affordable housing to prevent displacement as well as homelessness. In this context, LCDC became the solution to Regional's problem.

Still, it took two years for the partnership to come to fruition. LCDC helped Regional think about the issues in Cityville and surrounding communities, pitched opportunities, were invited to speak to staff about their work, and even honored them at a gala. This effort was a cross-team endeavor at LCDC, involving the CEO, COO, Health Program Director, Director of Real Estate Development, and board; this group was able to strategize together, leverage individual and institutional relationships, and engage their teams in different facets of partnership building, making the fruit of their labor a win for the entire organization. In the end, Regional's CEO saw the value of partnering with LCDC and directed his staff to make it happen.

The first project LCDC and Regional worked on together was a Regional investment in preservation that LCDC helped them structure. LCDC helped Regional understand the importance of focusing on the present through preservation, which could meet the urgent need to prevent displacement of middle-income residents better than the long development timeline for construction. Regional next invested in a property that LCDC had purchased and made a multi-year grant commitment to LCDC to support their healthy communities work. Ultimately, the partnership between Regional and LCDC led Regional to invest with other developers in Cityville and to create a regional affordable housing fund with a CDFI partner.

LCDC ended up helping Regional create a diverse local investment portfolio and significantly increase available resources for moving a pipeline of housing projects that benefited not only Cityville but the surrounding area. This powerful, next-level partnership came about because LCDC had an emphasis on community health that Regional shared, housing and community development expertise that Regional needed, the internal alignment and focus it took to build their relationship with Regional, the experience to put Regional's funds to immediate and excellent uses–and, most importantly, the commitment to community voice that ensured their partnership would support the goals residents had for themselves and their community.

Tools to create your strategy can be found in the appendices below:

Conclusion

THE TOOLS PRESENTED in this document will provide you with ways to frame, understand, and build a health partner investment strategy. No organization or leader starts this journey with all the pieces in place, nor does anyone begin with a perfect vision of where the work will lead. The most important step is to look at your community, prepare to listen, and begin, wherever you are able. By understanding your community, aligning with a health system, creating a team that can work collaboratively and think systemically, and committing to the work, you have the potential to shift the root causes that lead to health inequities in our communities.

We look forward to working alongside you.

APPENDIX A:

Resource Library

There are a wide variety of toolkits, playbooks, and guides available on the subject of hospital impact investing and partnering with health institutions to accomplish projects and deals.

On Partnering with Health Institutions

- Build Healthy Places Network's Partnerships for Health Equity and Opportunity: A Healthcare Playbook for Community Developers offers a guide to the health care field, how to assess a health system's readiness to partner, and what you can offer to the partnership.
- The Center for Community Investment has developed a suite of resources on investing in community health:
  - Investing in Community Health: A Toolkit for Hospitals is a practical guide for health systems at the beginning of their investment journeys, offering a deep dive into assessing the social determinants of a place and creating a community-health-based strategy.
  - In four new short videos, CCI compiles wisdom from leaders who spoke at a September 2021 summit, From Roadmap to Reality: Implementation Strategies for Upstream Investments in Community Health.
    - Introduction to Health Systems and Community Investment
    - Mobilizing Health Institutions to Invest Upstream
    - The South Side Renaissance Fund
    - Reflections on Partnering with the Community
  - Two case studies tell the stories of how two health institutions navigated the opportunities and challenges of investing in affordable housing:
    - Case Study: Nationwide Children's Hospital
    - Case Study: UPMC Health Plan
  - CCI's resource page offers more case studies and explorations of how to shift the community investment system.
    - Explore four ways that housing leads to health in this literature review from Health Affairs.

Click here to return to the toolkit.

On the Role of Community Development:

- In Centering Black People in Community Development: New Visions from Black Women Leaders, a collection of essays published by the Center for Community Investment, Romi Hall, Director of Healthy Homes and Communities at NeighborWorks America, argues that community development professionals must center both racial equity and the social determinants of health to work towards more equitable communities.
- Connecting Housing, Community, and Health: Stanford Social Innovation Review provides a look at four "housing-plus" initiatives that are building healthy neighborhoods.
- Advancing Health in Communities: Health Partnership Stakeholders Map and Glossary - NeighborWorks America: Created in partnership with Build Healthy Places Network and NeighborWorks member organizations, these resources identify the different housing and community development and health partners that have a role in creating healthy communities and provides definitions to terms used within the housing and community development and the health sectors.
- In their Health Partnership Readiness Guide, NeighborWorks America provides a thorough tool to assess your organization's readiness for partnership with health partners.

Click here to return to the toolkit.

APPENDIX B:

The Capital Absorption Framework

These introductions to CCI's Capital Absorption Framework provide tools to work through each function. To go deeper into the framework, explore CCI's resources page.

- Defining a Shared Priority: An Introduction
- Building and Moving a Pipeline: An Introduction
- Shaping the Enabling Environment: An Introduction

Click here to return to the toolkit.

APPENDIX C:

The Community Engagement Spectrum

Explore the Community Engagement Spectrum below and be honest with yourself. Where do you see your organization on the spectrum? Do you have the right people on your team to move your organization to where you want to be? Are there people in your organization or other organizations within your community who could help you move up the spectrum? How can you build more active and inclusive connections with the people who can prepare you to build a community-centered strategy?

STANCE TOWARD COMMUNITY	IGNORE	INFORM	CONSULT	INVOLVE	COLLABORATE	TRANSFORM
Role	Marginalization	Outreach or Placation	Limited Voice or Tokenization	Voice: Influence/ Representation	Delegated Authority	Community Governed
Involvement	Investment decision-makers don't consider community priorities.	Investment decision-makers share plans and invite opinions	Periodic meetings with limited community input, often project- focused. Input largely ignored	Community representatives are at the planning table in an ongoing way.	Community approval is needed to access capital sources. Community leaders at the table don't represent and/or consider the full spectrum of community priorities.	Capital/assets are owned by the community; their use is fully governed by them. Members assigned, bring, or own a financing source or asset.
Potential Outcomes	Projects may not benefit residents	Financing decision makers equate public funding with community approval./ Projects may have limited local benefits.	Project selection doesn't reflect community criteria and projects may have limited local benefit.	Community input is not integrated into projects, which may benefit residents but don't reflect priorities.	Residents choose or influence projects to better meet their priorities.	Self-determination. Community members may disagree about tradeoffs or compromises.

Continued on following page.

STANCE TOWARD COMMUNITY	IGNORE	INFORM	CONSULT	INVOLVE	COLLABORATE	TRANSFORM
Examples	Market rate projects, subsidies, and tax abatements to attract companies, Opportunity Zone projects.	Projects requiring zoning changes, public initiatives like master plans and local development districts, regional local development funds.	Visioning sessions for publicly-owned land; design charrettes.	Steering committees for large public initiatives; CHOICE Neighborhoods.	Lift to Rise, SPARCC, Elevated Chicago; participatory budgeting, successful lawsuits require project changes to satisfy community	DSNI, Market Creek, community land trusts, cooperatives
Common Practices	Top down, money talks	Statutory requirements for public notice, hearings, and comments..	Requirements to seek and document community input when applying for funding or approvals.	Community representation via advisory groups or community "seat(s)" required by capital sources	Certain decisions require "community" approval.	Reparations, requirement to transfer (a portion of) assets to community ownership.
Relationship to the Pipeline	Community unaware of pipeline.	Projects are announced.	Community provides input on visioning or deals in progress; limited developer accountability.	Community provides input on pipeline priorities and deal selection	A mechanism exists that allows ongoing "say" at portfolio or project level.	Community members own, develop, or oversee projects or have approval power over projects.

Adapted by CCI from "The Spectrum of Community Engagement to Ownership" by Rosa Gonzalez, Facilitating Power

Click here to return to the toolkit.

APPENDIX D:

Community Engagement Error Patterns

While not comprehensive, this table of community engagement error patterns might provide some insight into reasons that your engagement strategy is hitting a roadblock. Do the challenges you are facing fall into any of the patterns below? What have you tried to adjust? Can you build a strategy for your unique challenge with a combination of the tips below?

ERROR PATTERN	TIPS	NOTES
Engagement efforts do not take past community input into account.	Community members often feel "meeting fatigue" and find themselves repeating the same concerns and desires again and again. **Be sure your team has reviewed past efforts and resulting documents.**	
Language of engagement does not match reality.	Engagement feels less authentic if initiatives use words like "collaborate" and "empower" when the actions are "informing" and "consulting." **Review the spectrum of engagement and be honest and transparent about your activities.**	
Team is surprised to find that beneficiaries oppose the project.	Team has not explored its own assumptions, and/or is not composed of members who are directly relevant. **Identify gaps and take steps to address them.**	
Team feels stuck and struggle to gain traction with community.	Community engagement is an adaptive activity at its core, while teams may have predominantly technical skills and expertise. **Consider the archetypes of adaptive challenges.**	

Click here to return to the toolkit.

APPENDIX E:

BART Chart

Here is a chart you can use to organize your health partner investment team. It is important to identify the boundary, authority, role, and task of each of the member's of your team. Use this chart to identify individuals or groups who will be active in supporting your team and organization to advance your partnership and strategy.

The following definitions of BART are identified from Zachary Gabriel Green and René J. Molenkamp's article "The BART System of Group and Organizational Analysis":

- **Boundary:** Boundary is the container for group work.
- **Authority:** The right to do work.
- **Role:** Function assigned, acquired, or ascribed.
- **Task:** Work to be done or undertaken.

NAME	BOUNDARY	AUTHORITY	ROLE	TASK
Board	HPI Strategy	CEO	Strategy Leader	• Support structuring work of the team • Serve as the organizational face of HPI

To learn more about BART, consider reading this article.

Click here to return to the toolkit.

Map Your Own: BART Chart

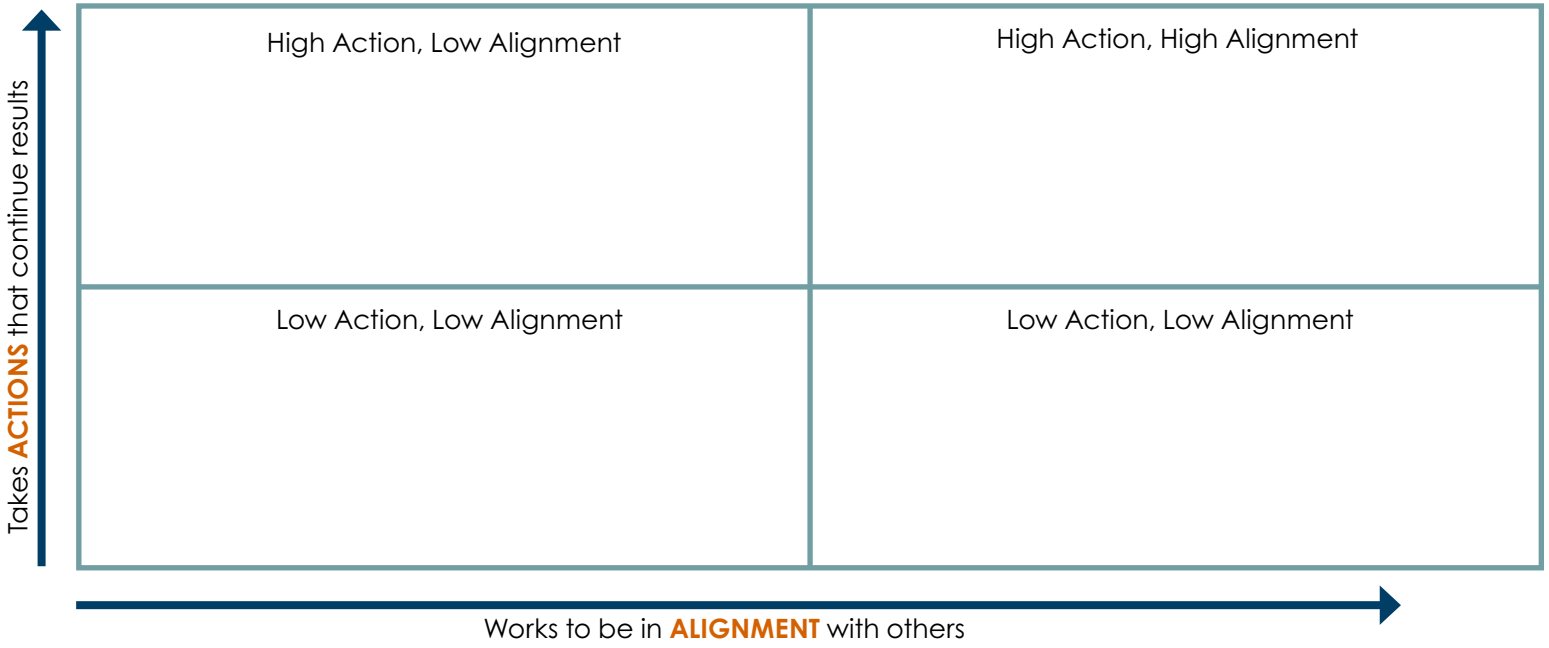
NAME	BOUNDARY	AUTHORITY	ROLE	TASK

APPENDIX F:

HA/HA chart

The diagram below will help you identify potential partners as well as individuals who can help you make the partnership happen. High-action/high-alignment people are your strongest allies. In *From Community to Housing to Community Health: A Developer's Journey toward Partnership with Health Institutions*, the story of LCDC in Part IV, the neighborhood organization and staff member and the Regional doctor on LCDC's board are high action/high alignment.

Map Your Own: Aligned Action for Results



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APPENDIX G:

Before the Pitch: Building Relationships Across Sectors

Successful capital absorption work, which entails working at a larger scale than a single transaction or project, requires multi-sector collaboration. You will want to build relationships and collaborate with several critical types of ecosystem actors in your community, such as:

- Community leaders and organizations;
- Public sector agencies and political leaders; and
- Anchor institutions, such as health institutions, that have a variety of political, financial and other resources that could be invested in your community.

Relationships with these actors are important building blocks for upstream investment and healthier communities.

All collaborative relationships start with an initial encounter. This may be as purposeful as a meeting set up to discuss collaboration or as casual as a conversation at an event. Whether the seed of that initial encounter grows into a fruitful collaboration will depend on your preparation, follow-up, and strategic thinking about your potential partner and your own organization.

Once you are considering a potential partner, consider the following questions to further support the development of your health partner investment strategy:

1 **Do your homework** to learn more about potential partners. Consider the following questions:

Who in your network might help you choose potential partners? Who in your network is connected to the person or organization you want to meet? Who could make a trusted introduction?

NOTES

What are their needs, motivations, and goals? Who are they accountable to, and whom do they represent? What are their current critical issues? What are they trying to get done?

Example: *City University Health Plan wanted to build a new headquarters. They were motivated to partner with community groups not just because of their mission, but because they needed help getting the mayor's support for their expansion.*

NOTES

What motivations and goals do you and the potential partner share?

NOTES

2 Prepare to introduce yourself. Your goal is to present yourself as a desirable partner who can help your potential partner achieve their goals and together serve your community. Telling your story is a great way to accomplish this. Your story should:

- Describe the characters: your organization, the community where you work, your current partners, and anyone else who might be relevant to your work together.
- "Explain" the work you're doing, including:
  - Your organization's aspiration,
  - how it fits with the community's priorities,
  - what your efforts aim to accomplish, and
  - what you have done so far.
- Take a look at Appendix H: Pitch Deck Development Guide for examples of what you might say and how you could present it. Would this meeting be enhanced with a deck or handout?
- If appropriate, consider bringing a community partner to the conversation.

Be prepared to discuss your community connections:

- Representatives of the public sector or health sector are likely to want to know about your connections with the local community and your authorization for the work you're doing.
- Community leaders may want to know how your work will help meet their priorities and what expertise you bring to the table.
- Potential partners may also be interested in how you can help build connections and relationships between community leaders, the public sector, and the health sector.

3 Come prepared with open ended questions of your potential partner to start a conversation. Don't assume your homework prep gave you all the answers. Ask them directly about what they're interested in, their goals, their critical issues, what the departmental and staffing structure is of their organization, and how partnership might be helpful.

4 End with a specific ask. Come prepared with some ideas and also listen for opportunities that come up in your conversation! Tie your suggestions to what you know about the person you're meeting with — what do they have direct control over, what are they interested in, who do they report to? Possibilities range from scheduling a follow up meeting, making or asking for introductions and referrals, to shared programming, fundraising, outreach and more. Use the space and examples below to help prepare some suggestions ahead of time.

What could you do together to build your partnership, and how would both of you benefit?

Examples:

Community-based organization partner examples:	• Referrals between community-based organizations and federally qualified health centers • Co-hosting community events, listening sessions • Sharing data—for instance, using census data to illuminate and reaffirm community members' experiences to support community advocacy and both organizations' fundraising
Hospital and health insurer examples:	• Bringing health care to residents—Community Health Workers, mobile clinics, establishing clinics in your buildings or other nearby commercial space • Connecting health employees with housing resources • Developing workforce training for local residents, • Sharing data and information for Community Health Needs Assessments and Fair Housing plans
Public sector examples	• Sharing information about city programs with community residents • Connecting with your local Department of Public Health—connecting residents with their programs, sharing resident experiences to inform the department's work

NOTES

Any meeting or pitch is an opportunity to get acquainted, explore possibilities, build relationships, and set a clear next step. Initial conversations can be the first step in building relationships that can become powerful partnerships with an array of outcomes. There are many ways to partner with health institutions before, during and after investment. For instance, health partners may not have deep engagement or even connections in your local community. You can help them build those connections and explore together how you can collaborate to support community priorities. For example:

CITY HOUSERS was invited to join Mega Hospital's community working group. While Mega Hospital was not ready to invest directly in City Houser's affordable housing pipeline, City Housers negotiated a 10-year, $300k contract from Mega Hospital to do better, more integrated referrals in both directions: screening for public benefits at the hospital and connecting neighborhood residents with health services. City Housers also invited a leader from Mega Hospital to join the local neighborhood planning process steering committee, which will build stronger connections between the hospital, the neighborhood, and the affordable housing projects that will come out of the planning process, paving the way for future investment.

NEIGHBORHOOD HOUSING CDC started developing affordable rental housing in a new neighborhood in their city. Some members of the local neighborhood council were concerned about how this new development would impact the neighborhood. NH CDC started consistently attending neighborhood council meetings, not just when they had something to present or ask. This commitment to "just showing up" on a regular basis helped build trust with the council members and community at large—it demonstrated a commitment to the neighborhood, spending time listening and learning about neighborhood issues and priorities, and ultimately built support for NH CDC's development and helped NH CDC uncover new ways they could support neighborhood vibrancy and health.

MOUNTAIN CDC is a NeighborWorks member organization that includes a CDFI arm. Their investment expertise was attractive to a local health conversion foundation who wanted to expand their grantmaking into program-related investments. As the two organizations got to know each other, the foundation contracted with Mountain to underwrite their new investments, leading to the foundation's first investment in a local Native-led initiative, which Mountain had identified as a key community priority.

CENTER CITY HOUSING DEPARTMENT had a home repair program that was underutilized. Family Homes CDC partnered with the Housing Department and Local Hospital to maximize program use in their priority neighborhoods. Local Hospital gave the CDC a grant to pay for outreach staff that managed the repair program on behalf of the city. CDC staff offered office hours at a local church to help residents fill out the home repair applications, print and copy required documents, and confirm eligibility. In the process, the CDC realized that there were more rentals than owned homes in their neighborhood that could really benefit from home repair. The CDC researched, presented, and ultimately convinced the City to expand the repair program to landlords that agreed to limit rent increases. Local Hospital also provided a matching grant, doubling the impact of the home repair program and contributing to the stability and housing quality in the existing housing in the neighborhood.

Building these relationships takes time. Even after you make a pitch, it may still take more time to get to a deep concrete partnership. Just as with other funders and investors, find ways to maintain and deepen their interest, help them partner with you when they don't have deep internal capacity, and remember this is a long game with potential for community transformation!

Final Notes:

- ☑ Remember, this may be the first time your healthcare partner is being pitched by an organization outside their sector—it takes time to translate and for the healthcare partner to make decisions.

- ☑ Healthcare is complicated and some of their internal systems can feel bureaucratic, be sure to give time to your partner to navigate through their complex system and continue to keep their goals at the center in your continued conversation.

- ☑ Take the time to build relationships. None of the examples had a big win or slam dunk right out of the gate or overnight. These examples show the time needed from both the NeighborWorks network organization and their partners to build connections and aligned goals.

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APPENDIX H:

Pitch Deck Development Guide

Participants in the Health Partner Investment Learning Lab were given the following guide to create pitch decks for their partnerships. Use the guide below to assess if your partnership is ready for a pitch, and to think through the story you want to tell about your health partner investment strategy. These questions aren't meant to be explicitly answered in your deck, but are there to help you tell the story of this partnership opportunity. We suggest you use minimal text, feature strong imagery, and address the main components of the guide.

Cover Slide (1 slide)

1. Convening Organization Name, Participants/Leadership Team Names, Date

Shared Priority and Community Context (2–4 slides)

1. What problem are you trying to solve? What is the scale of the issue?
2. What portion of that problem are you taking on? What is your intended result? (If the problem was solved what would exist? # new units, # new owners, # of preserved units etc.)
3. Where is this issue happening? (geographical and population focus)
4. Why is this problem happening? (summarize key local trends)
5. Who validated this as a priority? (partner organizations, resident groups, etc.)

Priming Your Ask (2–3 slides)

To help refine your pitch, answer the following:

1. How does the problem you're trying to solve align with the health institution's mission? (social determinants of health, redlining, historical disinvestment, etc.)

2. How will the health institution be affected or implicated if this problem is not solved?
3. What might motivate this health institution to partner with you in this work?
4. What is the opportunity to solve this problem now? (COVID-19 funding, gentrification pressures, other efforts)

What Can This New Partnership Produce (2–3 slides)

1. What are the characteristics of projects that can meet your shared priority? (location, minimal unit count, general project description)
2. If you have a first set of projects in your pipeline, include:
   - **a.** Project Name
   - **b.** Short Description
   - **c.** Units
   - **d.** Total Development Cost
   - **e.** Capital Gaps
3. If not, have you completed similar projects? List them and explain what it would take to move more projects like them.

What is your ask? (1–2 slides)

1. What specific support are you seeking? (investment, operating funds, staffing, land)
2. If you're not communicating with the decision maker, who are the decision makers you'd like to follow up with? How can your champion help you get to the decision maker?
3. One-Sentence Ask

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APPENDIX I:

Health Evaluation and Impact Measurement

We often hear questions about how to measure and evaluate the impact of health partner investments. The belief that these investments should offer return on investment and significant quantifiable impacts on health often becomes a tension point and may pause or even stop health partner investments. But if we consider evaluation and outcomes related to potential health partner investments with more nuance, we can be ready to respond appropriately to these questions. This section draws upon our own experiences and the experiences of healthcare leaders and community developers who have successfully invested and secured health partner investment.

WE ALREADY KNOW that housing improves health outcomes from seeing the impacts on residents living in the affordable housing communities we develop. Fortunately, there is also research that substantiates our lived experience. Articles like Housing And Health: An Overview Of The Literature *(Health Affairs)* posit that health and housing are interconnected in four ways—stability, quality and safety, affordability, and neighborhood—that are linked to improved health outcomes and reduction of health care costs.

It is important that you, as the community developer, understand this landscape, in part so you do not commit to massive improvements in resident health outcomes within unrealistically short timeframes. The systemic challenges that have created health disparities will only be overcome by systemic investments to counteract decades of disinvestment, not investment for quick return.

What you can offer health partners is the opportunity to fulfill the missions and goals outlined in their strategic plans and be better partners to their communities by investing in your organization's programs and housing development work.

Many developers seeking health partner investment have shared with us that they feel they need to be ready to respond to the question:

"How do we plan to measure and evaluate the impact of our health partner investment?"

However, our experience is that it's often developers who lead with this question. **If you lead with promises of outcomes, you are already narrowing the conversation.** Health partners (see page 11) have many motivations to invest in affordable housing (see page 12). You will be best positioned for investment if the health partners's mission and motivations align with your organization's work and

the community's needs and priorities. It's best to find and build that alignment first.

Many Flavors of Success

Once you are in alignment with the health partner's mission and direction, make sure you are clear on the type of investment you want from them. If your goal is programmatic—for instance, if you are seeking grant funding for health programs to support improved individual health outcomes in your affordable housing properties or wider community—you will be in a better position to measure outcomes and success. However, you will still need to be sure that the funds invested in the grant are sufficient to achieve the outcomes you set forth.

Like all investors, health organizations care about the return on investment. Return on investment does not always mean directly linking your health work to health outcomes.

There are many ways that healthcare systems can get return on investment. For instance, partnering with a developer could enable a healthcare system to achieve a win in the community by successfully addressing systemic issues or challenges.

A HEALTHCARE INSTITUTION was getting criticized for not providing enough healthcare access to community residents. At the same time, they were experiencing increased visits in their emergency rooms from residents who couldn't get access to care or didn't understand how to navigate the complex healthcare system. These emergency room visits are costly. The local CDC pitched an investment to launch a community health worker program that could create more healthcare access and support residents to navigate the system. By aligning with the health care institution's mission and needs, the organization secured a grant investment large enough that they could not only launch the program but also design a robust evaluation and measurement system to measure the impact of their work. The CDC and the health institution were able to work together to provide better healthcare access for residents, which in turn decreased emergency room visits. This helped the community recognize both the organization and the health institution as valuable partners.

Often, it is easier to programmatically design evaluations for investments from healthcare when the service delivered can be immediately experienced by the intended population/audience.

If you already have residents complete annual surveys, these surveys may also be valuable for helping your health partners think about the success of their investment. Surveys can inform you about how residents enjoy living in the building, how they interact with one another, how they actively engage in their community, which building services they use and enjoy, etc. Although these surveys are self-reporting, they can provide information about resident well-being that demonstrates another form of success.

This information may also be valuable for your work, the work of your health partner, and the work you do together, in the present or future.

When using resident surveys as evaluation tools, remember that residents are people and your top commitment must be to DO NO HARM. Just as you might not want to be bothered with participating in surveys, the residents in your building may not want to respond to evaluation surveys that you are using to report back to your health partner on the success of their investment. Make sure you consider how any evaluation process you commit to does no harm to residents. Do not require people who live in your building to participate in the evaluation process.

As a developer, focus on creating a welcoming environment where residents feel they belong and are respected; this is critical to their continued and active participation in any health programs, as well as to thriving in the resident community.

Health partner investments can support your organization and community to achieve housing affordability and access goals. However you define those goals and their success, make sure that any investments you secure are sufficiently and effectively funded for you to deliver on your commitments. Be clear on what you can deliver, and right size your commitments to evaluation and measurement so that you have the resources and means to demonstrate the return on investment.

What Evaluation Processes in Health Partner Investment Can Look Like

The case studies below, which are representative experiences of two NeighborWorks network organizations and provide examples of evaluation approaches that might be instructive for your organization.

BAY AREA NEIGHBORHOODS received a health partner investment from a regional health insurer. They partnered with a locally based community development financial institution to secure loan capital to invest in the preservation of naturally occurring affordable housing (NOAH). The regional health insurer was under intense pressure to address the growing homelessness crisis in their region. They wanted to invest in immediate solutions to prevent homelessness so they targeted investments that focused on NOAH, specifically supporting community developers to purchase existing NOAH properties so residents could continue to live and thrive in their own communities. Bay Area Neighborhoods' bold vision for creating healthy neighborhoods appealed to the health insurer, who made a capital investment in their work. The investment did not include funding for additional provision of services, though the insurer wanted to ensure their investment supported both health outcomes and enabling residents to stay in place. Bay Area Neighborhoods implements an annual resident survey at all the housing properties they own. They use this survey to inform their resident services and partnership plans. The health insurer agreed that the information collected on the annual resident services survey would provide an adequate annual update on residents' well-being.

SOUTHERN HOUSING received a health partner investment from a national insurer for their health and housing strategy. The organization was planning to build a mixed-use development with a federally qualified health center (FQHC) to operate healthcare services on the ground floor. They also thoughtfully designed the building to meet national health standards around healthy housing development. In addition to investment, the organization has received national grants and additional funding to provide the appropriate level of service provisions and support for residents to improve their health. Through their partnership with the FQHC, which has the evaluation infrastructure and service provision to assess health outcomes in residents, they were able to design a robust evaluation. The data that is collected over the years will help the organization and the field further understand the interlinkages of housing and community development impacts on health outcomes.

These two case studies provide different perspectives on approaching evaluation. Together, they offer some key insights for pursuing a health partner investment strategy in which evaluation needs to be considered:

Ensure the investment is mutually beneficial. Both organizations maintained focus on the goal of creating a viable housing project rather than the goal of securing health partner investment. Sometimes the excitement of the deal can lead to an investment that works for the healthcare partner but is not the best fit for your organization. You need to be clear on and hold tight to your organizational boundaries, even if that may mean missing out on an investment. Evaluation expectations can be part of that mismatch. It can be challenging to balance the needs of the community-based partner and the health partner investor in terms of timing, how the funds are used within the deal, and intended health outcomes for residents and the community. Health partner investments are still relatively new, so the learning curve is high and the power differential between developer and investor can feel large. Still, holding that balance of needs is pivotal to success.

Be thoughtful about what success looks like. Both these organizations have deep capacity and internal culture for evaluating and learning from their work. However, they have very different approaches when it comes to identifying aspects of change, indicators, and metrics to observe over time. These differences are rooted in their individual training, experience, and positionality. Still, they have some commonalities that are hallmarks of quality evaluative learning work. These include the following shared priorities:

- Identifying audiences for your data at the onset of the work
- Engaging the community in thinking through what should be evaluated
- Sharing information back with residents and community members
- Right-sizing expectations and outcomes throughout the process
- Being clear about what success looks like

Learning and change are constant. Few affordable housing deals are simple and straightforward. Working in complex market conditions can amplify complexity. Southern Housing and Bay Area Neighborhoods engaged in ongoing learning as they worked through various stages of their projects. Some were about external factors like market shifts, while others were about how to work effectively with their health partners. While these learnings were related to the process, rather than the project outcomes, they helped to develop internal capacity to adapt to and work within an ever-shifting environment while still maintaining the relationship with a partner focused on different aspects of the overall goal. This is an essential capacity for this kind of work and will be integral to the success of the project outcomes.

While the projects in the case studies are still in the development stage, these nuggets of experiential wisdom provide some guideposts for those pursuing HPIs for the construction of affordable housing. These practitioners are paving the way for others as they work through the details of deep partnership with health institutions for community change.

Evaluating health partner investments does not need to be a make-or-break conversation with health care. Make sure that you approach evaluation from an organizational space that makes sense for your organization and the current or future residents of the buildings, not just for what the healthcare organization wants. There is a reason they are interested in investing in your organization. Be clear in your understanding of this, and evaluate the level of investment that makes sense for your programs, service, and housing design.

Evaluation Tools

If in your health partner investment work there is a need to develop an evaluation for measure the impact of your work, these organizations have tools you can review and consider using:

- Success Measures, a social enterprise at NeighborWorks America, is a leading evaluation consulting group that serves local and national nonprofits and philanthropy focused on improving the places, systems, conditions and supports needed to create healthy and equitable communities. Over the last two decades, Success Measures has provided evaluation, learning and strategy consulting, technical assistance, tools, and technology to more than 1,000 community-based, regional and national organizations and 50 of their funding and intermediary partners across the country to better understand how their programs and investments change lives and improve communities.
- Conservation Law Foundation protects New England's environment for the benefit of all people. They use the law, science, and the market to create solutions that preserve our natural resources, build healthy communities, and sustain a vibrant economy. They created HealthScore, a comprehensive impact scorecard for the Healthy Neighborhoods Equity Fund (HNEF), in partnership with the Massachusetts Housing Investment Corporation to measure and track the ways that real estate development can improve community health and sustainability.
- Build Healthy Places Network's (BHPN) mission is to transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States. BHPN created Measure Up, a microsite of resources and tools to help you measure and describe the impact of your programs on families and communities and on factors related to health. We've gathered examples, tools, and resources to help you make your case, without having to become an economist.

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