



RESEARCH REPORT

INNOVATIVE COMMUNITY INVESTMENT STRATEGIES: THE CURRENT STATE OF PRACTICE AND A VISION FOR GREATER IMPLEMENTATION IN SOUTHERN CALIFORNIA



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Table of Contents

Acknowledgements	1
Executive Summary	3
Introduction	6
Methodology	8
Structure of the Report	8
Overarching Key Findings	9
Partnerships	14
Investment Strategies	18
Specific Innovative Financing Mechanisms	20
Data Sharing	27
Recommendations: A Vision for Public Health and Health Care in Implementing Innovative Community Investment Strategies in Southern California	29
Conclusion	35
Appendix A: Innovative Community Investment Strategies Literature Review Matrix	A-1
Appendix B: Innovative Community Investment Strategies Place-Based Initiatives Inventory	B-1

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Communities Lifting Communities (CLC) is a community health improvement initiative led by the Hospital Association of Southern California (HASC) to reduce health disparities in the HASC Region of Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. The initiative is working to advance significant systems change through a collective impact model involving hospitals and health systems, public health departments, Medi-Cal Managed Care Plans, community clinics, and community stakeholders. CLC was developed in 2017 with input from three founding partners: HASC, HC2 Strategies and the Public Health Alliance of Southern California (Alliance).

The Public Health Alliance of Southern California (Alliance) is a coalition of local health departments in Southern California. Collectively, the Alliance's members have statutory responsibility for the health of nearly 50% of California's population. Their vision is "vibrant and activated communities achieving health, justice and opportunities for all." The Alliance builds healthy, equitable communities through upstream multi-sector policy, systems and environmental change; and mobilizes the transformative power of local public

health for enduring health equity. The Alliance is fiscally administered by the Public Health Institute.

In partnership with the Alliance and with generous support from Blue Shield of California Foundation, The California Endowment, HASC member hospitals and AllHealth, the CLC Innovative Community Investment Strategies Initiative was launched in 2019. A core activity of this initiative in 2019 was to research and identify best practices and emerging examples of innovative community investment strategies in the HASC region, California and across the nation. In April 2021 at the HASC Annual Meeting, CLC will host a convening entitled Learning from Community Investment Innovators: A Capstone Roundtable that will bring together experts on innovative community investment financing, community development, health care and public health to discuss strategies and next steps for implementing projects in the HASC region. We thank Bill Sadler, JD, MURP, Director of Operations at the Alliance, for leading the research, interviews and writing of this research report.



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Communities Lifting Communities

EXECUTIVE SUMMARY

Across the United States, there are multi-sector partnerships forming between hospital and health systems, public health, community development and other sectors to explore innovative ways to invest in prevention and the social determinants of health. These partnerships take many forms, and the financing mechanisms differ based on the local context, but they share a common theme of aligning and optimizing limited resources and thinking more creatively about how to fund community health needs. This research report identifies various innovative community investment strategies currently being tested and implemented across the nation, as well as the multitude of partnerships and opportunities emerging in this field. The report provides a high-level overview of our key findings and recommendations, with links to additional resources throughout the document. Sections include overarching key findings, partnerships, investment strategies, specific financing mechanisms, data sharing, and recommendations for implementation in Southern California. For more in-depth information on these topics, please refer to Appendix A: Literature Review Matrix, which provides a detailed summary of resources discussing innovative community investment strategies, and Appendix B: Place-Based Initiatives Inventory, which provides details on specific place-based initiatives around the United States.

Key overarching findings include:

- Efforts to implement innovative community investment strategies go back several decades, but momentum has accelerated in recent years.
- Emerging partnerships are leading to organizational realignments of priorities and resources across sectors.
- Most literature on innovative financing focuses on framing and case making.
- Philanthropy is the primary catalyst for many current place-based initiatives.
- There is a need for a backbone organization to sustain innovative community investment efforts in the long-term.
- Partners are working to address common investment challenges in creative ways.

Building partnerships between sectors is the key starting point for innovative community investment efforts and building trust takes time. Key findings related to partnerships include:

- Despite great strides to build partnerships, many efforts are still siloed.
- Continued knowledge building between sectors is needed.
- Executive-level champions are key to success.
- Several hospitals and health systems have emerged as early adopters and leaders.
- Public health departments can provide multiple areas of expertise and resources to innovative community investment partnerships.
- Community engagement is an important, yet often overlooked, component of innovative financing.

There are a wide variety of innovative community investment mechanisms currently being tested and deployed. The literature identifies at least a dozen different types of investment strategies that are focused on addressing the social determinants of health. There are pros and cons for each strategy and there is no “one-size-fits-all” or magic singular approach. The right strategy depends on the desired outcomes, the capital available, community conditions, political and regulatory barriers, and other factors. Common themes include:

- Affordable housing is a key investment focus of most innovative community investment strategies.
- Investments addressing social determinants other than housing are more limited.
- Concerns over aligning resources often arise when there are limited resources.

While there are many innovative financing mechanisms currently being tested, the following 10 strategies hold the most promise for implementation in Southern California for the following reasons: (1) there is a clear role and value for both the public health and health care sectors in implementing them, (2) they are currently being tested, or have potential to be tested, in the Southern California region, and (3) the literature suggests they have potential to address the social determinants of health and ultimately improve health outcomes and community conditions.

- Aligning resources through blending or braiding funding helps communities develop a portfolio of investments.
- Accountable Communities for Health models have a head start in California through the California Accountable Communities for Health Initiative (CACHI) initiative.
- Structured funds focused on community health and wellness are emerging across California and the United States.
- Community development financing institutions play a critical role in aligning resources.
- Anchor institutions have proven successful for integrating health equity and economic development into innovative financing strategies.
- Procurement practices, including local hiring and purchasing of goods and services, can reinforce a commitment to the community and address economic determinants of health.
- Social impact investment and pay for success strategies are gaining increasing traction, but they need to have an explicit focus on a quantifiable outcome.
- Opportunity zones are emerging as a potential tool to improve community health, but there

are multiple concerns about how they will be implemented.

- Medicaid demonstration waivers allow states to experiment with innovative strategies to improve community health.
- Program-related investments by foundations provide additional sources of funding beyond the grant.

Partners in innovative community investment strategies express a strong desire for greater data sharing. Several benefits are identified by the literature and place-based initiatives including identifying community needs, identifying disparities and inequities, identifying community resources, engaging and activating community stakeholders, and targeting existing services to populations. However:

- Data sharing is a challenge to innovative community investment strategies and needs to be addressed early in the partnership.
- Legal advice is often needed to navigate data sharing challenges.
- Philanthropy is playing a strong role in promoting data sharing collaboration.
- Publicly accessible mapping tools such as the California Healthy Places Index® are proving to be helpful resources in accessing social determinants of health data at multiple geographies.
- Data information exchanges are emerging as a potential solution for data sharing challenges.
- Clearinghouses exist to collect sample data sharing agreements, but the process is far from uniform.

Recommendations: A Vision for Public Health and Health Care in Implementing Innovative Community Investment Strategies in Southern California

Our key findings indicate that innovative community investment strategies are being explored by many communities and there are a variety of potential strategies available. While some of these strategies have been explored and implemented for decades, most efforts are fairly

new and it is too early to evaluate their success using traditional metrics. Nevertheless, the results of the early adopters are promising and indicate great potential to build multi-sector partnerships, explore different financing strategies, and potentially pilot test ideas. Innovative community investment strategies also present an incredible opportunity for the public health and health care sectors to collaborate and work together to influence and implement the development of these efforts as they emerge. Therefore, our recommendations are:

- Building partnerships is an essential first step in exploring innovative community investment strategies, and time should be initially devoted to matchmaking.
- In the early adoption phase, partners should be patient, flexible and open to experimentation.
- Public health departments should be core partners in all innovative community investment strategies.
- Hospital leadership could play a stronger role in championing innovative community investment strategies in Southern California.
- The community development sector in Southern California should strategically partner with the health care and public health sectors to invest in community health needs.
- Each sector should think outside their traditional funding mechanisms and explore greater alignment with resources in other sectors.
- Conducting a landscape analysis of available funding sources can help identify potential innovative community investment mechanisms.
- Community investments should support multiple social determinants of health.
- Evaluation measures should go beyond return on investment and include health and equity outcomes.
- Overcoming data sharing challenges is paramount to the success of innovative financing and examining return on investment.
- Be aware of unintended consequences and be proactive in addressing them.

- State policies should help enable, facilitate and potentially fund local innovative financing strategies.
- Local exploration of innovative financing opportunities in Southern California may focus on the following strategies:
 - » Aligning Resources and/or Blending and Braiding Funding
 - » Community Development Financing Institutions
 - » Accountable Communities for Health
 - » Anchor Institutions
 - » Social Impact Investing/Pay For Success Models
 - » Opportunity Zones
 - » Structured Funds

Conclusion

Through our review of research and interviews with leaders and implementers of innovative community investment strategies, it is clear that this is an area of incredible interest and opportunity. While many efforts are still emerging and partners are learning how to best leverage their resources to achieve optimal population health, the multi-sector partners involved are learning a great deal from one another leading to real organizational realignments of priorities and resources and systems changes. The public health and health care sectors in particular have a significant opportunity to explore these innovative strategies more intentionally and strategically. Additionally, there is great opportunity to build new partnerships between each other, and with other sectors, to create the backbone that will be needed in the long term to sustain these efforts and start to generate returns on investments. While there is no magic or singular approach to an innovative community investment strategy, there are many models to explore, and flexibility in what types of investments are made in the community.

INTRODUCTION

Across the United States, there are multi-sector partnerships forming between hospital and health systems, public health, community development and other sectors to explore innovative ways to invest in prevention and the social determinants of health. Many of these partnerships are emerging out of a need to align and optimize limited resources and think more creatively about how to fund community health needs by building and leveraging partnerships between sectors. In most cases, the primary partnerships are emerging between the health care and community development sectors, but public health departments and other government agencies, as well as community-

based organizations, are also more involved in many of these efforts. These partnerships take many forms, and the financing mechanisms differ based on the local context. The common theme reveals significant opportunity for greater alignment of resources between the various sectors that represent the social determinants of health, including: health care, public health, community development, housing, business and education sectors. Based on the partnerships that have emerged so far, there is ample room to grow and build on these types of partnerships, identify ways to sustain them over time, and accelerate more investments in a broader range of the social determinants of health.

What are the Social Determinants of Health?

People’s health is shaped dramatically by “non-health” policies and community characteristics, such as housing, education, economic, neighborhood and social factors. These community conditions, also called the “social determinants of health,” are depicted in the graphic below.



This research report identifies various innovative community investment strategies currently being tested and implemented across the nation, as well as the multitude of partnerships and opportunities emerging in this field. The seeds of these innovative efforts date back several decades, with hospitals and the community development sector increasingly investing in the social determinants of health as far back as the 1980s. However, the momentum has significantly accelerated in recent years, especially after the passage of the Affordable Care Act in 2010, with many new partnerships and investment strategies forming within the last five years. There is strong and increasing interest in innovative community investment strategies, especially in fostering greater collaboration between sectors to address the social determinants of health and understanding how aligning and optimizing resources can catalyze community health improvements.

The report provides a high-level overview of our key findings and recommendations, with links to additional resources throughout the document. For more in-depth information on these topics, please refer to Appendix A: Literature Review Matrix, which provides a detailed summary of resources showcasing innovative community investment strategies, and Appendix B: Place-Based Initiatives Inventory, which provides details on specific place-based initiatives around the United States.



METHODOLOGY

Our research methods included:

- A comprehensive literature review of **129 reports, white papers, and other publications** focused on innovative community investment strategies, including the topics below:
 - » Multi-sector partnerships between public health, health care and health systems, community development and other sectors;
 - » Types of innovative community investment strategies currently being deployed;
 - » Tools and assessments used to identify the feasibility of implementing investment strategies; and
 - » Data sharing agreements and challenges.
- A detailed review of **52 materials documenting place-based initiatives** across the United States where partners are actively exploring and/or implementing innovative financing strategies.
- Individual interviews with 29 thought leaders regarding innovative community investment strategies between January and November 2019.

Key findings from our comprehensive review of literature, place-based initiatives, and interviews are below.

STRUCTURE OF THE REPORT

This report is comprised of three main components:

1. Overarching findings from our research into innovative community investment strategies;
2. A summary of specific elements of these strategies, including: partnerships, investment strategies, specific financing mechanisms, and data sharing; and
3. A series of recommendations for implementing innovative community investment strategies in Southern California.

OVERARCHING KEY FINDINGS

Efforts to Implement Innovative Community Investment Strategies Go Back Several Decades, But Momentum Has Accelerated in Recent Years:

While there have been efforts by the health care, community development and public health sectors for several decades to invest in the social determinants of health, the momentum toward innovative community investment strategies has really accelerated in the past decade, especially after the passage of the Affordable Care Act in 2010. Our research found that most innovative community investment efforts have started within the last 10 years (post 2009), with the majority of research published and partnerships formed in the last five years (post 2014). Most place-based initiatives have emerged in the past three to four years and are still in their pilot phase, where partners from different sectors are still getting to know each other and identify potential co-investment strategies. Many partners in these efforts see exploration of innovative financing efforts as a critical priority to sustain and grow their existing prevention efforts and improve community health.

“Poverty and poor health are inextricably linked. Improving a population’s health requires understanding and addressing the social determinants of health: non-medical, social, economic, and environmental factors that impact health.”

—Matthew Singh and Rachel Bluestein, *Low Income Investment Fund, Partnering for Prevention: Hospital Community Benefits for Community Development, 2016*

Emerging Partnerships Are Leading to Organizational Realignments of Priorities and Resources Across Sectors:

There are important shifts in where organizations are investing their resources as a result of these efforts. Sectors including health care, community development, and public health are building their knowledge and capacity in innovative and transformative ways, and at a systems level about the most effective ways to improve community health. They are thinking “outside the box” of their traditional methods of funding and financing their work, how they partner with nontraditional groups, and how they address important priorities within and across sectors and within communities. Early adopters of innovative community investment strategies are realizing the potential of investing more on the social determinants of health as they make community investments. For example:

- **Hospitals and Health Care:** Hospital systems and the health care sector are utilizing a variety of different community investment strategies to make a difference in the communities they serve, including:
 - » **Community Benefit:** Using their community benefit portfolio to make grants to community-based organizations that represent the social determinants of health, including housing, education, economic opportunity, healthy food, and transportation.
 - » **Tax Credits and Incentives:** Utilizing Low Income Housing Tax Credits, New Market Tax Credits and other tax incentives to invest in affordable housing and wrap-around services, often as bridge or gap financing for other investment partners.
 - » **Loans:** Issuing low-interest loans, microfinancing and other low-risk investments in affordable housing,

education, arts and culture, healthy food and other social determinants of health. For example, [Dignity Health](#) is deploying several forms of low-interest capital, including direct loans, intermediary investments, lines of credit, linked deposits, equity and guarantees, to improve community health in underserved neighborhoods within their service areas.

- » **Capital Investments:** Several major hospital systems including [Kaiser Permanente](#) and [Dignity Health](#) are making large-scale capital investments in affordable housing, childcare centers, grocery stores, and Federally Qualified Health Centers.
 - » **Anchor Institutions:** Making an institution-level commitment to the community by investing in their own capital, human resources and brand identity through local hiring and procurement, workforce training, sponsorship and stewardship of community events, etc. Further information and examples of Anchor Institution Strategies are identified in the Specific Innovative Investment Mechanisms section below.
 - **Community Development:** The community development sector is focusing more on improving health and making healthy, equitable investments. In *Partnering for Prevention*, the Low Income Investment Fund (LIIF) identifies five case studies where health care and community development practitioners are working together to improve community health. For example, LIIF is a lender in the [Collaborative for Healthy Communities](#), which provides funding for community health clinics in underserved neighborhoods around the country in partnership with local funders, government agencies and hospital systems. The [Build Healthy Places Network](#) also has many case studies and resources, including a [Healthcare Playbook for Community Developers](#) with practical recommendations and case studies of successful health care/community development partnerships. They highlight partnership examples in their [Community](#)
- [Close-Up](#) series, including a [partnership in Oakland](#) between a community development corporation (East Bay Local Development Corporation), the Alameda County Public Health Department, the Federal Reserve Bank of San Francisco, and the City of Oakland to improve the San Pablo Avenue Corridor. The project involved converting an old historic hotel into affordable housing, creating a community garden in a vacant parking lot, and dedicating funding at a local Federally Qualified Health Center for social workers and other staff to serve the needs of residents.
- **Public Health:** Public health partners are developing a greater understanding of the financing opportunities that can be leveraged to improve public health, including low-interest loans and other low-cost financing. These options may hold potential for public health to build its infrastructure to address the social determinants of health. There are several initiatives underway across the country involving partnerships between public health, health care, community development, and other sectors that are focused on innovative community investment strategies, including the [California Accountable Communities for Health Initiative \(CACHI\)](#), [BUILD Health](#), and [Bridging for Health](#). A full listing of these place-based initiatives with additional information is provided in Appendix B. [ReThink Health](#) has also developed numerous resources on innovative financing mechanisms available to the public health sector.

Most Literature on Innovative Community Investment Strategies Focuses on Framing and Case Making:

Because many place-based initiatives are relatively new, most reports on innovative community investment strategies focus on making the case for building partnerships and identifying potential investment strategies. Others focus on the range of principles underlying different innovative financing mechanisms. While many reports also include case studies of current efforts, they often focus on the same small subset of early adopters, and in many cases lack in-depth best practices and lessons learned that many potential implementers might need to build support in their own communities.

Philanthropy is the Primary Catalyst for Current Place-Based Initiatives:

National foundations, including the Robert Wood Johnson Foundation and Kaiser Permanente, and state-based foundations including those in California (The California Endowment, Blue Shield of California Foundation, California Wellness Foundation, and Sierra Health Foundation) have been a major catalyst for greater partnerships and exploration of innovative community investment strategies. These entities have funded the start-up phases for several initiatives, including the [California Accountable Communities for Health Initiative \(CACHI\)](#). A full listing of the place-based initiatives, including the seed funders, is provided in Appendix B. Most of these place-based initiatives are still in the initial pilot or second phase with philanthropy providing major support, however there is an expectation that initiatives will ultimately identify other funding sources to bring these efforts to scale and sustain them for the long-term.

There is a Need for A Backbone Organization to Sustain Innovative Community Investment Efforts In the Long-Term:

Many place-based initiatives are difficult to sustain unless there is a strong and well-funded “backbone” organization that can act as the coordinator of all the partners and trustee of the pooled investments. Several expert interviewees discussed the challenges with aligning resources if there is not a strong partner who can step up and lead the efforts, especially in efforts where philanthropy is playing a strong initial development role with expectation that other sources of funding will sustain the effort long-term. Partners may be grantees of the funder in the short-term, but will need to identify how they coordinate the funding from additional sources in the long-term. Ideally this “backbone” would be an independent entity from the partners applying a governance model of “distributive leadership” where each partner contributes a fair share to the innovative financing strategies and ensures collective accountability. This is a model that the CACHI sites are exploring as part of a long-term financing strategy.

Partners Are Working to Address Common Investment Challenges in Creative Ways:

While several common challenges appear to limit the ability to take many innovative community investment strategies to scale and sustain them in the long-term, there are signs from existing efforts that these challenges can all be overcome. For example:

- **Evaluation:** Because most efforts are relatively new, it can be difficult to evaluate them using traditional methods and time horizons. As described by Len Nichols and Lauren Taylor in a 2019 [Health Affairs](#) article, the social determinants of health are “public goods” and the benefits can be harder to capture using traditional return on investment measurements, especially in the short-term. This will likely change in the coming years as many of these emerging efforts mature, but it is also possible to measure success in other ways. For example, an early success is the development of new multi-sector partnerships and increased understanding of the social determinants of health among the health care and non-health sectors who are involved in these efforts. Partners and investors are also making organizational policy and systems changes to support these efforts. Some are even exploring other ways to measure return on investment, such as the Build Healthy Places Network’s [Neighborhood Health Calculator](#), as well as to calculate organizational and social returns on investment.
- **Identifying Long-Term Financing:** To assist with identifying long-term sustainable financing, ReThink Health has developed a [Sustainable Financing Workbook](#) that identifies multiple potential funding and financing streams to consider for sustaining health-promoting efforts over time. They are working with many sites to assist them with identifying investment strategies that move beyond initial start-up investments such as philanthropy to long-term financing or realignment of resources to support their efforts. ReThink Health has also introduced the concept of [portfolio design](#), an attempt to align and reconcile differing priorities and

create an ecosystem approach to investments, with health care working with health plans, government, community organizations and local businesses to implement initiatives that impact health.

- **Expanding Sectors:** Collaborations and partnerships are also expanding beyond the “early adopter” sectors that have been investing in innovative community investment strategies for decades, including health care and community development, to include additional sectors that bring additional perspectives and resources, including public health departments, housing agencies, real estate, education, business, community-based organizations, and other sectors representing the social determinants of health. These expanded partnerships address the challenge of these efforts being siloed within one or two sectors and promoting greater alignment of resources across the community.
- **Aligning Community Health Assessments:** Partners are also engaging in joint priority-setting and resource allocation, which can be challenging for sectors with different laws, regulations, timelines, and other requirements governing their investment strategies. Hospitals, public health departments and community development all have parallel assessment processes with similar aims of community improvement, but they are on different timelines that impact coordination. For instance, nonprofit hospitals are required to conduct Community Health Needs Assessments (CHNA) every three years, while public health departments must conduct Community Health Assessments (CHA) every five years for accreditation purposes. However, some public health departments are voluntarily moving to a three-year cycle to align their efforts with the CHNA process and promote greater cooperation and partnership. The [latest IRS regulations](#) for nonprofit hospitals explicitly allow collaboration with local health departments in preparing the CHNA, so long as other requirements for both CHNAs and CHAs are met. In addition, the National Association of County & City Health Officials (NACCHO) has adopted a [Statement of Policy](#) encouraging this practice. In Southern California, the Ventura County

Box 1. What is Community Benefit?

In order to obtain and preserve their tax-exempt status, nonprofit hospitals invest all resources in health care services or into their communities. These services/investments are called “community benefit” and they must be reported to the IRS every year. According to IRS Form 990 Schedule H, these community benefits can be (1) physical improvements and housing, (2) economic development, (3) community support, (4) environmental improvements, (5) leadership development and training for community members, (6) coalition building, (7) community health improvement advocacy and (8) workforce development.

What is a Community Health Needs Assessment (CHNA)?

Community benefit priorities are identified through each hospital’s Community Health Needs Assessment (CHNA). Nonprofit hospitals are required to conduct a CHNA and adopt an implementation strategy at least once every three years.

IRS Notice 2011-52 stipulates the requirements for an CHNA, including that they must address the following:

1. Definition of the community served
2. Description of the process and methods
3. Description of how the hospital solicited input from the broad interests of the community
4. Identify significant health needs and prioritize their needs
5. Description of the resources available to meet the needs
6. Evaluation of impact of actions taken by the hospital to address the health issues from the previous CHNA

Community Health Improvement Collaborative includes seven health agencies including hospitals and the public health department committed to addressing health disparities and serving communities with impactful solutions that leverage shared resources and coordinate care. The joint 2019 [Community Health Assessment/Community Health Needs Assessment](#) is the foundation for the implementation strategy that will result in a collective approach to addressing population

health and benefit the communities served. In the Chicago metropolitan region, [the Alliance for Health Equity](#) is a partnership between health departments, hospitals, the Illinois Public Health Institute and community organizations. Over 30 nonprofit and public hospitals, seven local health departments, and more than 100 community organizations participate. They have completed [three regional CHNAs](#) through a formalized process that focuses on the social determinants of health in identifying [priorities](#). One of the biggest successes has been building a leadership structure to facilitate decision-making among the hospitals, health departments and community organizations involved, and cultivating leadership and champions from multiple sectors. Their most recent activity was performing a [Landscape Analysis of Housing and Health Needs](#) in September 2019. There are fewer examples of financial institutions aligning their efforts with CHAs and CHNAs, but it is recommended by the [Federal Reserve Bank of Chicago](#) as an approach these sectors should take to align their investments. These joint efforts are still emerging and not yet the norm, but the early adopters hold promise for additional growth in this practice. For an additional overview of the CHA/CHNA requirements, see Boxes 1, 2 and 3, as well as the Ventura County Department of Public Health's [overview of aligning CHA/CHNA processes](#).

Box. 2: What is a Community Health Assessment (CHA)?

A Community Health Assessment is a plan prepared by a local public health department. For local public health departments who are accredited, or actively seeking accreditation, CHAs are required by the Public Health Accreditation Board (PHAB) and must be conducted every five years.

As of August 2019, 236 local health departments and 36 state health departments have received accreditation, with another 155 local and nine state accreditations in process.

CHA requirements include the following:

1. Description of the community served, including demographic and socioeconomic factors
2. Description of the process & methods used to identify health issues & assets
3. Input from the community, including participation from variety of sectors
4. Identify & prioritize significant health needs, including a description of health issues and specific descriptions of population groups with particular health issues and inequities
5. Description of the resources, including existing community assets or resources to address health issues
6. Description of the factors that contribute to specific populations' health challenges, including the social determinants of health



PARTNERSHIPS

Building Partnerships Between Sectors Is the Key Starting Point for Innovative Community Investment Efforts, and Building Trust Takes Time:

A critical starting point for innovative community investment strategies is to engage different sectors, including health care, public health, and community development partners, in one of the other's traditional planning processes where community health needs and disparities are examined and prioritized, such as the Community Health Assessment (public health), Community Health Needs Assessment (health care), a housing needs assessment (community development), or General Plan (city or county land use planning). These processes can help demonstrate the need for multi-sector investments and generate buy-in from key partners. Moreover, partnerships take time to form and strengthen, and there are sector and organizational culture differences between sectors, such as different knowledge, skills, capacity, and understanding of community health needs, that need to be acknowledged and addressed. Initiatives such as the [BUILD Health Challenge](#) are focused on addressing these cultural differences and promoting greater partnerships between public health and health care in particular. Many of the most successful efforts have been around for 10 to 15 years and have used that time to build trust, explore strategies for working together and develop a shared vision.

Despite Great Strides to Build Partnerships, Many Efforts Are Still Siloed:

Even though many innovative community investment initiatives involve multiple sectors, they tend to be siloed within one or two sectors, involving a small number of partners in the community development and health care spaces. For example, a hospital may partner with a community development partner to invest in

Box 3. Preparing Joint Community Health Assessments (CHA) and Community Health Needs Assessments (CHNA)

Given the similarities in the requirements in both assessments, it is apparent that combining the processes for CHAs and CHNAs can be mutually beneficial and more efficient to nonprofit hospitals and local health departments. The latest IRS regulations for 501(c)(3) nonprofit hospitals explicitly allow collaboration with local health departments in preparing the CHNA, so long as other requirements for both CHNAs and CHAs are met. This effectively puts the CHAs on a three-year timeline instead of a five-year timeline if a joint assessment is to be explored. In addition, the National Association of County & City Health Officials (NACCHO) has adopted a Statement of Policy encouraging this practice and has identified the following six benefits:

1. Conduct and disseminate results of health assessments
2. Identify historically marginalized communities and unmet needs
3. Plan and implement local strategies to improve the health of communities
4. Support evaluation efforts
5. Assist in advocacy efforts to ensure the implementation of effective programs
6. Strengthen emergency preparedness response and recovery by aligning hospital and local health department planning
7. Description of the factors that contribute to specific populations' health challenges, including the social determinants of health

affordable housing, but not include additional partners or the community, in site selection or predevelopment activities. They may also neglect to review previous planning and prioritization efforts by other sectors such as public health, city planning, transportation planning, or economic development that could inform the partnership

and investment strategy. As a result, these efforts may not always examine the broad landscape of community health needs, or explore previous actions taken in the priority community to address the proposed problem. Potential partners may be unaware of efforts happening within their jurisdictions, and relevant knowledge, skills and even potential funding can be overlooked in the process. In our interviews, we often heard that public health departments and community-based organizations were left out of efforts initiated by the health care or community development sector. This was especially true in instances where the partnership was mostly transactional and involved a direct investment in the community. Typically, when the initial focus was on a multi-sector partnership or funded by philanthropy, there was a greater likelihood that these partners were involved and playing a decision-making role in investment strategies.

Continued Knowledge Building Between Sectors is Needed:

Every sector has its own lingo, acronyms, organizational culture, traditional funding sources, and other facets that make them unique. Bridging these divides and filling knowledge gaps is important to the success of innovative community investment strategies. For example, public health departments may not know about many financing mechanisms typically utilized by the community development sector that could be utilized for investing in prevention, such as low-interest loans. The health care sector may be unfamiliar with certain types of government grants that could be blended or braided with their health care dollars. Moreover, there are different regulations governing different sectors, such as the Community Reinvestment Act for community development, the Affordable Care Act and Internal Revenue Service requirements governing the non-profit health care sector, the Public Health Accreditation Board's requirements for local health departments, and various other local, state and federal regulations governing each sector. Educating partners about these different requirements, sector knowledge, and system cultures, takes time and effort but is important to move these efforts forward.

Box 4. What is the Community Reinvestment Act?

The Community Reinvestment Act (1977) is a federal requirement that encourages financial institutions to help meet the credit needs of the communities they serve, including low- and moderate-income (LMI) neighborhoods. In return, these financial institutions have federal deposit insurance and access to the Federal Reserve's discount window.

What is a Community Development Corporation?

Community Development Corporations (CDCs) are nonprofit organizations that invest in specific neighborhoods, often low-income or underserved neighborhoods. They receive funding from both private and public sources to support and revitalize these neighborhoods. They are often community-led and investing in community needs such as affordable housing, small business development, social services, health clinics, healthy food, parks and schools. Many affordable housing developers are CDCs.

What is a Community Development Financing Institution?

Community Development Financing Institutions (CDFIs) are private entities that provide loans and other financing to support low-income communities. They can take several forms, but their primary focus is on supporting investments in low-income communities, particularly financing for affordable housing. They also serve as intermediaries of various sources of funding from banks, funders, and other investors.

The Build Healthy Places Network provides additional resources on community development as they relate to community health.

Executive Level Champions are Key to Success:

Because capital is needed to invest and improve community health, support is needed at the executive leadership level to champion innovative community investment strategies and allocate resources in a different way. These leaders can drive the conversation and help build the partnerships in the first phase, as well as convince

more reluctant partners and funders to join the effort. Further into the partnership, once funding sources have been identified and deployed, it is possible to delegate the leadership role to the staff level to conduct the implementation and day-to-day operations. For example, many hospitals who were early adopters of anchor institution strategies had executive leadership who championed and supported their efforts at the outset. Once they invested resources into building their anchor institution structure, they were able to build the capacity of staff, create divisions to manage their investments and strategic partnerships, keep the momentum going, and infuse a strong ethos of addressing the social determinants of health throughout the institution. For more information on hospital leadership champions, the Democracy Collaborative's resources on [anchor institutions](#) document numerous examples of hospitals embracing innovative community investment strategies, most of which are documented in Appendix A.

Several Hospitals and Health Systems Have Emerged as Early Adopters and Leaders:

There are several hospital systems around the U.S. that have embraced innovative financing and are working closely with a multi-sector group of partners to invest in their communities. Dignity Health, Trinity Health, and Kaiser Permanente are making community investments across California and several other States on the West Coast, while hospitals in the Industrial Midwest and East Coast are leveraging their role as anchor institutions to make community investments in a variety of areas. In November 2019, the [Healthcare Anchor Network](#), a group of 14 hospital and health systems, announced a collective \$700 million investment in place-based initiatives focused on the social determinants of health. The primary goal is to generate sustainable returns on investment while also deploying capital to address social determinants of health needs in their communities. Examples of place-based investments include affordable housing, grocery stores in food deserts, childcare centers, Federally Qualified Health Centers, and local business investments. Most of these early adopters are non-profit, mission-based hospital systems with strong roots in their communities. Increasingly, hospitals and health systems are becoming

interested in how they can follow the lead of these early adopters. The Rush University Medical Center has prepared an [Anchor Mission Playbook](#) that provides recommendations for other hospitals and health systems considering taking an anchor institution approach and “accelerate their own efforts to drive institutional alignment with community needs.”

Public Health Departments Can Provide Multiple Areas of Expertise and Resources to Innovative Community Investment Partnerships:

Public health departments are highly adept in community health and can provide quality data and other health information to partners to highlight community needs and disparities; build partnerships with key sectors; apply a Health in All Policies approach; play an advisory role on the selection of interventions, investments, and sites where strategies will be deployed; ensure efforts address health equity, prevention, and the social determinants of health; ensure investments are aligned with Community Health Assessments, Community Health Improvement Plans, and

“Building internal capacity to transform hospitals and health systems requires not only the design of innovative projects and the adoption of shared values, but a careful examination of skills and competencies needed, and a determination of whether there are structures and functions in place to optimally unleash creative energy and productivity. A clear link between the policies and projects aimed at transformation and the core mission of the health care entity is essential.”

—Moving Healthcare Upstream, Policy Leadership for Health Care Transformation: Formalizing Our Commitment to Communities, 2019

other public health-led plans and programmatic services; coordinate and support wrap-around services; assist with community engagement; and provide expertise on governmental investment strategies and particular funding sources. Several funder-led initiatives have strong public health partners, including:

- The [California Accountable Communities for Health Initiative \(CACHI\)](#), funded by the Blue Shield of California Foundation, The California Endowment, Kaiser Permanente, Sierra Health Foundation, California Health and Human Services Agency, and California Department of Public Health;
- The [BUILD Health Challenge](#), funded by the Blue Cross and Blue Shield of North Carolina Foundation, Colorado Health Foundation, De Beaumont Foundation, Episcopal Health Foundation, Interact for Health, Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, Robert Wood Johnson Foundation, Telligen Community Initiative, and W.K. Kellogg Foundation; and
- The [Bridging for Health Initiative](#), funded by the Robert Wood Johnson Foundation.

These and other examples are listed in Appendix B.

Community Engagement Is an Important, Yet Often Overlooked, Component of Innovative Financing:

In addition to executive leadership support, engaging the community in innovative financing is also important. Community engagement can help partnerships understand what types of investments are needed to improve community conditions. Without engaging the community, these efforts risk funding misguided interventions or causing unintended consequences like displacement and gentrification. Many place-based initiatives that have been initiated by philanthropy (i.e. CACHI and BUILD Health) have community engagement as a core component of the work. For example, the CACHI sites of Imperial and Sonoma counties both involved the community in prioritizing community health needs as well as selecting the right innovative financing strategy—a Wellness Fund in each place. In Southern California, the [National Health Foundation](#) has engaged in an innovative practice

“Why are these investments needed? These health systems know that the need to address the fundamental root causes of poor health is immense and they wanted to take action now. They also want to deepen institutional leadership in the Healthcare Anchor Network, and the healthcare sector more broadly, by making bold, measurable commitments in this core Anchor Mission strategy area.”

—Democracy Collaborative, announcing the \$700 million investment by the 14 hospitals and health systems in the Healthcare Anchor Network in the social determinants of health within the communities they serve across the United States

called [Community Environmental Scans](#), which involved community surveys and stakeholder focus groups on health needs and disparities in communities surrounding two University of Southern California hospitals. These scans have been incorporated into these two hospitals' Community Health Needs Assessments along with recommendations for addressing community health disparities based on the community feedback that was received as part of the process.

INVESTMENT STRATEGIES

There Are a Wide Variety of Innovative Community Investment Mechanisms Currently Being Tested and Deployed:

The literature identifies at least a dozen different types of investment strategies that are focused on addressing the social determinants of health. There are pros and cons for each strategy and there is no “one-size-fits-all” or magic singular approach. The right strategy depends on the desired outcomes, the capital available, community conditions, political and regulatory barriers, and other factors. In addition, evaluating the success of the innovative financing mechanisms currently being tested and deployed is difficult because they are early in the implementation stage and few have been brought to scale. Appendix A provides a listing of resources that weigh the pros and cons of these different strategies in greater detail.

Affordable Housing is a Key Investment Focus of Most Innovative Community Investment Strategies:

Most existing investments are focused on affordable housing, a field where pooling various funding sources is common and additional capital is needed in order to move projects forward. The housing field has many sources of funding, as well as organizations with specific expertise to invest in affordable housing, making it easier to identify potential partners and investment strategies. The IRS also specifically lists “physical improvements and housing” as a “community benefit” in its [nonprofit hospital reporting requirements](#), or as [additional “community building” activities](#) that further their mission and improve community health needs. Hospital systems are increasingly investing in affordable housing by providing the bridge or gap financing for projects requiring a match to acquire traditional housing funding sources like tax credits (Low Income Housing Tax Credits, New Market Tax Credits, HUD

Community Development Block Grants, etc.). In California, the extreme shortage of affordable housing supply has made it imperative to prioritize affordable housing investments as the primary investment strategy. Kaiser Permanente in particular has made a strong commitment to affordable housing. In 2018, they created the [Thriving Communities Fund](#), a \$200 million fund for affordable housing and homelessness, using a social impact investing model. The initial goals are preventing displacement or homelessness of lower- and middle-income households in rapidly changing communities; reducing homelessness by ensuring access to supportive housing; and making affordable homes healthier and more environmentally sound. Half of the \$200 million is going to an RxHome Fund with a goal of creating and preserving 3,250 affordable housing units over the next 10 years in Kaiser Permanente’s service areas. In 2019, they committed another \$15 million in the Bay Area in partnership with Enterprise Community Partners, who provided \$35 million, to establish the [Housing for Health Fund](#). Providence St. Joseph Health recently announced a [Housing is Health](#) campaign to address affordable housing and homelessness in the communities they serve. Housing investment strategies can also address concerns about hospitals and health plans assuming increased financial risk for treating people who are homeless or experiencing housing instability [by providing a greater safety net](#) to these individuals. This can reduce the number of preventable Emergency Department visits and inpatient utilization, which results in lower costs for the hospitals and health plans.

Investments Addressing Social Determinants Other Than Housing Are More Limited:

Given the dire need for more affordable housing, the focus on housing is understandable and needed. Yet there has been less focus on

investing in other social determinants of health such as economic opportunity, education, healthy food, health care, transportation access, and recreational opportunities. Some affordable housing developments do include wrap-around services such as health clinics, childcare centers, workforce training centers, transit passes and other services, but there are far fewer documented cases of these more holistic community investments. As mentioned above, this is often the case when partnerships are siloed between one or two sectors and are primarily transactional. When efforts include additional partners such as public health and community-based organizations, the investments tend to focus on a broader portfolio of social determinants. For example, Dignity Health's [Community Investment Program](#) has invested in arts and culture projects such as [ArtShare LA](#), and has partnered with [Abode Communities](#), a community development corporation in California, to build "[Service Enhanced Affordable Housing](#)." The Democracy Collaborative's [Hospital Toolkits](#) also provide numerous examples of how hospitals and other anchor institutions are investing in workforce development, local

purchasing, and other types of community investments. There is a significant opportunity to elevate these non-housing community investment types in existing and emerging efforts.

Concerns Over Aligning Resources Often Arise When There Are Limited Resources:

Efforts to align resources, including blending and braiding funding, or pooling of resources in other ways are often stymied over concerns about steering limited resources into one place. There are concerns over the flexibility of the funds, whether these mechanisms are the right ones to align investments, and if they are redundant of other pooled funds—especially if there is an existing affordable housing or community development fund in the community. There are also fears of mandates to invest resources in a certain fund, particularly when there are limited resources, as mandates may steer funds away from other important funding priorities. This is where case making is important. In an environment where resources are scarce, focusing on why investments in prevention and the social determinants of health are essential to improving community conditions is necessary.



SPECIFIC INNOVATIVE FINANCING MECHANISMS

While there are many innovative financing mechanisms currently being tested, the following ten strategies hold the most promise for implementation in Southern California for the following reasons: (1) there is a clear role and value for both the public health and health care sectors in implementing them, (2) they are currently being tested, or have potential to be tested, in the Southern California region, and (3) the literature suggests they have potential to address the social determinants of health and ultimately improve health outcomes and community conditions. A brief description of each financing mechanism is provided below, with links to relevant examples. For a full listing of resources describing these financing mechanisms, case studies, and best practices, please refer to Appendices A and B.

Aligning Resources Through Blending or Braiding Funding Helps Communities Develop a Portfolio of Investments:

One of the key mechanisms of many innovative financing strategies is aligning and pooling resources for a common purpose. Blending funding is defined as combining different sources into one pool with the same set of reporting and other requirements. When funds are blended, they end up being indistinguishable from one another. Braiding funding, on the other hand, is defined as pooling funds into one portfolio that keeps them separate and distinguishable for reporting requirements. Partners can also align their resources in ways that don't blend or braid funding, but are invested in shared outcomes. The decision to blend, braid, or align depends on the specific circumstances involved, including certain funding sources that must be kept separate for reporting requirements. Either way, aligning and leveraging resources can have a greater impact on the social determinants of health than keeping these resources separate.

These strategies have greater flexibility than many of the other mechanisms identified in our research. These efforts tend to be led by investors who can assume the risk up front; government agencies and public health would contribute later in the process. Blending and braiding funding is a significant and potentially transformative opportunity to bring different sectors together to align their investments. It can also play a role in the emerging and future core business strategies of hospitals and health plans as they shift toward a greater focus on the social determinants of health, because it can provide a vehicle for making joint investments. The Trust for America's Health has published a [Compendium of Resources and Examples](#) that highlight potential ways that blending and braiding funding can improve community health, with detailed case studies for many existing efforts.

Accountable Communities for Health Models Have A Head Start in California Through the CACHI Initiative:

The California Accountable Communities for Health (CACHI) sites in California have been actively engaged in exploring innovative financing strategies for several years and have a head start on other efforts. CACHI financing strategies include a variety of the strategies highlighted in this research report. The [National Academy of Medicine](#) published a comprehensive literature review of the effectiveness of strategies in addressing population health challenges, and a chapter in the latest [Practical Playbook](#) describes the lessons learned from the CACHI sites after 2 years of implementation. The Funders Forum for Accountable Health has also published an [inventory](#) of Accountable Communities for Health (ACH) sites around the country, and [10 case studies](#) of ACH models of varying types. [Washington State](#) is also in advanced stages of implementing ACHs across the state through a Medicaid Section 1115 Demonstration Waiver.

“The focus of these efforts should first be on multi-sector collaboration and forming a backbone. You need to get the collaboration going to explore investment strategies that focus on the social determinants of health. People tend to focus on the financing strategies first when the partnership and backbone are needed to sustain them.”

—Barbara Masters, Initiative Director, CACHI Catalyst Program Sites, and Principal, Masters Policy Consulting

Structured Funds Focused on Community Health and Wellness Are Emerging Across California and the United States:

Three states (Minnesota, Massachusetts, Oklahoma), two counties (Imperial County, Calif. and Pierce County, Wash.) and one city (East San Jose, Calif.) have implemented structured funds to address the social determinants of health in their communities. Often called “Wellness Trusts” or “Public Health Trust Funds,” these models raise revenue from specified sources. Those dollars are then directed into a dedicated trust fund that supports community health needs. In the CACHI Initiative, establishing a “wellness trust” is a core component of each cohort’s workplan. Each of the 15 sites are actively exploring ways to establish one. One site, Imperial County, had a wellness trust predating the CACHI initiative by several years. The Imperial County wellness trust has been successful in gaining support from the local health plan, businesses, and community-based organizations. A statewide California Wellness Trust concept proposal has also emerged; the concept is being proposed by the [California Alliance for Prevention Funding](#). In Pierce County, Wash., a wellness fund called the [OnePierce Community Resiliency Fund](#) evolved out of another community investment strategy—an Accountable Community for Health established through a Medicaid Section 1115 Demonstration

Waiver. A common concern raised about wellness trusts is whether steering limited resources to a dedicated trust fund is a good use of funding for all partners involved. Many communities have other structured funds or invest their resources to address the social determinants of health in other ways. Restructuring current systems can be difficult. Finding the right revenue source can also be challenging, as creating a fund often involves raising taxes or mandating fees from participating organizations. To address these issues, the HASC has created a set of [Guiding Principles for the Establishment of Public Health Trust Funds](#) to guide implementing of any dedicated trust fund in Southern California where hospitals and health systems are encouraged to participate. HASC opposes mandatory participation but encourages its members to participate voluntarily if it aligns with their mission and the health needs identified in their Community Health Needs Assessment. Participating hospitals should also have the opportunity to be meaningfully involved in the trust’s governance, and there should be a sustainable funding model identified and established before the work of the trust begins. Similarly, the CACHI Initiative has published a [brief on lessons learned](#) from the efforts of each site to explore establishing a wellness trust. The brief indicates that trusts should: provide flexibility in foundation and government programs and grants to support an Accountable Communities for Health backbone and overall infrastructure; encourage blending and braiding of resources within and across public agencies to address priority outcomes; support shared-savings’ arrangements that encourage health plan investment in community health improvement strategies; and encourage technical support of wellness funds by financial institutions such as Community Development Financing Institutions.

Community Development Financing Institutions Play a Critical Role in Aligning Resources:

Community Development Financing Institutions (CDFIs) provide resources to underserved communities, often low-income, low-wealth, or otherwise economically disadvantaged communities. CDFIs often play a critical role in aligning resources because they routinely pool resources from various sources and invest them in the community. They also have the

internal expertise to play the intermediary role as a neutral convener in many innovative community investment efforts. In some cases, hospitals have given funding directly to CDFIs to invest on mutually agreed-upon community health priorities, including affordable housing investments. Examples of where CDFIs are investing in the social determinants of health include building affordable housing, Federally Qualified Health Centers, parks, active transportation, community gardens, and other community resources. CDFIs can also use funding to give grants to community-based organizations, conduct planning and feasibility studies, and do other predevelopment work that other partners like hospitals and public health departments do not have the capacity, authority, or expertise to conduct. There is significant potential for the health care and public health sectors to get more involved in partnering with CDFIs, as they are already a go-to source for aligning resources and deeply understand the communities they serve. The Build Healthy Places Network has a [Partner Locator](#) that lists CDFIs and community development organizations involved in community health initiatives.

Anchor Institutions Have Proven Successful for Integrating Health Equity and Economic Development into Innovative Financing Strategies:

Anchor institutions are defined by the [Democracy Collaborative](#) as “enterprises such as universities and hospitals that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors. As place-based entities that control vast economic, human, intellectual, and institutional resources, anchor institutions have the potential to bring crucial, and measurable, benefits to local children, families, and communities.” Anchor institutions have been one of the most successful innovative financing strategies in the Industrial Midwest and East Coast, where many cities have fallen into economic decline and the hospital system or a university remains as one of the largest economic engines of the region. This is especially true in places like Cleveland, Detroit, Baltimore, and Philadelphia. There are fewer examples in California, yet there is great potential to build more models in the state. A good overview of anchor institutions is provided

by the [Democracy Collaborative](#), which manages a [Healthcare Anchor Network](#) of 14 hospitals and health systems, and has developed [Hospital Toolkits](#) to align investments with the social determinants of health. Their [report on anchor institutions](#) identified the following activities they can provide: adopting sustainability practices, minority and women-owned business purchasing, housing development, capacity building, local hiring, community investment and multi-sector partnerships. There are also regions where anchor institutions are teaming up to form [Anchor Collaboratives](#) that align their resources together to improve the community. In November 2019, the [Healthcare Anchor Network](#), announced a collective [\\$700 million investment in place-based initiatives](#) focused on the social determinants of health. The primary goal is to generate sustainable returns on investment while also deploying capital to address social determinants of health needs in their communities. Examples of place-based investments include affordable housing, grocery stores in food deserts, childcare centers, Federal Qualified Health Centers (FQHCs), and local business investments.

“For integrated health systems such as Kaiser Permanente, that means intentionally aligning and activating all of the resources of the institution—including sourcing and procurement, workforce pipeline development, training, investment capital, education programs, research, community health initiatives, environmental stewardship, and clinical prevention—to produce total health: a state of complete physical, mental, and social well-being for all people.”

—Tyler Norris, Kaiser Permanente and Ted Howard, Democracy Collaborative, Can Hospitals Heal America’s Communities? “All in for Mission” is the Emerging Model for Impact, 2015

Procurement Practices, Including Local Hiring and Purchasing of Goods and Services, Can Reinforce a Commitment to the Community and Address Economic Determinants of Health:

A spin-off of anchor institution strategies, there are places focusing on the economic determinants of health as a way to improve community conditions. For instance, the [Cleveland Clinic](#) hires and procures about one-third of its goods and services locally. [Kaiser Permanente](#) has a procurement strategy that advances “total health by optimizing cost savings, procuring environmentally sustainable products, and investing for economic impact.” Strategies to reform these practices are highlighted in the Democracy Collaborative’s [Hospital Toolkits](#).

Social Impact Investment and Pay for Success Strategies are Gaining Increasing Traction, But They Need to Have an Explicit Focus on a Quantifiable Outcome:

Social Impact Investments and Pay For Success Models are value-based models that tie payment to performance. Payment is only made if the specific goal is achieved. There is widespread interest in these two types of investments, but they are still in their infancy and communities are still learning how to make them work. Since the first social impact investment in New York City in 2013, there have been 26 more across the nation, including four in California (two in Southern California – [Ventura](#) and [Los Angeles](#)), according to interviews with [Social Finance](#) and [Third Sector Capital Partners](#). These models work better where there is a specific issue and a quantifiable outcome, like incidence of adverse birth, homelessness rates, child welfare indicators, or workforce development outcomes. At the community level, they can be more difficult to quantify but are still possible. It is also possible to apply Pay For Success principles to larger efforts. Common challenges include restructuring payment systems, getting to scale, generating buy-in from the right players, understanding the risk involved (different sectors assess risk differently), and the incumbency challenge of working with the same providers and being familiar with them. The time horizon also is an issue between sectors, as the health care sector often wants to see rapid returns, while the public health sector is more

“Through local and inclusive hiring, health systems can invest in an ecosystem of success that lifts up local residents; helps create career pathways for low-income, minority, and hard-to-employ populations; and begins to transform neighborhoods. In the process, health systems can develop a more efficient workforce pipeline, meet sustainability and inclusion goals, and ultimately improve the health of their communities. Establishing a local and inclusive hiring strategy is an important first step towards rethinking your health system’s role in the community.”

—Democracy Collaborative, Hospital Toolkits

open to longer-term community changes. These types of investments require patience and longer-term investment. These challenges have hindered many efforts from getting past the pilot stage. According to a 2016 [Health Affairs](#) article, only 3 of 11 projects they studied reached a payout decision point. Nevertheless, these models have great potential to work if the right outcome is identified and the players involved are supportive of exploring them through pilots with evaluation of impacts. Joint efforts by health care and public health sectors are prime places to experiment with these strategies given that both sectors are already working to improve health outcomes in measurable ways through other efforts.

Opportunity Zones Are Emerging as a Potential Tool to Improve Community Health, But There Are Multiple Concerns About How They Will Be Implemented:

Passed as part of the 2017 federal tax reform package (Tax Cuts and Jobs Act of 2017), Opportunity Zones are a new designation given to specific communities (8,762 Census tracts

nationwide, [879 in California](#)) where investors can defer their capital gains and receive other benefits if they invest in these communities. These mostly low-income communities have received little investment in recent years, and under the new tax law there is incentive to build there. Though they are fairly new designations, there is great interest in leveraging them as a tool for innovative community investments, and the Economic Innovation Group has published an [interactive map](#) of all the investments in Opportunity Zones as of November 2019. According to the [Build Healthy Places Network](#), 33% of Opportunity Zones nationwide contain a hospital, or are within a half mile of one, making hospital systems a key partner in community investments in these areas. Because these are so new, there are [several concerns](#) about implementation consequences including displacement and gentrification, real estate speculation, and lack of community engagement. Moreover, there are no federal protections for the community, so local jurisdictions need to set up these protections themselves. Opportunity Zones present a new opportunity for public health to be proactive and be involved from the start of these developments instead of waiting until the structures have been set up. Organizations such as [PolicyLink](#), the [Local Initiatives Support Corporation \(LISC\)](#), and [Enterprise Community Partners](#) are also being proactive by developing resources for engaging community partners and ensuring the community benefits from these investments.

Medicaid Demonstration Waivers Allow States to Experiment with Innovative Strategies to Improve Community Health:

The federal Department of Health and Human Services (HHS) allows states to apply for waivers to test new approaches that are not permissible under current Medicaid law. [Section 1115](#) of the Social Security Act (SSA) gives HHS the authority to approve state-specific policy approaches to better serve Medicaid populations. These waivers typically last for five years. [Section 1915\(b\)](#) of the SSA allows states to implement voluntary managed care programs and use cost savings to provide additional services to beneficiaries.

- California's 2015-2020 [waivers](#) include several programs focused on the social determinants

of health including a Whole Person Care Pilot, Global Payment Program, Public Hospital Redesign and Incentives in Medi-Cal (PRIME). In October 2019, the California Department of Health Care Services (DHCS) released its proposal to re-apply for these waivers in 2020. Entitled California Advancing and Innovating Medi-Cal (CalAIM), [the proposal](#) builds upon the successes of several programs covered by existing Medicaid demonstration waivers (both Section 1115 and 1915(b)) that expire at the end of 2020. These include the Whole Person Care and Coordinate Care Initiatives. These programs would continue and be expanded, and would be covered by a new proposed demonstration waiver set to take effect on Jan. 1, 2021, if the federal government approves California's request. The proposal also integrates key components of the new administration's priorities including homelessness, behavioral health care access, children with complex medical conditions, justice-involved populations, and a growing aging population.

- Beyond California, most states are using these federal waivers to experiment with different service models for providing health care, and about half are using them to focus on the social determinants of health. A [Health Affairs](#) article provides an overview of transformative Medicaid waivers and links to several state examples, while the [National Association of State Health Policy](#) has a matrix of how states address specific social determinants of health with their Medicaid demonstration waivers. The [Kaiser Family Foundation](#) also tracks waivers and highlights key themes. Four states in particular are worth highlighting for the innovative ways they are using these waivers:
 - » The [State of Washington](#) is using a Medicaid demonstration waiver for regional ACHs to pursue transformation projects that build health systems capacity by addressing regional workforce needs, enhancing technology and tools, and assisting providers to adopt value-based strategies. And also redesign care delivery to:
 - Provide integrated physical & behavioral health services

- Strategically focus care for specific populations
- Coordinate care and case management to serve the whole person
- Support outreach, engagement, and recovery
- Promote prevention by targeting specific activities to specific populations and regions.
- » The [State of Oregon](#) has a Coordinate Care Organization model with a focus on the social determinants of health.
- » The [State of New York](#) has a waiver for managed care organizations to contract with community-based organizations to address certain social determinants of health.
- » The [State of North Carolina](#) is using a waiver to set up Healthy Opportunity Pilots “to cover evidence-based non-medical services that address specific social needs linked to health outcomes. The pilots will address housing instability, transportation insecurity, food insecurity, interpersonal violence, and toxic stress for a limited number of high-need enrollees.”
- Given these innovative opportunities within and outside California to use waivers in innovative ways, there may be opportunities to expand Medi-Cal coverage in California to cover additional services that address the social determinants of health. Items identified by public health departments interviewed for this report include: community prevention efforts; reimbursement for services provided by health educators, community health workers and health educators (also known as [promotores](#) in the Hispanic/Latino community); asthma management; [doulas](#), who are trained professionals providing support to mothers during pregnancy; and support groups such as [sister circles](#), that provide emotional support to each other as they experience the same health issue. For the latter two, there are already four states using waivers to expand Medicaid coverage to doulas: [Minnesota](#), [New Jersey](#), [New York](#), and [Oregon](#). A [Governing](#) article from December

2018 provides an overview and the [National Health Law Program](#) tracks legislation around the U.S. meant to expand Medicaid coverage of doulas.

Program-Related Investments by Foundations Provide Additional Sources of Funding Beyond the Grant:

A Program Related Investment (PRI) is a type of loan that a philanthropic foundation can make in alignment with its mission. These loans are not expected to generate income for the foundation but instead further its mission or an expected outcome. Some foundations are using their PRI portfolio to fund the social determinants of health, as an alternative to simply awarding grants.

In California:

- [The California Endowment](#) has committed \$100 million to PRI as part of its Building Healthy Communities Work. Its three PRI priorities are:
 - » Increasing access to quality health care and improving the capacity of community-based primary care health delivery and prevention
 - » Addressing the lack of opportunity and health and wellness of youth
 - » Improving neighborhood conditions in distressed and unstable communities.
- The California Endowment has used PRIs to support fresh food financing, community health facilities, affordable housing with supportive services and community reinvestment, and wealth building programs.
- The [California Wellness Foundation](#) also recently announced it will invest \$10 million in PRIs over the next five years to support affordable housing and small business lending.
- The California Health Care Foundation has a [Health Innovation Fund](#) that invests in market-based solutions to improve community health in low-income communities in California.

Outside of California, the [Colorado Health Foundation](#) is a leader in using PRIs for investments in affordable housing, healthy

food, and other social determinants of health. In 2011, the [Robert Wood Johnson Foundation](#) also made a \$100 million impact capital commitment, including a \$10 million investment in the Green House Project, which provides innovative skilled nursing care to low-income seniors.



DATA SHARING

Partners in Innovative Community Investment Strategies Express a Strong Desire for Greater Data Sharing:

Several benefits are identified by the literature and place-based initiatives including identifying community needs, identifying disparities and inequities, identifying community resources, engaging and activating community stakeholders, and targeting existing services to populations. The [Data Across Sectors for Health \(DASH\)](#) Initiative was specifically set up by the Robert Wood Johnson Foundation to assist partners in exploring solutions to data sharing challenges. Specifically, participants identified the following ways that [greater access to data would improve community health](#) (see Appendix A for a full listing of examples and resources):

1. Identify community needs
2. Identify disparities
3. Identify community resources
4. Engage or activate community stakeholders, and
5. Target existing services to populations.

Data Sharing is a Challenge to Innovative Community Investment Strategies, and Needs to Be Addressed Early in the Partnership:

Data sharing has been identified as a challenge to multi-sector partnerships and is often addressed too late in the conversation. Promoting data sharing early on can help avoid challenges. The BUILD Health Challenge in particular focused on the early challenges with data sharing and published a [summary of challenges and opportunities](#) in 2018. The literature identifies barriers and obstacles including privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA), interoperability of data systems, costs/funding, data availability, analysis

“Simply put, we need to get better at using data strategically to make a stronger case for the systems change. Recent examples of increased investment in health care systems have shown us that effective case making can create a much-needed tipping point. It can broaden the public’s understanding and help them shift their attention from small-scale programs and service delivery improvements to multi-sector collaboration focused on more wide-reaching, transformational approaches to health.”

—Tiffany Manuel, Vice President, Enterprise Community Partners, Inc, [Anchoring to Strengthen Your Region’s Case for Systems Change, 2017](#)

capability, stakeholder buy-in, and functionality. Please see Appendix A for specific, detailed examples.

Legal Advice is Often Needed to Navigate Data Sharing Challenges:

Because of the legal issues surrounding sharing of particular datasets, especially those governed by HIPAA, innovative community investment partners often need expert legal advice on how to address these challenges including the proper forms, agreements, consent disclosures, etc. Some partners like hospitals and government

agencies may have this legal expertise in-house or the resources to hire outside counsel, but other partners like nonprofit community-based organizations usually do not. This can lead to a power dynamic where those who have in-house expertise are better able to gain access to data, or to restrict access to data that is requested, than those without the resources but who would ultimately benefit from greater access to data to inform their work.

Philanthropy is Playing A Strong Role in Promoting Data Sharing Collaboration:

In addition to supporting innovative financing initiatives, funders such as the Robert Wood Johnson Foundation are supporting data sharing collaboration partnerships to identify and address data sharing challenges. This includes the Data Across Sectors for Health (DASH) initiative, BUILD Health Challenge cohorts, and the CACHI sites, all previously discussed in this report. In addition, the [All in Data for Community Health](#) has been established as an online community resource to promote greater learning about data sharing.

Publicly Accessible Mapping Tools Such as the California Healthy Places Index® Are Proving to Be Helpful Resources in Accessing Social Determinants of Health Data at Multiple Geographies:

Despite the challenges identified above, there is still a wealth of publicly accessible data available on the social determinants of health. Tools like the Public Health Alliance of Southern California's [California Healthy Places Index® \(HPI\)](#) provide a "one-stop shop" for publicly accessible social determinants of health data at multiple geographies across the state, down to the Census tract level. HPI also includes health outcomes data that can be layered with social determinants of health data to provide a broader portrait of community conditions. HPI also includes detailed [Policy Action Guides](#) for translating the data into policy action. HPI is already being used by several innovative community investment efforts. For example, the CACHI sites are using HPI as part of their projects, including collecting information on community conditions, identifying communities of high need and determining policy actions that can improve community conditions in their project

areas. Kaiser Permanente is using HPI as part of their Catalyst of Organizational Assessment and Equity Framing Community Health Needs Assessment. To be eligible for its Mental Health and Wellness Initiative: Local Partnership Grants program, Kaiser Permanente requires applicants to use HPI to identify under-resourced communities within their service areas. PIH Health Hospitals has used HPI in two of its [Community Health Needs Assessments in Downey, Calif.](#) and [Whitter, Calif.](#). There are also other local, regional, state and national tools such as [County Health Rankings](#), [City Health Dashboard](#) and the [National Equity Atlas](#) that provide detailed social determinants of health data along with health outcomes that can be useful in identifying community health needs.

Data Information Exchanges Are Emerging as a Potential Solution for Data Sharing Challenges:

Creating an independent portal for sharing data, such as a Community Information Exchange or Health Information Exchange, is one potential solution to data sharing challenges that several communities are exploring. These exchanges allow partners to share data of interest to their partnership without sharing other data that is either irrelevant or protected by privacy laws. Data information exchange is a key part of the Robert Wood Johnson Foundation's [Data for Health Initiative](#).

Clearinghouses Exist to Collect Sample Data Sharing Agreements, But the Process is Far From Uniform:

There are groups like the [National Neighborhood Indicators Partnership](#) and the [State Data Sharing Initiative](#) that are collecting Data Sharing Agreement examples. These agreements take many forms depending on the partners involved, use of the data, terms and conditions of use, etc. There is wide variability in the structure of these agreements and there is not a uniform approach.

RECOMMENDATIONS

A Vision for Public Health and Health Care in Implementing Innovative Community Investment Strategies in Southern California

Our key findings indicate that innovative community investment strategies are being explored by many communities and there are a variety of potential strategies available. Most efforts are fairly new. In many cases, it is too early to evaluate their success. Nevertheless, the results of the early adopters are promising and indicate great potential to build multi-sector partnerships, explore different financing strategies, and potentially pilot test ideas. Innovative community investment strategies also present an incredible opportunity for the public health and health care sectors to collaborate and work together to influence and implement the development of these efforts as they emerge.

Therefore, our recommendations are:

Building Partnerships is an Essential First Step in Exploring Innovative Community Investment Strategies, and Time Should Be Initially Devoted to Matchmaking:

Partnerships take time to form but are essential to building trust, buy-in, and shared understanding between the different sectors involved in shaping investments in prevention and the social determinants of health. Dedicated partnership development also helps build capacity and cultivates champions who can identify investors and take these efforts to scale. Through strong partnerships, participants can identify specific innovative community investment strategies, assess the pros and cons unique to their community, and map out a path forward for implementing the innovative financing strategies best suited to their community and with greatest potential for success.

“Addressing health-related social needs will likely require an ecosystem approach—with hospitals and health systems working with health plans; federal, state, and local governments; community organizations; and local businesses, employers, and families—to implement initiatives that impact health and quality of life. Opportunities to share leading practices, integrate data to help identify needs and measure outcomes, and collaborate on community initiatives will likely be critical to help stakeholders make the most of their efforts.”

—Josh Lee and Casey Korba, MS, Deloitte Center for Health Solutions, Addressing Social Determinants of Health in Hospitals: How Are Hospitals and Health Systems Investing in Social Needs?, 2017

In the Early Adoption Phase, Partners Should Be Patient, Flexible and Open to Experimentation:

Because many innovative community investment efforts are still getting off the ground and documented successes are limited, partners should be open to experimenting with new ideas and pivoting as needed. While willingness to change, or remain flexible, is often a structural

barrier in government, these efforts will not succeed unless leadership is patient and allows time for partnerships to develop and innovative community investment strategies to come together. Partners should also be patient and acknowledge a longer time horizon that many of these investments take to demonstrate a return on investment.

Public Health Departments Should Be Core Partners in All Innovative Community Investment Strategies:

Public health departments should be core partners in innovative community investment efforts within their jurisdictions. Some strategies are tailored specifically for public health priorities, such as dedicated public health or wellness trusts and Pay for Success models, yet all community investment strategies would benefit from public health expertise in:

- Building partnerships with key sectors, taking a Health in All Policies approach
- Participating in an advisory role on the selection of interventions, investments, and sites where these strategies will be deployed – particularly to ensure these efforts address

“We have found that hospitals and health systems are motivated to invest upstream by a variety of factors... These institutions view upstream investments as ways to advance their mission, enhance their reputation and competitiveness, strengthen community relationships, meet their obligations to the community, and leverage their assets to move strategically towards a future focused more on value than on volume.”

—Center for Community Investment, Why Pioneering Health Institutions Are Investing Upstream to Improve Community Health, 2019

health equity, prevention, and the social determinants of health

- Ensuring investments are aligned with Community Health Assessments, Community Health Improvement Plans, and other public health-led plans and programmatic services
- Providing data and other health information to partners to highlight community needs and inequities
- Assisting with community engagement
- Coordinating and supporting wrap-around services
- Aligning and optimizing departmental resources toward the innovative financing strategy, where feasible, especially where blending and braiding of funding is involved, and
- Offering knowledge of government investment areas where appropriate.

Hospital Leadership Could Play A Stronger Role in Championing Innovative Community Investment Strategies in Southern California:

In many of the communities where innovative community investment strategies have been successfully implemented, it has been hospital leadership that took the lead in championing the effort, being an initial investor, and bringing in additional partners. This is especially true in the Industrial Midwest and East Coast where anchor institution strategies are being deployed to improve the community surrounding hospitals. In Southern California, there are only a few place-based efforts where hospitals are playing a strong role, and they are mostly larger institutions such as Kaiser Permanente and Dignity Health who are making these investments around the country. Given the success of these efforts in other regions, hospital leadership in Southern California could play a stronger role in partnering on existing efforts and also in launching new efforts to explore innovative financing strategies in places of high need. Specific opportunities for hospitals and health systems to play a role include:

- Providing capital for affordable housing, health clinics, small business development, education, healthy food and other investments that address the social determinants of health. These could take the form of pre-development

loans, bridge loans, revolving loan funds, scholarships, low-interest loans or other types of financing.

- Expanding the use of community benefit dollars to support efforts that address the social determinants of health.
- Instituting an anchor institution strategy to take a stronger role in supporting the community health needs of the surrounding neighborhood.
- Aligning investments with resources provided by multi-sector partners investing in the same community including the community development, public health, business, real estate, and education sectors. For example, a hospital could invest in affordable housing with support services offered by a public health department, or provide additional capital to a community development financing institution to open a grocery store in an underserved neighborhood.
- Donating, leasing, or offering joint use of hospital-owned land for affordable housing, wrap-around services, community gardens, parks and other types of investments that address the social determinants of health.
- Becoming a formal and active participant in multi-sector efforts to address the social determinants of health in the communities they serve.

The Community Development Sector in Southern California Should Strategically Partner with the Health Care and Public Health Sectors to Invest in Community Health Needs:

Many organizations in the community development sector already recognize the health benefits of investing in affordable housing, transportation, healthy food access, and other social determinants of health and making brick-and-mortar investments. However, there is significant opportunity for community developers to engage with the health care and public health sectors in a strategic fashion, particularly within communities where all parties serve a shared population and they may all be doing parallel assessments and priority setting through their Community Health Assessment, Community Health Needs Assessment and

Community Reinvestment Act requirements. Additional partners can bring resources and investment ideas to the table, and ensure that their investment priorities are aligned with other sectors. The [Build Healthy Places Network's Healthcare Playbook for Community Developers](#) provides practical recommendations and case studies of successful partnerships between community development and health sectors including:

- Identifying cross-sector partners in the community that have a stake in improving the lives of the populations they serve. Community development organizations can perform a landscape assessment of potential partners to include, hospitals and health systems in their community, the local public health department and other government agencies that have prepared plans and needs assessments, business associations, schools and other educational institutions, and other partners addressing the social determinants of health.
- Determining the readiness of these sectors to participate in a collaboration, especially those with potential resources to align and leverage with community development efforts.
- Leveraging community development assets for a partnership, whether through direct investments or as part of a planning or needs assessment process led by the health care or public health sector. This could include a community development organization participating in a Community Health Assessment led by a public health department or a Community Health Needs Assessment led by a nonprofit hospital, or even a joint effort by all partners to conduct their planning processes together and co-identify their investment priorities.
- Making place-based investments in coordination with hospitals and health systems, public health departments, and other sectors addressing the social determinants of health.
- Creating a "Partnership Road Map" to identify near- and long-term opportunities to collaborate with other sectors and improve community health.

Each Sector Should Think Outside Their Traditional Funding Mechanisms and Explore Greater Alignment with Resources in Other Sectors:

Every sector has its traditional funding mechanisms for investing in the community, whether it be community benefit by the health care sector, Community Reinvestment Act funds for the community development sector, and government grants for the public health sector. Each sector needs to think outside the box and examine more innovative sources of financing to potentially leverage with their traditional funding for greater impact on community health. For the health care sector, this can include loans and other types of capital that expand upon and supplement the investments they make as part of their community benefit portfolio. For public health departments, this might include learning about current capital sources provided by the health care or community development sectors, and considering options to blend or braid government funds with these and other sectors addressing the social determinants of health. For community development, this could mean looking beyond tax credits, Community Reinvestment Act (CRA) funds or other traditional dollars. Overall, the purpose of innovative community investment strategies is to be innovative. Simply applying existing traditional sources and strategies will not have the greatest impact, nor will it leverage the collective investment of resources most effectively.

Conducting A Landscape Analysis of Available Funding Sources Can Help Identify Potential Innovative Community Investment Mechanisms:

A common goal of innovative financing strategies is to align limited resources. A critical step is to assess the existing funding landscape, partners, community needs, and more; then, to actively map them out. This action can help partners identify where to prioritize place-based investments and where there are gaps that need to be filled in order to move forward with implementation of selected financing strategies.

Community Investments Should Support Multiple Social Determinants of Health:

A heavy emphasis of current innovative community investments is placed on affordable

housing, including preserving existing units and building new units in places with high housing costs and a dire need for more affordable housing supply. This is not surprising in California and other places experiencing a shortage of affordable housing and increasing rates of homelessness, and these investments are [supported by the research](#) as a way to reduce utilization of the health care system by vulnerable populations such as the homeless and those experiencing housing instability. Yet these investments could be better supported by additional investments in other social determinants of health. This includes investments in economic opportunity, education, transportation, healthy food and health care access. These additional community investments are needed to improve quality of life and ensure people have the income and resources to afford housing in the communities where they seek to live. Community investments should focus holistically on all the social determinants of health, so that everyone has the opportunities and resources they need for a healthy life. Investments in affordable housing could also include wrap-around services such as childcare centers, health clinics, grocery stores, transit passes, and workforce development services within the same development.

Examples of investments that support the social determinants of health include:

- Affordable housing
- Local hiring and procurement practices
- Access to safe, convenient transportation options (sidewalks, bicycle lanes, public transportation, rideshare, and other mobility options)
- Healthy food options, including grocery stores, community gardens, community-supported agriculture (CSA)
- Childcare and early childhood education facilities
- Federally Qualified Health Care Centers
- Workforce development and training
- Parks and recreation
- Arts and culture opportunities
- Small business creation, growth, and retention
- Renewable energy and energy efficiency

Evaluation Measures Should Go Beyond Return on Investment and Include Health and Equity Outcomes:

Innovative community investment strategies should identify meaningful, quantifiable outcomes that will be achieved by these efforts, especially if these strategies are utilizing a Social Impact or Pay For Success model. These outcomes should include health and social equity outcomes, in addition to return on investment and other monetary outcomes, to ensure they do improve community health as well as the business interests of investors.

Overcoming Data Sharing Challenges is Paramount to the Success of Innovative Financing and Examining Return on Investment:

Our research found that many place-based efforts struggle with data sharing, and that addressing these challenges should happen early in the partnership. Partners in these efforts should identify the data and information needed early on and explore data sharing agreements so that community investments are well-informed and meaningful for the communities they serve. Hospitals, health systems, and public health departments can all play a major role in providing access to health and other social determinants of health data. These sectors may also benefit from jointly navigating the complexities of data sharing agreements and other unforeseen hurdles. Breaking down silos to data sharing is critical for examining return on investment and conducting analysis necessary to see if innovative financing strategies are working. Lack of data access can prevent partners from evaluating their impact and generating additional buy-in from partners who can bring in additional resources.

Be Aware of Unintended Consequences and Be Proactive in Addressing Them:

Several innovative community investment strategies could lead to unintended consequences that adversely affect the community's health, such as gentrification and displacement. These are especially concerning with Opportunity Zones, where the focus is on investing in lower income communities and very few protections are built into the regulations governing them. The public health sector can play a strong role in making other partners aware of these risks and identifying solutions for addressing them upfront,

as can community partners who understand the needs of the local community and the market pressures community members face.

State Policies Should Help Enable, Facilitate and Potentially Fund Local Innovative Financing Strategies:

Policies at the State level can help enable and facilitate investments in prevention and the social determinants of health at the local level, including the removal of barriers that are hindering the implementation of innovative community investment strategies. There are also potential opportunities to fund these efforts at the State level, including a Statewide Wellness Trust, or establishing new programs under Medicaid Section 1115 or 1915(b) Demonstration Waiver like Washington State did with its [Accountable Communities for Health](#). A State Wellness Trust may alleviate concerns at the local level about mandates for participation, as well as steering limited resources to a locally controlled funding source. State trusts may also be positioned to obtain revenue from additional sources that may not be available at the local level. It also opens up the trust for additional participants who would be willing to invest. The CalAIM proposal proposes using waivers to expand Whole Person Care Pilots and focusing more on population health in managed care plans, but more focus could be placed on expanding coverage to more programs and services that address the social determinants of health, or provide resources to the health care and public health sectors to improve community conditions.

Local Exploration of Innovative Financing Opportunities in Southern California May Focus on the Following Strategies:

These strategies are already being implemented in Southern California to some degree, but public health, hospitals, and health care systems could play a stronger role:

- **Aligning Resources and/or Blending and Braiding Funding:** Pooling of resources is being implemented and/or explored in several arenas, but public health could be a stronger partner. Hospitals and health care systems that are investing in community health could focus more on social determinants of health, beyond affordable housing, with

their investments. Partners can also explore ways to share risk more equitably. Hospital Systems such as Dignity Health and Kaiser Permanente have established broader community investment portfolios that invest in the social determinants of health that include housing along with arts and culture, education, transportation access, and healthy food access. They are using low-cost financing mechanisms, such as low-interest loans, to provide capital directly in underserved communities.

- **Community Development Financing Institutions:** CDFIs are already in existence in virtually every Southern California community. Many focus on affordable housing. Yet there is an opportunity to engage and collaborate with additional partners in the health care and public health sectors to strategically deploy capital to more investments in the social determinants of health such as healthy food, transportation, education, and economic opportunity.
- **Accountable Communities for Health:** ACHs are being implemented by the CACHI sites across California and are at an advanced stage of building partnerships and exploring financing strategies. Some have already implemented innovative financing models, such as Imperial County with their Wellness Fund, and others are seriously considering Wellness Funds or other models.
- **Anchor Institutions:** These have been highly successful in the Midwest and East Coast, but few hospitals on the West Coast are playing this role. There is significant opportunity to leverage the role of hospitals, public health departments, and other health institutions to invest in the surrounding community, including local hiring, and procurement practices and investments in social determinants of health.
- **Social Impact Investing/Pay For Success Models:** These are being tested in Ventura and Los Angeles County around criminal justice and homelessness. In these examples, the focus on measurable outcomes makes them well-suited to public health interventions.
- **Opportunity Zones:** These are relatively new but there is great potential given the tax

benefits, yet there is also a need to ensure they are providing meaningful investments in designated communities, and do not cause gentrification, displacement, or other unintended adverse consequences.

- **Structured Funds:** A [Wellness Fund](#) has already been developed in Imperial County. Models like that are being explored by Los Angeles County and the CACHI sites. There is also exploration of a [State Wellness Trust](#). HASC has also developed [Guiding Principles](#) to follow in implementing dedicated public health trust funds that would include voluntary hospital participation.



CONCLUSION

Through our review of research and interviews with leaders and implementers of innovative community investment strategies, it is clear that this is an area of incredible interest and opportunity. While many efforts are still emerging and partners are learning how to best leverage their resources to achieve optimal population health, the multi-sector partners involved are learning a great deal from one another leading to real organizational realignment of priorities and resources and systems changes. The public health and health care sectors in particular have a significant opportunity to explore these innovative strategies more intentionally and strategically. Additionally, there is great opportunity to build

new partnerships between each other, and with other sectors, to create the backbone that will be needed in the long term to sustain these efforts and start to generate returns on investments. While there is no magic or singular approach to an innovative community investment strategy, there are many models to explore, and flexibility in what types of investments are made in the community. Partnerships are essential and these efforts take time. Public health departments, hospitals, health systems, and other sectors are working together to align and optimize their resources to invest in prevention and improve the social determinants of health thereby significantly improving health outcomes and the quality of life in communities.



APPENDIX A

INNOVATIVE COMMUNITY INVESTMENT STRATEGIES LITERATURE REVIEW MATRIX

The following matrix identifies **129** reports, white papers and other publications identifying innovative community investment strategies and partnerships between public health, hospitals and health systems and other sectors. The resources are categorized by the following:

- **Investment Strategies:** Overviews of the available types of innovative financing, the pros and cons of deploying them and case studies where they have been utilized
- **Tools and Assessments:** Specific tools, activities and assessments that can be used to identify potential innovative financing strategies catering to local community conditions
- **Blending and Braiding Funding:** Specific information on how blending and braiding funding are used in innovative financing efforts
- **Anchor Institutions:** Descriptions of how anchor institutions are a part of innovative financing strategies
- **Affordable Housing:** Resources on innovative financing for affordable housing that involve partnerships with other sectors
- **Accountable Communities for Health (ACH):** Descriptions of how ACH works and communities working on implementing ACH models
- **Community Benefit:** Resources on how hospitals spend their community benefit dollars to improve community health
- **Opportunity Zones:** Information on Federal Opportunity Zones and their potential for community reinvestment
- **Alternative Payment Systems:** Resources with information on how alternative payment systems are being used to reform the health care payment system
- **Medicaid Section 1115 Demonstration Waivers:** Resources on California's Medicaid waivers and best practices from other States
- **Government Agency Fund Development:** Efforts to assist government agencies with becoming more innovative in their fundraising outside of government walls
- **Quantifying Returns on Investments:** Reports that quantify and monetize the health benefits from innovative financing strategies including wellness trusts
- **Collaborations and Partnerships:** General information on how public health, hospitals and health systems and other sectors are partnering for community change and investment strategies
- **Data Sharing:** Best practices in overcoming barriers to data sharing between hospitals, public health departments and other partners

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
<p>Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems</p>	<p>Center for Community Investment</p>	<p>2017</p>	<p>Investment Strategies</p>	<p>This paper identifies several health institutions that have pioneered the use of investment strategies to advance the social determinants of health (SDOH). They each had different motivations for undertaking such investments, but they all found innovative ways to deploy capital to improve health, and produce a return on investment.</p> <p>Key Findings include:</p> <ul style="list-style-type: none"> • Investments can not only improve SDOH but also produce Return on Investment (ROI) and savings, allowing funds to be recycled • Investments can tap pots of money (i.e. endowment or capital budget) of the institution in service of mission in ways that other strategies cannot • Investments can harness reputation, land and skills of health institutions to benefit the community without necessarily requiring out-of-pocket spending • Investments can galvanize and leverage the resources of other partners such as foundations, banks, private investors, government agencies, and employers, in ways that other approaches cannot • By investing their own funds, hospitals can signal the importance of particular projects and help “de-risk” investments for other parties, resulting in more dollars for important initiatives than the hospitals themselves are committing
<p>Why Pioneering Health Institutions Are Investing Upstream to Improve Community Health</p>	<p>Center for Community Investment</p>	<p>2019</p>	<p>Investment Strategies</p>	<p>This research brief reports on lessons learned from the Center for Community Investment’s multi-year work with six pioneering health institutions around the country to address the social determinants of health, as part of its Accelerating Investments for Healthy Communities initiative. They have found that hospitals are choosing to invest more upstream due to a variety of factors, including:</p> <ul style="list-style-type: none"> • Reducing health care costs of certain populations • Advancing their mission • Enhance their reputation and competitiveness • Strengthen community relationships • Meet obligations to the community • Leverage their assets to move strategically toward a future focused more on value than volume <p>The brief also identifies the motivations for different health institutional staff. For community benefit staff, it is ensuring regulatory compliance and meeting obligations to the community. For community/population health directors, it is improving outcomes and enhancing wellness across the social determinants of health. For financial staff, it is reducing or avoiding costs and leveraging resources of other institutions. For government/community relations staff, it is strengthening relationships and building political capital. For real estate, it is facilitating important future land use decisions by the hospital. For hospital foundation leaders, it is donor reputation.</p>

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
Bridging for Health: Improving Community Health Through Innovations in Financing	Georgia Health Policy Center	2019	Investment Strategies	<p>This report provides a summary of the innovative financing strategies that were pursued by the seven Bridging for Health grantees, including how the sites were selected and which financing strategies they pursued and ultimately implemented. Accomplishments and outcomes included:</p> <ul style="list-style-type: none"> » Blending and braiding multiple funding streams emerged as the top important strategy » All seven sites decided to pursue a community wellness fund to address either primary prevention of chronic conditions or an upstream driver of community health <p>Key learnings:</p> <ul style="list-style-type: none"> • Community collaboratives may more readily embrace evolutionary rather than revolutionary approaches to innovation in financing population health • Fascination with the financing mechanisms is not a substitute for understanding the flow of money in the region and around the health system to enable the innovation • Maintaining the focus on financing innovation – not program implementation – is critical and often challenging • Thinking and acting to finance upstream health can be hard for health collaboratives that have often focused on care and access to it • Leadership and the collaborative dynamics are critical contextual factors that can impact the process and outcomes • The Innovation-to-Action Cycle with its framework, project guidelines and deadlines made the work a priority, keeping teams on track and accountable.
Exploring Tax Policy to Advance Population Health, Health Equity, and Economic Prosperity: Proceedings of a Workshop in Brief	National Academies of Sciences	2018	Investment Strategies	<p>This report summarizes the findings from a December 2017 Roundtable on Population Health Improvement in Oakland, CA. The focus was on tax policy as both an influence on health outcomes and a possible source for financing population health activities (ranging from diabetes prevention to universal pre-K).</p>
Bridging for Health: Improving Community Health Through Innovations in Financing	Georgia Health Policy Center/RWJF	2015 - present	Investment Strategies	<p>This report identifies the most common types of innovative financing strategies in the public health and health care sectors, including definitions, pros and cons and case studies for each of the following:</p> <ul style="list-style-type: none"> • Capture and Reinvest • Blending and Braiding • Community Development Financing Institutions • Hospital Community Benefits • Low Income Housing Tax Credits • New Market Tax Credits • Pay For Success/Social Impact Bonds • Wellness Trust
10 Essential Practices for Transforming Health and Well-Being Through Regional Stewardship	ReThink Health	2018	Investment Strategies	<p>This document summarizes the most essential practices needed to improve regional health and well-being. These include:</p> <ul style="list-style-type: none"> • Shared Vision: Anchoring work around a shared vision • Broad Stewardship: Working together across boundaries to create the conditions for equitable health and well-being • Sound Strategy: Navigating changing conditions to pursue an interdependent portfolio of interventions for the region that will best achieve equitable health and well-being • Sustainable Financing: developing a long-term financial plan and secure dedicated funds to accomplish the portfolio of interventions

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
Sustainably Financing Community Health: Where to Look, When to Pursue, and How to Access Different Sources of Capital	All in: Data for Community Health, 2018-19	2018	Investment Strategies	This two-part webinar series includes presentations by ReThink Health, BUILD Health, and the Center for Community Investment on the different types of innovative financing strategies currently being deployed around the U.S., and the opportunities and challenges each presents when it is being implemented.
ABCs of Social Impact Investing	California Accountable Communities for Health Initiative (CACHI) and ReThink Health	2018	Investment Strategies	This report introduces the concept of social impact investing (a.k.a. impact investing or impact investment), which is a type of investment that produces a financial return for private investors and positive community outcomes, such as social or environmental impacts. It was developed as a resource for CACHI grantees.
Establishing a Local Wellness Fund: Early Lessons from the California Accountable Communities for Health Initiative	CACHI, JSI	2019	Investment Strategies	<p>This report documents early findings from the California Accountable Communities for Health Initiative (CACHI). All 15 sites are exploring the implementation of a Local Wellness Fund as a critical component of their work. It is one of seven model elements of the fundamental success of an Accountable Community for Health (ACH). Funding sources vary by location depending on specific needs, and the funding is intended to support the ACH infrastructure and a portfolio of interventions designed to achieve the community's priority outcomes. Blending, braiding and/or aligning funding is also common.</p> <p>Ten steps to developing a locally governed wellness fund are provided, including:</p> <ol style="list-style-type: none"> 1. Create a value proposition for the ACH as a whole 2. Enumerate all types of uses for the resources 3. Identify likely/possible sources of funds for each type of use 4. Outline the Wellness Fund development timeline and implementation plan 5. Develop key principles and/or criteria for the Wellness Fund and policies that cover decision-making, conflict resolution and governance 6. Select required and desired administrative capabilities, recognizing potential future expectations, changes or growth 7. Evaluate potential Wellness Fund model options, weighing pros and cons of each 8. Conduct a transparent process to select a fund model and administrator 9. Finance and sign a formal agreement or MOU between the ACH and fund 10. Deposit existing funds and identify initial fundraising priorities <p>Recommendations for policymakers and funders include:</p> <ol style="list-style-type: none"> 1. Provide flexibility in foundation and government programs and grants to support an ACH backbone and overall infrastructure 2. Support Wellness Fund pilots 3. Designate that local Wellness Funds manage specific resources 4. Encourage blending and braiding of resources within and across public agencies to address priority outcomes 5. Support shared-savings arrangements that encourage health plan investment in community health improvement strategies 6. Encourage technical support of wellness funds by financial institutions such as Community Development Financing Institutions (CDFIs)

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
<p>Sustainable Financing Analysis: Prepared for Sonoma County Health Action</p>	<p>Third Sector Capital Partners, Inc</p>	<p>2017</p>	<p>Investment Strategies</p>	<p>This report developed for Sonoma County Health Action identifies potential innovative financing sources and strategies, including a Wellness Fund that Sonoma County would deploy to fulfill its Health Action vision. The white paper relies on ReThink Health's systems thinking framework and portfolio design principles to identify potential ways to finance a Wellness Fund. Potential sources include grants, community benefit spending, program-related investments, cashable savings, bank (Community Reinvestment Act credits), Community Development Financing Institutions, impact investors, public funding (taxes, block grants, innovation funds, contracted funds) and identifies the opportunities and challenges with each type of funding source. The paper also discusses the pros and cons of blending vs. braiding/aligning of funds.</p> <p>Recommendations for next steps:</p> <ol style="list-style-type: none"> 1. Finalize first cohort of prototype interventions aligned with Health Action priority outcomes 2. Assess social Return on Investment of selected priority outcome, estimate funding required to achieve intervention-level outcomes, and determine which prototype interventions have potential to accrue cashable savings 3. Educate stakeholders about the value of backbone functions to secure funding streams dedicated to capacity as well as prototype interventions 4. Assess backbone funding needs 5. Assess opportunities to secure and strategically inform use of public funds 6. Assess opportunities to secure and strategically inform use of private funds 7. Pursue agreements to secure private funding 8. Pursue agreements for public funding streams <p>The white paper also identifies potential operating structures and decision making functions of the Wellness Fund.</p>
<p>Toward A Population Health Business Model: And How to Pay For It</p>	<p>Federal Reserve Bank of San Francisco</p>	<p>2018</p>	<p>Investment Strategies</p>	<p>This speech by David Erickson, director of the Community Development Department at the Federal Reserve Bank of San Francisco, at the Mayo Clinic Transform conference in October 2018 reviews the opportunities for community development and public health to partner and create lasting systems change.</p>
<p>Investing in What Works for America's Communities: Essays on People, Place and Purpose</p>	<p>Federal Reserve Bank of San Francisco, Low Income Investment Fund</p>	<p>2013</p>	<p>Investment Strategies</p>	<p>This book of essays by leading thinkers on community development discusses solutions to poverty, including greater investments in community development and partnerships between sectors on financing health-promoting investments.</p>

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<p>Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health</p>	<p>National Academy of Sciences, Engineering and Medicine</p>	<p>2019</p>	<p>Investment Strategies</p>	<p>This report from the National Academy of Sciences, Engineering & Medicine (NASEM) examines how services that address social needs can be integrated into clinical care, as well as the types of infrastructure that are needed to facilitate that integration. NASEM convened a panel of experts to come up with activities, needs and recommendations.</p> <p>Five complementary activities that can facilitate the integration of social care into health care are (1) awareness, (2) adjustment, (3) assistance, (4) alignment, and (5) advocacy. Adjustment and assistance focus on individual care based on patients' social needs, while awareness, alignment and advocacy focus on roles the health care sector can play in influencing and investing in community-level social care resources.</p> <p>There are three key necessities for successfully integrating social care into health care: (1) an appropriately staffed and trained workforce, (2) health information technology innovations, and (3) new financing models.</p> <p>The panel's recommendations to integrate social care into the health care sector are:</p> <ol style="list-style-type: none"> 1. Design health care delivery to integrate social care into health care, guided by the five health care system activities mentioned above (awareness, adjustment, assistance, alignment, and advocacy). 2. Build a workforce to integrate social care into health care delivery. 3. Develop a digital infrastructure that is interoperable between health care and social care organizations. 4. Finance the integration of health care and social care. 5. Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.
<p>Putting Health Care Dollars to Work</p>	<p>Shelterforce</p>	<p>2019 (Feb. 25)</p>	<p>Investment Strategies</p>	<p>This news article outlines some of the more recent efforts by the Center for Community Investment, Enterprise Community Partners and community partnerships between hospitals and community development to partner on financing, specifically on affordable housing.</p>
<p>California's Health Care Paradox: Too Much Health Care Spending May Lead to Poor Community Health</p>	<p>Lown Institute</p>	<p>2019</p>	<p>Investment Strategies</p>	<p>This report examines how California's increased spending on health care is actually leading to decreased spending on the social determinants of health (education, public health, housing, food assistance, income support, etc.). This shift away from "social spending" will have long-term consequences on people's health and will lead to increased health care spending that will continue to crowd out funding for programs focused on prevention. Between 2007 and 2018, health care spending in California rose by 146%, and is now 26% of the entire State budget. In that same timeframe, the State went from spending \$1.22 on public health, the environment and social services for every \$1 on health care, to \$0.68 on these programs per \$1 on health care. The report acknowledges the difficulty in reining in health care costs while also boosting funding for prevention and the social determinants of health, especially the political ramifications, but recommends finding ways to reduce waste in the health care system as a way to curb health care costs. The report also highlights case studies of California communities working to improve community conditions, including the CACHI sites and the Whole Person Care program. The report recommends taking both programs to scale across the State, as well as aligning financial incentives of health systems with improving community health through alternative payment models (wellness funds, global budgeting, Medicaid managed care).</p>
<p>Public Health and the Economy Could Be Served By Reallocating Medical Expenditures to Social Programs</p>	<p>UCLA Center for Health Advancement, Fielding School of Public Health</p>	<p>2017</p>	<p>Investment Strategies</p>	<p>This journal article examines how the California budget expenditures allocated to health care has increased between 1990 and 2014, and how the share of spending on public health, social services and other programs focused on the social determinants of health has decreased. From 1990 to 2014, health care spending increased from 14.1% to 21.3% of the State's budget, while spending on public health and social programs fell from 34.8% to 21.4%. The article provides recommendations for how to reallocate funding, both inside and outside the State budget, to increase funding for public health and the social determinants, including reducing spending on inefficient and ineffective medical procedures.</p>

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Kaiser, Dignity Health executives: Better strategy needed to get ROI from social determinants initiatives	Fierce Health care	2019 (Mar. 4)	Investment Strategies	<p>This article evaluates recent efforts by Kaiser Permanente and Dignity Health to invest in the social determinants of health, and finds that most efforts are fragmented and can be characterized as “random acts of kindness.” But now there are more concerted efforts to figure out how to make more meaningful and sustained investments in the community that improve health, especially as health plans reform their payment models to be more value based.</p>
Addressing Social Determinants of Health in Hospitals: How Are Hospitals and Health Systems Investing in Social Needs?	Deloitte	2017	Investment Strategies	<p>Deloitte conducted a survey of over 300 hospitals and health systems to assess their current level of investment in health-related social needs. They also interviewed representatives of hospitals, health plans, and nonprofit community organizations. They found that 80% of hospital respondents reported that leadership is committed to establishing and developing processes to systematically address social needs as part of clinical care. However, most of the activity is “ad hoc” (defined in their survey as occasional and only reaching some of the target population)</p> <p>Key findings included:</p> <ul style="list-style-type: none"> • 88% of hospitals are screening patients and intervening around social needs, though some activity is fragmented and ad hoc (26%) • Most of this screening is inpatient (90%) and high utilizer (83%) populations and 69% are screening a broader population • 40% of hospitals report having no current capabilities to measure the outcomes of their activities • The health care system’s shift toward value-based care may spur more investment and activity around addressing social needs • Hospital investments vary and sustainable funding may be a challenge – determining ROI for social needs activities requires hospitals to identify meaningful measures. About 35% of hospitals are tracking cost outcomes for their social needs investments • 72% of hospitals don’t have dedicated funds for all of the populations they want to target • Screening topics include social support (81%), interpersonal violence (75%), housing (70%), transportation (68%), food insecurity (67%), employment (54%), utility assistance (40%), and education (38%) • Data: Most hospitals rely on their own data instead of using external sources of data (25%) <p>The ability to measure results will be necessary for hospitals to invest more in the social determinants of health. Recommendations include:</p> <ul style="list-style-type: none"> • Break down siloes and consolidate resources • Continue to move toward value-based models to further align social needs and clinical care • Identify strategies to improve their ability to track health and cost outcomes • Share leading practices and data on other organizations’ activities and strategies to direct investments
Social Determinants as Public Goods: A New Approach to Financing Key Investments in Healthy Communities	Health Affairs (Len M. Nichols and Lauren A. Taylor)	2019	Investment Strategies	<p>This article described why there has been an underinvestment in the social determinants of health, arguing they are “public goods” and thus the benefits are harder to capture and see a return on investment. The authors suggest ways to address this through a pragmatic and collaborative approach to financing, and stress that patience is needed for returns on investment to be realized because of the nature of public goods.</p>
Investing in Health: Robust Local Active Transportation Financing for Healthy Communities	Safe Routes to School National Partnership	2019	Investment Strategies	<p>This report examines innovative ways that local jurisdictions are financing walking and bicycling investments, including bonds, impact fees, hospital community benefits, tax increment financing, fines and fees, and local taxes.</p>

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Anchoring to Strengthen Your Region's Case for Systems Change	ReThink Health/Tiffany Manuel	2018	Tools and Assessments	<p>A blog post on how to make the case for systems change, using the concept of “anchoring,” where one presents the systems change solutions first and then consistently reinforces and directs attention back to those solutions. There are five anchoring strategies that are most commonly used:</p> <ol style="list-style-type: none"> 1. Anchor Your Case by Using Data Strategically. 2. Anchor Your Case in Optimism about Solutions, Rather than Dwelling on the Problem. 3. Anchor Your Case in Specific Aspirations, not the Esoteric Idea of “Systems Change.” 4. Anchor Your Case in the Future, not the Past. 5. Anchor Your Case in a Value Proposition that Lifts up Stakeholders’ Shared Values.
Regional Transformation Strategy Assessment Tool	ReThink Health	2018	Tools and Assessments	<p>This tool developed by ReThink Health provides criteria to evaluate your overall theory of system change and a portfolio of interventions to implement it. The tool can be used to assess the quality of current or potential strategies. A “regional transformation strategy” is defined by ReThink Health as “a comprehensive suite of programs, policies, and practices, addressing multiple issues and involving many stakeholders, that will produce greater health and well-being for your entire region.”</p> <p>Questions asked include:</p> <ul style="list-style-type: none"> • Do you have a credible theory of system change? • Does that theory strive to make a real and lasting difference on important issues? • Does it build on your region’s understanding of past trends? • Is a broad range of stakeholders engaged and committed to it? <p>After asking these and other questions, the tool lists a portfolio of interventions to consider in advancing systems change. The ultimate goal is to consider how individual and organizational strategies start to add up and can be leveraged to create a regional transformation strategy.</p>
Negotiating a Well-Being Portfolio Exercise	ReThink Health	2018	Tools and Assessments	<p>This tool designed by ReThink Health is intended to help identify and explore the set of policies, programs, and practices that, when combined together, will produce the maximum health and well-being for a region. There are 12 different portfolio options, each representing a category of policies, programs and/or practices that address urgent needs or vital conditions. The investment portfolio can then help communities develop their transformation strategy, including the right “mix” of vital conditions and urgent services that can lead to improved health and well-being.</p>
Beyond the Grant: A Sustainable Financing Workbook	ReThink Health	2018	Tools and Assessments	<p>This workbook offers modules with practical, user-friendly tools to answer common financing questions and develop action plans for moving beyond grant funding to other, more sustainable funding and financing sources for population health. It also includes a Revenue Typology of potential funding sources to consider, with definitions, pros and cons and case studies.</p>
ReThink Health Pathway for Transforming Health and Well-Being Through Regional Stewardship	ReThink Health	2018	Tools and Assessments	<p>This infographic highlights the phases and strategies that ultimately lead to cross-sector collaboration and lasting systems change, from coming together (Phase 1) to Living in the New Ecosystem (Phase 5).</p>
Combined Regional Investments Could Substantially Enhance Health System Performance and Be Financially Affordable	Jack Homer, Bobby Milstein, Gary B. Hirsch, and Elliott S. Fisher, Health Affairs	2016	Tools and Assessments	<p>The Rethink Health Dynamics Model simulated four health interventions over 40 years. Interventions targeted at reducing unhealthy behaviors and implementing broad antipoverty policies had the most substantial impact on (1) reducing health care costs and (2) increasing household income over time, with the tradeoff that results were seen much later than simulated clinical interventions.</p>

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<p>From Outcomes to Impact: An Exploratory Model for Estimating the Health Returns of Comprehensive Community Development</p>	<p>Build Healthy Places Network in partnership with the Metropolitan Planning Council, University of Chicago Center for Spatial Data Science and Chicago Department of Public Health</p>	<p>2019</p>	<p>Tools and Assessments</p>	<p>This research brief puts forth a model to estimate the health returns of community development investments. The goal is to provide an ROI calculator that community development organizations can use to make the business case for their work.</p> <p>The ROI calculator includes the value of 4 types of community development investments:</p> <ul style="list-style-type: none"> • Affordable housing • Community health centers • Equitable transit-oriented development • Supportive housing for homeless individuals <p>The metrics included as “Health Returns” include:</p> <ul style="list-style-type: none"> • Cost savings to healthcare systems • Income boost to individuals/households that is no longer needed for housing expenses • Additional investments that can be leveraged • Savings from the social cost of carbon • Value of reduced mortality <p>The model is applied to a large-scale community development in Washington, DC, and estimates a 300% rate of return. The development is located across the street from a Metro subway station and includes 202 units of affordable housing, job training for 300 adults each year and a community health center that would provide services for 10,000 local residents annually. The estimated health returns are \$351.5 million over the development’s lifetime.</p> <p>In conjunction with the release of the report, a Neighborhood Health Calculator was released that allows users to calculate the health returns in their own communities.</p>
<p>Braiding and Blending Funds to Support Community Health Improvement: A Compendium of Resources and Examples</p>	<p>Trust for America’s Health</p>	<p>2018</p>	<p>Blending and Braiding Funding</p>	<p>This report provides a literature review of existing efforts to blend and braid funding at the local level as of September 2018. It includes links and summaries to Guides and Toolkits, Federal Initiatives, State and Local Examples from across sectors. Most of the early success in blending and braiding funding has been in early childhood education and family services.</p>
<p>Pooling and Braiding Funds for Health-Related Social Needs: Lessons from Virginia’s Children’s Services Act</p>	<p>Trust for America’s Health</p>	<p>2018</p>	<p>Blending and Braiding Funding</p>	<p>The State of Virginia’s Children Services Act (1993) pooled together 7 separate funding streams from 4 different departments, and abolished the original sources. This broke down silos between departments providing children’s health services. Today there are 14 funding streams blended together from the Dept. of Social Services, Dept. of Juvenile Justice, Dept. of Education and the Dept. of Mental Health. Local jurisdictions are allocated funds based on a combined funding allocation formula. Medicaid funding is braided into the funding pool but is still able to be identified separately.</p> <p>Challenges have included: competing State agency priorities about fulfilling their own needs and responsibilities with pooled funding, technical challenges with reporting and accountability and balancing local autonomy and state accountability.</p>

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Blending, Braiding, and Block Granting Funds for Public Health and Prevention: Implications for States	National Academy for State Health Policy, De Beaumont Foundation, Association of State and Territorial Health Officials	2017	Blending and Braiding Funding	<p>This report is the result of a convening of health policymakers from 11 states, identifying ways to coordinate work and resources across programs and sectors. The report also lists historic sources of health funding, from block grants to disease/condition-specific federal funding, how States currently use those funds, and what the future may hold. It also lists case studies of State health departments that have successfully blended and braided funding.</p> <p>The key recommendations include:</p> <ul style="list-style-type: none"> • Developing pathways for States to pilot large-scale, cross-agency federal demonstration waiver projects that braid, lend and align public health and Medicaid funding beyond what is currently permitted under federal laws • Align funding cycles, application processes and reporting requirements across federal grants • Pilot a voluntary, well-funded public health block grant of at least 5 years' duration that tests the collective impact of State public health and Medicaid agencies working together to address the social determinants of health • Support States in sharing data across Medicaid, public health and substance abuse in order to strategically plan a State program across agencies • Implement streamlined approval processes for States applying to replicate other States' successful waivers • Give States more freedom to implement evidence-based public health interventions and programs • Establish a health care waiver oversight committee • Use standard metrics to determine outcomes important to both Medicaid and public health, such as the length and quality of life • Define what States can do now without waiting for federal changes • Take a systems approach to state health planning to help form a comprehensive, intergenerational view of the health needs of individuals and families
Closing the Loop: Why We Need to Invest - and Reinvest - in Prevention	Larry Cohen and Anthony Iton, Discussion Paper, IOM Roundtable on Population Health Improvement	2014	Blending and Braiding Funding	<p>This white paper describes 'closing the loop' - capturing and reinvesting savings to advance health and prevention. A 'System of Prevention' is created when mechanisms for investing in prevention exist and a significant portion of the funds saved by reducing health care (and other costs) are used to make further improvements and investments in prevention - a cycle that reinforces the health of people and communities, incrementally improving population health. Increasingly, there have been novel uses of funding for health prevention activity, but achieving that crucial second step - re-investment - to close the loop has been more elusive.</p>
Democracy Collaborative: Hospital Toolkits	Health care Anchor Network (Zuckerman and Parker)	2016	Anchor Institutions	<p>The Democracy Collaborative has put together three toolkits on how to encourage greater collaboration between the health care and other sectors: Workforce, Purchasing and Investment. They are meant to help the health care sector integrate community health principles into three distinct business functions: (1) inclusive, local hiring and workforce development, (2) local and diverse sourcing; and (3) leveraging their long-term investment portfolios for community investment.</p>
Anchor Mission Playbook	Rush University Medical Center with support from Chicago Anchors for a Strong Economy (CASE), the Civic Consulting Alliance, and The Democracy Collaborative	2018	Anchor Institutions	<p>This playbook was drawn from research carried out to help the Rush University Medical Center (RUMC) develop its anchor institution strategy, and provides recommendations to help other hospitals and health systems "accelerate their own efforts to drive institutional alignment with community needs."</p>

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Anchors Lift All Boats	Beth Dever (Ford Foundation), Omar Blaik, George Smith (both U3 Advisors), and George W. McCarthy (Lincoln Institute of Land Policy)	2015	Anchor Institutions	This white paper discusses the benefits of anchor institutions, including: <ul style="list-style-type: none"> • Place-based strategies • Their role as intermediary • Community engagement • Connecting strategy to community
Hospitals Building Healthier Communities: Embracing the Anchor Mission	Democracy Collaborative (David Zuckerman)	2013	Anchor Institutions	This report provides recommendations for hospitals, philanthropy and the community for maximizing the return on investment and leveraging partnerships. It is important to secure buy-in from all parties, convene groups regularly, establish indicators and performance metrics to evaluate progress and work across sectors.
The Student Divestment Movement's Next Frontier: Community Investment	Democracy Collaborative (Marie Therese Kane)	2019	Anchor Institutions	This article discusses the growing movement of higher education institutions divesting their endowment money from fossil fuels and reinvesting it into the community on initiatives that address climate change. As anchor institutions, universities have a major influence on the types of community investments that are made to address the social determinants of health, especially education and community improvements that can make people more resilient to climate change.
Urban and Metropolitan Universities: The Transformative Power of Anchor Institutions	Metropolitan Universities	2019	Anchor Institutions	This research journal published a special issue on anchor institutions in February 2019, focused on the role of urban and metropolitan universities as anchor institutions in their community to address longstanding health inequities.
Anchor Collaboratives: Building Bridges with Place-Based Partnerships and Anchor Institutions	Democracy Collaborative	2019	Anchor Institutions	This report describes the role of “anchor collaboratives,” which are networks of anchor institutions within a community that leverage their role as anchor institutions to align resources that invest in community needs. The report provides case studies of regions where anchor collaboratives have been set up, and the role of the Democracy Collaborative’s Anchor Collaborative Network in convening these groups on a national stage to learn from each other.
Advancing Health Equity in San Francisco: An Assessment of UCSF’s Anchor Institution Capacity and Recommendations for Strategic Direction	University of California San Francisco (UCSF), San Francisco Foundation (Pinderhughes, R., et al.)	2019	Anchor Institutions	This report outlines strategies for strengthening UCSF’s role as an anchor institution, focused on health equity strategies that promote workforce development, procurement and community investment. The report was guided by an Anchor Institution Assessment Steering Committee and more than 50 interviews were conducted with community organizations, nonprofits, city agencies, health care institutions, community foundations and others.
Health and Housing Starter Kit	ChangeLab Solutions	2018	Affordable Housing	This toolkit identifies strategies that public health and the health care sector can use to partner with the housing sector on affordable housing and community development, in ways that advance population health and produce a return on investment.
Health Begins at Home	Enterprise Community Partners, Kaiser Permanente	2019	Affordable Housing	This is a new 5-year effort launched in January 2019 by Enterprise to promote health as a top priority in the development and preservation of affordable homes and to elevate homes as an essential tool for improving resident and community health. Includes Collaborations, Designing for Health and Financial Innovations. In summer 2019, \$4.3M was invested in Los Angeles and San Diego to create and preserve around 75 affordable housing units.
Thriving Communities Fund	Kaiser Permanente, Mayors and CEOs for US Housing Investment	2018	Affordable Housing	Kaiser Permanente has created a \$200M fund for affordable housing and homelessness, using a social impact investing model. The initial goals are preventing displacement or homelessness of lower- and middle-income households in rapidly changing communities; reducing homelessness by ensuring access to supportive housing; and making affordable homes healthier and more environmentally sound. Half of the \$200M is going to an RxHome Fund with a goal of creating and preserving 3,250 affordable housing units over the next 10 years in KP’s service areas.

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Housing for Health Fund	Kaiser Permanente and Enterprise Community Partners	2019	Affordable Housing	<p>The Housing for Health Fund is a partnership between Kaiser Permanente and Enterprise Community Partners to invest \$50M in affordable housing in more than a dozen Bay Area counties. Half is set aside for affordable housing preservation in the City of Oakland. Kaiser is providing \$15M and Enterprise \$35M. The fund will ultimately total \$85M.</p> <p>Through the Housing for Health Fund, qualified developers will preserve homes that also support healthy communities. Developers will:</p> <ul style="list-style-type: none"> • Implement low-cost, high-impact energy-efficient strategies • Administer Health Action Plans to identify health gaps in surrounding communities • Conduct annual resident surveys to assess health strategies
Cross-Sector Partnerships Can Improve Health Where It Begins – In the Home	Modern Health Care (Laurel Blachford & Dr. Megan Sandel)	2019	Affordable Housing	<p>This article, written by the President of Enterprise Community Partners and a professor of pediatrics at Boston University, describes the growing interest and investments by the health care sector in affordable housing, including Enterprise Community Partner's recent partnership with Kaiser Permanente to invest in affordable housing.</p>
Emerging Strategies for Integrating Health and Housing	Urban Institute	2017	Affordable Housing	<p>This report looks at innovative strategies for integrating health into affordable housing initiatives, especially for low-income households. The report pairs more than 30 expert interviews with 6 in-depth case studies to profile best practices and lessons learned that can be replicated in other communities. One of the key findings is that "investing in housing is investing in health." Key health partners in housing include: hospitals, Federally Qualified Health Centers, Catholic health systems, managed care organizations, and local public health departments. Key housing partners include affordable housing developers, public housing authorities, community development corporations, homeless service providers, and supportive housing developers.</p> <p>Braided financing is one of the most successful strategies, as it still allows each sector to identify the funds it contributes and ensures flexibility and control.</p>
Housing and Health Care: Partners in Healthy Aging: A Guide to Collaboration	Leading Age	2014	Affordable Housing	<p>This report is a guide for senior affordable housing developers on how to partner with health care in planning senior housing communities, as well as how senior housing communities can assist with residents' health care needs.</p>
Promising Housing and Health Collaborations	National Housing Conference	2019	Affordable Housing	<p>This brief summarizes a series of convenings put together by the National Housing Conference (NHC) to bring together affordable housing developers (both nonprofit and for-profit) with health care organizations. The goal was to explore ways to work together in building new affordable housing while also reducing unreimbursed medical costs in high-cost populations. The working groups met for over nine months to identify ways for the health care organizations to directly invest in affordable housing while also addressing barriers.</p>

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Healthcare: A Cure for Housing	Center for Active Design	2019	Affordable Housing	<p>The Center for Active Design published this resource with 10 best practices for the healthcare sector to invest in affordable housing. These include:</p> <ol style="list-style-type: none"> 1. Start small and expand investments 2. Enhance community capacity by collaborating with local leaders with existing platforms to guide targeted investments 3. Connect to broader organizational goals, such as an anchor institution strategy 4. Leverage organizational reputation 5. Engage local partners 6. Respond to the shifting needs of local communities 7. Act on findings from Community Health Needs Assessments 8. Standardize evaluation metrics 9. Create a development arm as a subsidiary 10. Act as a guarantor <p>The report also includes 6 case studies of hospitals investing in affordable housing:</p> <ul style="list-style-type: none"> • Bon Secours Mercy Health - Baltimore, MD • Central City Concern - Portland, OR • CommonSpirit Health - California • Nationwide Children's Hospital - Columbus, OH • ProMedica - Toledo, OH • UnitedHealthcare - Nationwide
Innovative Models in Health and Housing	Low Income Investment Fund and Mercy Housing	2017	Affordable Housing	<p>This report highlights ways that affordable housing developers are working with health partners to integrate the SDOH into affordable housing projects. According to the authors, "These two sectors have begun to realize how much they overlap, but while great work has been done to expose practitioners in both fields to information about their shared interests and common goals, the results to date have been relatively modest.</p> <p>Many health care organizations see affordable housing as critical to the health needs of their patients and plan members, but don't know how to support the creation of housing and help them secure it. Many housing developers see that providing safe, affordable, and high quality housing to high-need individuals could deliver significant value to health partners, but aren't sure how to structure a partnership with the relevant health agencies."</p> <p>The report provides nine case studies of how health and housing partners have worked together to overcome the constraints that limit successful collaboration.</p>

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<p>Partnerships Among Community Development, Public Health, And Health Care Could Improve the Well-Being of Low-Income People</p>	<p>David Erickson and Nancy Andrews, Health Affairs</p>	<p>2011</p>	<p>Affordable Housing</p>	<p>This report describes opportunities for cross-sector collaboration via the community development industry to reduce health disparities. Three examples of cross-sector collaboration/upstream prevention are provided:</p> <ol style="list-style-type: none"> 1. Affordable housing with supportive services - Mercy Housing, a nonprofit affordable housing developer, incorporated health services into its housing project. In one instance, Mercy Housing diverted residents from a city-run nursing home to specialty apartments with built-in community and public health services, resulting in savings of \$29k per resident per year to the local health department (LHD). 2. Urban revitalization, economic growth, access to fresh food - Market Creek Plaza is a commercial development with integrated community facilities in a historically low-income area, designed with substantial input from local residents to identify key needs - primarily access to fresh food and a mainstream bank. 3. Community development funding and transportation investments - a study showed that commuters with access to public transportation were, on average, several pounds lighter than those without access. Public transit is particularly helpful to low income people - they are more likely to walk than their wealthier counterparts who do not use transit.
<p>Integrating Public Health and Community Development to Tackle Neighborhood Distress and Promote Well Being</p>	<p>Manuel Pastor and Rachel Morello-Frosch, Health Affairs</p>	<p>2014</p>	<p>Affordable Housing</p>	<p>This report illustrates examples of innovative community development that utilizes a citizen engagement, systems change, community health-focused approach. Examples include:</p> <ul style="list-style-type: none"> • Sacramento Building Healthy Communities (BHC) neighborhood worked to redevelop brownfields for community gardens and bike paths • South Los Angeles BHC completed a Health Impact Assessment (HIA) to lobby for more affordable housing funding • The Jamaica Plain Neighborhood Development Corporation and other community organizations in Boston, Mass created partnerships with their health care system to plan community benefits programs, including a workforce development initiative • Public health researchers are working with developers and residents of Sunnydale-Valesca, a San Francisco public housing site, to complete a longitudinal assessment of the health impacts of this mixed-use development
<p>Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems</p>	<p>Urban Institute</p>	<p>2019</p>	<p>Affordable Housing</p>	<p>This brief is meant to help nonprofit hospitals and other health institutions understand how to use their institutional assets to support affordable housing projects. It discusses the role of hospitals as anchor institutions and their unique role in understanding community health needs. The authors also analyze existing hospital investment in affordable housing and find it is actually quite low, and those that are investing in it, are investing modest amounts.</p>
<p>Making the Case for Hospitals to Invest in Housing</p>	<p>American Hospital Association</p>	<p>2019</p>	<p>Affordable Housing</p>	<p>The American Hospital Association is serving as an evaluation partner on the Accelerating Investments for Healthy Communities (AIHC) initiative and is publishing a series of issue briefs on how hospitals are addressing the social determinants of health through their investments in affordable housing. They identified two emerging themes for hospitals to get buy-in: (1) mission-driven commitment to address health equity and social determinants, and (2) strategic alignment with care and payment models. The issue brief also describes the Capital Absorption Framework, which includes establishing shared priorities across stakeholders, creating a pipeline of deals and projects, and strengthening the enabling environment.</p>

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Sustaining and Financing ACHs for the Long Haul	JSI	2015	Accountable Communities for Health	<p>This white paper introduces the concept of Accountable Communities for Health (ACH), and efforts in California to develop ACH pilots in 2013-2014 with funding from the Center for Medicare and Medicaid Innovation. The research question posed was “What are the facilitators of sustainable, multi-payer investment in a geographic, multi-sector, portfolio approach to population health?” Since there was not a lot of research on ACH, the authors looked at other forms of collaboration to come up with a shared definition of an ACH, as well as key principles and phases of implementation and sustainability.</p> <p>Key Principles:</p> <ul style="list-style-type: none"> • Leadership: create a center of gravity • Collaboration: trust built in transparency • Measures: what gets counted counts • Investment: “all in” for mutual benefit <p>Phases:</p> <ul style="list-style-type: none"> • Formation • Implementation • Reinvestment <p>The paper then identified recommendations within each principle and phase for creating ACHs and sustaining them, including economic modeling approaches.</p>
Elements of Accountable Communities for Health: A Review of the Literature	National Academy of Medicine	2017	Accountable Communities for Health	<p>This report outlines the key elements of Accountable Communities for Health, as well as a review of literature of their effectiveness so far in addressing population health challenges.</p>
State Levers to Advance Accountable Communities for Health	National Academy for State Health Policy	2016	Accountable Communities for Health	<p>This report outlines state-level efforts to implement Accountable Communities for Health, aligning the State health care delivery system with community-based social services in efforts to address the SDOH. It categorizes them into three models:</p> <ol style="list-style-type: none"> 1. Community-organized structures that are responsible for health care delivery oversight and financing (e.g. accountable care models). 2. Developing targeted community-based initiatives that seek to improve health equity by directing resources to communities that experience economic disadvantage and poor health outcomes (e.g. health equity zones). 3. State ACH models are a third approach; they are designed to support community-organized structures that are responsible for community health improvement.
Sustainability Through Accountability: The Accountable Community for Health Model	Duke Practical Playbook (Authors: Marion Standish, Bonnie Midura, Barbara Masters, Patricia Powers, Laura Hogan)	2019	Accountable Communities for Health	<p>This article in the Practical Playbook describes what an Accountable Community for Health (ACH) is based on the concept of “collective accountability.” It also goes into depth on the California Accountable Communities for Health Initiative (CACHI) which has 15 communities participating in a pilot ACH initiative, including early lessons learned after 2 years of implementation.</p>
Inventory of Accountable Communities for Health Case Studies of Accountable Communities for Health	George Washington University Funders Forum on Accountable Health	2019	Accountable Communities for Health	<p>GWU’s Funders Forum on Accountable Health has an inventory of all ACH sites around the U.S. which includes 126 initiatives. They’ve also produced a number of publications and case studies.</p> <p>These 10 case studies provide insight into the different ACH models being explored across the U.S. The Funders Forum interviewed leadership from all 10 ACH sites, asking about governance structure, portfolio of interventions, investments in technology, funding sustainability strategies, and anticipated short- and long-term outcomes. The key findings are summarized in a blog post, and include: (1) upfront grants or other investments allowed partners to build backbone infrastructure, (2) establishing relationships and breaking down silos was an important first step, (3) listening to the community and creating a shared agenda was essential, and (4) people needed to learn how to do business differently.</p>

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Partnering for Prevention: Hospital Community Benefits for Community Development	Low Income Investment Fund	2016	Community Benefit	<p>This report provides a summary of how to use Community Benefit dollars for community development. The practical recommendations below were guided by interviews with health care and community development partners in five regions.</p> <p>The top five practical recommendations include:</p> <ol style="list-style-type: none"> 1. Nonprofit hospitals could engage in strategic partnerships with community development corporations and CDFIs to inform their Community Health Needs Assessments (CHNAs) and otherwise guide implementation of community benefit investments. For example, the Fenway Community Development Corporation partnered with the Boston Children's Hospital on a job-training program for low-income individuals and affordable housing and homelessness initiatives. This partnership happened outside of the CHNA process, but it informed Boston Children's Hospital making housing a priority in its next CHNA. 2. Community Development Corporations and nonprofit hospitals could collaborate to create and preserve affordable housing, along with other programs that draw on the partners' respective strengths. For example, Bon Secours Hospital identified affordable housing as a priority in its CHNA and then worked with Enterprize Community Partners to create and preserve 728 affordable housing units in its service area. 3. Hospitals could support legislation and fund programs to prevent, reverse and end homelessness. 4. CDFIs could seek, and nonprofit hospitals could provide, funding to support the origination of loans for affordable housing, health clinics and other health-related real estate investments, while additionally supporting research and documentation of best practices 5. Beyond Community Benefit funding, future research should examine the potential for using additional funding sources, such as Delivery System Reform Incentive Payment (DSRIP) to align the work of the community development and health care fields.
Equitable Development Through Neighborhood Coordination: Using Data to Support Place-Based, Cross-Sector Partnerships in San Francisco	Meg Wall Shui, San Francisco Dept. of Public Health	2017	Community Benefit	<p>This report describes the use of a place-based, community-benefit funded intervention in Tenderloin district; collective impact model. St. Francis Hospital worked with neighborhood stakeholders to describe a framework for priority intervention areas - Health Improvement Partnership. Focus on opportunities for healthy choices, safe and healthy living environments, community connectedness, housing access, and behavioral and residential health. In conjunction with identified priority areas, used an action zone model to align community groups to work on projects at the ground level, provided funding to support multiple initiatives, including park re-opening, a mobile education kitchen, and Safe Passage.</p>
National Opportunity Zones Ranking Report	LOCUS Developers	2018	Opportunity Zones	<p>This report identifies which Opportunity Zones are positioned to bring positive social, environmental, and economic returns, by ranking all Opportunity Zones by their smart growth potential and current social equity. Second, the report includes policy recommendations for communities to ensure that development results in more walkable places that are healthy, prosperous, equitable and resilient.</p>
Opportunity Zones Resource Hub	Build Healthy Places Network	2019	Opportunity Zones	<p>Build Healthy Places Network has created this website to curate resources on Opportunity Zones. Over 8,700 census tracts were designated as Opportunity Zones throughout the US, and 33% either contain a hospital or are ½ a mile from one.</p>
Opportunity Zones: Maximizing Return on Local Public Investment	Urban Institute	2019	Opportunity Zones	<p>Urban Institute developed a scoring system of eligible Opportunity Zone Census tracts to rank them in terms of investment flows they are already receiving and the social and economic change they have experienced, in order to help communities prioritize where these investments are most needed vs. where they may lead to gentrification, displacement and other adverse community outcomes.. This includes ranking by (1) commercial lending, (2) single-family lending, (3) multi-family lending, and (4) small business lending. They also developed a "socioeconomic flag" to identify Census tracts in most need of public investment.</p>

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Opportunity Zoning: An inside look at how three cities are aligning a new tax incentive with land-use plans to revitalize neighborhoods	Urban Institute	2019	Opportunity Zones	The Urban Institute examined how three cities are implementing Opportunity Zones: Fresno, CA; Cleveland, OH; and Washington, DC. The researchers overlaid Opportunity Zones with permitted land uses, and interviewed economic development and planning professionals from each city. They found that each city is using Opportunity Zones to implement land use plans and promote greater development in low-income neighborhoods. The approaches are different in each city, however, based on local conditions and the risk of gentrification and displacement. One of the key takeaways is that cities should be proactive in their planning for Opportunity Zones, and leverage existing plans that have involved community input so that investments are reflective of community needs and don't cause unintended consequences like gentrification and displacement.
Recommendations for Opportunity Zones	PolicyLink	2019	Opportunity Zones	PolicyLink released recommendations for investing in Opportunity Zones that focus on equitable growth, development without displacement, and healthy communities of opportunity. They also provide specific recommendations for equity advocates, investors and developers, foundations, cities, states and the federal government.
Opportunity Zone Toolkit	California Governor's Office	2019	Opportunity Zones	The California Governor's Office has created a toolkit for potential investors, community members and partners in California's 879 Opportunity Zones. It includes links to more information for Investors, Community and Partners.
Inviting a Dialogue on Opportunity Zones	Center for Community Investment	2019	Opportunity Zones	This article takes a critical look at Opportunity Zones and expresses skepticism if they can truly improve community conditions and help existing residents, or are merely an avenue for developers to seek a return on investment.
Opportunity Zones Community Partner Playbook	Local Initiatives Support Corporation (LISC)	2019	Opportunity Zones	This playbook is the first in a series developed by LISC on Opportunity Zones. This one is focused on targeted at community partners to ensure that they benefit from Opportunity Zone investments. The recommendations include: <ul style="list-style-type: none"> • Step 1: Hold a stakeholder meeting to get a lay of the land, educate partners about Opportunity Zone policy and engage key players • Step 2: Embark on a plan for Opportunity Zones – assess the terrain, map and support community planning • Step 3: Incentives and Guardrails for Opportunity Zones – tapping policies and public programs that can help bolster success and minimize risks for communities • Step 4: Collaborate to Build Pipeline and Leverage Local Expertise - By forging a consortium of grant programs, or by modeling the financial feasibility of projects, community partners can begin to kindle Opportunity Zone projects • Step 5: Ramp up your investment marketing - Creating a prospectus, marketing your zone and other strategies for connecting with investors • Step 6: Develop impact metrics and encourage transparency - Rigorous evaluation and accessible reporting are keys to inclusive and equitable success in the Opportunity Zones
The Promise and Perils of Opportunity Zones	Asset Building Policy Network	2019	Opportunity Zones	This September 2019 webinar provides an overview of Opportunity Zones, the potential flaws, and what advocates can do to ensure that Opportunity Zones embody equity and full inclusion.
Potential Flaws of Opportunity Zones Loom, as Do Risks of Large-Scale Tax Avoidance Opportunity Zones Regulations Favor Investor Flexibility Over Community Protection	Center on Budget and Policy Priorities (CBPP)	2019	Opportunity Zones	CBPP has written several articles discussing the potential loopholes in the Opportunity Zones program, including that it can allow States to designate affluent areas as opportunity zones, has no requirements that local residents benefit from these investments, and may allow investors to gain the tax benefits without generating any real economic activity.

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Opportunity Zones: Can a tax break for rich people really help poor people?	Jared Bernstein, Washington Post	2019	Opportunity Zones	This article outlines the potential opportunities and challenges with utilizing Opportunity Zones tax breaks for community development.
Pay For Success And Population Health: Early Results From Eleven Projects Reveal Challenges And Promise	Paula M. Lantz, Sara Rosenbaum, Leighton Ku, and Samantha, Health Affairs	2016	Alternative Payment Systems	This landscape analysis of the first round of pay-for-success (PFS) projects reveals both promise and ongoing challenges. Only 3 of 11 projects reached a payout decision point: one did not have a demonstrated impact and thus did not receive a payout, while the other two did. Issues that need to be addressed in the development of future PFS projects include: ensuring interventions are evidence-based; better alignment with population health goals (consider the use of a phased pay out approach); the 'wrong pocket' problem; and restrictions on Medicaid funding for social investments.
Using Pay-For-Success to Increase Investment in The Nonmedical Determinants of Health	Ian Galloway, Health Affairs	2014	Alternative Payment Systems	This report describes various planned and in-progress pay-for-success projects nationwide and discuss challenges to their implementation. Pay-for-success is being increasingly used for a variety of projects, from reducing the health care costs of both acute (hepatitis C) and chronic conditions (asthma in children, diabetes prevention, inpatient mental health care, homelessness, childhood obesity) to reducing poor birth outcomes. Several challenges remain to their widespread implementation: upstream prevention results in cost savings across many levels of government, and organizing an outcomes-based payment structure, with a dedicated payer, can be difficult, as is navigating rigid government procurement/annual budgeting requirements for public contracts. Data gaps - particularly those related to performance by nonmedical providers and deep record linkages to follow program participants - are an additional obstacle.
North Carolina: The New Frontier for Health Care Transformation	Health Affairs	2019	Alternative Payment Systems	<p>The State of North Carolina is planning to transform its health care payment system over the next five years, converting 70% of health care payments to alternative payment models. This would make it the leading state for such reforms. These reforms include:</p> <ul style="list-style-type: none"> • Addressing the SDOH through Healthy Opportunities Pilots that direct resources toward social and community services to improve outcomes and reduce costs. These pilots are funded with \$650M of state and federal money over five years, with Medicaid managed care plans covering evidence-based interventions in four areas: housing stability, food security, transportation access and interpersonal safety. • Incentive payments during first two years of waiver, payment withholding for failure to meet defined metrics in the next 2 years and shared savings during final year based on performance on outcome and process-related quality measures • Medicare ACOs • ACO contracts with health insurance systems (Blue Premier) to shift to population-based payments linked to outcomes and total costs of care with downside risk by 2022 • North Carolina Chamber's Roadmap to Value-Driven Health encourages data sharing, increased physician and patient accountability, and implementation of more meaningful and aligned performance measures • Moving 80% of Medicaid beneficiaries to managed care

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<p>Addressing the Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations</p>	<p>Center for Health Care Strategies, Association for Community Affiliated Plans</p>	<p>2018</p>	<p>Medicaid Section 1115 Demonstration Waivers</p>	<p>This report examines how States are using Section 1115 Medicaid waivers to address the social determinants of health. The report looks at 40 Medicaid managed care contracts and 25 approved Section 1115 demonstrations across the country to identify common themes in approaches to incentivizing and requiring social determinants of health (SDOH)-related activities.</p> <p>Key findings include:</p> <ul style="list-style-type: none"> • There is a growing focus on SDOH in state managed care contracts, but approaches vary • Payment incentives linked to SDOH are not yet commonplace • Most states don't provide detail on how their MCOs can use federal law flexibilities to address SDOH in their services <p>Policy recommendations include:</p> <ul style="list-style-type: none"> • Make it easier for vulnerable populations to access needed health services • Enhance agency collaboration at the federal level • Provide guidance on addressing SDOH through managed care • Approve Section 1115 demonstrations that test strategies to address SDOH • Support outcomes-based payment for SDOH interventions
<p>The Medi-Cal 2020 Waiver and the Work Ahead for Public Health Care Systems</p>	<p>California Association of Public Hospitals and Health Systems, California Health Safety Net Institute</p>	<p>2016</p>	<p>Medicaid Section 1115 Demonstration Waivers</p>	<p>This issue brief describes California's 2020 Medicaid Section 1115 Demonstration Waiver and the new programs created under it, which was approved on December 15, 2015. The waiver created 4 new programs with planned expenditures of \$6.2 billion over 5 years:</p> <ul style="list-style-type: none"> • Public Hospital Redesign and Incentives in Medi-Cal (PRIME) – a pay-for-performance delivery system transformation and alignment program • Global Payment Program (GPP) – an innovative payment reform program for services to uninsured populations • Whole Person Care Pilot – provide more integrated care to the highest-risk and most vulnerable patients • Dental Transformation Initiative – an incentive program to increase the frequency and quality of dental care to children <p>The waiver also extended several programs created under the 2010-2015 waiver's Bridge to Reform initiative.</p>
<p>Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers</p>	<p>Kaiser Family Foundation</p>	<p>2019</p>	<p>Medicaid Section 1115 Demonstration Waivers</p>	<p>This issue brief assesses the current landscape of Medicaid Section 1115 Demonstration Waivers under the Trump administration. Several changes have occurred since 2017:</p> <ul style="list-style-type: none"> » Expanding coverage is no longer a stated objective of waivers, instead they are focused on positive health outcomes, efficiencies to ensure program sustainability, coordinated strategies to promote upward mobility and independence, incentives that promote responsible beneficiary decision-making, alignment with commercial health products and innovative payment and delivery system reforms • Work requirements are now permissible as waivers, whereas past administrations have not allowed them, but they are being challenged in courts • Waivers to address the opioid epidemic are increasingly being proposed • Waivers are increasingly being used to restrict, rather than expand, health care coverage • Waivers are now being approved for 10 years if they are routine, successful and non-complex. Previously, waivers had to be renewed every 5 years • New Social Determinants of Health (SDoH) waivers include a North Carolina initiative called "Healthy Opportunity Pilots" to cover evidence-based non-medical services that address specific social needs linked to better health outcomes. \$50M is authorized over 5 years, \$100M of which is for capacity building

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Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State	Kaiser Family Foundation	2019	Medicaid Section 1115 Demonstration Waivers	<p>Kaiser Family Foundation keeps track of all current and pending Medicaid Section 1115 Demonstration Waivers across the country. As of April 18, 2019, there are 47 approved waivers in 39 states, with an additional 18 pending in 17 states. The main categories are:</p> <ul style="list-style-type: none"> • Behavioral Health (28 approved) • Delivery System Reform (16 approved) • Medicaid Managed Long Term Services and Supports (13) • Eligibility and Enrollment Restrictions (11) • Work Requirements (7) • Benefit Restrictions, Copays, Healthy Behaviors (7) • Other (15)
Medicaid's Role in Addressing the Social Determinants of Health	Robert Wood Johnson Foundation	2019	Medicaid Section 1115 Demonstration Waivers	<p>This issue brief provides recommendations for SDoH Medicaid Section 1115 Demonstration Waivers to improve the social determinants of health. Recommendations include:</p> <ul style="list-style-type: none"> • Cover selected nonmedical services, including sign-ups for SNAP-ED, housing vouchers, etc. as part of case management services • Integrating social supports into health plan care management – 24 states now require MCOs to screen beneficiaries for unmet social needs to help them address those needs • Using value-based payments to support social interventions – states cannot use Medicaid to directly finance many social determinants such as housing or social services, but they can offer and encourage providers to make such expenditures • Evaluate the impact of SDOH interventions, especially if they work outside of high-need and high-cost populations
California Medi-Cal 2020 Waiver Demonstration	California Department of Health Care Services	2015-2020	Medicaid Section 1115 Demonstration Waivers	<p>California's Medicaid Section 1115 Demonstration Waiver website provides numerous resources on the waiver programs, including webinar presentations, progress reports and evaluation reports. California's programs include:</p> <ul style="list-style-type: none"> • Public Hospital Redesign and Incentives in Medi-Cal (PRIME) – a pay-for-performance delivery system transformation and alignment program • Global Payment Program (GPP) – an innovative payment reform program for services to uninsured populations • Whole Person Care Pilot – provide more integrated care to the highest-risk and most vulnerable patients • Dental Transformation Initiative – an incentive program to increase the frequency and quality of dental care to children

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<p>Moving Toward Value: Medi-Cal Managed Care Plans and the Social Determinants of Health</p>	<p>JSI Research and Training Institute, Inc.</p>	<p>2019</p>	<p>Medicaid Section 1115 Demonstration Waivers</p>	<p>This report details the current Medi-Cal managed care landscape in California and how much is invested in the social determinants of health, based on surveys of current providers. Approximately 4 in 5 Medi-Cal recipients are enrolled in a managed care plan. The report has 6 key findings:</p> <ol style="list-style-type: none"> 1. Most investments focus on identifying and addressing individual social needs of plan members 2. Community-level investments focused on social determinants are emerging, although perspectives on what characterizes such investments vary widely 3. Housing instability, lack of transportation, and food insecurity are priority issues among current investments 4. High-utilizing members are the focus on most investments focused on social determinants 5. Current investments are largely dependent on reserve funding 6. Investment decisions are driven by mission to serve the community, quality, considerations and financial positions <p>The report also details current opportunities to reform Medi-Cal managed care plans in the State of California and provides recommendations that include a rate-adjustment proposal that would include social determinants-focused investments in future rate setting; fostering community partnerships; expand plan authority to pay for historically non-billable providers and supplemental activities to respond to social needs, incentives investments via value-based performance measures, incorporating best practices from housing-related pilots into managed care contracts, and clarify health plan expectations and allowed areas for flexibility and innovation.</p>
<p>California Advancing and Innovating Medi-Cal</p>	<p>California Department of Health Care Services</p>	<p>2019</p>	<p>Medicaid Section 1115 Demonstration Waivers</p>	<p>On October 28, 2019, the California Department of Health Care Services (DHCS) released its proposal to reform the Medi-Cal delivery system. Entitled California Advancing and Innovating Medi-Cal (CalAIM), the proposal has three primary objectives:</p> <ul style="list-style-type: none"> • Reduce variation and complexity across Medi-Cal delivery systems • Identify and manage member risk and need through population health strategies and Whole Person Care approaches that address the social determinants of health • Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform <p>The CalAIM proposal builds upon the successes of several programs covered by existing Medicaid demonstration waivers (both Section 1115(d) and 1915(b)) that expire at the end of 2020. These include the Whole Person Care and Coordinate Care Initiatives. These programs would continue and be expanded, and would be covered by a new proposed demonstration waiver set to take effect on January 1, 2021 if the federal government approves California's request. The proposal also integrates key components of the new administration's priorities, including homelessness, behavioral health care access, children with complex medical conditions, justice-involved populations and a growing aging population.</p>

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<p>Creating a Cross-Agency Fund Development Pipeline: A Success Story from Alameda County</p>	<p>UC Berkeley, Goldman School of Public Policy</p>	<p>2015</p>	<p>Government Agency Fund Development</p>	<p>In 2011, the Alameda County Health Care Services Agency (HCSA) launched a pilot Fund Development Office (FDO) to meet the dual goals of 1) encouraging agencies to apply for more state and federal grants and 2) facilitating cross-agency collaboration on grant applications for innovative programming. The FDO developed shared infrastructure for fundraising activities across HCSA, the Social Services Agency (SSA), and the Probation Department (PD) to better address the health, safety, and wellbeing of Alameda County residents. Four years later, the pilot has grown into an established office of six staff members who have helped develop and submit 181 funding proposals and have secured \$44 million in grant revenue. The office provides a model for other counties hoping to increase grant revenues and stimulate cross-agency collaboration.</p> <p>Funding for the office comes from an indirect cost surcharge on all grants received (2-4%) and a negotiated share of client agencies. There is also a Grantwriter's Pool Fund that has been set up to pay for grant writers.</p> <p>This has been housed within the health services agency but works across agencies. But there are talks of moving it to an independent office.</p>
<p>Investing in Our Future Health: The Case for a California Prevention and Wellness Trust</p>	<p>Anne C. Haddix, PhD</p>	<p>2018</p>	<p>Quantifying Returns on Investment</p>	<p>This white paper quantifies the return on investment from different types of prevention investments. For example, a 10% reduction in smoking, unhealthy eating and physical inactivity could save \$8B annually in health care costs, and save Medi-Cal \$1.8B.</p>
<p>The Case for Investing in Public Health: A Public Health Summary Report for EPHO 8</p>	<p>World Health Organization</p>	<p>2014</p>	<p>Quantifying Returns on Investment</p>	<p>WHO developed this report to summarize the ROI for different types of interventions that promote the social determinants of health, including physical activity, employment, housing, mental health, traffic injuries and violence. The report identifies interventions that have early ROI and approaches with longer-term gains.</p>
<p>Community Approaches to System Change: A Compendium of Practices, Reflections & Findings</p>	<p>Equal Measure, Spark Policy Institute and the Michigan Public Health Institute</p>	<p>2019</p>	<p>Collaborations and Partnerships</p>	<p>In November 2019, an evaluation team led by Equal Measure, Spark Policy Institute and the Michigan Public Health Institute released Community Approaches to System Change: A Compendium of Practices, Reflections & Findings that detail the results of BUILD Health community efforts. They documented nearly 60 systems level changes that include policy shifts, new funding streams, stronger community leadership and improved health outcomes. They identified four precursors often seen before systems changes took place: enhancing knowledge, expanding capacity, strengthening relationships and deepening community ownership. All four create a "reinforcing cycle" that leads to systems changes and a critical indicator of improvements to community health.</p> <p>The report ends with recommendations for future efforts. For communities, they should start with identifying community priorities, framing systems and systems change, and examine programs, tactics, and activities through a systems lens. Funders should position this work as a model for others, articulate a definition of systems change for communities to use, and recognize the value of programming in systems change.</p>

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<p>Good Health is Good Business: The Value Proposition of Partnerships Between Businesses and Governmental Public Health Agencies to Improve Community Health</p>	<p>Bi-Partisan Policy Center</p>	<p>2019</p>	<p>Collaborations and Partnerships</p>	<p>This white paper identifies the challenges and “untapped opportunities” for the public health and business sectors to collaborate to improve health. It lays out a value proposition that “Good Health is Good Business” and lists what public health offers and how businesses benefit, and vice versa. Both sectors benefit from healthy people, healthy businesses, healthy communities and healthy local economies.</p> <p>Recommendations for improving partnerships include:</p> <ol style="list-style-type: none"> 1. Developing a strategic map of local partners 2. Preparing an “ask” 3. Recruiting leaders as initiative champions 4. Focusing on common problems (“low hanging fruit”) 5. Measuring success and impacts 6. Using multi-pronged communications strategies 7. Disseminating and using existing tools and resources 8. Distributing new and compelling case studies 9. Establishing recognition programs 10. Funding demonstration programs
<p>Living Legacies for Well-Being in the Nation</p>	<p>Well-Being Legacy Trust</p>	<p>2018</p>	<p>Collaborations and Partnerships</p>	<p>This article introduced the Well-Being Legacy Trust, a coalition of 50 community and national partners, focused on 7 Vital Conditions of Intergenerational Health and Well-Being:</p> <ol style="list-style-type: none"> 1. Humane Housing 2. Basic Needs for Health and Safety 3. Reliable Transportation 4. Belonging and Civic Muscle 5. Stable Environment 6. Meaningful Work and Health 7. Lifelong Learning <p>Collectively, the coalition is working to shape and advance a “living agenda”—of the organizational practices, public policies, and private sector investments that can assure the conditions for human flourishing—knowing that the choices we make now hold the promise for better health for the youth of today and tomorrow. Our inquiry: What will be our legacy? What legacies have we inherited that we want to change?</p>
<p>Policy Leadership for Health Care Transformation: Formalizing Our Commitment to Communities</p>	<p>Public Health Institute, on behalf of the Alignment of Governance and Leadership in Healthcare (AGLH) initiative, and Moving Health Care Upstream (MHCU)</p>	<p>2018</p>	<p>Collaborations and Partnerships</p>	<p>This report identifies best practices of hospitals and health systems to address the social determinants of health through institutional policies and civic engagement strategies. The report includes input from 18 hospitals and health systems that have been “early pioneers” in deploying innovative financing strategies and investing more upstream.</p> <p>Institutional Policy Best Practices</p> <ul style="list-style-type: none"> • Leadership and Board Engagement • Accountability Mechanisms • Alignment Across Key Organizational Elements <p>Civic Engagement Strategies</p> <ul style="list-style-type: none"> • Partnership Infrastructure • Public Education and Policy Advocacy

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Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model for Impact	Tyler Norris, VP of Total Health Partnerships, KP; Ted Howard, President, the Democracy Collaborative	2015	Collaborations and Partnerships	This report discusses the emerging trend of hospitals shifting to a focus on the social determinants of health through an anchor institution strategy. These hospitals and health systems are addressing social determinants such as housing, economic development, education, healthy food and park access through both their business and non-clinical practices. These anchor institution strategies shift community benefit "from the margins" of operations to overall accountability, where all of the institutional resources are aligned and leveraged to benefit the communities in which they are located. Collectively, hospitals and health systems have more than \$780 billion in total annual expenditures, \$340 billion in purchasing of goods and services and more than \$500 billion in investment portfolios, so this anchor institution approach expands the resources available to address the social determinants of health and advance each institution's mission. The report highlights ways hospitals are leveraging their non-clinical assets to create "total health," including addressing climate change, promoting healthy local food, and supply chain procurement strategies.
Getting to Health and Well-Being for the Nation: A Call for Cross-Sector Action to Impact the Social Determinants of Health	NASDOH	2018	Collaborations and Partnerships	This white paper offers recommendations for promoting greater cross-sector collaboration on the social determinants of health. Their five primary recommendations are to: <ul style="list-style-type: none"> • Promote a supportive policy environment at all levels of government and in the private sector • Frame the issue in a way that promotes action • Elevate shared learnings across communities • Leverage shared approaches to measurement and evaluation • Encourage data and technology innovation
Partnerships for Health Equity and Opportunity: A Healthcare Playbook for Community Developers	Build Healthy Places Network	2018	Collaborations and Partnerships	This report provides guidance for community developers on how to partner with hospitals and health care systems, including a Roadmap for Partnerships. The report identifies the similarities and critical differences between community development and hospitals, and how to break down silos and overcome systems-level challenges.
Practical Playbook II: Building Multisector Partnerships That Work	Multiple Authors: J. Lloyd Michener, Brian C. Castrucci, Don W. Bradley, Edward L. Hunter, Craig W. Thomas, Catherine Patterson, and Elizabeth Corcoran	2019	Collaborations and Partnerships	This update to the Practical Playbook includes articles about multisector partnerships to improve health, as well as articles about innovative financing strategies that have been successful across the U.S. There are 50 chapters total, with topics ranging from Accelerating Partnerships for Health, Engaging Diverse Sectors, Data: Finding and Using Information, Innovation: Enhancing Coordinated Impact Through New Role and Tools, Sustainability and Financing: Supporting Partnerships Over Time, Policy: Achieving Sustained Impact, Training and Workforce: Preparing for the Future That Is Already Here.
Practical Playbook Find A Partnership Tool	De Beaumont Foundation	2016 - present	Collaborations and Partnerships	The Practical Playbook Includes a search function for multi-sector partnerships in the US from 2012-present, as well as information, tools and case studies on building partnerships between public health and primary care. Heavy emphasis on BUILD Health Challenge grantees.

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<p>A Playbook for Fostering Hospital-Community Partnerships to Build A Culture of Health</p>	<p>Health Research and Educational Trust (HRET)</p>	<p>2017</p>	<p>Collaborations and Partnerships</p>	<p>This report highlights 10 communities with successful hospital-community partnerships. HRET conducted site visits at all the communities and met with representatives from the hospital and community to gain insight into how these community organizations worked together to build effective partnerships. Insights gained from these site visits drove HRET to create this playbook, which provides strategies to create new partnerships and advance and sustain existing, effective partnerships.</p> <p>Key Findings include:</p> <ul style="list-style-type: none"> • Collaborations are strengthened when the structure and direction are embedded in the process. Identifying community organizations that hospitals can partner with is the initial step for building and enhancing partnerships. • Convening meetings with other groups in the community to establish a common purpose, shared goals and a strategic action plan can be efficient and productive using meeting agendas and engaging exercises or activities that permit all voices in the partnership to be heard. • Developing a standardized communication system early in the partnership is helpful to build a trusting, honest and transparent relationship with partners. • Recognizing a partnership's strengths and building on them to overcome any barriers or challenges to foster effective, sustainable partnerships. • Creating effective collaborations within communities also includes evaluating the partnership itself and celebrating its successes along the way. • Effective communication, long-term funding and strong leadership are the backbone elements of a strong, sustainable collaboration.
<p>Improving Community Health Through Hospital-Public Health Collaboration: Insights and Lessons Learned from Successful Partnerships (summary)</p>	<p>Commonwealth Center for Governance Studies, Inc. (Preybil et al., 2014)</p>	<p>2014</p>	<p>Collaborations and Partnerships</p>	<p>This comprehensive report set out to identify all the existing public health and hospital partnerships in existence as of 2014. They identified 160 partnerships in 44 states, and contacted 63 for additional information. The researchers then identified 12 partnerships to study in depth. Their research found that about half of the partnerships survive the initial few years of partnership, but it mostly depends on being able to identify sustainable funding.</p>
<p>Can the Healthcare Industry Make Communities Healthy?</p>	<p>Medium, Purpose Built Communities, February 25, 2019</p>	<p>2019</p>	<p>Collaborations and Partnerships</p>	<p>This article from February 2019 discusses the potential role of the health care industry in getting more involved in community development, and provides a few examples of successful and emerging partnerships, including Advent Health in Orlando, Kaiser Permanente's Health Begins with A Home funding program for affordable housing, and Dignity Health's Community Investment Fund.</p>
<p>Data Sectors Across Health</p>	<p>Illinois Public Health Institute, Michigan Public Health Institute</p>	<p>2014 - present</p>	<p>Data Sharing</p>	<p>This initiative was launched by Robert Wood Johnson Foundation (RWJF) to identify barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement.</p> <p>Data Sectors Across Health (DASH) aims to support community collaborations in their efforts to:</p> <ul style="list-style-type: none"> • Address locally determined problems or goals associated with better community health • Enhance communities' ability to plan, make decisions, implement health improvement activities through sharing data and information in a sustainable way • Identify methods, models, and lessons that can be applied locally and shared with other communities who wish to improve their ability to share data and information across sectors <p>They've given out grants called Community Impact Contracts – Strategic, Timely, Actionable, Replicable and Targeted (CIC-START) to work with select local collaborations on data sharing efforts. Local collaborations receive up to \$25,000 to build their skills and capacity on planning and implementing multi-sector data systems. More information on the selected communities so far is here.</p>

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<p>DASH Environmental Scan: Early Learnings from an Emerging Field</p>	<p>DASH National Program Office for RWJF</p>	<p>2015, September</p>	<p>Data Sharing</p>	<p>The objectives of this scan were to:</p> <ol style="list-style-type: none"> 1. Provide information on relevant activities, leading communities, and research 2. Identify promising examples of shared data and/or connected information systems across sectors to improve health 3. Synthesize findings into lessons learned in regard to barriers, gaps, and opportunities 4. Develop recommendations for next steps 5. Serve as a baseline for measuring progress, including the development of specific indicators to track the field over time <p>3 Dimensions of using data across sectors:</p> <ul style="list-style-type: none"> • Collaborative: multi-organizational relationships engaged in ongoing operations working across boundaries to solve problems that can't be easily solved by institutions acting alone • Multi-sector: Include sectors beyond health care and public health that represent the SDOH • Shared data and information: data that is interpreted, analyzed and properly displayed. Includes health information exchanges, bilateral data bridges, shared access to a data warehouse, and integrated data from multiple sectors with a community in common <p>Current State of Environment (85 respondents)</p> <ul style="list-style-type: none"> • Many sectors engaged in collaborations, but new connections are envisioned. Most collaborations are in coastal areas • Sectors providing data (data sources) differed from sectors using data (data users): <ul style="list-style-type: none"> » Data Sources: health care, law enforcement, corrections, transportation » Data Users: public health, human services, nonprofits, faith-based institutions, businesses • Collaborations believe sharing data will improve community health in a variety of ways. Top responses were: <ol style="list-style-type: none"> 1. Identify community needs 2. Identify disparities 3. Identify community resources 4. Engage or activate community stakeholders and 5. Target existing services to populations • Planned uses for data sharing exceed current uses • Raw data, in and of itself, is not useful to stakeholders • Many technological tools are emerging • Electronic data exchange across sectors is occurring, but manual processes are the norm • There are a variety of methods of data analysis and information sharing <p>Barriers</p> <ul style="list-style-type: none"> • Interoperability • Stakeholder Buy-In • Costs/funding • Capacity • Communications • Privacy • Availability of data • Engagement • Functionality • Analysis Capability <p>Challenges:</p> <ul style="list-style-type: none"> • Technical and Operational: familiarity with data, ensuring data quality, interoperability <ul style="list-style-type: none"> » Relationship management: making the value case, building trust among stakeholders, establishing strong governance

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<p>Data for Health: Learning What Works</p>	<p>RWJF</p>	<p>2015</p>	<p>Data Sharing</p>	<p>RWJF's Data for Health initiative explores how data can be collected, shared, protected, and translated in ways that are useful to individuals, organizations and communities. RWJF convened an Advisory Committee in 2015 to examine how communities were already using data to improve health. They hosted a series of "Learning What Works" events in five cities across the country and online, where community leaders shared their hopes, concerns, and ideas for using health information. This report summarizes what they learned from those workshops and provides recommendations including:</p> <ol style="list-style-type: none"> <p>1. Establish the data exchange value proposition. There are significant health benefits in capturing and sharing health data, but people do not have a clear understanding of why certain data should be shared or used.</p> <ul style="list-style-type: none"> Launch a public awareness initiative on the value of data use and exchange to educate people about the benefits of widespread adoption and use of data to improve health Establish a national health information dialogue to engage a broad range of stakeholders on how to establish and promote a national data infrastructure <p>2. Build trust and community data competence. Individuals and communities have serious concerns about the security of private health data.</p> <ul style="list-style-type: none"> Modernize policies governing health data to protect personal health information, account for new technologies and implement policies that address new security risks as they arise Strengthen data security and governance for individuals who wish to access their own personal health data. Provide preparation (education, access to data, tools and other information) for key stakeholders <p>3. Build community data infrastructures that integrate information on health with social and community services, and support collaboration across sectors. A local data infrastructure is one of the most effective tools for monitoring and improving health across communities.</p> <ul style="list-style-type: none"> Invest in data sharing Transform data into actionable behavior change through research partnerships focused on how data can be used to encourage healthy behaviors, especially in areas with poor health outcomes Advocate for open state and local government Data for Health initiatives to make health information more readily available and transparent Access and use data generated by social media to demonstrate the value of health info to reveal local and national health trends and improve health Launch a pilot Code for America data analytics program that creates open-source applications for cities to promote greater transparency in public health data Address vulnerable populations by developing programs, educational tools and resources in health care settings to close the gap on digital health literacy in populations experiencing higher rates of health disparities. Create and maintain a Community Resources Scoreboard that provides info on how communities are being supporting to improve health Create partnerships around Data for Health among government agencies to promote using data for health and galvanize other stakeholders to understand and act upon this data to improve health in their communities, especially for vulnerable populations
<p>Data Sharing and the Law</p>	<p>DASH and the Network for Public Health Law</p>	<p>2018</p>	<p>Data Sharing</p>	<p>This report summarizes a workshop held in 2018, where attorneys from the Network for Public Health Law discussed when consent is needed to comply with federal and State laws (HIPAA, FERPA, 42 CFR Part 2, etc.). It outlines how to obtain consent, considerations to keep in mind when sharing data, and how to ask for data from sources who may be reluctant to release it. The main HIPAA limitation: individually identifiable information is protected and can only be disclosed by the individual.</p>

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<p>Unlocking the Value of Data Sharing Series</p> <p>Unlocking the Value: Introduction</p>	DASH	2018	Data Sharing	<p>This series of papers provides an overview of potential partners to work with on data sharing, and how to obtain consent for their data while being compliant with health privacy laws. The introductory paper in this series describes the basic steps for outreach and provides questions to guide conversations. There are also five sector-specific papers that provide more context on the incentives, challenges, and benefits of data sharing for a specific type of stakeholder within each sector.</p> <p>Key Recommendations:</p> <ul style="list-style-type: none"> • Do Your Homework: Who Should You Talk To? • What's in it for them? What do they care about? • Describe the value. What's in it for us?
<p>Unlocking the Value: Homelessness</p>	DASH	2018	Data Sharing	<p>This sector-specific paper provides guidance for exploring the value of sharing data with the housing sector, focusing on the specific stakeholder of public housing authorities. It addresses the following components:</p> <ul style="list-style-type: none"> • General background on public housing authorities and their partners • Important drivers and concerns of public housing authorities and their partners (e.g. financing, incentives, accountability, competitors, etc.) • The value of data sharing for public housing authorities and their partners <p>Key Value of Integrating Health and Housing Data</p> <ul style="list-style-type: none"> • Impact/effectiveness of allocating housing vouchers to those most in need • Efficiency • Capacity/infrastructure <p>Best Practices:</p> <ul style="list-style-type: none"> • King County (Seattle): Public Health department partners with local public housing authorities to link administrative housing data with Medicaid claims records. This allows both to know about health issues facing public housing residents. Created dashboard with this data. Case study • Maine Data Across Sectors for Health: HealthInfoNet, Maine's largest health information exchange, has integrated EHR data with data on social factors, including housing and homelessness
<p>Unlocking the Value: Hospitals and Health Systems</p>	DASH	2018	Data Sharing	<p>This paper provides guidance for those in non-health care sectors (e.g. housing, social services, community-based organizations) on effectively engaging and advancing conversations with health care stakeholders about collaborating to share data, focusing on the specific stakeholder of hospitals/health systems. It addresses the following components:</p> <ul style="list-style-type: none"> • General background on hospitals/health systems • Important drivers and concerns of hospitals/health systems (e.g. financing, incentives, accountability, etc.) • The value for hospitals/health systems of exchanging data with other sectors <p>Examples:</p> <ul style="list-style-type: none"> • Cincinnati Children's Hospital Medical Center: Integrates EHRs and Geographic Information System (GIS) data to identify "hot spots" of poor child health and to better understand and address underlying root causes leading to hospitalizations. Hospital staff meet regularly with community partners to review pediatric asthma admissions and discuss which supports can be provided to prevent asthma attacks, reduce hospitalizations and improve transitions from the hospital back to the community • Children's Comprehensive Care Clinic (Austin TX): Developed patient-controlled mobile app that brings together individuals and entities involved in the care of a child, with the family at the center. The tech platform integrates data from schools, EHRs, payers, HIEs and the patient. Patient controls who has access to the information

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DASH CIC-START Awardees	DASH	2018	Data Sharing	<p>DASH has launched a funding opportunity called Community Impact Contracts – Strategic, Timely, Actionable, Replicable, Targeted (CIC-START), which aims to help local collaborations catalyze their efforts to share and use multi-sector data to improve community health. DASH CIC-START funds contracts of up to \$25,000 to support time-limited activities that build local collaborations’ skills and capacity at the community or regional level to:</p> <ul style="list-style-type: none"> • Engage partners from multiple sectors in planning for shared data • Systematically share data across sectors • Design or implement interventions based on shared multi-sector data <p>In addition to funding for technical assistance, CIC-START awardees also receive support to participate in <i>All In: Data for Community Health</i>—a learning collaborative of 100+ communities across the country working to merge data from multiple sectors to better understand and address health challenges.</p>
Kresge’s Next Generation Initiative	Kresge Foundation	2019	Data Sharing	<p>Kresge launched a new initiative in 2019 called Next Generation (NextGen) focused on helping direct service organizations improve their leadership development, develop a community of practice and create organizational and cohort action plans toward advancing and accelerating social and economic mobility. One of the focus areas includes data sharing.</p>
Network for Public Health Law Website	Network for Public Health Law	2019	Data Sharing	<p>The Network for Public Health Law website has resources on data sharing agreements and HIPAA compliance</p>

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<p>Data Sharing within Cross-Sector Collaborations: Challenges and Opportunities</p>	<p>BUILD Health Challenge Learning Series</p>	<p>2018, July</p>	<p>Data Sharing</p>	<p>BUILD Health Challenge grantees convened in July 2018 to discuss data sharing challenges. This report summarizes the convening.</p> <p>Summary of Challenges:</p> <ul style="list-style-type: none"> • Aligning integration of data across separate organization-specific data systems • Sharing a data system that wasn't developed with sharing in mind • Formatting and collecting data using disparate or incompatible methods • Integrated data systems can be expensive to develop and require upfront planning and significant resources • Partners from different sectors may use the same words to mean different things and use sector-specific terminology to describe similar ideas • Partners may use different definitions for variables, leading to inconsistent data collection • Program professionals and data leads working on a project together may be at risk of miscommunicating with one another • Partners may be reluctant to share or collect data, especially new data • Partners may need significant training and technical support around data collection, use or sharing • Partners may have limited or no experience with collaboration on data- driven projects • Partners may fall behind in data-related duties at varying points, slowing down collaboration • Partners should explore innovative approaches to evaluation methodology but do so cautiously <p>Suggestions for Overcoming Challenges:</p> <ul style="list-style-type: none"> • Partners should have at least a surface level understanding of the need for data and how it will fit into the overall project plan • Plan the data process as early as possible, definitely before data collection, taking into account capacity, financial resources and personnel time • Discuss type of data each partner has access to, the data-sharing policies within each organization and the time and financial commitment necessary for data collection and sharing • Define data-specific roles for each partner to lead to clarity, increase capacity of partners new to data collection, create an atmosphere of collective data interpretation and ensure that partners aren't overwhelmed by their data-related role • Be aware of the downfalls of taking a siloed approach to data collection, sharing or usage • Every collaboration should have a "Data diplomat" - a person responsible for all aspects of the data <p>Observations:</p> <ul style="list-style-type: none"> • CBOs expressed frustration trying to learn about HIPAA and trying to access individual-level clinical data • Many people afraid of breaking HIPAA laws and not willing to share data that may be legal to share, in order to avoid litigation or potential penalties • Solutions: add partners that could share data without being restricted by data, like clinical lab partners, insurance providers • Compromise on type of data used – aggregated de-identified reports, higher geographies (ZIP code) • Collect individual health data directly from intervention recipients • Introduce a "data diplomat" familiar with HIPAA and navigating it

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<p>Data Sharing within Cross-Sector Collaborations: Challenges and Opportunities (continued)</p>				<p>Suggestions from a Data Diplomat:</p> <ul style="list-style-type: none"> • Develop the necessary data-use agreement so all partners can share data • Identify a safe, neutral place to store the data • Explain the value and use of accurate and complete data to all partners and stakeholders • Create a common language for data use and sharing • Facilitate conversations with vendors and data users to improve their collaboration <p>Other HIPAA Suggestions:</p> <ul style="list-style-type: none"> • Seek to understand HIPAA for yourselves • Reassess level of data needed for decision making • Have a clear ask, as well as a clear rationale for why people or organizations should share their data <p>Technological Issues:</p> <ul style="list-style-type: none"> • Data integration across separate organization-specific systems • User-friendliness within a shared data system <p>Legacy systems not designed to interact with other sites</p> <p>Lack of a shared language:</p> <ul style="list-style-type: none"> • Don't understand each other's acronyms, terms, etc. • How to count outcome measures • Communication difficulties between program professionals and data leads <p>All In: Data for Community Health is a learning collaborative that helps communities across the country build capacity to address the social determinants of health through multi-sector data sharing collaborations. All In reflects the efforts and insights of over 100 community collaborations across the country</p> <p>BUILD Health Challenge (funded by 12 national and regional philanthropies)</p> <ul style="list-style-type: none"> • Community Health Peer Learning (funded by the Office of the National Coordinator for Health Information Technology) • Connecting Communities and Care (funded by The Colorado Health Foundation) • Data Across Sectors for Health (funded by the Robert Wood Johnson Foundation (RWJF)) • New Jersey Health Initiatives (funded by RWJF) • Public Health Innovation Lab (funded by the State of California and other funders) • Public Health National Center for Innovation (funded by RWJF)

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<p>Data Sharing and the Law: Deep Dive on Consent</p>	<p>All In: Data for Community Health</p>	<p>September 2018</p>	<p>Data Sharing</p>	<p>This webinar from September 2018 presents information on privacy laws and how to navigate various consent laws.</p> <p>Privacy Law General Rule:</p> <ul style="list-style-type: none"> • Protection only applies to personally identifiable information • Personally, identifiable information can only be disclosed with the individual's consent, unless an exception applies <p>Consent: can be opt-in, opt-out, societal</p> <p>Webinar lists type of information that must be included on consent forms based on law applied</p> <p>Options without Consent:</p> <ul style="list-style-type: none"> • Deidentified or coded data • Have an honest broker serve as a neutral, third-party intermediary to share certain sets of data to specified parties, without sharing the full dataset • Structuring relationships • Data holder can query data, return de-identified reports • Hashing (computer sees identifiers but humans don't) • Statistical de-identification

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<p>Collection of Example Data-Sharing Agreements</p> <p>Key Elements of Data Sharing Agreements</p>	<p>National Neighborhood Indicators Partnerships (NNIP)</p>	<p>2019</p>	<p>Data Sharing</p>	<p>NNIP collects data sharing agreements, mostly in a Memorandum of Understanding (MOU) format, and also lists out key elements:</p> <ol style="list-style-type: none"> 1. Purpose and intended use of data sharing—This section sets out in general terms the data to be shared, the organizations involved, and how the data are to be used. This language must be consistent with the consent agreement. 2. Period of agreement—This specifies the term for which the data sharing agreement is valid. Individual parties to the data sharing agreement should have the right to terminate their participation with adequate notice. 3. Description of data—This provides a more precise description of the data to be shared, with the exact fields listed in an attachment. For consistency's sake, the list of fields should match the description of data to be shared in the written consent agreement. 4. Timing and frequency of updates—As data are to be provided on an ongoing basis, it is important to specify when new data should be shared. 5. Custodial responsibility and data stewardship—This section establishes the responsibility for maintenance of data security. This should include the secure process for transmitting the file and any particular file format. If there are special circumstances regarding data access, they can be specified here. 6. Roles and responsibilities—This section specifies the individuals in the organizations with responsibility for the data. 7. Permissible data use, linking and sharing under this agreement—The exact rules for use of the data by the receiving organization, including access rights and sharing of data with other organizations. This should be in compliance with the requirements specified when the data was collected. 8. Resources and costs of data sharing and data management—If necessary, the agreement can stipulate which organizations will be responsible for specific data sharing costs. 9. No warranty for data or linkage quality—This section provides protection for the receiving organization, which commits to make reasonable efforts to promote data quality, but does not guarantee any specific standard. 10. Indemnification—This clause provides that in the case of legal claims against any of the parties to the agreement, normal legal rules and principles will apply, and states that if one party becomes aware of a claim against the other, they should inform the other party in a timely manner. 11. Publication and dissemination of results—This clause provides for review of any results to be disseminated, including review to make sure that third party researchers protect the confidentiality of individuals when publishing findings. Such restrictions should not allow arbitrary or unwarranted suppression of data, but be limited to protecting the privacy rights of individuals. It may also specify proper citation of the data source or any disclaimer required on reports. 12. Termination and modification of this agreement—It is helpful to include the conditions under which the agreement can be terminated. Note that this clause also includes direction on how data are to be disposed of after termination.

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Lessons on Data Sharing	National Neighborhood Indicators Partnership (NNIP)	2018, September	Data Sharing	<p>NNIP has published this online guide to data sharing. Steps include:</p> <ol style="list-style-type: none"> 1. Prepare to invest time to identify the right people and cultivate relationships 2. Research the federal and state regulations that pertain to the data 3. Develop explicit internal data security procedures 4. Demonstrate that you have in-house expertise to evaluate, clean and manipulate the data 5. Figure out how sharing the data will benefit the local agency <p>When data providers say “no” and why they should say “yes”:</p> <ol style="list-style-type: none"> 1. Burden on staff <ol style="list-style-type: none"> a. Offer additional analysis useful to the agency’s work b. Offer access to relevant indicators derived from another office’s data c. Save the agency time by answering community inquiries d. Reassure data owners that you have the skills to use the data e. Offer to share back documentation of the files 2. Bad publicity <ol style="list-style-type: none"> a. Give examples where agencies and communities have benefited (or at least not been harmed) b. Provide disclaimers to protect the agency or provide credit to reward them c. Try peer pressure d. Offer them advance notice of upcoming analysis 3. Mishandling/improper release of data <ol style="list-style-type: none"> a. Develop and practice secure procedures for handling confidential data b. Develop a formal, written agreement to share the data c. Give examples of similar data being released in other cities 4. Data are a mess <ol style="list-style-type: none"> a. Learn how and why the agency collects the data b. Define different data for different audiences c. Provide the agency feedback 5. Agency is making money from selling the data <ol style="list-style-type: none"> a. Show savings possible by wider release of the data b. Recruit external agency staff or politicians to help
Using Electronic Health Data for Community Health	De Beaumont Foundation and Johns Hopkins University	2017, November	Data Sharing	This report provides public health departments with a framework for requesting and using data from hospitals and health systems in their work on critical public health challenges. It contains six illustrative examples of how a public health agency might use electronic health record data to make progress on childhood asthma, a common and preventable chronic illness. It also provides answers to some frequently asked questions about the Health Insurance Portability and Accountability Act (HIPAA).
Data Sharing Resources	Academy Health	2019	Data Sharing	Multiple data sharing resources
Practical Playbook: Working with Data	Practical Playbook	2019	Data Sharing	Multiple data sharing resources http://www.practicalplaybook.org/page/sharing-data-fuels-partnerships
Overcoming Barriers to Data-Sharing Related to the HIPAA Privacy Rule	U.S. Centers for Disease Control and Prevention (CDC) (prepared by Alliance for Healthy Homes)	2004	Data Sharing	CDC published this resource in 2004 for local and state childhood lead poisoning prevention programs to navigate HIPAA privacy laws.

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How to: Share Data Without Breaking HIPAA	Health Care Advisory Board	2014	Data Sharing	This how-to guide explains HIPAA laws, how to obtain consent and pitfalls to avoid.
Legal Issues Related to Sharing of Clinical Health data with Public Health Agencies	Partnership for Public Health Law	2016, April	Data Sharing	<p>This is a memorandum that discusses the legal issues associated with sharing clinical health data from primary care providers (PCPs) with public health agencies for public health purposes. It starts by defining the types of clinical data that may be shared, along with the importance of sharing this data with public health agencies. It then discusses the federal and State privacy laws that govern the sharing of clinical data, which vary by State.</p> <p>Important considerations</p> <ul style="list-style-type: none"> • Whether the Public Health agency has the authority to collect clinical data • Whether federal/State laws apply • Prerequisites, conditions or limitations on data sharing • Whether a Data Use Agreement is necessary or desired <p>Recommendations:</p> <ul style="list-style-type: none"> • Expand voluntary sharing of data – Community Health Needs Assessments, Community Health Improvement Plans • Assess need for data • Establish Data Use Agreements • Increase incentives to share data • Use statistical de-identification or limited datasets
Data Governance and Data Sharing Agreements for Community-Wide Health Information Exchange: Lessons from Beacon Communities	Allen, C. et al., 2014. Journal for Electronic Health Data and Methods	2014	Data Sharing	<p>This journal article describes efforts of six federally-funded communities participating in the Beacon Community Cooperative Agreement Program, and lessons learned from developing Data Sharing Agreements.</p> <p>Promising Practices:</p> <ul style="list-style-type: none"> • Stakeholder engagement; identification and effective communication of value • Adoption of a parsimonious approach • Attention to market-based concerns • Flexibility in adapting and expanding existing agreements and partnerships • Anticipation of required time and investment <p>Legal Challenges:</p> <ul style="list-style-type: none"> • Navigating requirements for limited, de-identified and sensitive data • Identifying activities as research, QI or operations • Market-based challenges <p>Recommendations:</p> <ul style="list-style-type: none"> • Engage Stakeholders • Identify and Communicate the Value Proposition • Start Small, Then Expand: Adopt a Parsimonious Approach • Address Market-based Concerns • Adapt and Expand Existing Agreements and Partnerships • Anticipate the Time and Investment Needed

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<p>Guidelines for Developing Data Sharing Agreements to Use State Administrative Data for Early Care and Education Research</p>	<p>Child Care and Early Education Policy and Research Analysis, June 2018</p>	<p>2018</p>	<p>Data Sharing</p>	<p>This resource is for early childhood researchers to understand how to prepare data sharing agreements, and is relevant to broader data sharing agreements.</p> <p>Steps to developing a Data Sharing Agreement:</p> <ol style="list-style-type: none"> 1. Identify the data needed to answer the research questions 2. Identify the organizations that own, oversee or manage the data 3. Identify the individuals who will be responsible for developing, reviewing and approving the data sharing agreement 4. Develop a draft agreement 5. Share the draft agreement <p>Components of an agreement</p> <ol style="list-style-type: none"> 1. Name of organization/individual authorized to share the data 2. Name of the organization that will use or is requesting the data 3. Project contacts and approved researchers 4. Purpose for the request to use data 5. Data elements requested 6. Period of data use 7. Security guidelines and expectations 8. Reporting guidelines and expectations 9. Roles and responsibilities of participating parties 10. Compensation 11. Ownership of analyzed data 12. Review of publication prior to release 13. Institutional Review Board (IRB) or other approvals needed 14. Protocol for reporting any issues or data breaches 15. Expectations about and methods for destroying the data at the end of the project 16. Expectation about retention of de-identified data for restricted access use 17. Expectations about and process for making modifications or changes to the agreements <p>Examples: there are also examples of Data Sharing Agreements between State departments of education and researchers</p>
<p>State Data Sharing Initiative</p>	<p>Center for Regional Economic Competitiveness</p>	<p>2019</p>	<p>Data Sharing</p>	<p>The State Data Sharing Initiative was launched to help promote sharing of state administrative data records to support research, policy analysis and program evaluation. While their resources are focused on economic and workforce development, the work also informs a broader range of policy areas. They have published guides such as the Legal Guide to Administrative Data Sharing for Economic and Workforce Development with sample language that can be used for Data Sharing Agreements.</p>
<p>A Blueprint for Interagency and Cross-Jurisdictional Data Sharing</p>	<p>Urban Institute, Justice Policy Center</p>	<p>2017, July</p>	<p>Data Sharing</p>	<p>This white paper focused on data sharing for crime data, with a broader focus on the challenges and solutions to data sharing.</p>

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
Whole Person Care Pilot Program	California Department of Health Care Services	2016	Data Sharing	<p>The Whole Person Care (WPC) program's goal is to coordinate health, behavioral health and social services through a comprehensive system that results in better health outcomes. One of the pillars of the WPC program is sharing data between systems in order to coordinate care in real time and evaluate individual and population progress.</p> <p>Data Sharing Pilots</p> <ul style="list-style-type: none"> • 9 Care Coordination Pilots focused on Data Sharing • Expansion of Existing Data Sharing Framework (18) • Bi-directional data sharing with MCPs (18) • Health Information Exchange (12) • Patient population software (11) • Data warehouse (9) • Query-based real-time data (7) • Case management software (7) • Real-time data sharing (6) • New data sharing systems (3)
Whole Person Care Data Sharing Convening	California Association of Public Health Systems/ California Health Care Safety Net Institute (CAPH/ SNI)	2018, May 22	Data Sharing	<p>CAPH/SNI held a data sharing convening for Whole Person Care grantees in May 2018. The goals were to increase knowledge of state and federal laws regarding what data can be shared, identify new opportunities and technical approaches to share data across WPC partners, and learn strategies to address organization dynamics and develop a stronger culture of data sharing.</p> <p>California Health Care Foundation also shared findings from a data sharing survey of 25 WPC grantees and found:</p> <ul style="list-style-type: none"> • 59% had a hybrid data sharing • 27% had a centralized/county infrastructure/EHR model • 9% had a centralized health information exchange (HIE) • 5% had a federated HIE <p>Only a few grantees had actually implemented their data sharing platform – 8 of the 25</p> <p>Framework Components</p> <ul style="list-style-type: none"> • 75% Universal Consent/Release of Information • 65% WPC Data Sharing Agreements (DSA) • 29% HIE Participation Agreements • 70% Using Existing Agreements (Business Associate Agreements (BAAs), Confidentiality, etc.) <p>Top Three Challenges to Data Sharing</p> <ul style="list-style-type: none"> • Consensus with DSAs • Developing Data Sharing Policies and Procedures • Incorporating All Necessary Organizations <p>Early Successes with Data Sharing</p> <ul style="list-style-type: none"> • 87% new relationships created • 78% changes to workflows • 43% changes to systems and services • 43% client impact

NAME	AGENCY/AUTHOR	YEAR	CATEGORY	SUMMARY
Accountable Communities for Health Data Sharing Toolkit	Center for Health care Organizational and Innovation Research	2016, December	Data Sharing	<p>This toolkit was designed for CACHI grantees to understand data sharing challenges and solutions. It includes seven parameters for framing each community's current data sharing status, from beginner to advanced.</p> <p>Seven Parameters of Data Sharing</p> <ol style="list-style-type: none"> 1. Purpose/Aim 2. Relationships/Buy-In 3. Funding 4. Governance and Privacy 5. Data and Data-Sharing 6. Technical Infrastructure 7. Analytic Infrastructure

APPENDIX B

INNOVATIVE COMMUNITY INVESTMENT STRATEGIES PLACE-BASED INITIATIVES INVENTORY

The following matrix documents **52** place-based innovative financing initiatives in the United States that are currently underway or that took place within the past five years. These have been identified by a review of literature on innovative financing, online research, and interviews with key thought leaders. Many of these efforts are funded through philanthropy initially, but are exploring sustainable financing streams to keep their efforts going once the grants end. Typical partners include hospitals, community development financing institutions, affordable housing developers, local government agencies (including public health), and community-based organizations. Most of the investments are focused on affordable housing and community development, but there are several that are investing in healthy food, workforce development, education, infrastructure and community revitalization. Many others are at the partnership formation stage and still determining what initiatives and where to invest.

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
California Accountable Communities for Health (CACHI)	Community Partners (Catalyst Sites), Public Health Institute (Accelerator Sites)	Blue Shield of California Foundation, The California Endowment, Kaiser Permanente, Sierra Health Foundation, California Health and Human Services Agency, California Department of Public Health	2016 - present	<p>Launched in 2016, this effort is implementing an Accountable Communities for Health (ACH) model in select communities across California. CACHI sites are bringing together multiple partners and sectors to transform the health of their entire communities, not just individual patients. Key components of the initiative are:</p> <ul style="list-style-type: none"> • Infrastructure • Collective action • Wellness Fund • Community Engagement <p>The three primary goals are to:</p> <ul style="list-style-type: none"> • Promote prevention • Achieve health equity among diverse populations • Maximize limited public and private resources 	<p>15 communities have participated in the CACHI initiative, including:</p> <p>6 Catalyst Sites: focused on building infrastructure of an ACH and fully implementing the model over three years (add year range)</p> <ul style="list-style-type: none"> • Imperial • Merced • San Diego • San Joaquin • Santa Clara (East San Jose) • Sonoma <p>9 Accelerator Sites: focused on brining the ACH model to scale and advancing through early development stages:</p> <ul style="list-style-type: none"> • Fresno • Humboldt • Lake • LA-Boyle Heights • LA-Long Beach • LA-San Gabriel Valley • Napa • Riverside • Sacramento

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
BUILD Health	BUILD Health Challenge	Blue Cross and Blue Shield of North Carolina Foundation, Colorado Health Foundation, De Beaumont Foundation, Episcopal Health Foundation, Interact for Health, Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, Robert Wood Johnson Foundation, Telligen Community Initiative, W.K. Kellogg Foundation	2015 - present	<p>This initiative (BUILD stands for: Bold, Upstream, Integrated, Local, Data-Driven) is building and strengthening multi-sector partnerships to work on reducing health inequities caused by systems-based or social inequity, as well as to move resources, attention and action upstream. Core partners include community-based organizations, hospitals and health systems, local health departments and related government agencies.</p> <p>In November 2019, an evaluation team led by Equal Measure, Spark Policy Institute and the Michigan Public Health Institute released Community Approaches to System Change: A Compendium of Practices, Reflections & Findings that detail the results of BUILD Health community efforts. They documented nearly 60 systems level changes that include policy shifts, new funding streams, stronger community leadership and improved health outcomes. They identified four precursors often seen before systems changes took place: enhancing knowledge, expanding capacity, strengthening relationships and deepening community ownership. All four create a “reinforcing cycle” that leads to systems changes and a critical indicator of improvements to community health.</p> <p>The report ends with recommendations for future efforts. For communities, they should start with identifying community priorities, framing systems and systems change, and examine things through a systems lens. Funders should position this work as a model for others, articulate a definition of systems change for communities to use, and recognize the value of programming in systems change.</p>	<p>So far there have been 3 cohorts (2015-2017, 2017-2019, 2019-2021), with 55 projects in 24 states. The full list is on their Communities website.</p> <p>First Cohort (2015-2017)</p> <ul style="list-style-type: none"> • Albuquerque, NM • Aurora, CO • Baltimore, MD • Chicago, IL • Cleveland, OH • Colorado Springs, CO • Denver, CO • Des Moines, IA • Detroit, MI • Harris County, TX • Los Angeles, CA • Miami, FL • Oakland, CA • Ontario, Ca • Portland, OR • Seattle, WA • Springfield, MA • The Bronx, NY <p>Second Cohort (2017-2019)</p> <ul style="list-style-type: none"> • Aurora, CO • Charlotte, NC • Cincinnati, OH • Cleveland, OH • Colorado Springs, CO • Covington & Gallatin Counties, KY • Des Moines, IA • Franklin Borough, NJ • Greensboro, NC • Houston, TX • Jackson, MS • Lafayette, CO • New Brunswick, NJ • New Orleans, LA • Philadelphia, PA • Pittsburgh, PA • St. Louis, MO • Trenton, NJ • Washington, DC

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
BUILD Health (continued)					Third Cohort (2019-2021) <ul style="list-style-type: none"> • Camden, NJ • Dallas, TX • Gastonia, NC • Greensboro, NC • Greenville, SC • Houston, TX • Kerrville, TX • Marion County, SC • Milwaukee, WI • New Brunswick, NJ • New Orleans, LA • Oakland, CA • Omaha, NE • Reno, NV • Sunflower County, MS • Vallejo, CA • Vancouver, WA • Washington, DC
CCI Accelerating Investments in Healthy Communities	Center for Community Investment (CCI)	Robert Wood Johnson Foundation	2018 - present	<p>CCI launched the Accelerating Investments for Healthy Communities initiative in January 2018. The goal is to increase health system investments in the social determinants of health, especially affordable housing. CCI selected 8 nonprofit health institutions to participate in their first cohort. All 8 were already investing in affordable housing to some degree.</p> <p>In the second phase, CCI will help these 8 institutions develop and implement affordable housing strategies. Activities will include community engagement and building partnerships with other sectors; exploring additional funding/financing sources; identifying and developing an affordable housing pipeline that addresses high priority community health needs; complete predevelopment and planning activities; leveraging their own commitments to catalyze resources from other parties; and contributing to making the case for how investing in affordable housing can improve community health.</p>	<ul style="list-style-type: none"> • Bon Secours Health System (Baltimore, MD and Richmond, VA) • Boston Medical Center (Boston, MA) • Dignity Health (San Bernardino, CA) (Insights from San Bernardino) • Henry Ford Health System (Detroit, MI) • Kaiser Permanente (Oakland, CA) • Nationwide Children's Hospital (Columbus, OH) • ProMedica Health System (Toledo, OH) • University of Pittsburgh Medical Center (Erie, PA)

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
MyConnections Homelessness Housing Program	Bloomberg Business Wek	UnitedHealth Care, Inc.	2017 - present	UnitedHealth Care, Inc., the nation's largest health insurance company, has piloted a homelessness initiative where it pays for housing and support services for Medicaid recipients who are formerly homeless. The concept was piloted in 2 apartment complexes in Phoenix with 60 formerly homeless Medicaid recipients. In the first 9 months of the pilot, monthly medical expenses significantly decreased. UnitedHealth Care, Inc. now has plans to roll this concept out across the country starting with an additional 30 markets in early 2020.	Piloted in Phoenix, Milwaukee and Las Vegas, with plans to enter an additional 30 markets by early 2020.
Healthcare Anchor Network Investment in Social Determinants of Health	Democracy Collaborative	14 hospitals and health systems across the United States	2019 - present	In November 2019, the Healthcare Anchor Network, a network of 14 hospitals and health systems in the United States, announced a collective \$700 million investment in place-based initiatives focused on the social determinants of health. The primary goal is to generate sustainable returns on investment while also deploying capital to address social determinants of health needs in their communities. Examples of place-based investments include affordable housing, grocery stores in food deserts, childcare centers, FQHCs, and local business investments.	The 14 hospitals and health systems making these investments are: <ul style="list-style-type: none"> • Advocate Aurora Health • Anchorum St. Vincent • Bon Secours Mercy Health • Boston Medical Center • CommonSpirit Health • Einstein Healthcare Network • Henry Ford Health System • Intermountain Healthcare • Kaiser Permanente • ProMedica • Rush University Medical Center • RWJBarnabas Health • Trinity Health • UMass Memorial Health Care

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>All Children Thrive</p>	<p>UCLA Center for Healthier Children, Families and Communities</p>	<p>State of California (\$10M)</p>	<p>2019 - present</p>	<p>All Children Thrive (ACT) is a California statewide pilot that will launch in 2019, with \$10 million in funding from the State legislature. The funding will go to California Department of Public Health (CDPH), the UCLA Center for Healthier Children, Families and Communities, Public Health Advocates and Community Partners.</p> <p>It will initially be a 3-year pilot taking a city-based approach, supporting families through evidence-based programs and services that build community resilience, reduce adversity and trauma, and advance the conditions that allow all children to thrive.</p> <p>The project team will provide cities with the tools, policies, and practices that will enable them to address child poverty and related adversities, promote flourishing families, and ensure all children succeed, achieve their full potential, and thrive. They will help transform cities into microenterprises of social innovation, not just solving their own problems, but also networking their contributions into statewide and national solutions to optimize the health, development and wellbeing of all children.</p> <p>Principles:</p> <ul style="list-style-type: none"> • ACT is an innovation movement for wholesale systems transformation (not a demonstration project) • ACT communities recognize that it will take an “all-in” strategy for all children to thrive • ACT involved parents and community members in co-design and co-creation • ACT communities will engage and mobilize traditional children’s health care providers, but also their schools, community centers, city government, local businesses, and others • ACT innovations and improvements will spread, scale, and catalyze other improvements in child health and wellbeing • ACT communities are testing innovative public and private financing strategies to produce value, incentivize outcomes, and achieve long-term results 	<p>Sites have not been selected yet as of the date of this publication. This will be a three-year initiative.</p>

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>Bridging for Health: Improving Community Health Through Innovations in Financing</p>	<p>Georgia Health Policy Center (GHPC)</p>	<p>Robert Wood Johnson Foundation</p>	<p>2014 - present</p>	<p>Bridging for Health is an initiative to “rebalance and align investments in health.” Run by the Georgia Health Policy Center, the initiative aims to bring together multi-sector stakeholders to focus on innovations in three areas: (1) financing, (2) collaboration and collective impact and (3) health equity. Selected sites receive TA from GHPC on developing, evaluating and sharing efforts to explore innovative financing.</p>	<p>Seven sites are currently participating. More information about each site can be found here:</p> <ul style="list-style-type: none"> • Allegheny County Health Department, Pennsylvania: \$600K in pooled funds from local foundations is supporting public health prevention infrastructure, capacity building, and intervention programs. • Bexar County, Texas: The Health Collaborative in Bexar County is a partnership of 10 care coordination agencies serving at-risk populations across the county. They have collectively secured \$500K for improving care coordination among high-risk individuals and pay for program operations. • Inland Empire, California: The Prosperity Fund gives out grants of between \$10K and \$50K for diabetes prevention programs. Funds come from Kaiser Permanente, San Bernardino and Riverside counties, and two hospitals. The Riverside Community Health Foundation manages the Prosperity Fund. • Michigan Health Improvement Alliance: They are attempting to create a prevention fund from local community and family foundations, businesses, nonprofits, hospitals, health care systems, and insurers. The funds would be used for diabetes prevention programs for young adults. • Spartanburg, South Carolina: The Way to Wellville Spartanburg Initiative has \$60K in seed funding from the Mary Black Foundation, the Chamber of Commerce, the local hospital system, and the city of Spartanburg. The funds are being used for small-business employees to offer health coaching • Caledonia-So. Essex Accountable Health Community, Vermont: NEK Prosper! Caledonia and Southern Essex Accountable Health Community secured funding from a community bank and the State government to create a community investment fund. Funds are being used for female-owned small businesses to help create jobs and reduce poverty. • Yamhill Community Care Organization (CCO), Oregon: This CCO created a wellness fund with money designated from CCO incentive payments that are reinvested into community prevention and wellness activities. Initial uses of the fund are supporting expansion of the Good Behavior Game Initiative, an evidence-based, behavioral classroom management strategy that could ultimately benefit mental health, substance use, chronic conditions, third-grade reading scores, social-emotional skills, and social determinants of health.

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>Hospitals Building Healthier Communities: Embracing the Anchor Mission</p>	<p>Democracy Collaborative (David Zuckerman)</p>	<p>Various sources (report funded by Annie E. Casey Foundation and Kendeda Fund)</p>	<p>Varies by location. Some of the best practices highlighted have been in place for decades</p>	<p>This report discusses role of hospitals as anchor institutions in the post-ACA world including many case studies</p>	<p>The report categorizes case studies into seven categories:</p> <ul style="list-style-type: none"> • Sustainability Practices <ul style="list-style-type: none"> » Kaiser Permanente (Oakland, CA): Healthier Hospitals Initiative, California Freshworks Fund » Catholic Healthcare West (San Francisco, CA): Healthier Hospitals Initiative, California Freshworks Fund » Union Hospital (Northeast MD): local food purchasing » MetroWest Medical Center (Massachusetts): community supported agriculture (CSA) » Cleveland Clinic and University Hospitals (Cleveland, OH): Evergreen Cooperatives » Bon Secours Health System (Bronx, NY): Youthmarket and Youth Farm • Minority and Women-Owned Business Purchasing <ul style="list-style-type: none"> » Broward Health (Florida): 1990 » University of Texas M.D. Anderson Cancer Center (Houston, TX): 1997 » Detroit Medical Center (Detroit, MI): 1998 » SSM Health Care (MI, OK, IL and WI): 2001 » Carolinas HealthCare System (NC, SC): 2001 » Tristate Health Care Diversity Supplier Consortium (Cincinnati, OH): 2010 - UC Health and Mercy Health » Catholic Healthcare Partners (Ohio) • Housing Development <ul style="list-style-type: none"> » St. Mary's Health System (Lewiston, ME) » Swedish American Hospital (Rockford, IL) » Nationwide Children's Hospital (Columbus, OH): "Healthy Neighborhoods, Healthy Families" » St. Joseph's Hospital Health Center (Syracuse, NY) • Capacity Building <ul style="list-style-type: none"> » St. Joseph Health System of Sonoma County (Northern CA): Neighborhood Care Staff, ACTION » Sinai Health System (Chicago, IL): North Lawndale Employment Network • Local Hiring <ul style="list-style-type: none"> » Wrangell Medical Center (Wrangell, AK): Rural Health Careers Initiative » Partners HealthCare (Boston, MA): Partners in Career and Workforce Development

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>Hospitals Building Healthier Communities: Embracing the Anchor Mission (continued)</p>					<ul style="list-style-type: none"> • Community Investment <ul style="list-style-type: none"> » Catholic Healthcare West (San Francisco, CA): Community Investment Program » Rhode Island Hospital, St. Joseph's Hospital, and Women and Infant's Hospital (Providence, RI): South Providence Development Corporation » Baystate Health (Springfield, MA): Wellspring Initiative » University of Pittsburgh Medical Center (Pittsburgh, PA): Pittsburgh Promise • Multi-Institution Partnerships <ul style="list-style-type: none"> » Hartford Hospital (Hartford, CT): Southside Institutions Neighborhood Alliance » Cincinnati Children's Hospital, TriHealth, and UC Health (Cincinnati, OH): Uptown Consortium » Cooper University Hospital (Camden, NJ) <p>In-Depth Case Studies are provided for:</p> <ul style="list-style-type: none"> • Rochester, MN (Mayo Clinic): local hiring, local procurement, community land trust, affordable housing • La Crosse, WI (Gundersen Lutheran Health System): energy conservation and renewable energy, recycling and sustainable design, local food purchasing, affordable housing, infrastructure • Baltimore, MD (Bon Secours Health System): Community and economic development, housing rehabilitation, family and women's services, youth employment and workforce development, expanding financial services • Detroit, MI (Henry Ford Health System): community revitalization, local business incubator, local procurement, education, building rehabilitation • Cleveland, OH (University Hospitals System and Cleveland Clinic Health System): local hiring and procurement, community revitalization, early childhood education and wellness

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
Well-Being Legacy Project	Community Initiatives, Institute for People, Place and Possibility, Rippel Foundation, ReThink Health	Rippel Foundation	2018 - present	This is a growing partnership among at least 50 local communities and national organizations to focus on lifting up a subset of the social determinants of health (what they call “vital conditions”) and developing an agenda for intergenerational health and well-being. A core part of this is sustainable, innovative financing to work on improving vital conditions. They are piloting the idea of “portfolio design,” the right mix of policies, practices and investment priorities that can improve population health.	<p>Outreach has been done in the following communities, and stories generated of their opportunities and challenges on improving vital conditions.</p> <ul style="list-style-type: none"> • Algoma, WI • Allen County, KS • DeKalb County, GA • Greenville, SC • King County, WA • Maywood, IL • Laramie County, WY • New York, NY • Omaha, NE • San Luis Valley, CO • Stockton, CA • Snohomish County, WA • Thunder Valley CDC, SD
Case Studies of Accountable Communities for Health	George Washington University Funders Forum on Accountable Health	Blue Shield of California Foundation, The California Endowment, Episcopal Health Foundation, The Kresge Foundation, Robert Wood Johnson Foundation, and W. K. Kellogg Foundation.	Varies by location	These 10 case studies provide insight into the different ACH models being explored across the U.S. The Funders Forum interviewed leadership from all 10 ACH sites, asking about governance structure, portfolio of interventions, investments in technology, funding sustainability strategies, and anticipated short- and long-term outcomes. The key findings are summarized in a blog post, and include: (1) upfront grants or other investments allowed partners to build backbone infrastructure, (2) establishing relationships and breaking down silos was an important first step, (3) listening to the community and creating a shared agenda was essential, and (4) people needed to learn how to do business differently.	<ul style="list-style-type: none"> • Imperial County ACH - Imperial County, CA • South Stockton Promise Zone - Stockton, CA • Western Colorado AHC - Western CO • North Central Health Collaborative - District 2 Regional Collaborative, ID • Southwest Health Collaborative - District 3 Regional Collaborative, ID • Communities that Care Coalition - Franklin County and North Quabbin, MA • Collaborative Cottage Grove - Greensboro, NC • Cascade Pacific Action Alliance - Central Western Washington
Alignment for Health Equity and Development (AHEAD)	Public Health Institute, Reinvestment Fund	Kresge Foundation	2014-2015	PHI and TRF launched this initiative in November 2014 with an 18-month planning process in five communities. The goals were to align health and community development resources into balanced portfolios of investment, focus resources in neighborhoods with health inequities and build a field of practice that provides tools, evidence and models to support bringing these ideas to scale in communities across the country	<p>The five pilot communities were:</p> <ul style="list-style-type: none"> • Portland • Boston • Atlanta • Dallas • Detroit <p>Selection criteria determined specific sites within each of these communities.</p> <p>An Alignment Matrix was created to help identify forms of funding alignment.</p>

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>Spreading Community Accelerators Through Learning and Evaluation (SCALE)</p>	<p>Institute for Healthcare Improvement, Communities Joined in Action, Community Solutions, Network for Regional Healthcare Improvement</p>	<p>Robert Wood Johnson Foundation</p>	<p>2015 - present</p>	<p>SCALE is a signature initiative of 100 Million Healthier Lives, which aims to have 100 million people living healthier lives by 2020.</p> <p>SCALE 1.0 (2015-2017) worked with 24 communities in 21 states to “accelerate their community transformation journey toward a Culture of Health.” These communities then went on to support an additional 43 communities in the Pathway to Pacesetters project.</p> <p>SCALE 2.0 (2017-present) is attempting to take the strategies identified in SCALE 1.0 and bring them to scale in 220 communities and up to 500 health care organizations nationwide. SCALE 2.0 is focused on two primary community transformation efforts: changes in both community-wide practices and in key anchor institutions within those communities. SCALE 2.0 also includes region and state strategies.</p>	<p>SCALE 1.0 Communities:</p> <ul style="list-style-type: none"> • Atlanta Regional Collaborative for Health Improvement: Atlanta, Georgia • Bernalillo County Community Health Council: Albuquerque, New Mexico • Brooklyn Park: Minneapolis, Minnesota • BuckeyeHEAL: Cleveland, Ohio • Ethnic Community-based Organization for Refugees: Salt Lake City, Utah • Healthy Livable Communities Consortium of Cattaraugus County: Salamanca, New York • Healthy in the Hills: Williamson, West Virginia • Healthy Monadnock: Keene, New Hampshire • Healthy Waterville: Waterville, Maine • Health Improvement Partnership of Maricopa County: Phoenix, Arizona • Jackson Collaborative Council: Jackson, Michigan • Laramie County Community Partnership: Cheyenne, Wyoming • Live Algoma: Algoma, Wisconsin • North Colorado Health Alliance: Evans, Colorado • Proviso Partners for Health: Chicago, Illinois • Pueblo Triple Aim Corporation: Pueblo, Colorado • San Gabriel Valley Healthy Cities Collaborative: Los Angeles, California • Southeast Raleigh YMCA: Raleigh, North Carolina • Sitka Health Summit Coalition: Sitka, Alaska • Summit County: Akron, Ohio • Tenderloin Health Improvement Partnership: San Francisco, California • Vital Village Network: Boston, Massachusetts • Wellness Now: Oklahoma City, Oklahoma • Women of Skid Row: Los Angeles, California
<p>CMS Place-Based Initiatives</p>	<p>Center for Medicare and Medicaid Innovation</p>	<p>Federal/State Funding</p>	<p>Varies by location</p>	<p>CMS works with communities, counties, States and other geographies around the U.S. on alternative payment systems and service delivery models. Their website has an interactive map that shows where innovative financing models are being tested out.</p>	<p>See this interactive map to find places developing innovative financing models.</p>

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
<p>Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems – Case Studies</p>	<p>Center for Community Investment</p>	<p>Various sources</p>	<p>2018 - present</p>	<p>This paper identifies several health institutions that have pioneered the use of investment strategies to advance the social determinants of health. They each had different motivations for undertaking such investments, but they all found innovative ways to deploy capital to improve health, and produce a return on investment.</p>	<ul style="list-style-type: none"> • Bon Secours (Baltimore): community engagement to address neighborhood conditions that were impacting health care. Built trust with neighborhood residents and hospital became committed to improving their community services • Children’s Health (Dallas, TX): \$5M donation to video game company to combat child obesity • Cooper Foundation (Camden, NJ): community revitalization • Dignity Health (San Bernardino, CA): investing in affordable housing and assisted living facilities, homeless shelters, and access to capital for small businesses • Gundersen Lutheran Health System (La Crosse, WI): energy efficiency • Johns Hopkins (Baltimore): member of East Baltimore Development Initiative, a community revitalization effort • Trinity Health (Livonia, MI): lends capital to CDFIs in underserved communities. Transforming Communities Initiative (TCI) is a competition that invites hospitals in its system to undertake community collaborations aimed at improving community health and well-being by reducing smoking and obesity. \$80M, 5-year program with grants up to \$500K as well as \$40M in low-interest loans to partnerships in 6 communities • United Health (Minneapolis, MN): affordable housing • University Hospitals (Cleveland): Greater University Circle Initiative
<p>6/18 Initiative</p>	<p>U.S. Centers for Disease Control and Prevention</p>	<p>Federal government</p>	<p>2016 - present</p>	<p>This initiative led by CDC is targeting six common, high-cost health conditions (tobacco use, high blood pressure, health care-associated infections, asthma, unintended pregnancies, and diabetes) with 18 evidence-based interventions. CDC is partnering with health care purchasers, payers, and providers on this initiative. State health departments and Medicaid programs are also involved. CDC offers peer-to-peer support, webinars, calls and other resources.</p>	<p>34 states:</p> <ul style="list-style-type: none"> • 9 states in Year 1 (2016-17): Colorado, Georgia, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island, South Carolina • 6 states in Year 2 (2017-18): Alaska, Maryland, Nevada, North Carolina, Texas, Utah, plus D.C. and Los Angeles County • 17 states in Year 3 (2018-19): Arkansas, California, Connecticut, Indiana, Kansas, Kentucky, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Pennsylvania, Rhode Island, South Dakota, Tennessee, Virginia, Wyoming, plus the Northern Mariana Islands territory

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
NASDOH Promising Practices	National Association on the Social Determinants of Health	Various sources	Varies by location	The NASDOH website lists several "Promising Practices" around the U.S.	<ul style="list-style-type: none"> • Michigan Health Improvement Alliance: The Quadruple Aim": better care experiences, better health, affordable care while improving the work life of health care providers. Working on a regional CHNA for 14 counties in central Michigan, and also have a Health and Economic Initiative called THRIVE • Episcopal Health Foundation's Texas Community Centered Health Homes (CCHH) Initiative: a 4-year, \$10 million investment to promote greater involvement of 13 community clinics in addressing resident health. The initiative is creating a model for these clinics to go beyond the exam room with a systematic approach to address the non-medical factors that contribute to poor health. Clinics are developing specific ways to take community-wide action to prevent illness and improve health, not just health care in the areas they serve. • GE Healthy Cities: General Electric issued a challenge to cities to creating programs that improve public health while also lowering health care costs. At the end of the year, GE picked 3 winning cities: Burlington, VT; Charlotte, NC; Goodyear, AZ. Each received a cash grant to continue their programs.
Building Healthy Places Network: Community Close-Ups	Build Healthy Places Network	Various sources	Varies by location	Build Healthy Places Network compiled nine case studies of places where community developers are collaborating with other sectors on community revitalization and exploring innovative financing. Each case study identifies the SDOH it sought to address, the partners involved, and the funding sources that were pooled together.	<p>The nine case studies include:</p> <ul style="list-style-type: none"> • St. Paul, MN: renovating an apartment complex for refugee and new immigrant families (LIHTC, NMTC, FQHC) • Philadelphia, PA: building a new health and literacy complex (industrial property fund, NMTC, Children's Hospital funds) • New Orleans, LA: Early childhood education center (LIHTC, NMTC, foundations) • Oakland, CA: Partnership of residents and organizations around affordable housing and improving health and well-being (foundations, LIHTC, local hospitals, CDFIs) • Houston, TX: building a "village center" in a neighborhood of immigrants from over 40 countries. (NMTC, banks, foundations, federal funding). • New Orleans, LA: Healthy food hub (CDFIs, US Treasury's CDFI Fund, redevelopment funding, bank loans) • Atlanta, GA: public housing redevelopment project (housing authority funds, HUD, LIHTCs, loans) • San Francisco, CA: community building in public housing development (CDBG, public-private partnership, LIHTC) • Stamford, CT: health and wellness district (LIHTC, CDFI, hospital funds)
West Side United: Building Blocks to Better Health	West Side United	Partners include health care providers, education providers, the faith community, business, government and others working together to coordinate investments and share outcomes.	2017 - present	Health care institutions, residents, educators, non-profits, businesses, government agencies and faith-based institutions that work, live and congregate on Chicago's West Side have come together as West Side United to make their neighborhoods stronger, healthier and more vibrant places to live.	Neighborhoods on West Side of Chicago

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
Build Healthy Places Network examples	Build Healthy Places Network	Various	Varies by location	Build Healthy Places Network has also curated a list of case studies around the country where public health is playing a role in partnerships between health care and community development	<ul style="list-style-type: none"> • Alliance for Health Equity (Chicago/Cook County): Call to Action convening between public health, health care and community development • Kansas City Culture of Health: Health levy structured as a property tax to fund public health and health care - \$50M annually. Also focus on violence prevention and conflict resolution w/ Law Enforcement • Stamford Health – partnered w/ Housing Authority on a land swap • Children's Hospital of Philadelphia • Nationwide Children's Hospital – Healthy Homes Initiative • Healthy Homes (Seattle King County) • Cincinnati Hospital building housing (All Children Thrive) • Enterprise Community Partners partnership with United HealthCare and Kaiser Permanente • Syracuse – EPA cleanup • Loan Funds: Dignity, KP, Trinity, Providence St. Joseph's all have revolving loan funds for SDOH
Enterprise Health Action Plans	Enterprise Community Partners		2015	Enterprise developed Green Communities Criteria for building healthy affordable housing. An outgrowth of this criteria was the development of a Health Action Plan Framework to address health issues that disproportionately affect low-income communities. The Framework asks community development organizations to commit to integrating health into site design an operation, partnering with public health professionals, collecting and analyzing community health data to understand how it influences design, and engaging community stakeholders to prioritize health needs and maximize health outcomes.	<p>Enterprise piloted the Health Action Plan Framework with 5 communities:</p> <ul style="list-style-type: none"> • Grant Housing and Economic Development Corporation, Los Angeles, CA • Gulf Coast Housing Partnership, Hammond, LA • Latin United Community Housing Association, Chicago, IL • Mercy Housing Southeast, Atlanta, GA • SKA Marin, East Harlem, NY
Social Determinants of Health Initiative (NQF/Aetna)	National Quality Forum and Aetna Foundation	Aetna Foundation	2019 - present	NQF and Aetna announced this new initiative in January 2019 to work with a select number of communities on identifying innovations to payment systems that will address the SDOH. They will “bring together leaders from across the public and private sectors to develop repeatable, scalable recommendations to address disparities through the integration of quality and payment programs.”	At the time of this publication, communities have not been selected yet, but they have developed recommendations for selecting them.

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<p>CMS Accountable Health Communities Model</p>	<p>Centers for Medicare and Medicaid Services</p>	<p>Centers for Medicare and Medicaid Services</p>	<p>2017 - present</p>	<p>CMS selected 32 participants in April 2017 for an Accountable Health Communities (AHC) model program focused on implementing and testing a three-track AHC model that would support local communities in addressing the SDOH needs of Medicare and Medicaid beneficiaries. Their SDOH focus is on housing instability, food insecurity, utility needs, interpersonal violence and transportation. There are two tracks: (1) Assistance Track will focus on providing person-centered community service navigation services to assist high-risk beneficiaries with accessing needed services, and (2) Alignment Track will focus on navigation services as well as encouraging community partner alignment to ensure needed services and supports are available and responsive to beneficiaries' needs.</p>	<p>32 participants, 12 in the Assistance Track and 20 in the Alignment Track. A full list can be viewed here.</p> <p>Example of Assistance Track: Community Health Network Foundation (Indianapolis): partnering with Eastside Redevelopment Committee, which represents 50 business and community-based organizations, on support services, education programs and workforce development.</p> <p>Example of Alignment Track: Oregon Health and Science University will work with 9 rural counties in Oregon to reduce health care utilization and cost to beneficiaries at over 50 clinic sites, local health departments and community service providers.</p>
<p>Emerging Strategies for Integrating Health and Housing</p>	<p>Urban Institute</p>	<p>Robert Wood Johnson</p>	<p>Varies by location</p>	<p>This report looks at innovative strategies for integrating health into affordable housing initiatives, especially for low-income households. The report pairs more than 30 expert interviews with 6 in-depth case studies to profile best practices and lessons learned that can be replicated in other communities. One of the key findings is that "investing in housing is investing in health." Key health partners in housing include: hospitals, Federally Qualified Health Centers, Catholic health systems, managed care organizations, and local public health departments. Key housing partners include affordable housing developers, public housing authorities, community development corporations, homeless service providers, and supportive housing developers.</p>	<ul style="list-style-type: none"> • Columbus: Healthy Neighborhoods Healthy Families Initiative: Nationwide Children's Hospital seeks to remove barriers to health and well-being of local families. Launched initiative in 2008 in coordination with a real estate subsidiary to rehabilitate housing and develop new affordable homes on vacant lots • UnitedHealthCare: works nationally in service areas on affordable housing • Washington, DC: Conway Center: So Others Might East (SOME) and a FQHC (Unity Health Care) built a \$90M community development to colocate employment training, health care services and affordable housing under one roof in Ward 7 • Boston, MA: Housing authority, Public Health Commission, Inspectional Services Dept, Boston Foundation, local educational institutions teamed up to work on health and housing • Austin, TX: Nonprofit affordable housing development launched a Health Initiatives project in 2012 to provide free nutrition, exercise and chronic disease management classes to Austin residents, using a community health worker model • Stamford, CT: Vita Health and Wellness District: a health-themed neighborhood with mixed-income housing, health care services, community gardens/farming, early childhood education programming, and supportive services

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<p>A Playbook for Fostering Hospital-Community Partnerships to Build A Culture of Health</p>	<p>Health Research and Educational Trust (HRET)</p>	<p>Robert Wood Johnson Foundation</p>	<p>Varies by location</p>	<p>This report highlights 10 communities with successful hospital-community partnerships. HRET conducted site visits at all the communities and met with representatives from the hospital and community to gain insight into how these community organizations worked together to build effective partnerships. Insights gained from these site visits drove HRET to create this playbook, which provides strategies to create new partnerships and advance and sustain existing, effective partnerships.</p>	<p>Partnerships profiles include:</p> <ul style="list-style-type: none"> • Atlantic Health System (Morristown, NJ) • LifeBridge Health (Baltimore, MD) • Providence Health (Portland, OR) • Seton Healthcare (Austin, TX) • Family Sharp Healthcare (San Diego, CA) • Sinai Health System (Chicago, IL) • St. Mary's Health System (Lewiston, ME) • St. Vincent Health care (Billings, MT) • University of Vermont Medical Center (Burlington, VT) • WNC Health Network (Asheville, NC)
<p>Partnering for Prevention: Hospital Community Benefits for Community Development</p>	<p>Low Income Investment Fund</p>	<p>Various sources</p>	<p>Varies by location</p>	<p>This report provides a summary of how to use Community Benefit dollars for community development.</p> <p>Best practices include:</p> <ol style="list-style-type: none"> 1. Nonprofit hospitals engage in strategic partnerships with community development corporations and CDFIs to inform CHNAs 2. Community Development Corporations and nonprofit hospitals could collaborative to create and preserve affordable housing 3. Hospitals could support legislation and fund programs to prevent, reverse and end homelessness (i.e. Boston Children's Hospital) 4. CDFIs could seek, and nonprofit hospitals could provide, funding to support the origination of loans for affordable housing, health clinics and other health-related real estate investments, while additionally supporting research and documentation of best practices 5. Beyond Community Benefit funding, future research should examine the potential for using additional funding sources, such as Delivery System Reform Incentive Payment (DSRIP) to align the work of the community development and health care fields 	<p>Places profiles include:</p> <ul style="list-style-type: none"> • Boston Children's Hospital and Fenway CDC: Job training for low-income individuals, affordable housing and homelessness, integrating housing into CHNAs • Bon Secours in Baltimore: Created and preserved affordable housing • NYU Hospitals Center and Asian Americans for Equality: Coordinating Council to oversee and implement its Community Service Plan and implement a smoking cessation program focused on rates of Asian American men • Richmond: Bon Secours and Mercy Loan Fund: CDFI partnered with hospital on affordable housing • Dignity Health and Capital Impact Partners: Market-rate and below-market rate capital to benefit low income people and communities through its Community Investment Program. Dignity invested \$954M across all hospitals in community benefits in FY2015

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<p>Innovative Models in Health and Housing</p>	<p>Low Income Investment Fund and Mercy Housing</p>	<p>The California Endowment, Kresge Foundation</p>	<p>Varies by location</p>	<p>This report highlights ways that affordable housing developers are working with health partners to integrate the SDOH into affordable housing projects. The report provides nine case studies of how health and housing partners have worked together to overcome the constraints that limit successful collaboration.</p>	<p>Nine case studies are included:</p> <ul style="list-style-type: none"> • Central City Concern (Portland, OR): 5 hospital systems, nonprofit health care plan, affordable housing development and FQHC. Hospital provided community benefit \$\$ for affordable housing • Central California Alliance for Health (Northern CA): managed care organization and affordable housing developer. MCO provided upfront capital grant for affordable housing • Chicanos Por La Causa/United Healthcare (Phoenix, AZ): Managed care organization and a community development corporation. MCO provided low-interest loan f or affordable housing • Health Plan of San Mateo (San Mateo, CA): Managed care organization and housing services provider. MCO provides ongoing funding for housing and supportive services • Minnesota Group Residential Housing/Hennepin Health (Hennepin County, MN): County-run accountable care organization and State government. State provides income supplement to homeless adults for housing and personal needs, supplemented by Medicaid and grant funds • San Francisco Dept. of Public Health/Direct Access to Housing (San Francisco, CA): City health department, housing department and affordable housing developers. City designates local funds for supportive housing rather than using federal vouchers • LA Dept. of Public Health/Housing for Health: County health dept and affordable housing developers. County allocates money for development on an annual basis, plus foundation funding for vouchers and supportive services • Ohio Stygler Village/National Church Residences: State Dept. of Medicaid, State Housing Finance Agency, affordable housing developers and foundation. State Housing Finance Agency provided loan for affordable housing gap financing. Attempted a Pay-for-Success transaction but weren't successful • California Developmental Disability Housing/Brilliant Corners: State Dept. of Developmental Services, affordable housing developers. State contributed 20% of cost for acquisition and rehabilitation, and nonprofit developers financed remaining 80% with conventional debt

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<p>Improving Community Health Through Hospital-Public Health Collaboration: Insights and Lessons Learned from Successful Partnerships (summary)</p>	<p>Commonwealth Center for Governance Studies, Inc. (Preybil et al., 2014)</p>	<p>Robert Wood Johnson Foundation, Grant Thornton LLP, Hospira, Inc.</p>	<p>2014 - present</p>	<p>This comprehensive report set out to identify all the existing public health and hospital partnerships in existence as of 2014. They identified 160 partnerships in 44 states, and contacted 63 for additional information. The researchers then identified 12 partnerships to study in depth. Their research found that about half of the partnerships survive the initial few years of partnership, but it mostly depends being able to identify sustainable funding.</p>	<p>The 12 partnerships they studied in depth were:</p> <ul style="list-style-type: none"> • National Community Health Initiatives, Kaiser Foundation Hospitals and Health Plan Oakland, California • California Healthier Living Coalition Sacramento, California • St. Johns County Health Leadership Council St. Augustine, Florida • Quad City Health Initiative Quad Cities, Iowa-Illinois • Fit NOLA Partnership New Orleans, Louisiana • HOMEtowns Partnership MaineHealth Portland, Maine • Healthy Montgomery Rockville, Maryland • Detroit Regional Infant Mortality Reduction Task Force Detroit, Michigan • Hearts Beat Back: The Heart of New Ulm Project New Ulm, Minnesota • Healthy Monadnock 2020 Keene, New Hampshire • Healthy Cabarrus Kannapolis, North Carolina • Transforming the Health of South Seattle and South King County Seattle, Washington
<p>Oregon CCO Housing Supports Survey Report</p>	<p>Oregon Health Authority</p>	<p>Combined Care Organizations (CCO)</p>	<p>2014 - present</p>	<p>The Oregon Health Authority distributed a survey to its 16 CCOs to understand the housing-related services they fund or support. Three general categories of support were evaluated: pre-tenancy housing transition supports; tenancy-sustaining services; and integrated housing and health services. Many of the CCOs supported housing-related services in each category, with all respondents supporting at least some type of tenancy-sustaining services. Breadth of services offered was somewhat limited, with only a third or fewer CCOs supporting the full breadth in each category.</p>	<p>There are currently 16 Combined Care Organizations in Oregon</p>
<p>Can the Healthcare Industry Make Communities Healthy?</p>	<p>Medium, Purpose Built Communities, February 25, 2019</p>	<p>Various</p>	<p>Varies by location</p>	<p>This article from February 2019 discusses the potential role of the health care industry in getting more involved in community development, and provides a few examples of successful and emerging partnerships, including Advent Health in Orlando, Kaiser Permanente's Health Begins with A Home funding program for affordable housing, and Dignity Health's Community Investment Fund.</p>	<ul style="list-style-type: none"> • Orlando (Advent Health) • Atlanta/Denver (Mercy Housing) • San Bernardino (Dignity Health) • CVS/Aetna

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Student fieldwork helps anchor Worcester-based health care system in community	Harvard T.H. Chan School of Public Health, August 13, 2019	UMass Memorial Health Care	2018 - present	Two doctoral students at the Harvard School of Public Health have been working with the UMass Memorial Health Care system in Worcester, MA to establish an “anchor mission” to address social determinants of health in the community, including homelessness, social inequality and racism. They have also taught a case study to the master’s in health management program.	Worcester, MA (University of Massachusetts Memorial Health Care)
A \$500K investment in employee ideas: How CHOP is helping patients in its own backyard	Becker’s Hospital Review, July 24, 2019	Children’s Hospital of Philadelphia	2015 - present	The Children’s Hospital of Philadelphia (CHOP) has established a grant program where hospital employees can apply for grants to start community projects. Since 2015, CHOP has awarded 155 grants totaling \$500,000. In 2019, CHOP announced a new grant program to help previous grantees expand their projects.	Philadelphia, PA (Children’s Hospital of Philadelphia)
OnePierce Community Resiliency Fund	Pierce County, Washington: Accountable Community for Health	Started with a Medicaid Sec. 1115(d) Waiver, now seeking private investors	2018 - present	Pierce County, Washington has established a Community Resiliency Fund as a nonprofit entity to lead the County’s health equity efforts that evolved out of a Medicaid Section 1115 Demonstration Waiver that established an Accountable Community for Health. The new fund includes a \$1.5M deposit to see efforts, with a goal of eventually growing the fund to \$100M. The CRF will provide financial assistance to organizations undertaking projects, programming, services and other efforts that improve health equity across sectors in Pierce County.	Pierce County, Washington
Investment: An Rx for Community Health	US News and World Report, Dec. 18, 2018 (interview with David Erickson)	Various	Varies by location	Discusses several successful place-based initiatives between health care and community development.	<ul style="list-style-type: none"> • Dignity Health’s \$140 million loan fund that they co-invest with nonprofit banks to build affordable housing, create jobs and invest in communities • Morgan Stanley, Kresge Foundation and the Local Initiatives Support Corporation (LISC) partnering on a \$300 million fund focused on investing in community clinics. Kresge donates funds to bring down the interest rate charged on the loans. Borrowers must agree to make the “whole neighborhood” their patient • ProMedica and LISC created a blended fund in northwest Ohio to revitalize neighborhoods • Kaiser Permanente investing \$200 million in a housing fund • Healthy Neighborhoods Equity Fund in Boston, a private equity fund • UnitedHealthcare investing in affordable housing in Phoenix as part of its administration of Medicaid

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<p>Data Across Sectors for Health</p>	<p>Illinois Public Health Institute, Michigan Public Health Institute</p>	<p>Robert Wood Johnson Foundation</p>	<p>2018 - present</p>	<p>RWJF is funding this effort that aims to “identify barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement”.</p> <p>DASH aims to support community collaborations in their efforts to:</p> <ul style="list-style-type: none"> • Address locally determined problems or goals associated with better community health • Enhance communities’ ability to plan, make decisions, implement health improvement activities through sharing data and information in a sustainable way • Identify methods, models, and lessons that can be applied locally and shared with other communities who wish to improve their ability to share data and information across sectors 	<p>Full list here:</p> <p>2018:</p> <ul style="list-style-type: none"> • Eureka, CA: Building a System – New Partners, New Sectors, New Data is adding new organizations, sectors, mental health client summary data, and facility alerts to their care coordination and alerts notification system. <i>Led by North Coast Health Improvement and Information Network</i> • Austin, TX: Community Data Ecosystem as a Vehicle for Care Integration is designing a “shared care plan” that imports goal statements and care instructions from different members of the interdisciplinary care team into an existing patient-controlled application. <i>Led by Children’s Optimal Health</i> • Ontario, CA: Healthy Ontario Health Equity Data Project is leveraging its existing partnerships to create a shared definition and action plan for health equity related to the causes and drivers of obesity in Ontario, CA. <i>Led by Partners for Better Health</i> • Portland, ME: Maine’s Homeless Health Information Planning Collaborative is bringing together multi-sector stakeholders to explore sharing data between the homeless and health care service sectors, providing recommendations for data governance and consent management. <i>Led by HealthInfoNet</i> • Chicago, IL: Refining Data Exchange Platform is refining the algorithm and prototype for a platform for exchanging data between hospitals, health care payers, and the county’s Homeless Management Information System. <i>Led by All Chicago Making Homeless History</i> <p>2018 round 2:</p> <ul style="list-style-type: none"> • Hood River and Wasco Counties, OR: Community Pathways Collaborative is integrating two existing data systems to seamlessly exchange referrals and information across health care, behavioral health, and social service sectors. <i>Led by Jefferson Health Information Exchange d.b.a. Reliance eHealth Collaborative</i> • Denver, CO: EastSide Unified/Unido: Community Data to Drive Change is using Results Based Accountability methodology to harness community and partner perspectives and enable data-informed decision-making. <i>Led by Civic Canopy</i> • Montgomery County, MD: Envisioning Equity in Montgomery County, Maryland Using Data is convening workshops with multi-sector stakeholders to develop indicators to address social and health inequities and recommend requirements for a new data sharing hub. <i>Led by Montgomery County Department of Health and Human Services</i> • Whatcom County, WA: Ground-level Response and Coordinated Engagement (GRACE) Data Project is developing a plan to implement the GRACE client registry, a multi-sector data platform that will support individuals who have frequent contact with law enforcement, health care, social services, and other public systems. <i>Led by Whatcom County</i>

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Data Across Sectors for Health (continued)					<ul style="list-style-type: none"> • Linn County, IA: Measuring Social Determinants of Health Progress Using Linn County C3 Shared Data Platform is creating, reviewing, and testing a social determinants of health assessment tool, which will be integrated into an existing multi-sector data platform. <i>Led by Linn County Public Health</i> <p>2019 round 1</p> <ul style="list-style-type: none"> • Spokane, WA: Advancing 2Gen Equity Through Multi-Sector Partnerships and Family Engagement is aligning multiple community health worker “navigators” into a system that supports low-income families with accessing resources to improve their economic mobility. <i>Led by Northeast Community Center</i> • St. Louis, MO: All In for Babies, an effort led by the FLOURISH St. Louis multi-sector coalition, is bringing health and social service funders together around shared collective impact measures that inform resource investments to reduce racial disparities in infant mortality. <i>Led by Generate Health</i> • Santa Cruz County, CA: All Santa Cruz: Alignment for Equity is combining separate initiatives and data sources into a single collective impact system to move towards greater equity of resource allocation to best reach community members with the greatest need. <i>Led by Health Improvement Partnership of Santa Cruz County</i> • Cleveland, OH: A Multisector Data Sharing Plan for EcoDistricts is designing a system for multi-sector data sharing, collection, and analysis to understand the effects of neighborhood revitalization efforts on community health. <i>Led by MetroHealth Foundation, Inc</i> • New Orleans, LA: Caring for Those Who Cared for Us (C4C4) is sharing actionable social service data with health care organizations to enhance community-based care management for vulnerable seniors to enable them to age in place. <i>Led by Louisiana Public Health Institute</i> • Philadelphia, PA: Electronic Referral Service for Community Assistance Programs is leveraging the Admission, Discharge, and Transfer (ADT) feeds from providers to connect uninsured and underinsured older adults to social service programs. <i>Led by HealthShare Exchange</i> • Jersey City, NJ: Enhancing the Data Capacities of the Partnership for a Healthier JC is developing a multi-sector framework for collecting and analyzing neighborhood-based health data to improve the effectiveness of interventions that address health disparities. <i>Led by Jersey City Department of Health and Human Services</i> • El Paso, TX: Facilitating the Integration of Primary Care and Mental Health through Common Screening Tools and Data Exchange is identifying universal screening measures to improve the detection of mental health issues and sharing the data through a health information exchange to improve care coordination. <i>Led by Paso del Norte Health Information Exchange</i>

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Data Across Sectors for Health (continued)					<ul style="list-style-type: none"> • Harris County, TX: Implementing a Collaborative Multi-sector Group Decision Making Model in Support of Data Sharing Systems is piloting a new tool on an existing database platform with care coordination teams representing multiple sectors to deliver improved care plans for patients. <i>Led by Health Care for Special Populations</i> • Charlotte, NC: Integrating Social and Health Data to Advance Equity and Public Health is linking social data with clinical information to better understand community health needs and evaluate programs aimed at improving upward mobility and health outcomes. <i>Led by University of North Carolina at Charlotte</i> • Trenton, NJ: Powering Up: Accelerating Adoption of an Integrated, Cross-Sector Referral System is engaging new community referral partners to integrate social determinants of health data into the local health information exchange and analyzing the data to recommend improvements. <i>Led by Trenton Health Team</i> • Tulsa, OK: Privacy-preserving Computation of Service Overlap (PiCoSO) is applying analytics technology to analyze the overlap between individuals who require basic needs assistance and those whose children attend early childhood education centers. <i>Led by Restore Hope Ministries</i> • Stockton, CA: Reinvent South Stockton Coalition is working with partners to create a Results-Based Accountability data dashboard that shares performance outcomes on key strategic indicators for community improvement. <i>Led by Tides Center</i> • New Mexico (statewide): Strengthening the New Mexico Community Data Collaborative is developing a data governance structure and framework to routinely assess and prioritize data needs for action. <i>Led by Southwest Center for Health Innovation</i> • Northwest Colorado: Thriving NW Colorado Dashboard is developing five county-specific dashboards to use shared data for analysis of community health issues, strategy mapping, and neighborhood engagement. <i>Led by Northwest Colorado Community Health Partnership</i> • Guerneville, CA: West County Health Centers, Guerneville School District Community Collaborative is supporting collaborative efforts across federally qualified health centers and a school district to explore the use of high value data elements to evaluate and invest in joint activities that would impact chronic absenteeism. <i>Led by West County Health Centers, Inc</i>

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<p>LISC Health care Partnerships</p>	<p>Local Initiatives Support Corporation (LISC)</p>	<p>ProMedica</p>	<p>Varies by location</p>	<p>LISC Offices around the country are partnering with hospitals to invest in the social determinants of health.</p>	<p>Toledo: LISC and ProMedica are devoting \$45 million over the next ten years to address the social determinants of health in under-resourced neighborhoods around Toledo and the region, beginning with a community not far from ProMedica's downtown headquarters, UpTown, where more than half of residents live in poverty and 30 percent are unemployed. The project's most groundbreaking feature is a \$25 million loan pool (with LISC contributing \$15 million and ProMedica providing \$10 million) that will bring capital into the region for development projects that otherwise wouldn't happen. The initiative also includes \$20 million in grants, with LISC and ProMedica each kicking in \$10 million, to be deployed for community programs and services.</p> <p>Indianapolis: LISC is working with the mayor's office and others, helped broker a \$7 million investment last year by hometown pharmaceutical giant Eli Lilly and Company to address high incidence of diabetes in three Indy neighborhoods. This is Lilly's first such investment in the United States, building on similar efforts in communities in Mexico, India, and South Africa. In the five-year pilot, led by Indiana University's Richard M. Fairbanks School of Health in collaboration with LISC, Eskenazi Health, and Marion County Health Department, community health workers will fan out in the neighborhoods to encourage diabetes screening and improve continuity of care for residents diagnosed with diabetes. They will also collaborate with neighborhood groups to develop projects that foster a local culture of health and better access to affordable, fresh food.</p> <p>West Philadelphia: LISC is working on asthma, a condition affecting roughly one in four area children. A home repair collaborative spearheaded by Philadelphia LISC won a coveted BUILD Health Challenge grant in 2017 that's now enabling the initiative's partners—led by Rebuilding Together Philadelphia, Children's Hospital of Philadelphia, and the city's public health department—to visit the homes of child asthma patients to identify triggers and call in repairs designed to reduce those hazards.</p> <p>Hartford: LISC is leading a three-year initiative with Connecticut Children's Medical Center to make healthier homes for families in the hospital's neighborhood of Frog Hollow, which has one of the highest poverty rates in the state. The program links the hospital's lead and mold remediation programs with the weatherization programs of the state's two largest utilities—providing seamless cross-referrals that will result in dwellings that are energy-efficient, warm, dry, and contaminant-free.</p> <p>Richmond, VA: LISC has joined with the Bon Secours Richmond Health System to revitalize a commercial corridor in Richmond's Church Hill neighborhood by supporting business expansions and startups. In 2018 the grants went to a popular barbecue restaurant, a yoga studio, and an auto repair shop, among others.</p>

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Built For Zero	Community Solutions	Kaiser Permanente	2019 - present	<p>KP is providing \$3M in funding to Community Solutions to work with 15 cities to reduce homelessness. Community Solutions is focusing on using real-time data to help local leaders better understand the dynamics of homelessness in their communities.</p> <p>Besides this KP investment, Community Solutions' Built For Zero initiative is operating in 70+ communities across the US and has reported more than 65,000 veterans and 38,500 chronically homeless Americans have been housed by participating communities. To date, three Built for Zero communities have ended chronic homelessness and another nine have ended veteran homelessness.</p>	<p>15 sites:</p> <ul style="list-style-type: none"> • Sacramento and Sacramento County, CA • Marin County, CA • Richmond and Contra Costa County, CA • Fresno and Madera Counties, CA • Santa Cruz, Watsonville and Santa Cruz County, CA • Bakersfield and Kern County, CA • Riverside County, CA • Washington, D.C. • Baltimore, MD • Montgomery County, MD • Arlington County, VA • Fairfax County, VA • Denver, CO • Atlantam, GA • Honolulu, HI

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SOUTHERN CALIFORNIA EFFORTS (Note many of the efforts listed above include Southern California sites – this list focuses on efforts solely within Southern California)					
Intersections Initiative	Prevention Institute	St. Joseph's Community Partnership Fund	2018 - present	<p>Prevention Institute just announced this initiative at the end of 2018 to work with St. Joseph's systems hospitals and their surrounding communities to:</p> <ul style="list-style-type: none"> • Improving community health and advancing health equity • Engaging residents and stakeholders from multiple sectors, including health care, public health, community-based organizations, and more • Focusing on the community determinants that impact health and wellbeing at the population level • Building toward long-term policy and organizational practice change <p>Specific emphasis is on changing organizational practices and influencing policy and legislation.</p>	<p>Seven communities in Southern California, all near St. Joseph's Hospitals:</p> <ul style="list-style-type: none"> • High Desert: K-12 and regional economic development • Anaheim: school systems • Napa: resident engagement on policy • Sonoma: housing equity • Eureka/Humboldt: housing equity • Central Orange County: housing equity • South Orange County: mental health, immigration
Imperial Wellness Fund	Alliance Healthcare Foundation, CACHI	County health department, Molina HealthCare	2013 - present	<p>Imperial County has established a Wellness Fund, run by the Local Health Authority. The local health department took the lead by entering into a partnership between the county and a local initiative for-profit health plan. An independent local health authority commission was established, created and supported by the County Board of Supervisors, which agreed to cost-sharing funding for work of the Commission.</p> <p>The formula for funding is a per-month per-member fee with profit sharing. If it makes more money than it spends, a portion goes into the Wellness Fund. Less high cost care and better placement of care lessens the cost and more revenue is available to share.</p> <p>As of 2019, the Wellness Fund has \$8 million, with an anticipated spend rate of \$2 million per year. The funding is currently going toward an asthma reduction project, but the Local Health Authority is examining other investments. They have taken their time putting the structure together and hearing from the community on their priorities so when they are investing on a regular basis, it is going to community priorities.</p>	Imperial County, CA

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Dignity Health	Dignity Health – San Bernardino (CommonSpirit Health)	Dignity Health	2017 - present	Dignity Health has a Community Investments Program that provides low-interest loans and other capital to upstream community investments in low-income communities within their service areas, such as gap financing for affordable housing. Dignity Health’s Community Hospital of San Bernardino and St. Bernadino Medical Center are participating in the Center for Community Investment’s Accelerating Investments for Health Communities Initiative (see above) and assisting with efforts to build more affordable housing in San Bernardino, as well as be an anchor institution for the community. It recently stepped in to provide gap financing for an affordable housing project in one of the City’s core neighborhoods. The City also received an Affordable Housing Sustainable Communities grant from the State’s Strategic Growth Council.	Dignity Health’s Community Investment portfolio can be viewed on their website San Bernardino, CA: also see Shelterforce Article (January 2019)
San Diego preventative healthcare collaborative yields more than \$86 million in savings for hospitals	Healthcare Finance article, Sept. 4, 2018	California Department of Managed Health Care and the Right Care Initiative at the University of California	2010 - present	This article talks about Be There San Diego, a regional health care collaborative effort born out of the California Department of Managed Health Care and the Right Care Initiative of the University of California. Starting in 2010, the interventions include clinical improvements in management of chronic diseases, community outreach to at-risk populations, and wider use of health coaches. By 2017, showed 22% decrease in heart attack hospitalization, compared to 8% for the State. The rate of 137 per 100,000 residents was lower than the State as well (164). Saved \$85.8M in health care costs. If State did similar intervention, could save \$935M. Also saw steady control of BP and hypertension rates. More about Be There San Diego can be found on their website .	San Diego, CA
Prevention Alliance	Multicultural Health Foundation	Alliance Healthcare Foundation	2018 - present	Multicultural Health Foundation received a \$1M award from the Alliance Healthcare Foundation’s Innovative Initiative (i2) in 2018 to establish the Prevention Alliance, which will convene ethnic organizations in San Diego to identify and secure sustainable funding and infrastructure for prevention services. The funding will infuse new capital into multicultural, immigrant and refugee communities’ prevention care, initially with a diabetes prevention focus.	San Diego, CA-based ethnic community organizations

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
Refugee Vaccination Education	Somali Family Service	Alliance Healthcare Foundation	2018 - present	Refugee Vaccination Education received a \$1M award from the Alliance Healthcare Foundation's Innovative Initiative (i2) in 2018 to implement a virtual reality project to improve vaccination rates among East African and refugee residents in San Diego County.	San Diego, CA
Build Healthy Places Network: Value of Prevention Grantees	Build Healthy Places Network	Blue Shield of California Foundation	2018 - present	BHPN is working with four communities around California, including two in Southern California (Coachella Valley and San Bernardino) to advance partnerships between health care and community development finance institutions (CDFIs).	<ul style="list-style-type: none"> • Coachella Valley, CA • San Bernardino, CA
Ventura County Project to Support Reentry	Ventura County, Social Finance	<ul style="list-style-type: none"> • Reinvestment Fund • Nonprofit Finance Fund • Blue Shield of California Foundation • The Whitney Museum of American Art 	2018 - present	This Pay for Success project is focused on criminal justice and supporting reentry of 400 adults on formal probation. The County and Interface Children and Family Services will provide a suite of services catering to individual needs supporting reentry and reducing recidivism.	Ventura County, CA
Just in Reach Program	Los Angeles County Department of Health Services Intensive Case Management Providers	Nonprofit Finance Fund, UnitedHealthcare, Conrad Hilton Foundation	2018 - present	This 5-year Pay for Success project is focused on reducing homelessness among recently incarcerated individuals in LA County Jail, and getting them into supportive housing. The two goals are to reduce recidivism and reduce homelessness.	Los Angeles County, CA

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
Housing For Good Funders Collaborative	United Way LA, LA Chamber of Commerce	Multiple – see full list here	2014 - present	<p>This funders collaborative is bringing together philanthropy, private sector and public agencies to work on reducing homelessness and build supportive housing in Los Angeles County, leveraging the dollars from Measure H (LA County) and Measure HHH (City of LA) sales taxes dedicated to reducing homelessness.</p> <p>Their goals are:</p> <ul style="list-style-type: none"> • Align and pool funding in order to match and multiply investments • Maximize the impact of all funding by braiding public and private investments to enable innovative and responsive but sustainable solutions • Establish community-informed funding priorities among members to drive large-scale change • Build platforms and tools that help promote partnership and shared actions 	Los Angeles County, CA
Mayors and CEOs for US Housing Investment	National League of Cities, Holland and Knight	Kaiser Permanente, GHC Housing Partners, Sutter Health, American Mayors Association, LA Community College, League of California Cities, AirBnB	2018 - present	<p>This coalition has come together to support greater investments in affordable housing and reducing homelessness. Mayors and CEOs from across the U.S. have signed on to their principles, including LA and San Diego. KP is one of the funders.</p> <p>“As a public-private partnership, this coalition will send a powerful message that investing in new and existing housing programs benefits all of us. Together, we can help give a voice to our neighbors served by these programs and remind Congress and federal officials that helping hard working people creates strong, safe communities.”</p>	SoCal Mayors include Los Angeles and San Diego. Full list of Mayors and CEOs here
Be Well OC	Be Well OC	Mental Health Services Act	2018 - present	Several major hospital systems in Orange County, California (Kaiser Permanente, St. Joseph Hoag Health) came together with a health plan (CalOptima) and several faith-based, government, academic and private sector organizations to form Be Well OC, and work collaboratively to address mental health in Orange County. In 2019, they received a \$16.6M grant to fund a new Regional Mental Health and Wellness Campus.	Orange County, CA

INITIATIVE	CONVENER/SOURCE OF INFORMATION	FUNDER	YEAR(S)	DESCRIPTION	SITES
Community Environmental Scans	National Health Foundation	University of Southern California	2016 - present	<p>The National Health Foundation has conducted Community Environmental Scans as part of the Community Health Needs Assessment process for 2 USC hospitals in Southern California. The scans include information from community surveys, focus groups and data analysis to provide a more holistic picture of the health of the surrounding communities. The scans provide information on community health needs and disparities, as well as recommendations for strategies and investments that could address them.</p>	<ul style="list-style-type: none"> • USC Verdugo Hills Hospital • USC Keck Hospital