

Bridging Community

Development, Health, and Metrics

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The community development sector plays a vital role in improving neighborhood conditions, lifting people and places out of poverty, and transforming the health of low-income communities. Increasingly, community development financial institutions (CDFIs) are partnering with health foundations to invest in health-promoting efforts such as affordable housing, health clinics, grocery stores, and child care centers.

Despite growing interest in aligning efforts, questions remain about how to effectively foster cross-sector collaboration between CDFIs and health funders. Questions also remain about how to measure and evaluate the health impact of community investments. These issues were explored at a Grantmakers In Health strategy session held in Washington, D.C., with support from the Robert Wood Johnson Foundation, and attended by funders and practitioners in fields such as health, community development, and housing. This article captures insights, next steps, and recommendations from the meeting.

COMMUNITY DEVELOPMENT LANDSCAPE

The community development sector invests more than \$200 billion annually in distressed and disadvantaged neighborhoods (Jutte et al. 2015). With roots that stretch back to the War on Poverty, CDFIs revitalize underserved communities that traditionally have been locked out of mainstream financial institutions (Dann 2015; Democracy Collaborative 2016).

Today there are nearly 1,000 certified CDFIs in the United States, including banks, credit unions, and venture capital funds (Donovan 2015). In addition to investing in the physical redevelopment of places, CDFIs work to expand economic opportunity (Donovan 2015). This is accomplished by providing capital, credit, and financial services; supporting small and micro businesses; and promoting community engagement and capacity building (Donovan 2015).

More recently, the community development field has begun to connect its work directly to health. For example, CDFIs have invested approximately \$1 billion in community health centers and at least \$100 million in the Healthy Food Financing Fund, a national initiative that supports grocery stores, farmers markets, food co-ops, and urban farms to address food deserts (Donovan 2015).

CHALLENGES AND OPPORTUNITIES

While community development and philanthropy offer promising solutions to improve the health of low-income

neighborhoods, coordinating efforts between these sectors continues to be challenging. CDFIs have only recently begun to recognize the health benefits of community development and in many cases have limited understanding of health indicators and outcomes (Gilman 2015). By the same token, health funders often lack awareness about the structure of CDFIs and how they can support healthy communities. As a result, there is a need for greater collaboration and shared learning to better understand the different skills, resources, and strategies that each sector brings to the table.

Challenges also remain related to assessing the health impacts of community investments. In many organizations, data are being collected and metrics are being constructed. For some, data are even part of strategic discussions and decision-making. The challenge is finding a way to take things a step or two further—to get better data and standardized tools into the hands of people who can use them, to collect and disseminate neighborhood-level data in a way that engages a broad circle of cross-sector partners, and to build frameworks that help groups make the case for community development (Manuel 2015).

GRANTMAKER AND COMMUNITY DEVELOPMENT ACTIVITIES

Despite these challenges, foundations are successfully collaborating with the community development sector in various ways to improve the health of low-income neighborhoods.

- **Leveraging Anchor Institutions** – The Cleveland Foundation has spearheaded a 10-year investment strategy that uses anchor institutions, such as hospitals and universities, to drive revitalization in some of the poorest parts of the city. In addition to funding housing assistance programs designed to encourage employees to live closer to institutions where they work, the foundation has convened local hospitals to develop a joint community benefit effort. The foundation has also worked with CDFIs to create worker-owned co-op businesses to build wealth locally and provide jobs for residents.
- **Linking Health and Housing** – Foundations and CDFIs are working together to build housing that integrates health and social services, expands economic opportunity, and increases community cohesion. Local Initiatives Support Corporation (LISC), a national community development organization, has partnered with The Kresge Foundation and Morgan Stanley to launch the Healthy Futures Fund, which finances affordable housing projects and community

health centers. One of the most recent Healthy Futures Fund projects is a mixed-used development in Washington, D.C., that includes affordable housing, a medical and dental clinic, employment training, green space, and retail shops (Gilman 2015). The Brandywine Health Foundation has taken a similar approach by building the Brandywine Health Center, a Federally Qualified Health Center in Coatesville, Pennsylvania, that also features affordable housing for seniors and space for local nonprofit organizations.

- **Providing Flexible Funding**— Foundations and CDFIs are crafting new financial strategies that blend grants, loans, low-income-housing tax credits, and other funding streams. Health funders often provide initial capital for community development projects, helping to mitigate risks for other investors (Dann 2015). The Brandywine Health Foundation underwrote the entire Brandywine Health Center project, which was also financed by a mix of public and private funds including low-income-housing tax credits and a \$1.5 million loan from a consortium of banks that provide financing to community development projects (Sheehan 2015). Foundations are also using program-related investments (PRIs) to fund community development projects. For instance, The Cleveland Foundation made PRIs to support worker-owned co-ops, both directly and through a CDFI (Eckardt 2015).

NEXT STEPS IN METRICS

Several organizations have developed promising metrics tools—still admittedly very early stage—for use by cross-sectoral audiences.

- **NeighborWorks America** created [Success Measures](#)—with community development practitioners, community members, funders, and other partners in mind—to measure the impact of community development investments and communicate those results broadly (Grieve 2015).
- **Wilder Research** designed its metrics with cross-sector collaboration in mind as well. [Minnesota Compass](#) bridges common metrics across grantees and funders to promote a common dialogue and level of understanding (Mattessich 2015). Likewise, [Metrics for Healthy Communities](#) uses logic models to help plan for and measure the impact of initiatives developed to improve community health and well-being across sectors (Metrics for Healthy Communities 2016).
- **Enterprise Community Partners** approaches its metrics with the goal of building the field through data that can be applied broadly to achieve greater impact. The [Green Communities Criteria](#) is a set of recommendations—including a subset specific to health—for greening affordable housing across the country (Manuel 2015).

RECOMMENDATIONS

Recommendations generated from the strategy session include the following:

- **Find a Common Language**— The challenges of working across sectors can be eased by a common nomenclature and a national dialogue so everyone is in the same conversation. By using the same language, partnerships can be built between community development and philanthropy, and data and metrics become more adaptable for all stakeholders.
- **Increase Cross-Sector Collaboration**— Community development and health philanthropy can engage other sectors, such as housing, transportation, and planning, that are also investing in building healthy communities. This can lead to new strategies, resources, and opportunities for improving health.
- **Consider the Bigger Picture**— Make research and data collection purposeful by determining what exactly needs to be measured and understood before collecting data for the sake of data. Use data to help build a narrative for the story to be told.
- **Make Data Accessible**— Data do not have to be overwhelming or require an advanced degree to understand. Philanthropy can play the role of educator to move the field forward towards demystifying and destigmatizing data. Funders can help people understand that they do not need to be experts to get involved, and can help build tools that are easy to use (Schwarz 2015).
- **Be Flexible**— Funders should be adaptive, flexible partners who are willing to reevaluate and potentially modify their investments as new data reveal a need for new strategies (Super Church 2015). Working collaboratively will help create tools that are compatible, nimble, and modifiable.
- **Be Patient**— Community development stakeholders have a big agenda to work on together, and most of the work is still very new, leaving a lot of room for growth and development. Accomplishing the goal of becoming one sector working with different tools and metrics will take time (Schwarz 2015).

RESOURCES

[MeasureUp](#)— a set of resources and tools compiled by the Build Healthy Places Network to help measure a program's impact on communities and on factors related to health.

[Community Commons](#)— a public resource for data and tools that provides visualization and reporting capabilities to increase the impact of those working toward healthy, equitable, and sustainable communities.

[Invest Health](#)— an initiative from the Robert Wood Johnson Foundation and Reinvestment Fund that aims to provide an opportunity for mid-sized cities to transform the way local leaders work together to create solution-driven and diverse partnerships.

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