

November 5, 2018

Martin J. Vincent
Office of the Associate Director for Policy
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mail Stop D-28
Atlanta, Georgia 30329

Re: Surgeon General’s Call to Action: “Community Health and Prosperity” [Docket No. CDC-2018-0082]

Dear Mr. Vincent:

We would like to begin by expressing our thanks to the Office of the Surgeon General and the Centers for Disease Control and Prevention (CDC) for your efforts to improve community health and prosperity, as well as by offering to assist or partner on this Call to Action.

In this letter, we share evidence, examples, and recommendations that can help promote and sustain private sector investment in community health, with a focus on building strong multisector partnership and financing infrastructure.

In the words of Benjamin Franklin, “an ounce of prevention is worth a pound of cure”; yet only 3 percent of U.S. health expenditures support prevention efforts.¹ This has led to relatively poor health outcomes in the U.S., a lack of investment in promoting healthy behaviors, and increasing costs related to preventable disease and death.² Notably, many of these costs accrue to the private sector, in the form of healthcare costs and lost productivity.

Today, there is a broad understanding of the factors beyond health care services that impact health, such as housing, education, and air quality (factors widely known as the “social determinants of health”). These determinants account for approximately 80 percent of the modifiable factors that contribute to healthy outcomes for a community,^{3,4} and states with a higher ratio of social to healthcare spending have significantly better health outcomes.⁵ In addition, the highly interconnected issues of health inequities and income and wealth inequality contribute to reduced life expectancy and inhibit the “American dream” of income and class mobility.^{6,7,8,9}

Thus, investing in community health – with an emphasis on prevention and policy, systems, and environmental changes to address social determinants of health and improve health equity – is key to improving both health and prosperity.

Evidence and Frameworks to Support Community Health Investment Decisions

A systematic review of the return on investment of public health interventions found a median ROI of 14.3 to 1, suggesting that local and national public health interventions are highly cost saving.¹⁰ School-based substance misuse prevention programs have demonstrated rates of

financial return as high as 34:1 (for school-based substance misuse prevention programs)¹¹ and the maximum potential future benefits of preventing lead exposure for children born this year have been estimated to reach as high as \$84 billion.¹² Since ROI analyses typically capture easily monetized returns (e.g., healthcare cost savings) and may exclude the less easily monetized social value of these investments (e.g., alleviating poverty), the value and impact of these programs may be even greater than ROI numbers indicate. More examples of the return on investments for community prevention efforts are provided in Appendix A.

There are a range of initiatives, tools, and evaluation frameworks that can be used to support community health investment decisions and evaluate their value and impact. These include the following:

- CDC's Hi-5 (Health Impact in Five Years) Initiative highlights non-clinical, community-wide interventions associated with improved health within five years as well as cost-effectiveness and/or savings.¹³
- Washington State Institute for Public Policy and UCLA's Win-Win Project have developed methodologies for assessing cross-sectoral costs and benefits of social programs and policies, and their analyses of dozens of such interventions are publicly available on their websites.^{14,15}
- Altarum Institute and ReThink Health have developed valuation tools/models to assess the value of investments in prevention and social determinants of health to downstream health outcomes and health care costs.^{16,17}
- The CHOICES project has generated cost-effectiveness estimates for more than 40 of the most widely promoted or implemented childhood obesity prevention interventions.¹⁸
- The Association of State and Territorial Health Officials has developed a web-based tool to estimate economic returns on investments for public health agency projects.¹⁹
- The Low Income Investment Fund has developed a social impact calculator to estimate the dollar value of benefits from things like an affordable home, access to transit, or high quality school.²⁰

Private Sector Investments in Community Health

Private sector investments in community health are critical to initiating, implementing, and sustaining programs, policies, and other systems and environmental changes that improve health and prosperity. There are a range of such investments the private sector can make.

Private companies can invest directly in promoting health within communities. For example, the GE Ventures Healthy Cities Leadership Academy brings local community and business leaders together to develop and support new models for improving community health, with GE contributing \$25,000 and a chance to secure additional funding to 10 communities.²¹ Notably, GE's initial community health investments a decade ago - in locations with 10,000 or more employees - were motivated by the company's \$3 billion in health care costs.²²

Private banks and financial institutions, impact investors, and foundations can invest through Community Development Financial Institutions (CDFIs) to finance affordable housing, businesses, community centers, health clinics, job training programs, and other services in low- and moderate-income communities. For example, the \$200 million Healthy Futures Fund (HFF) – formed by the national CDFI Local Initiatives Support Corporation (LISC), Morgan Stanley and The Kresge Foundation – supports co-location of health centers, non-clinical services (including fitness and wellness services and education and job training), and affordable housing projects.^{23, 24} More examples and information about the community development sector as a partner for community health improvement are available in Appendix B.

Private banks and financial institutions are uniquely placed to secure information for their clients that can protect their health, in ways that bear no cost to the institutions. One action, already supported by the Department of Health and Human Services and the CDC, is to have the mortgage financing process checklist require testing homes for radon, the second leading cause of lung cancer. This strategy to help identify this invisible, radioactive indoor carcinogen is one of the recommendations in the [National Radon Action Plan](#), developed by the U.S. Departments of Health and Human Services, Housing and Urban Development and the Environmental Protection Agency, along with the American Lung Association and other nonprofits.²⁵

Private healthcare organizations, including health plans and [hospitals and health systems](#),²⁶ can also invest in community health in a variety of ways, as demonstrated in the examples outlined in Appendix C. These include:

- Making payments to support prevention (such as Trillium Community Health Plan Coordinate Care Organization’s financial support for evidence-based social emotional programs in schools, with funds generated via a \$1.33 per member/month investment in prevention);^{27,28}
- Provision of capital to address housing and other social needs of beneficiaries (such as UnitedHealthcare’s provision of up to \$20 million in direct capital to Chicanos Por La Causa, a Community Development Corporation, for multifamily housing units and to screen for and address social needs in Phoenix, AZ);
- Alignment of hospital community benefit funds to address social determinants of health (such as the University of Vermont Medical Center’s allocation of community benefit dollars to support housing and case management for the chronically homeless, leading to a 42% reduction in emergency department visits and 81% reduction in inpatient admission costs—creating savings of almost \$1 million in health care costs);²⁹ and
- Establishing hospital-community partnerships to assess and address community health needs, as required by the Affordable Care Act (such as Trinity Health’s 5-year, \$80 million Transforming Communities Initiative, which provides grants and low-interest loans to hospital-community partnerships in six communities to support tackling issues identified in their

community health needs assessments, such as healthy food and active living barriers).³⁰

The Key Facilitator: Strong Multisector Infrastructure

Lessons learned from the most successful examples of private sector and local investment in community health demonstrate the key facilitator to making such investments effective and sustainable: a strong multisector infrastructure, especially in the areas of partnership and financing.

Partnership

Building partnerships of key local stakeholders across a range of sectors is one of the strongest approaches to improving community health. A 2016 study using sixteen years of data from a large cohort of US communities found that deaths due to cardiovascular disease, diabetes, and influenza declined significantly over time among communities that expanded multisector networks supporting population health activities.³¹

The local stakeholders that are part of such networks understand the problems in their communities and have a vested interest in the health, wealth and vitality of their community. Working together, partners can identify shared goals, priorities and concerns – and then align their assets, expertise and resources to achieve a stronger collective impact and sustain their efforts over time.³²

In addition to public stakeholders like public health departments and other local and state agencies (education, criminal justice, Medicaid, etc.), private stakeholders are key to the success of such community partnerships. These include local businesses, economic and community developers, healthcare organizations including insurers and hospitals, social service organizations, philanthropies, community and faith groups, universities and other educational institutions, and many others.³³

Effective community partnerships require certain key components, outlined in Section 1 of Trust for America's Health [Blueprint for a Healthier America 2016](#).³⁴ These include:

- Meaningful engagement of community members/local citizens – so their needs, lived experience, and cultural and other considerations are taken into account;
- A lead partner (often called an integrator, backbone organization, or quarterback) that is responsible for ongoing strategic management of the partnership and its efforts;
- Sufficient administrative and operating funds to manage the partnership – reviews of a range of local health initiatives have found the cost of the lead partner function ranges from \$250,000 to \$500,000 annually; and

- Expert guidance and technical assistance to help define goals, assess needs and assets, understand options for evidence-based strategies and programs that match their needs and priorities, and implement and evaluate their efforts.

There is widespread recognition that such multi-sector community partnerships are necessary to improve health, education and broader well-being outcomes in communities across the U.S. Many organizations and individuals are exploring the intersection of health with [housing](#),³⁵ [community development](#),³⁶ [education](#),³⁷ and other sectors, and [a scan of health-focused multisector partnerships](#),³⁸ conducted by ReThink Health through a voluntary, web-based survey, elicited responses from 237 partnerships working in 42 states and Washington, DC and the Virgin Islands.

Within the realm of public health, we have seen the proliferation of efforts like:

- **[Accountable Communities for Health \(ACHs\)](#)**, described in detail in briefs by the [Center for Health Care Strategies](#)³⁹ and [Prevention Institute](#)⁴⁰ - which bring together health, social service and other sectors to improve population health and clinical-community linkages and are being tested by several states participating in the Center for Medicare and Medicaid Innovation's (CMMI) State Innovation Models (SIM) initiative;
- **[Purpose Built Communities](#)**⁴¹ – which take a holistic approach to revitalizing distressed neighborhoods that includes housing, education and comprehensive community wellness resources;
- **[Invest Health](#)**⁴² – an initiative of the Robert Wood Johnson Foundation and Reinvestment Fund that supports multi-sector partnerships in 50 mid-sized U.S. cities, aiming to increase private and public investments to improve health outcomes in low-income neighborhoods.
- **[The BUILD Health Challenge](#)**⁴³ – supported by a coalition of national and regional organizations, this national program strengthens partnerships between community-based organizations, hospitals and health systems, local health departments, and others, to coordinate resources and action to support prevention and addressing social determinants of community health. BUILD has supported 37 projects from across the country which have yielded promising approaches to issues such as home remediation to address childhood asthma, local code enforcement to reduce housing hazards, and improving access to healthy foods.
- **[Childhood Obesity Research Demonstration Projects \(CORD\)](#)**⁴⁴ – CDC funded multisector efforts to reduce childhood obesity in Texas, Massachusetts, and California, these projects combined efforts from pediatric health care settings with public health interventions in schools, early care and education centers, and communities. Researchers found a decline in BMI among children seen in Federally Qualified Health Centers in Massachusetts that implemented the program, and a reduction in BMI at 3 months (but not 12 months) among those at the Texas site. Results from both states indicated improvements in provider practices and satisfaction with care.⁴⁵
- **[Community Transformation Grants](#)**⁴⁶ – From 2011 to 2014, Community Transformation Grants (CTGs), provided funding through the Prevention Fund to communities to bring different sectors together to design and carry out programs to

prevent chronic diseases such as obesity, diabetes and heart disease. CTGs, administered by the CDC, brought together partners in different sectors including public health, schools and school districts, transportation, business and faith organizations to work together to build healthier communities. Unfortunately, funding for CTGs was eliminated before the 5-year grant cycles could be completed and a full evaluation done, but this is a model that can be used to build future interventions.

Financing

Another key component of the success of community health initiatives is the capacity to tap into diverse sources of funding from various sectors and coordinate and manage these funds to best address community health needs and goals.

Sufficient and sustained financial support for community health efforts requires identifying and leveraging public and private sources of funding (for administrative as well as operational expenses) and financing (including capital and debt financing). These sources include federal, state, and local governments, including grant programs; the health care system, including public and private providers and insurers, hospitals, and community benefit investment; social services, including housing, anti-hunger, domestic violence, and other sectors such as agriculture, transportation and/or environmental agencies/ community organizations; businesses; philanthropic organizations; community development; and social impact financing mechanisms.

These diverse funding streams then need to be coordinated to support community health improvement. Two key mechanisms for doing so are braiding (coordinating funding from multiple sources to support a single initiative or portfolio of interventions at the community level) and blending (combining different funding streams into one pool, under a single set of reporting and other requirements, so they can be used to meet needs on the ground that are unexpected or unmet by other sources). Trust for America's Health has compiled a [compendium of resources and examples](#)⁴⁷ to help communities as they explore [braiding and blending](#)⁴⁸ funds to support health improvement. Trust for America's Health has also issued [recommendations for how the federal government can promote the braiding of programs and funding streams](#).⁴⁹

Effectively braiding and blending funds from various sectors requires substantial financial infrastructure. Trust for America's Health developed a model that offers a way to provide this infrastructure and, working with Monitor Deloitte, through a series of expert interviews and workshops built upon this model of place-based organizations called Healthy Communities Funding Hubs. These hubs would have the necessary financial capacities to bring together funding from public and private sectors across the many sectors that affect health, and be a single point of financial accountability, serving as a formal financial manager and trusted intermediary.

Among its key functions, a Healthy Communities Funding Hub would:

- Provide fiduciary oversight and management to coordinate multiple funding sources.
- Identify and leverage a diverse array of public and private funding sources, and coordinate them via braiding and/or blending.

- Govern the prioritization of spending on evidence-based interventions to ensure accountability to the target community.
- Serve as a trusted fiscal intermediary between sectors that affect health that have different missions, cultures, and ways of operating—and that likely lack experience working together.

This model is described in detail in a Deloitte Insights publication entitled [*Supporting healthy communities: How rethinking the funding approach can break down silos and promote health and health equity.*](#)⁵⁰

Barriers

While strong multisector partnership and financial management infrastructure can serve as key facilitators to private sector investment in community health, notable barriers to such investment include the following:

- The “wrong pocket” problem: When one organization or sector is best placed to make an investment but another organization or sector benefits from the investment, there will be underinvestment. This is often the case with community health efforts that target social determinants of health – for instance, when costs to the housing sector to improve home safety could sharply reduce costs the health system experiences as a result of elderly falls and associated injuries.⁵¹
- The difficulty of determining return on investment of community health efforts: Existing frameworks often fail to capture all benefits and costs – as well as who they accrue to – along with community context and other key variables necessary to assess the value of a specific effort to each stakeholder.⁵² Given the wide array of factors that can influence health, it can also be difficult to attribute changes in health outcomes to a specific intervention. Moreover, unlike healthcare services – which are most frequently evaluated for cost-effectiveness (producing sufficient value relative to cost) – community health efforts are often held to a more stringent standard of demonstrating a return on investment, with an expectation of being cost saving.
- The long time horizon necessary to see results: Prevention and health promotion efforts often take years or even decades to achieve changes in health outcomes and associated financial savings. In addition to making it difficult to accurately track returns over time, this may also discourage investment in the first place.
- The lack of corresponding funding from the public sector: The Prevention and Public Health Fund (Prevention Fund) was intended to increase the federal investment in public health. It has made available more than \$7 billion for critical public health programs since its enactment in 2009, including the successful *Tips from Former Smokers Campaign* and expanded investments in addressing chronic disease at the state and community levels. However, it has also been significantly cut over the years, and funds have been used to expand existing programs and/or to protect them from funding cuts, rather than investing in innovative new programs to improve the public’s health. This has contributed to the difficulty of funding prevention efforts,

including the scaling of public/private partnerships needed to make a difference in the nation's health outcomes.

Promoting and Sustaining Private Sector Investment in Community Health

There are a range of ways federal and local policymakers and other private funders can enhance the facilitators and reduce the barriers mentioned above – thus promoting and sustaining private sector investment in community health.

Taxation, Assessments, and other Requirements

Three primary areas of funding for community health are social determinants of health, other evidence-based policies and interventions (including primary and community-level prevention), and infrastructure for local, multisector health improvement efforts. There are many examples of how tax and related governmental policy is being leveraged to fund initiatives in these areas, with different incentives (tax expenditures, taxes, assessments on healthcare providers, requirements for banks, etc.) targeted to either corporations or individuals⁵³ – a detailed list with examples that state and localities could consider (working with stakeholders) is provided in Appendix D, and includes:

- Using tax credits such as New Markets Tax Credits and Low-Income Housing Tax Credits to incentivize community health investments by private sector entities that they otherwise may not be willing to make because of the aforementioned barriers;
- Using tax credits to incentivize individuals to direct their charitable giving to specific organizations and/or purposes;
- Leveraging property taxes to fund organizations focused on community health improvement;
- Promoting community health through conditions of tax-exempt status (e.g., community benefit requirements for tax-exempt hospitals);
- Levying taxes on products and activities demonstrated to have negative health impacts;
- Using provider assessments (which, while not always in the form of taxes, function similarly) to address community health financing challenges at a state/local level;
- Placing requirements on certain entities that directly or indirectly improve community health, such as the Community Reinvestment Act's requirement that banks meet the credit needs of the communities they serve, particularly low-income neighborhoods (for more information on how community development can be a partner in community health improvement, please see Appendix B).

Innovative Financing Models

The “wrong pockets” problem in particular can also be addressed through innovative financing models. One prominent approach is Pay for Success, a financing mechanism that ties payment for service delivery to the achievement of measurable outcomes. Private investors provide

upfront capital to the delivery of services which are repaid by a payor (typically, but not necessarily, government) only if and when the services delivered achieve a pre-agreed-upon result. Thus, investors that otherwise would not raise the needed capital independently (because they would bear all the costs but only a portion of the benefits), can pool their resources – and risk – through a Pay for Success project.⁵⁴

Another financing model to get around the “wrong pockets” problem and increase investment in social determinants of health was posed in a recent Health Affairs article. In this model, which does not require government involvement, a properly governed, collaborative approach to financing enables self-interested health stakeholders to earn a financial return on and sustain their social determinants investments. More specifically, local stakeholders trust a “broker” enough to honestly reveal how much they value a solution to a particular social determinants of health deficit in their community. The trusted broker can then determine how much each stakeholder invests, with the mechanics of the model guaranteeing that stakeholders will pay no more than and likely less than they bid, keeping their financing consistent with self-interest.⁵⁵

Both of these financing models involve substantial information requirements (whereby stakeholders need to understand the potential return on any particular investment) and high transaction costs (particularly with respect to convening stakeholders and conducting necessary negotiation and evaluation). Nonetheless, they have the potential to serve as options for communities seeking to solve the “wrong pockets” problem and reverse historical underinvestment in community health efforts that address upstream social determinants.

Local Investment and Leadership

Local policymakers can provide financial support and leadership for multisector community health efforts, which may foster greater participation from private sector stakeholders. One example is Live Well San Diego, a regional partnership of nearly 200 organizations (including businesses and private nonprofits) working together to promote policies and programs focused on health, knowledge, standard of living, and community and social factors.⁵⁶ Similar efforts in other communities have also been successful, with the Mayor’s Healthy City Initiative in Baton Rouge, Louisiana being the first to have its five area hospitals conduct a joint community needs assessment and common implementation plan,⁵⁷ and Get Healthy Philly – an initiative of the city public health department which brings together public and private sector actors, including local businesses – contributing to a 6.5 percent decline in childhood obesity, an 18 percent decline in adult smoking, and a 30 percent decline in youth smoking through city-wide policy and systems changes.^{58,59}

Promoting and sustaining private sector investment in community health is critical because such investment has immense potential to improve the health and well-being of communities as well as generate financial returns – both to private sector investors, through improved productivity and reduced healthcare costs among their workforce, and to the broader community, through cost savings across sectors such as health care, education, and criminal justice.

Conclusion

We are enthusiastic about the opportunity to improve both health and prosperity through community health investments that emphasize prevention and policy, systems, and environmental changes to address social determinants of health and improve health equity. Please do not hesitate to contact Anne De Biasi with Trust for America's Health to further discuss these comments or related issues.

Sincerely,

American Association on Health and Disability
American Lung Association
American Public Health Association
Big Cities Health Coalition
Build Healthy Places Network
Children's Hospital Association
Lakeshore Foundation
National Association of County and City Health Officials
National Association of School Nurses
Prevention Institute
Society for Public Health Education
Trust for America's Health

Appendix A: Examples of Return on Investments for Prevention Efforts

EXAMPLES OF RETURN ON INVESTMENTS FOR PREVENTION EFFORTS

Five Strongest School-based Substance Misuse Prevention Programs	3.80:1 to 34:1	Community-based Nutrition, Activity and Tobacco Prevention Programs	5.60:1	Lead Abatement Programs	17:1 to 221:1
Supportive Housing Programs for High-Need Patients	2:1 to 6:1	Community Health Worker Navigator, Referral and Case Management Programs	2:1 to 4:1	Early Childhood Education Programs	4:1 to 12:1
Child Asthma Prevention Programs	1.46:1 to 7:1	WIC Program Savings in Healthcare Costs for Infants	2:1 to 3:1	Nurse Home Visiting for High Risk Infant	5.70:1

* For citations for each value in the above figure and additional information beyond that provided below, please see [TFAH's Blueprint for a Healthier America 2016](#)⁶⁰

- **Investing \$1 in substance use prevention to realize as much as \$34 in return.** Deaths from prescription painkiller use have more than quadrupled in the past 15 years and deaths from heroin have tripled since 2010, contributing to higher death rates among middle-aged Whites. Five of the strongest school-based substance use prevention strategies have returns on investment ranging from \$3.8:1 to \$34:1^{61, 62, 63, 64}
- **Saving more than \$16 billion through a more active and healthy population.** One in three children will develop type 2 diabetes in their lifetime and one in four young adults are not healthy enough to join the military. An investment of \$10 per person in proven, evidence-based community prevention programs to increase physical activity, improve nutrition and reduce tobacco use could save the country more than \$16 billion annually – a \$5.60:1 return.⁶⁵
- **Connecting health and social services to cut billions in costs.** Health and social service coordinating systems that address gaps between medical care and effective social service programs – by connecting patients in need with programs ranging from supportive housing to food assistance – could yield between \$15 billion and \$72 billion in healthcare savings a year within 10 years, according to an analysis by Trust for America's Health and Healthspire.⁶⁶
- **Reducing the \$120 billion spent annually on preventable infectious diseases.** Fifteen years after 9/11 and 11 years after Hurricane Katrina, when health crises such as new infectious diseases arise, the country still scrambles to implement emergency plans and secure funding. Preventable infectious diseases cost the country more than \$120 billion annually – and that cost is exponentially compounded when new diseases emerge.
- **Realizing a 7-10 percent annual return by investing in early childhood education.** More than half of U.S. children – across the economic spectrum – experience adverse experiences, such as physical or sexual abuse, and more than 20 percent live below the poverty line, which increases their risk for “toxic stress” – living under a constant state of stressful conditions – that can contribute to a range of physical, mental and behavioral health issues. Investments in early childhood education can help mitigate

against impact of these risks and increase resilience, while also providing an annual return of 7 to 10 percent per year,^{67, 68} and supportive nurse-family home visits for high-risk families show a return of \$5.70:1.⁶⁹

- **Investing \$1 in tobacco prevention saved as much as \$55 in healthcare costs.** Smoking costs the U.S. at least \$289 billion each year, including at least \$150 billion in lost productivity and \$130 billion in direct healthcare expenditures.⁷⁰ According to a 2013 study of California's state-funded tobacco prevention program, which is the longest running such program having first been established in 1989, the program saved over \$55 in health care costs for every \$1 invested from 1989 to 2008.⁷¹ This was driven in part by a 33 percent faster decline in lung cancer deaths from 1986 to 2013, which took California from a slightly above national average lung cancer death rate in 1985 to having 28 percent fewer lung cancer deaths than the rest of the U.S. by 2013.⁷²

Appendix B: Community Development as a Partner for Public Health and Community Health Improvement

Introduction

For over a century, the health sector, which includes public health and health care, has sought to improve the lives of both the individuals and the populations they serve. The health sector is no stranger to how social determinants of health contribute to health outcomes and chances for opportunity, and many organizations are beginning to explore their role in addressing these factors. Health systems and hospitals, for example, may serve as anchor institutions in their community with the “keys” to community improvement, including substantial land holdings, a sizeable workforce, investment capital, and connections to local community. Public health organizations focused on population health are building upon their mission to promote healthy lifestyles, improve access to care, and tackle barriers to good health by considering the environments where people live, learn, work, and play. Despite this growing awareness, health services and community-wide health improvement initiatives have not generally been well-integrated with other social service, community, and economic development efforts.

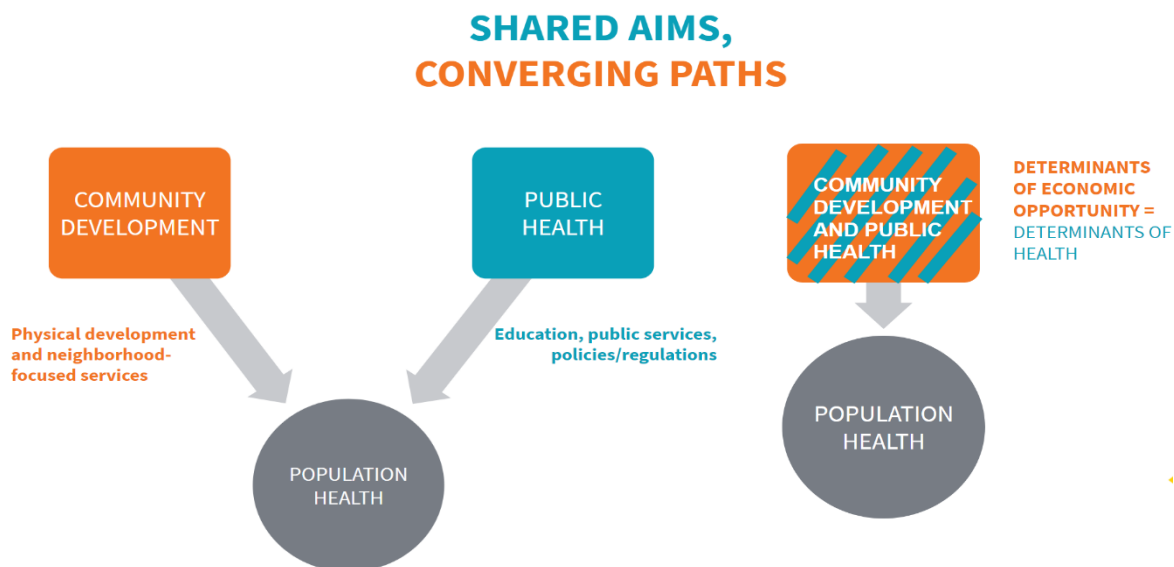


Figure 1: Share Aims, Converging Paths

While many in the health sector are in the preliminary stages of acting on social determinants, diverse organizations within the community development sector have worked for decades to improve the physical and economic infrastructure of low-income neighborhoods—with a focus on improving places. Community development is a multi-billion-dollar sector that serves as an action arm for population health improvement by supplying the capital investment and sustainable financing to revitalize low- and moderate- income communities. Community development has increasingly turned its attention to the effects of neighborhood improvements on residents’ well-being—including their health.

Despite the fact that community development and health practitioners often work in the same places and serve the same people in tackling the interconnected issues of poverty and poor health, these two sectors have often worked in relative isolation from each other.⁷³ As each sectors’ commonalities become clearer—for example shared interest in access to jobs, healthy housing,

and safe streets, natural opportunities to align incentives and develop cross-sector partnerships to improve community health arise. Through cross-sector partnership and strategy, public health can fully leverage shared resources and expertise to synergistically achieve better health outcomes.

Health and Community Development: Assets and Opportunities

Each sector brings unique assets that can be leveraged through cross-sector partnerships to build capacity within each sector and deepen the impacts of population health initiatives.

Community Development

Community development is a multi-billion-dollar sector of the American economy that invests in low- and moderate-income communities through the development and financing of affordable housing, businesses, community centers, health clinics, job training programs and services to support children, youth and families. While community development is not a discrete academic discipline or an accredited field like public health, it is more than an activity. It is best viewed as a self-defined sector involving organizations from multiple fields that share a common focus on improving low-income communities. These organizations come from fields including real estate, city planning, law, social work, public policy, public health, affordable housing and finance, and generally identify themselves as being part of the community development industry.

Neighborhood-level Community Development Corporations (CDCs) and Community Development Financial Institutions (CDFIs), working at both local and national levels, provide leadership in the sector, often working alongside neighborhood residents, real estate developers, philanthropic organizations, city agencies, investors and social-service providers. Through a variety of funding mechanisms and certified entities, the community development sector marries the expertise and experiences of developers and planners with the financing and impact investment tools of foundations, banks, and private investors to fund economic development and community health initiatives that often lack investment capital from the health or public health sectors.

The community development's neighborhood planning expertise, deep knowledge of resident needs and real estate financing capabilities provides the investment tools and skills necessary for structuring capital investments, sustaining development activities and funding innovative place-based initiatives.

Public Health and Healthcare

Public health in turn brings its expertise in population- and community-level data collection and analysis, community engagement through health promotion activities and a focus on policy and systems-level change necessary for sustaining community health improvement initiatives. Public health also can provide a framework of understanding to health-focused investors for how community development projects like housing might offer a long-term return on investment. Public health also often fills the role of "chief health strategist" in the community: public health departments are often well-connected to other partners who should have a seat at the table in healthcare resource allocation processes and decisions.

Finally, healthcare entities and hospitals bring forth a number of assets as anchor institutions, or enterprises/entities rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors.⁷⁴ These varied assets include investment dollars and expertise, access to capital, data, real estate expertise, land, reputation and relationships,

purchasing and hiring power, and a highly skilled workforce⁷⁵. Many of these assets are necessary for successfully coordinating community development and evidence-based population health initiatives.

Public health's ability to support or scale up place-based or community health improvement initiatives has historically been limited by its inability to access capital financing such as loans or equity investments. As a sector, public health has traditionally been funded through government or foundation operating grants which often stipulate funding be directed toward short-term programmatic activities or general operating support rather than the longer-term capital or equity investment necessary for scaling evidence-based initiatives. The community development sector can help to alleviate these constraints through a variety of financing strategies that: 1) provide the ability to tap into a low-interest or interest-free loans, equity investment or a guarantee needed to seed, scale and sustain community health initiatives; 2) enable access to growth capital; and 3) attract future investors to ultimately reduce the reliance on short-term operating grants.⁷⁶

Successful Public Health/Community Development Partnerships

There are many promising examples that suggest that neighborhood revitalization projects—especially those that address multiple social determinants of health—can have a large impact on health. For example, the Seattle & King County Public Health Department has been central to the evaluation of cross-sector projects that address the social determinants of health. A recent two-year project to improve school nutrition and physical activity brought together stakeholders in public health, education, food and agriculture, urban planning, business and other sectors to make targeted, place-based investments. The public health department's evaluation and data collection efforts enhanced the project's design and effectiveness.

Other examples of successful public health partnership and coordination with community development include the Harris County Public Health & Environmental Services (HCPHES) and the San Pablo Area Revitalization Collaborative. As an awardee of the BUILD Health Challenge (an awards program supporting “bold, upstream, integrated, local, and data-driven” community health interventions), (HCPHES), of Pasadena, Texas, is undertaking a sustainability planning process resulting in a Healthy Food Financing Plan for scaling, sustaining and replicating urban farms. HCPHES serves as a “backbone” organization to lead their vision for nutrition equity in Pasadena, but were challenged with financing and site acquisition in the early phases of the project. HCPHES realized they needed a new set of partners- namely, community development. Engagement with local, state, and national CDFIs has enabled HCPHES to refine their business plan, particularly related to governance, financing, and metrics.

In Oakland, CA the East Bay Asian Local Development Corporation (EBALDC) was motivated to change their approach to revitalization after hearing the Alameda County Department of Public Health's finding that a child raised in West Oakland is likely to live 14 years less than a child growing up in the more affluent Oakland Hills. EBALDC serves as a “community quarterback” (organizations that align objectives, resources, and efforts among project/community stakeholders) for a 10-partner collective known as the San Pablo Area Revitalization Collaborative, or SPARC (of which Alameda County DPH is a member). As part of its efforts, SPARC's five-year action plan aims improve community wellness, safety, jobs and affordable housing in two West Oakland Neighborhoods. Action items include reducing emergency room and hospital visits by residents with high blood pressure, reducing community blight, increasing affordable housing units, and tracking and reporting partners' data to make sure members meet their objectives⁷⁷.

The following section provides further details on the history, key players, policy levers and mechanisms within the community development sector that are of relevance to supporting community health initiatives.

Community Development: Background, Entities, and Mechanisms

It is important to note that the community development sector has its roots in the urban revitalization efforts of the late 19th century but expanded as a result of the War on Poverty programs of the 1960s. The Community Reinvestment Act of 1977 further contributed to the sector's expansion to date. Enacted by Congress, the Community Reinvestment Act (CRA) is a federal law that requires banks to meet the credit needs of the communities they serve, particularly individuals and businesses in low- and moderate-income neighborhoods. CRA was developed in response to “redlining” practices in which banks deemed particular neighborhoods—typically low-income or predominantly minority neighborhoods—unfit for investment. Federal programs also

COMMUNITY DEVELOPMENT IS A SECTOR



Figure 2: Community Development is a Sector from Build Healthy Places

have played a key role in expanding the community development sector. For example, the U.S. Department of Housing and Urban Development (HUD's Community Development Block Grant (CDBG) Program funds affordable housing, anti-poverty programs, and infrastructure development. The U.S. Treasury established the CDFI Fund in 1994, which has provided more than \$2 billion to CDFIs since its creation in 1994.⁷⁸

Community Development Financial Institutions (CDFIs)

CDFIs serve as intermediaries that help commercial banks invest in low-income communities to meet their Community Reinvestment Act (CRA) requirements.⁷⁹ CDFIs include both for-profit and nonprofit financial institutions like community development banks, credit unions, loan funds, and venture capital funds that provide access to financial services, affordable credit and investment capital that are not available from conventional capital markets to help generate economic growth

and revitalization of low-income and underserved communities.⁸⁰ CDFIs invest in communities by financing small businesses, microenterprises, nonprofit organizations, and commercial real estate and affordable housing.⁸¹ They generally offer below-market rates and more flexible terms than conventional lenders, and pair their financial products with education, training and technical assistance to potential borrowers.⁸² While most CDFI funding goes to affordable housing, CDFIs also fund job training programs and businesses in low-income communities, health centers, charter schools and other strategies to build the community and local economy.^{83 84 85} There are around 1,000 CDFIs, managing more than \$30 billion in assets around the country.⁸⁶

Community Development Corporations (CDCs)

Community Development Corporations (CDCs) are community-based, non-profit organizations that implement community revitalization projects ranging from the development of affordable housing and community centers to job training and health services. Generally serving low-income, underserved neighborhoods, CDCs often function as real estate developers, dealmakers, and intermediaries between community-based service providers, public agencies, and investors like banks, philanthropic organizations, and CDFIs and play a role in bringing capital investment to low-income communities.⁸⁷ CDCs range in size and focus and are found in many neighborhoods across the country.⁸⁸ Similar to community health centers, a substantial portion of the CDC board is usually composed of community residents, enabling grass-roots participation and community empowerment.

Community Development Entities (CDEs)

Community Development Entities (CDEs) are corporations or partnerships certified by the U.S. Department of the Treasury to serve as intermediary vehicles within low-income communities to facilitate the provision of loans, investments and financial counseling.⁸⁹ Once certified, CDEs are eligible to both apply for funding that is targeted to revitalization of low-income communities, like CDFI funds and New Markets Tax Credits (NMTC).⁹⁰ To become certified, CDEs must demonstrate a commitment to serving low-income communities and maintain accountability to these communities in their associated actions. CDEs are not mutually exclusive of CDFIs and CDCs.

Program-Related Investments (PRIs)

In addition to traditional grant-making, private foundations have the ability to invest in organizations that address social, economic and environmental challenges through program-related investments (PRIs)—a form of impact investing intended to make capital resources more readily accessible through low-interest or interest-free loans, equity investment or a guarantee.⁹¹ Unlike grants, however, PRIs are expected to be repaid and may provide a risk-adjusted rate of return that falls below market rates. PRIs can help grantee organizations attract additional investment as well as share risk—for example for high-risk investment in low-income housing development. PRIs count towards a foundation's five percent annual distribution amount for tax purposes and outstanding PRI balances remain on the foundation's balance sheet as separate charitable use asset category—and is therefore not considered in the total assets subjected to the five percent annual distribution amount.⁹² PRIs can also serve as a mechanism for financing CDFIs and other community development projects. For example, the California Endowment (TCE) provided a PRI to Capital Impact Partners (a CDFI) to increase access to community clinics, catalyze economic development, and encourage innovation in healthcare delivery

Existing Tax Credits for Promoting Community Health

Investing in the economic and community development of low-income communities presents significant opportunities for hospitals, investors and public health leaders. For hospitals, investing in these upstream determinants of health, such as healthy housing and neighborhoods, can provide a cost-effective manner to ameliorate the causes of or to directly manage costly chronic diseases—resulting in improved outcomes for their patient population and potential cost-savings on the hospital’s end (for example, reduced Medicare readmissions or savings in a risk-based contract). For private foundations and investors, these opportunities allow for larger investments in mission-related activities without compromising their fiduciary duties—for example through exceptions from jeopardizing investments taxes under PRIs—as well as opportunities to invest in innovative new ventures while generating immense social and economic return on investment. And for public health, investment in communities helps to address the social and economic circumstances that largely shape opportunity, health behaviors, and ultimately, health status.

Regardless of intentions, however, in the absence of additional financial incentives, investing in the economic and community development activities that improve community health within underserved and under-resourced communities—such as affordable housing, active living or access to healthy food retailers⁹³—does not always make good business sense for these players who need to consider the cost-benefit constraints inherent to their internal operations, efficient use of capital, profitability and sustainability.

Tax credits—such as the Low-Income Housing Tax Credit, the Work Opportunity Tax Credit, and the New Markets Tax Credit—can provide the necessary incentives for actors within the community development and healthcare sectors to invest in long-term community health improvement initiatives within traditionally underserved communities.⁹⁴ The table below provides details on these three tax credits with relevance to community development and health initiatives.

Table 1: Tax credits that can be linked to community health improvement

Tax Credit	Descriptions
Low-Income Housing Tax Credit (LIHTC)	The Low-Income Housing Tax Credit (LIHTC) is an indirect federal subsidy that encourages tax-paying individual and corporate investors to make private equity investment in affordable rental housing. ⁹⁵ LIHTC creates an incentive for developers or investors for acquisition, rehabilitation, or new construction of low-income housing that in the absence of the credit, would not generate profit sufficient to warrant investment. In exchange for their equity investment, investors receive tax credits over a 10-year allotment period. Recipients must remain in compliance with LIHTC eligibility requirements over a 15-year period or risk losing some of their credits. LIHTC works in tandem with other housing policies and funding mechanisms, such as Section 8, to create the necessary incentives for private-sector investment in affordable housing for low-income communities.
Work Opportunity Tax Credit (WOTC)	The Work Opportunity Tax Credit (WOTC) is a federal tax credit for employers who hire individuals from targeted eligibility groups including: veterans; Temporary Assistance for Needy Families (TANF) recipients; Supplemental Nutrition Assistance Program (SNAP) recipients; designated community residents (living in Empowerment Zones or Rural Renewal Counties); vocational rehabilitation referral; ex-felons; Supplemental Security Income recipients; summer youth employees; or qualified long-term unemployment recipients. ⁹⁶ Employers can receive a tax credit equal to 25 percent of an individual's first year's wages and 40 percent of their second year's wages, if they work at least 120 hours in the first year and 400 hours in the second year. The incentives for hiring those individuals in the TANF target group are even greater, with employers eligible to receive tax credits for 40 percent of the TANF-eligible employee's first year's wages and 50 percent of their second year's wages, for those who work at least 400 hours each year. Each tax credit is capped at maximum for each target group, ranging from \$1,200 to \$9,600. ⁹⁷ While taxable employers claim the credit as general business credit, tax-exempt organizations can claim the credit against the employer social security tax. ⁹⁸
New Markets Tax Credits (NMTC)	New Markets Tax Credits are a vehicle to attract private investments into lower-income communities. The U.S. Department of the Treasury administers a New Markets Tax Credit Program (NMTC Program), which gives individual or corporate investors a tax credit against their federal income tax (39 percent of their original investment claimed over seven years) in exchange for making equity investments in CDEs. ⁹⁹ CDEs are required to have 20 percent of their governing or advisory board represent the lower-income community they serve, and are certified by the U.S. Department of the Treasury. ¹⁰⁰

Connections to Improving Community Health

In addition to support from health, social service, philanthropic and business funders, a number of financing models from the community development sector are increasingly being used in communities to help support place-based initiatives in low-income communities that do not typically have access to capital — often focusing on providing “investments” and structuring systems to capture returns in the form of cost savings and/or improved outcomes. These new investments are providing the capital to scale up evidence-based programs and represent an exciting growing source of funding for public health and social service programs.

Because these health and community development have traditionally operated in silos, there has been a great need to raise awareness of the capacities and opportunities for partnership. For example, the [Healthy Communities Initiative](#)—a partnership of the Federal Reserve System and the Robert Wood Johnson Foundation — brings together health and community development practitioners to share knowledge (about data collection, outcomes measurement, partnerships, etc.) and information on how to partner and harmonize health funding streams with traditional community development programs.¹⁰¹ Building on this work, the [Build Healthy Places Network](#) aims to improve well-being in low-income communities by connecting leaders and practitioners in health and community development; curating examples of collaborative models with proven outcomes so these efforts can be replicated; and providing tools to build the capacity for health and community development sectors to partner together.

There is a growing understanding among CDFIs of the implicit health value of their investments, sparking an interest in expanding CDFI investments as a means to achieve improved health in low-income communities. A number of health-related investments have focused on more classic community development brick and mortar projects — for instance, CDFI funds have been used to support the development of community health centers and for healthy food financing initiatives, such as building more grocery stores in lower-income communities. Many broader economic development projects supported by CDFIs help improve health along with achieving other goals — such as by providing increased quality affordable housing and child care centers.¹⁰²

The Healthy Futures Fund (HFF), for example, is a \$200 million initiative, formed by the national CDFI Local Initiatives Support Corporation (LISC), Morgan Stanley and The Kresge Foundation, that builds cross-sector partnerships between healthcare centers and community partners (including affordable housing providers) that address the various upstream factors that impact the health of low-income communities.^{103, 104} Through co-location of health centers, non-clinical services and affordable housing projects, HFF seeks to expand healthcare access and address other community needs, such as affordable housing, healthy food access, fitness and wellness services and education and job training. HFF offers New Markets Tax Credits and low-cost loan capital to Federally Qualified Health Centers and other community-based health centers seeking to expand their facilities and services. HFF also offers competitive Low Income Housing Tax Credit equity for affordable housing projects as well as grants and other loan resources. For example, in Toledo, Ohio, HFF invested \$6.5 million to help the Neighborhood Health Association replace outdated clinics with a larger, state-of-the-art facility that houses a variety of primary care services, a credit union, a community garden and a low-cost pharmacy.¹⁰⁵

LIHTCs may also be used to encourage a high standard of health promotion in affordable housing. While LIHTC is a federal tax credit, it is administered at the state-level by state housing agencies or authorities, who are responsible for creating qualified allocation plans (QAPs) to outline criteria

and eligibility requirements for LIHTCs.¹⁰⁶ This provides an opportunity for states to incorporate health-related criteria into the QAPs, and therefore incentivize developers to design healthy housing and neighborhoods.¹⁰⁷ These criteria may include use of construction materials that better inhibit pollutants, buffer against noise, or promote safety (slip-proof flooring, handrails, etc.) or include factors related to the surrounding neighborhood, such as access to grocery stores or safe places to play. Oregon's QAP awards points for aligning projects with a Coordinated Care Organization's community health improvement plan, when that plan prioritizes housing, which a majority of the CCOs now do.¹⁰⁸ And Georgia conducted a 2015 Health Impact Assessment to identify strategies to strengthen their QAP's ability to address the social determinants of health—such as altering scoring criteria to create incentives for locating affordable housing near quality schools.¹⁰⁹

Finally, NMTCs have supported healthy food financing, community health centers or related projects that help support better health, such as affordable housing. From 2000 through 2015, the NMTC Program has created or retained an estimated nearly 200,000 jobs, created 164 million square feet of manufacturing, office and retail space, financed over 4,800 businesses, and generated \$8 of private investment for every \$1 of federal funding.^{110 111} The NMTC program has distributed over \$40 billion in federal tax credit authority and helped finance 49 supermarket and grocery store projects between 2003 and 2010, enhancing access to healthy food in low-income communities for over 345,000 individuals, including nearly 200,000 children.¹¹²

Community Benefit¹¹³ Dollars & Other Health Sector Investments

There is a huge opportunity for CDFI involvement in health given the increasing focus on value-based payment, the increasing focus on the role of anchor institutions as well as other increasing efforts to channel non-profit hospital community benefit dollars into community prevention efforts. While CRA may not translate directly into health, it is worth considering possible parallels and how hospitals could be incentivized to channel their investments and community benefit dollars towards capital investment in community prevention.

Public health can play a significant role in connecting the health and community development sectors, especially in framing the health opportunity of community development projects in terms that hospitals and health systems understand. Through community health needs assessments required for accreditation, deep ties to the community, and an understanding of community assets/issues of importance, public health departments and organizations can serve as key advisors in healthcare program development, investment, and resource allocation. As partners, public health and community development can leverage each sector's strengths and expertise to make a compelling case for upstream community improvement projects beyond hospitals' traditional investments.

Just as CDFIs provide a recognizable, reliable system for banks to use to help manage their CRA obligations, local or regional CDFIs could become trusted intermediaries for non-profit hospitals or other health institutions—as a scalable, reliable resource for advising the strategic use of community benefit and other hospital funding to support upstream community-based programs—and providing the service of reliable financial management and fiduciary responsibility for the use of funds. In this role, CDFIs could also help leverage resources from other funders for stronger collective impact. Many hospitals are already engaging with community development entities to improve upstream factors.

Dignity Health—formerly Catholic Healthcare West—for example, has provided more than \$88 million in loans to more than 180 non-profits at below market rate since 1992, which have helped finance a range of community development efforts in underserved communities, including affordable housing, job training, community facilities and medical services.¹¹⁴

Similarly, in Phoenix, Arizona, UnitedHealthcare has committed to provide Chicanos Por La Causa (CPLC)—a multistate Community Development Corporation focused on economic development, education, housing development and delivering of social services—access to up to \$20 million in direct capital to acquire, develop and operate multifamily housing units and to provide a variety of need-based services for residents.¹¹⁵ Under the initiative, all clients are screened for social needs and referred to social services including job training, housing, financial services and transportation. A new data system enhances communications between social service providers, including referrals. CPLC generates more than \$50 million in revenue from the housing, health and other services it provides.¹¹⁶

Finally, the Sojourner Family Peace Center, provides a broad array of co-located services, including crisis housing, emergency services, law enforcement, assessments, counseling, and referrals.¹¹⁷ The new Center was financed through innovative methods including leveraging of New Markets Tax Credits, community benefit dollars and other support from the Children’s Hospital of Wisconsin, and money from a State Building Commission matching grant. Sojourner braids funds from public sources (federal, state, county and city funding) (42 percent), United Way (9 percent), and private sources (48 percent).¹¹⁸

Conclusions

The healthcare system’s continued shift towards value over volume only increases opportunities for partnerships between the community development and health sectors as hospitals and insurers look beyond patient communities and toward population health. And community development has increasingly turned its attention to the effects of neighborhood improvements on residents’ well-being— including their health. As community development has placed more emphasis on people and as the health sector has increasingly recognized the importance of places, the commonalities across these sectors have become clearer.

For too long, these sectors have worked in silos. Each sectors’ individual ability to affect large-scale improvements in health outcomes is hindered by their capacity gaps, especially in terms of access to investment capital and sustainable funding. Partnership with community development can help to provide the financial incentives, necessary capital, tools, and models to spark and scale-up investment in evidence-based cross-sector health improvement initiatives in under-served communities. In understanding and adapting these financing mechanisms, public health can strengthen its role as “chief health strategist” in partnerships and deliver upon its mission to improve population health.

Additional Resources:

Additional resources to support cross-sector collaboration include:

- [Partner Finder](#), a collection of directories to help users find the community development and health organizations closest to them;
- [Healthy Communities Navigator](#), a dynamic searchable interactive platform that provides stakeholders with community and population health resources, grants and examples;
- [Network Commons](#), a virtual live discussion series connecting community development and health practitioners;
- [MeasureUp](#), a microsite of mapping and measurement tools to help identify community needs and assets; and
- [Jargon Buster](#), a tool used to help sectors communicate with each other by demystifying common industry jargon).

For more examples of public health, health care and community development collaborations, see:

- [TFAH's Healthy Communities Navigator](#)
- [Build Healthy Places Case Studies](#)

Appendix C: Examples of Private Healthcare Sector Investments in Community Health and Prevention

UnitedHealthcare & Chicanos Por La Causa: Phoenix, AZ

In Phoenix, Arizona, UnitedHealthcare has committed to provide Chicanos Por La Causa (CPLC)—a multistate Community Development Corporation focused on economic development, education, housing development and delivering of social services—access to up to \$20 million in direct capital to acquire, develop and operate multifamily housing units and to provide a variety of need-based services for residents. Under the initiative, all clients are screened for social needs and referred to social services including job training, housing, financial services and transportation. A new data system enhances communications between social service providers, including referrals. CPLC generates more than \$50 million in revenue from the housing, health and other services it provides.

Dignity Health: AZ, CA, NV

Dignity Health—formerly Catholic Healthcare West— has provided more than \$88 million in loans to more than 180 non-profits at below market rate since 1992, which have helped finance a range of community development efforts in underserved communities, including affordable housing, job training, community facilities and medical services.¹¹⁹ Dignity Health invests through a variety of other financial instruments beyond loans, including lines of credit and guarantees, below-market rate deposits in credit unions and CDFIs, and stock purchases in community development banks.¹²⁰ Through these varied investments, Dignity Health is able to diversify its portfolio, mitigate risk, and reduce the time and staff burdens that accompany individually managing projects.¹²¹

Mercy Medical Center, Cedar Rapids, IA

Mercy Medical Center has a history of increasing access to and supporting affordable housing initiatives in the communities Mercy serves. Mercy has partnered with developers in the procurement of property and/or provided financial assistance in the development of low income housing. Mercy also supports nonprofit organizations involved in affordable housing work through cash contributions. Mercy ran a program to ensure healthy housing also -- the Children's Homes Asthma Management Program in which infectious control practitioners assess air, particles, moisture, and cultures in the homes of children newly diagnosed with asthma.

Johns Hopkins Medical & Walgreens: East Baltimore, MD

To increase community health and wellness services in East Baltimore, Johns Hopkins partnered with Walgreens to open a “Well Experience” store, which provides healthy foods, students services, a community clinic and smoking cessation programs. Johns Hopkins invested \$500,000 into the initiative—helping to mitigate risk for Walgreens. In exchange for bearing a share of the losses, Johns Hopkins gets a split of the revenue generated by the Well Experience store.¹²²

Trinity Health: Livonia, MI

Through its 5-year, \$80 million Transforming Communities Initiative, Trinity Health is providing \$500,000 annual grants and \$40 million in low-interest loans to hospital-community partnerships

in six communities. Each site provides at least 25 percent in matching funds and are tackling issues identified in their CHNA, such as resource and infrastructure disparities or healthy food and active living barriers. Grant funds are derived from Trinity Health's community benefit pool.¹²³

UnitedHealth Group: MN

The UnitedHealth Group—which encompasses both UnitedHealthCare and Optum—invested \$50 million in Low-Income Housing Tax Credits (LITHC) for both the Greater Minnesota Housing Fund and Enterprise Community Investment. These investments were used to develop multi-family rental dwelling for low-income and special needs residents.¹²⁴

Partners for Kids (Nationwide Children's Hospital's Accountable Care Organization): Columbus, OH

Through a partnership with Columbus City Schools (CCS), Nationwide Children's Hospital's Accountable Care Organization, Partners for Kids, provides the licensed mental health professionals and training for school personnel to implement evidence-based school-wide prevention programs for students and teachers.¹²⁵ Nationwide Children's Care Connection initiative places behavioral health clinicians into first and second grade classrooms to help teachers administer the evidence-based PAX Good Behavior Game with their students.¹²⁶ In addition to school-wide mental health promotion, Nationwide Children's also provides therapeutic services—including individual and family counseling, as well as primary care services through their Care Connection school-based clinics and mobile care centers. This approach combines evidence-based primary prevention with screening, early intervention and treatment, forming a comprehensive school-based behavioral health system.

ProMedica: Toledo, OH

To address food insecurity, Toledo-based ProMedica invested \$3.5 million into building and renovating the Ebeid Institute for Population Health—which includes a full-service grocery store with healthy, affordable foods, as well as centers for financial literacy and job training. In 2015, ProMedica initiated a pilot program to deposit \$250,000 to \$3 million within smaller community banks with a directive to redeploy the deposits to create loans in those communities. Loans focused on key drivers of economic development, including job creation, new and/or expanded businesses, and new community services or programs.¹²⁷

Trillium Community Health Plan Coordinated Care Organization: Lane County, OR

Trillium Community Health Plan Coordinated Care Organization (CCO) and Lane County Health and Human Services (HHS) have a shared goal of advancing health equity, preventing tobacco use, slowing the rate of obesity, preventing substance abuse and mental illness, and improving access to care. Through a partnership between these two entities, Trillium CCO provides payments to Lane County HHS to provide the necessary staffing and implementation of population-based prevention activities and programs. Trillium generates these funds through a \$1.33 per member/per month investment, resulting in nearly one million dollars for prevention-related activities per year.¹²⁸ Recognizing the demonstrated return-on-investment of evidence-based social-emotional programs, Trillium currently allocates a portion of these prevention funds to support teacher training and implementation of the PAX Good

Behavior Game in Lane County schools. As of 2015, over 200 teachers in 14 districts in Lane County had been trained to use the program.¹²⁹ These funds also support Triple P and Family Check Up, evidence-based programs to improve parent-child relationships and prevent child abuse.¹³⁰

The Children's Hospital of Philadelphia: Philadelphia, PA

The Children's Hospital of Philadelphia (CHOP) used a combination of community benefit dollars and the New Markets Tax Credit to finance the construction capital needed for a new Community Health and Literacy Center in Philadelphia.¹³¹ CHOP secured \$9.8 million in NMTC equity and \$30.5 million in NMTC loans—which were to be repaid using CHOP general operating expenses. In exchange for taking on full responsibility for servicing the debt of the NMTCs, CHOP was offered a long-term lease from the city at a nominal cost for the space. While CHOP did not use its community benefit dollars to cover capital expenses, CHOP will claim any losses incurred from clinic operations as well as depreciation.

Bon Secours: SC, VA¹³²

For years, Bon Secours has aligned community benefit funds with targeted community investments to improve health, and currently has over 20 outstanding investments. In Richmond, VA, through a partnership with the community development intermediary Local Initiatives Support Corporation, Bon Secours has provided \$316,000 to the Supporting East End Entrepreneurship Development (SEED) program to jump-start local businesses and revitalize the community—including additional funds for business coaching and planning. In Greenville, SC, Bon Secours provided seed funds for a community land trust aimed at developing affordable housing and green space.

University of Vermont Medical Center: Burlington, VT¹³³

UVM Medical Center's Community Health Investment Committee allocates community benefit dollars to support temporary and permanent housing for the chronically homeless in their community. In first two years of operation, patients discharged from UVM Medical Center's Safe Harbor housing unit saw a 42% reduction in Emergency Department visits and 81% reduction in inpatient admission costs—creating savings of almost \$1 million in health care costs.¹³⁴ In 2017, UVM Medical Center provided \$3 million in community benefit funds to the Champlain Housing Trust to purchase and transform two motels into permanent affordable housing units for this key population—with support for onsite case management, social workers, and operating expenses.¹³⁵

Sojourner Family Peace Center: Milwaukee, WI¹³⁶

Sojourner Family Peace Center, Wisconsin's largest non-profit provider of domestic violence prevention and intervention services, provides a broad array of co-located services, including crisis housing, emergency services, law enforcement, assessments, counseling, and referrals.¹³⁷ Opened in 2016, the new Center was financed through innovative methods—including funding from Children's Hospital of Wisconsin. In 2013, the Children's Hospital of Wisconsin and Sojourner applied for money from the State of Wisconsin Building Commission to fund construction of the new facility. Children's Hospital also loaned Sojourner \$10.6 million, which Sojourner used to access New Markets Tax Credits. This loan was repaid when the hospital received matching grant funding from the State of Wisconsin Building Commission. The Children's Hospital donation of

\$3.8 million represents their portion of the construction costs, and in return, they receive free rent in the facility for life.¹³⁸

Appendix D: Taxation, Assessments, and other Requirements to Promote Community Health Investment

There are many examples of how tax and related governmental policy is being leveraged to fund community health initiatives, with different incentives (tax expenditures, taxes, assessments on healthcare providers, requirements for banks, etc.) targeted to either corporations or individuals.¹³⁹ Examples include:

- Using tax credits to incentivize community health investments by private sector entities that they otherwise may not be willing to make because of the aforementioned barriers.
 - New Markets Tax Credits, which provide a tax incentive to private investors to stimulate investment and economic growth in low income communities, have generated \$42 billion in direct investment (and \$80 billion in total capital investment) in a diverse array of businesses and development projects (including healthcare facilities, manufacturers, schools, facilities for youth and families, grocery stores, and business incubators and shared entrepreneurial space), generating more than 1 million jobs between 2003 and 2015.^{140,141}
 - Other tax credits that can be leveraged to improve community health include the Low-Income Housing Tax Credit (which encourages private equity investment in affordable rental housing) and the Work Opportunity Tax Credit (a tax credit for employers who hire individuals from targeted eligibility groups); please see Appendix C for more information on these tax credits and how they can improve community health.
- Using tax credits to incentivize individuals to direct their charitable giving to specific organizations and/or purposes – state charitable giving tax credits have raised \$20 million in Arizona for specified antipoverty organizations, \$40 million in Michigan for homeless shelters and food banks, and \$24 million per year in Iowa for community foundations.^{142,143}
- Leveraging property taxes to fund organizations focused on community health improvement – for example, counties in Florida are permitted by state legislation to levy or use property tax dollars to fund Children’s Services Councils, which in turn help fund organizations that serve children and families in the county, monitor program and provider performance, and serve as a hub, convening child advocacy partners and providing leadership, coordination, and oversight.¹⁴⁴
- Promoting community health through conditions of tax-exempt status - a prime example is community benefit requirements for tax-exempt hospitals, whereby nonprofit hospitals must undertake services and activities that benefit the community they serve. In addition to provision of care for the poor, this includes broader promotion of health through Community Health Needs Assessments and associated implementation strategies, efforts to improve health or advance health knowledge, and efforts to reduce the burden of government or other community health efforts.¹⁴⁵
- Levying taxes on products and activities demonstrated to have negative health impacts, such as tobacco, sugar sweetened beverages, or activities that create pollution – such

taxes have the potential to improve health outcomes by reducing behaviors/activities associated with negative health impacts, and the funds raised can be allocated to prevention and health promotion. Distributional impacts and other consequences of such taxes should be carefully considered.¹⁴⁶

- Using provider assessments (which, while not always in the form of taxes, function similarly) to address community health financing challenges at a state/local level – examples include:¹⁴⁷
 - The Massachusetts Prevention and Wellness Trust provided \$60 million over four years to support prevention and health promotion via a provider assessment, including grants to local community initiatives and workplace wellness efforts.
 - The Massachusetts Determination of Need Program (required before a health care entity can undertake a capital expenditure), which requires the applicant to spend the equivalent of at least 5 percent of the total capital expenditure of the project to fund community based health initiatives that address social determinants of health locally, and align with priority goals of the state health improvement plan. A portion of the hospital contributions also fund a statewide community-based health initiative to help provide the evidence and tools for the interventions to the local communities.
 - Some states also assess a specific provider tax (or request voluntary intergovernmental transfers from public and state university hospitals) to fund their state share of the Medicaid 1115 Delivery System Reform Incentive Payments (DSRIP) waivers.
- Placing requirements on certain entities that directly or indirectly improve community health – for example, the Community Reinvestment Act of 1977 is a federal law that requires banks to meet the credit needs of the communities they serve, particularly low income neighborhoods. Community Development Financial Institutions (CDFIs) serve as intermediaries that help commercial banks invest in low-income communities to meet their Community Reinvestment Act (CRA) requirements,¹⁴⁸ generally offering below-market rates and more flexible terms than conventional lenders, and pairing their financial products with education, training and technical assistance.¹⁴⁹ While most CDFI funding goes to affordable housing, CDFIs also fund job training programs and businesses in low-income communities, health centers, charter schools and other strategies to build the community and local economy.^{150 151 152} There are around 1,000 CDFIs, managing more than \$30 billion in assets around the country.¹⁵³ For more information on how community development can be a partner in community health improvement, please see Appendix B.

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