Collaboration to Build Healthier Communities

A Report for the Robert Wood Johnson Foundation Commission to Build a Healthier America
Creating Healthy Communities

Cross-sector partnerships are sparking widespread action to improve community health

**SEATTLE, WA**
Access to healthy foods

**LOS ANGELES, CA**
Quality early child care and education

**COATESVILLE, PA**
Access to preventative care and healthy housing

**CHICAGO, IL**
Data and evidence to build health into all policies and practices

**MIAMI, FL**
Opportunities for physical activity and healthy living

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*Report prepared for the RWJF Commission to Build a Healthier America*

by

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Introduction

In 2008, the Robert Wood Johnson Foundation convened a commission of nonpartisan leaders to identify opportunities to improve the health of all Americans by creating environments that protect and actively promote health. Their report, *Beyond Health Care: New Directions to a Healthier America*, included 10 recommendations for improving the health of our communities, several of which focused specifically on the health of children.

Because of the large role that social and economic factors play in shaping the health of communities, the Commission issued a call for collaboration that emphasized the need for leaders from all sectors—not just health care and public health, but early child care, education, human services, housing, community development finance, and other areas of community development that influence health—to work together to implement those recommendations.

Collaboration between the health sector and other sectors might generate new opportunities to improve health, but we need to understand the degree to which such cross-sector collaboration occurs, whether it has positive effects, and if so, the factors that underlie successful cross-sector, health-improving initiatives. This report, prepared for the 2013 reconvening of the Robert Wood Johnson Foundation Commission to Build a Healthier America, provides new information on collaborative action to improve the health of all communities across the United States. It addresses the following questions:

- What collaborative activity is occurring between the health and community development sectors in the United States?
- What factors underlie successful cross-sector initiatives to improve community health?
- What obstacles prevent collaboration between health and community development organizations from occurring?
- What actions can help optimally support additional collaboration between health and community development organizations that work to improve community health?

“Building a healthier America is feasible in years, not decades, if we collaborate and act on what is making a difference.” —Robert Wood Johnson Foundation

The information in this report comes from two sources:

First, a national survey of 661 professionals in the fields of health care, public health, early child care, education, human services, housing, transportation, and community development finance. The respondents, from 46 states and the District of Columbia, belong to organizations and associations known to have an interest in improving community health outcomes.

Second, in-depth, key informant interviews with professionals from the fields noted above, representing 27 organizations involved in cross-sector collaboration to promote health. Quotes and case examples from these interviews appear throughout the report.

The survey focused on seven issue areas for collaboration. About 4 out of 5 survey respondents worked at least minimally on most of these issue areas.

A description of the research methods used for this study, including a list of participating organizations and networks, appears in the Appendix.

<table>
<thead>
<tr>
<th align="left">Percent of respondents who indicated that their organization does at least some work on this issue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">Promoting a culture of health and wellness in schools, workplaces, and neighborhoods</td>
<td>88%</td>
</tr>
<tr>
<td align="left">Providing the evidence that decision makers need to build health into policies and practices</td>
<td>85%</td>
</tr>
<tr>
<td align="left">Access to health care</td>
<td>83%</td>
</tr>
<tr>
<td align="left">Access to healthy foods</td>
<td>83%</td>
</tr>
<tr>
<td align="left">Opportunities for physical activity and active living</td>
<td>81%</td>
</tr>
<tr>
<td align="left">Health Impact Assessments for community development projects</td>
<td>76%</td>
</tr>
<tr>
<td align="left">Quality early child care and education</td>
<td>58%</td>
</tr>
</tbody>
</table>
Collaboration between health and community development organizations to improve community health in the United States appears widespread

Level of collaboration

Regarding involvement in cross-sector collaboration, email survey respondents were asked about “efforts (either formal or informal) that include both community development and health organizations.” Nearly all respondents reported some cross-sector involvement on one or more issues during the previous 12 months. The involvement ranged from simply discussing potential projects with potential partners to actually implementing and succeeding with cross-sector initiatives.

Survey respondents interpreted the concept of “cross-sector efforts” broadly. Thinking more narrowly, and using information from the in-depth key informant interviews, we estimate that 30 to 40 percent of the cross-sector collaborative efforts included at least one health or public health entity and at least one finance organization from within the community development field.

Success with collaboration

Nearly three-quarters of the survey respondents (71%) reported involvement in at least one cross-sector project during the past year that had proven to be successful.

For some issues, respondents reported slightly more success than for other issues. The research did not explore the reasons for this variation.

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BRANDYWINE CENTER (Coatesville, Pennsylvania)

Brandywine is a health and housing center that provides adult and pediatric health care, dental services, and mental health services for children and families. The Center includes a Federally Qualified Health Care Center, affordable rental housing for low-income seniors, community meeting space, and a children’s library. Highlights of the project include:

- Successful alignment of several funding streams, including: federal Low-Income Housing Tax Credits, a USDA (United States Department of Agriculture) loan, and public and private donations.
- Partnership with the Coatesville Area School District to deliver health services.
- Major community economic development investment for the City of Coatesville (first large construction project in over 30 years).

Partners: Brandywine Health Foundation, ChesPenn Health Services, Chester County Community Dental Center, Human Services, Inc., Child Guidance Resource Centers, Community Lenders Community Development Corporation, Pennsylvania and Chester County Departments of Community Development, Pennsylvania Housing Finance Agency, and Federal Home Loan Bank.

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Current levels of cross-sector collaboration

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities for physical activity and active living</td>
<td>12%</td>
<td>19%</td>
<td>23%</td>
<td>46%</td>
</tr>
<tr>
<td>Promoting a culture of health and wellness in schools, workplaces, and neighborhoods</td>
<td>11%</td>
<td>17%</td>
<td>28%</td>
<td>45%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>12%</td>
<td>19%</td>
<td>25%</td>
<td>45%</td>
</tr>
<tr>
<td>Providing the evidence that decision makers need to build health into policies and practices</td>
<td>12%</td>
<td>18%</td>
<td>28%</td>
<td>42%</td>
</tr>
<tr>
<td>Access to healthy foods</td>
<td>12%</td>
<td>22%</td>
<td>25%</td>
<td>40%</td>
</tr>
<tr>
<td>Quality early child care and education</td>
<td>17%</td>
<td>22%</td>
<td>26%</td>
<td>35%</td>
</tr>
<tr>
<td>Health Impact Assessments for community development projects</td>
<td>16%</td>
<td>26%</td>
<td>27%</td>
<td>31%</td>
</tr>
</tbody>
</table>
The activities of successful cross-sector projects fell into one or more of three major categories: the development or enhancement of a service or program (54%); the development of a new policy or policy change (32%); and the delivery of training, tools, or technical support (30%).

Collaborative activity between community development and health organizations occurs in all regions of the United States, with some variations.

- Respondents in the East and Midwest were slightly more likely to report cross-sector projects with proven success than respondents in other regions.
- The success of efforts aimed at increasing quality early child care and education show the greatest variation among any of the issues, ranging from 25 percent in the South to 44 percent in the Midwest.

### Cross-sector projects with proven success by region

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>East</th>
<th>Midwest</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities for physical activity and active living</td>
<td>44%</td>
<td>47%</td>
<td>42%</td>
<td>52%</td>
</tr>
<tr>
<td>Promoting a culture of health and wellness in schools, workplaces, and neighborhoods</td>
<td>47%</td>
<td>51%</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>53%</td>
<td>48%</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>Providing the evidence that decision makers need to build health into policies and practices</td>
<td>44%</td>
<td>47%</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>Access to healthy foods</td>
<td>43%</td>
<td>45%</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Quality early child care and education</td>
<td>44%</td>
<td>25%</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td>Health Impact Assessments for community development projects</td>
<td>36%</td>
<td>28%</td>
<td>33%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**COMMUNITYRx AT THE UNIVERSITY OF CHICAGO URBAN HEALTH INITIATIVE** (Chicago, Illinois)

CommunityRx combines the use of electronic health records, mapping technology, and community engagement to connect South Side residents to neighborhood wrap-around services that support health and wellness via a personalized "HealthRx" prescription. The program, originating at the University of Chicago’s Urban Health Initiative, employs Federally Qualified Health Centers and neighborhood youth to help carry out its vision. Accomplishments of the program since 2009 include:

- Delivered information to residents about programs and services to manage their own health conditions via the HealthRx and via the websites www.southside-health.org and www.dondeesta.org.
- Provided 150+ youths with science and technology education, public health knowledge, and summer employment.
- Community advocates used resource mapping data to support the construction of a new store that carries fresh produce in a neighborhood where fresh food was scarce.

Partners: The University of Chicago, Alliance of Chicago Community Health Services, Centers for New Horizons, Chicago Family Health Center, Chicago Health Information Technology Regional Extension Center at Northwestern University, Consultant Dana Weiner, Friend Family Health Center, Greater Auburn Gresham Development Corporation, Healthcare Enhanced, Kosmik Holman Health Center of the Near North Health Services Corporation, New Ways Learning, Washington Park Consortium, Federally Qualified Health Centers and community organizations across Chicago’s South Side.

Funding: CommunityRx is currently funded by a Health Care Innovation Award 1C1C-MS330997-01-00 (Stacy Lindau, Project Director) from the Centers for Medicare and Medicaid Services to the University of Chicago and builds on work since 2008 by the University of Chicago Urban Health Initiative South Side Health and Vitality Studies and MAPSCorps programs.
Cross-sector collaboration is considered necessary for building healthier communities

Most of the survey respondents engaged in successful cross-sector projects agreed that they could not have achieved equivalent results without the involvement of partner organizations outside their field. Many community development organizations feel they cannot address health outcomes unless they collaborate with other sectors. Respondents frequently mentioned that collaboration enables them to pool resources and spread risk.

“We made a strategic pivot to building sustainable communities. Embedded in that is the need to work across sectors. You need housing, health, economics, asset building, access to education, healthy lifestyles, improved safety. No one entity delivers on all of those things, especially at a neighborhood level.”
– Andriana Abariotes, Executive Director, Local Initiatives Support Corporation Twin Cities (Saint Paul, Minnesota)

“In order to affect health over time, we need to improve civic infrastructure, educational opportunities, and long-term economic opportunities for families. That requires multi-level, generational investments. Everyone needs to have some skin in the game in a trans-disciplinary fashion.”
– Dr. Doriane Miller, Director, Center for Community Health and Vitality, Urban Health Initiative, University of Chicago (Chicago, Illinois)

“Collaboration opened up a lot of funding opportunities, and not just new grants. The financial assistance program expansion and new cost recovery model were built on sources of revenue that were being underutilized. In working together with parks and recreation, we changed the system within both our organizations.”
– Tatiana Dierwechter, Healthy Communities Program Manager, Benton County Health Services (Corvallis, Oregon)

Factors contributing to the success of cross-sector efforts to improve overall community health

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled leadership</td>
<td>93%</td>
</tr>
<tr>
<td>Mutual respect and understanding among partner organizations</td>
<td>91%</td>
</tr>
<tr>
<td>Shared vision and common goals</td>
<td>89%</td>
</tr>
<tr>
<td>Ability to be innovative</td>
<td>74%</td>
</tr>
<tr>
<td>Adequate funding and resources</td>
<td>72%</td>
</tr>
<tr>
<td>Well-established relationships and communication links with partner organizations</td>
<td>71%</td>
</tr>
<tr>
<td>A history of collaboration</td>
<td>69%</td>
</tr>
<tr>
<td>Had an existing model or best practice to follow</td>
<td>54%</td>
</tr>
<tr>
<td>Another factor</td>
<td>30%</td>
</tr>
</tbody>
</table>
Three factors most strongly influence success

Leadership, mutual respect and understanding, shared vision and common goals

From a list of eight factors, known from prior research to influence successful collaboration, survey respondents representing successful cross-sector initiatives most often identified three as “very important”: skilled leadership, mutual respect and understanding among partner organizations, and shared vision and common goals.

“It is really important for the person leading or coordinating the initiative to value relationship building, and understand the importance of maintaining those relationships in order to implement a shared vision.” – Marigny Bostock, Community Health Supervisor, Louisville Metro Department of Public Health and Wellness (Louisville, Kentucky)

“One of the tensions in collaborative work is that people wrestle with what their role is supposed to be. You need time to let people get to know one another. Whenever initiatives spring up, people scramble to the table and they want to get started, but if you don’t build relationships first, things can go wrong.” – Andriana Abariotes, Executive Director, Local Initiatives Support Corporation Twin Cities (Saint Paul, Minnesota)

“Everyone had an understanding of the vision and the goals—we all knew what we were driving toward. Communication was [the] key. If you don’t have good communication and trust who you are working with, you’re in trouble.” – Terri Mueller, Interim Executive Director, Local Initiatives Support Corporation Greater Kansas City (Kansas City, Missouri)

“Having a history of collaboration was really important to the implementation of a vision of health in the community.” – Maria Nardi, Chief of Planning and Research, Miami-Dade County Parks, Recreation, and Open Spaces Department (Miami, Florida)

Community engagement is an important function of leadership

Key informants identified the need for both institutional and grassroots leaders. While the technical expertise of professionals in the field and the support of state and local government leaders help to advance projects to implementation, community engagement figures prominently in the ultimate success of projects.

“If you look at successful health centers, the ones that really shine above and beyond are the ones that have leaders who are deeply rooted in their communities, who know and understand their communities, and who are really incredible at bringing people together to help them achieve their visions. They have tons of connections. They are involved in everything.” – Allison Coleman, Chief Executive Officer, Capital Link (Boston, Massachusetts)

“It all comes back to relationships, ownership, and community buy-in. You can have strong leaders, but if you don’t have community buy-in, your initiative won’t work well.” – Dominique Williams, Program Officer, Local Initiatives Support Corporation Chicago (Chicago, Illinois)

“Our public-private partnerships have been crucial to our success. We can think we know what’s good for the community, but if the community hasn’t bought in and there is no [community] ownership, then nothing is going to change in the long term.” – Ruben Brambila, Project Manager, City of Rancho Cucamonga (Rancho Cucamonga, California)

Lack of resources, shared vision, skilled leadership, and mutual understanding and trust can create barriers to successful collaboration

When asked whether the absence of any of the factors known to influence collaboration constituted a barrier, survey respondents most often cited “inadequate funding and resources” as a “huge barrier” to the success of collaboration between local health and community development organizations. Respondents not involved in a successful cross-sector project in the past 12 months more often identified this factor as a barrier to collaboration than those respondents involved in a successful cross-sector project.

Based on survey responses, perceived barriers to collaborative action appear to vary by region of the United States. Respondents in the Midwest had a slight tendency to report fewer barriers.

Other factors identified by survey respondents as a barrier to their success included the lack of: incentives for collaboration, trust among partner organizations, buy-in from organization leaders, favorable political climate, adequate staff time, and community engagement.

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**PRESCHOOL WITHOUT WALLS** (Los Angeles, California)

Preschool Without Walls provides opportunities for low-income parents to engage in early learning activities with their children in libraries, public parks, and at home. This mobile preschool strategy addresses the barrier of resistance to center-based day care, which is often a factor with immigrant families and families who have been involved with social services. Major accomplishments of the program to date include:

- Successful outreach to families who have previously resisted participation in early childhood learning programs.
- Increased capacity of community-based organizations to take part in neighborhood children’s health and early learning.
- Gains in school readiness among program participants, including improved academic skills and social-emotional behaviors.

Partners: South Bay Center for Community Development, Los Angeles County Department of Children and Family Services, Los Angeles County Parks and Recreation, First Five, Wells Fargo, Union Bank, East West Bank, and several nonprofit community-based organizations.

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### Barriers to collaboration between local community development and health organizations working to improve overall community health

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not a barrier</th>
<th>A small barrier</th>
<th>A huge barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate funding and resources</td>
<td>30%</td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td>Lack of shared vision and common goals</td>
<td>11%</td>
<td>34%</td>
<td>55%</td>
</tr>
<tr>
<td>Lack of skilled leadership</td>
<td>16%</td>
<td>29%</td>
<td>55%</td>
</tr>
<tr>
<td>Lack of mutual understanding and respect among partner organizations</td>
<td>21%</td>
<td>26%</td>
<td>53%</td>
</tr>
<tr>
<td>Lack of well-established relationships and communication links with potential partner organizations</td>
<td>14%</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Inability to be innovative</td>
<td>24%</td>
<td>42%</td>
<td>34%</td>
</tr>
<tr>
<td>No history of collaboration in the community</td>
<td>19%</td>
<td>49%</td>
<td>32%</td>
</tr>
<tr>
<td>Lack of existing models or best practices to follow</td>
<td>25%</td>
<td>56%</td>
<td>19%</td>
</tr>
<tr>
<td>Another factor</td>
<td>34%</td>
<td>11%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Efforts such as the Federal Reserve’s Healthy Communities Initiative can raise awareness and promote collaboration

Since the release of the 2008 Commission to Build a Healthier America’s report, *Beyond Health Care: New Directions to a Healthier America*, calling for increased collaboration across sectors, several Federal Reserve Banks across the United States have partnered with health and philanthropic organizations in their districts to bring together community development and health professionals to explore commonalities and identify joint opportunities to improve the health of communities.

Two-thirds (65%) of the survey respondents who attended a Federal Reserve Healthy Communities conference believe that the initiative has helped to increase collaboration between local community development and health organizations. One-quarter of those who did not attend these conferences also indicated that the initiative helped to increase collaboration.

According to respondents, the Healthy Communities initiative championed by Federal Reserve Banks and their partners has provided a valuable platform for engaging potential partners in laying the groundwork necessary to further cross-sector collaboration, including the establishment of communication links and mutual understanding of how each sector can contribute to the building of healthier communities.

“It was an ‘aha’ moment when I heard that people are interested in the bigger social and economic factors that we talk about in our work. There is a parallel between how community health centers and community development financial institutions emerged. It was interesting to learn about that common history.”  —Carla Dickstein, Senior Vice President, Coastal Enterprises, Inc. (Wiscasset, Maine)

<table>
<thead>
<tr>
<th>Federal Reserve Healthy Communities Initiative</th>
<th>Attended a Fed Healthy Communities Conference</th>
<th>Did NOT attend a Fed Healthy Communities Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped to increase collaboration between community development and health organizations</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>Attended</td>
<td>49%</td>
<td>20%</td>
</tr>
<tr>
<td>Did NOT attend</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>32%</td>
<td>72%</td>
</tr>
</tbody>
</table>

“It sharpened our awareness about the unique role LISC can play in addressing the significant health disparities that exist in low-income neighborhoods we serve. As a national community development organization, we have direct access to financing and expertise. We can connect that with LISC New York City’s physical assets and place-based community organizing approach, to improve communities in ways that allow residents to make better choices about their health.”  —Colleen Flynn, Green and Healthy Neighborhoods Coordinator, Local Initiatives Support Corporation New York City (New York, New York)

**FIT2PLAY** (Miami-Dade County, Florida)

Fit2Play is a countywide program that provides out-of-school-time activities for children ages 6 to 14 focused on physical activity, nutrition education, and academic enrichment through the parks and recreation system. In cooperation with the University of Miami, the program also monitors changes in key health indicators for participants, including Body Mass Index and blood pressure. Data is used to help parents make informed decisions about their children’s nutrition and fitness. Major outcomes of the program to date include:

- Unified diverse partners to subsidize participation, allowing Fit2Play to charge fees on a sliding scale to reach children of all economic backgrounds.
- Participants significantly improved their level of physical fitness and understanding of basic nutrition while lowering risk factors such as high BMI and blood pressure.

Partners: Miami-Dade County Parks, Recreation and Open Spaces Department; University of Miami Pediatrics Unit; Avmed; Parks Foundation of Miami-Dade County; Health Foundation of South Florida; Kiwanis.
Promoting additional collaboration

Advice from the field

Survey respondents identified actions beyond additional funding that could help to support greater collaboration between community development and health organizations working to build healthier communities. Most often cited were:

• One-third recommended more opportunities for cross-sector networking and convening.
• One-fourth recommended increased sharing of evidence-based practices and successful case examples.
• Almost one-fourth suggested greater focus on shared vision, goals, and outcomes.

Other suggestions included: trainings to improve cross-sector collaboration, trainings to increase knowledge about other sectors, cultivation of additional organizational and individual leaders, better ways to measure the outcomes of joint initiatives, and greater incentives for collaboration across sectors.

Respondents engaged in successful cross-sector projects offered advice for other practitioners, including:

“Think about the ways in which you can be a true partner. Be creative. Our community partner recognized that we share a common goal and was able to say, this is a resource that we have that we can bring to the table that you cannot bring to the table.”
–Dr. Doriane Miller, Director, Center for Community Health and Vitality, Urban Health Initiative, University of Chicago (Chicago, Illinois)

“At the top of the list for me, definitely, is listening to the community where you are doing this work and setting up mechanisms for active listening. You really need to develop a more engaged, long-term set of strategies for listening to the community that might not be immediately obvious. Don’t just go out and do one survey.”
–Taylor Brady, Development Director, South Bay Center for Community Development (Los Angeles, California)

“Investments in technical assistance and capacity building that create the bridge between community-based organizations and financial resources are important, and are often overlooked.”
–Allison Coleman, Chief Executive Officer, Capital Link (Boston, Massachusetts)

“Having data to tell the story about who is doing well and who isn’t doing so well, and being able to share that with the community, is important for creating a common vision. Making sure that data is accessible, shared, and part of the planning up-front, is a critical piece.”
–Tatiana Dierwechter, Healthy Communities Program Manager, Benton County Health Services (Corvallis, Oregon)

HEALTHY FUTURES FUND (National; Saint Paul, MN site)

The Healthy Futures Fund is a national initiative to support development of community health centers in underserved areas and of affordable housing with health programs for low-income residents. It promotes collaboration between community development organizations and community health care providers to improve the health of low-income individuals and families. LISC Twin Cities and its local partners accessed these and other resources to help expand quality health care and wellness activities. Progress thus far:

• Expanding the East Side Family Clinic: a $10.5 million state-of-the-art facility enabling the West Side Community Health Services to reach over 11,000 low-income people with medical, dental, mental health, and pharmacy needs.
• Renovation of a 108-unit apartment complex to provide: affordable rental units for workforce housing; services to refugee families; and space to other community organizations, for tenant health care screenings and other services.

Recommendations

What actions can help optimally support additional collaboration between health and community development organizations working to improve community health?

The practitioners tapped for this study exhibited much experience in cross-sector collaboration (71% involved in at least one successful project).

This widespread action across the nation constitutes strong momentum for furthering such efforts. As the research for this report shows, practitioners whose cross-sector projects have succeeded opine that they could not have achieved similar results without partnering with colleagues from other sectors.

Based on the information gathered through this research, we offer the following three recommendations for enhancing cross-sector collaboration to improve the health of communities in the United States.

The emerging field of cross-sector collaboration to improve health requires national-level leadership, to build a network and to increase the rate of progress.

• Currently, no single formal network exists to unify this field. Better cross-sector communication channels could increase the regular exchange of information, including the sharing of best practices.

• The network should make use of existing technologies and provide opportunities for practitioners at all levels, from program coordinators to executive leaders.

• Construction of a national network will require commitment from leaders of organizations with national reach. The Robert Wood Johnson Foundation and Federal Reserve Banks have provided much leadership to date. They should assess whether continued leadership makes sense, and if so, what roles to play. Entities such as federal government agencies, professional and industry associations, national foundations, and potentially others, could play a vital role in helping to identify network participants and deliver information.

More opportunities, for current and potential collaborative partners to learn how cross-sector collaboration works, and to improve their skills and knowledge, will improve the field.

• Successful collaboration requires that participants have the skills needed for effective partnering, such as strong leadership, good communication, and relationship and trust building. Practitioners working across sectors to create healthy communities would benefit from training in these skills so that they can collaborate more effectively.

• Successful cross-sector projects to improve community health often require technical knowledge of programs, funding streams, or sector operations in order to motivate stakeholders and/or effectively combine resources. Incorporation of New Markets Tax Credits, the Affordable Care Act, or Community Reinvestment Act credit are quintessential examples.

• Learning can occur through professional conferences, webinars, online resources, and community workshops.

• Education and training for staff to increase their capacity to work across sectors should be prioritized by leaders of organizations engaged in building healthier communities.

WeTHRIVE! CHILD CARE (Hamilton County, OH)

Hamilton County Public Health (HCPH)’s WeTHRIVE! Child Care initiative partners with center-based day care providers to create healthy and active environments for the children and families it serves. The completion of the Nutrition and Physical Activity Self Assessment for Child Care helps centers build on strengths and close gaps. Technical assistance, CATCH training, activity tool kits, menu reviews, and healthy eating demonstrations support the transformation of centers. To date, HCPH has:

• Leveraged success with seven initial child care centers to secure $500,000 over five years to scale the initiative.

• Contracted with two independent registered dietitians to perform menu reviews and make recommendations to support centers to exceed state nutrition standards.

• Trained 55 child care centers that have adopted healthy eating and physical activity policies reaching over 5,000 children.

Partners: YMCA of Greater Cincinnati, Cincinnati Children’s Hospital Medical Center, Cincinnati Public School District, United Way and Hamilton County Job and Family Services, CDC Strategic Alliance for Health, the Robert Wood Johnson Foundation.
Building the evidence base for cross-sector initiatives that effectively improve health by creating environments that protect and actively promote health can further increase impact.

- Information about a cross-sector project has two major benefits: a) it offers practitioners the opportunity to improve their work, based on the experience of others; and b) it can serve to mobilize others who see what results this work can produce.

- Evidence should document project goals, who was involved, characteristics of the local environment, funds and other resources used to support the project, and what outcomes occurred.

- Practitioners need to form a consensus around metrics for success. Metrics will have the greatest utility if they emerge from a process that engages both experts from multiple sectors and community members.

- Production of useful resources will require better measurement and evaluation, along with the synthesis of information from multiple sources.

- Because no single approach will work in all environments, an accessible database that indicates what works, and under what circumstances, would be beneficial for practitioners.

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### BRINGING HEALTH HOME (Rancho Cucamonga, California)

Bringing Health Home is a citywide program that offers Rancho Cucamonga households with children ages from birth to five years and those in Southwest Cucamonga an opportunity to receive matching coupons for produce at local farmers markets through participation in monthly educational workshops. Families learn about nutrition, how to prepare healthy foods, and how to budget for healthy food. The program has proven success in its ability to change participants’ healthy eating attitudes and behaviors, including:

- Established public awareness that healthy eating is both important and affordable.
- Increased behavior of regularly purchasing produce.
- Increased overall consumption of healthy foods.

Partners: City of Rancho Cucamonga, First Five San Bernardino, Inland Empire United Way, local businesses, nonprofit community-based organizations, hospitals, and education institutions.

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### HEALTHY FOODS HERE (Seattle, Washington)

The Healthy Foods Here program administered by the Seattle Office of Economic Development focuses on small business development and retailer profit to increase access to healthy produce in underserved neighborhoods. Corner store owners receive financial, marketing, and technical assistance to increase their capacity to carry and sell fresh produce. Major outcomes of the program to date include:

- Increased number of stores that are WIC- and EBT-certified
- Increased store owners’ potential access to credit by increasing collateral (new equipment and façade improvements) and retail knowledge (training in distribution and supply chain development, produce handling, bookkeeping, etc.).
- Stimulated demand for healthy foods through coupons and store events.

APPENDIX

Acknowledgements

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Alex Field and the Burness Communications design team for the infographic.

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Claire Kramer, Federal Reserve Bank of New York
Stephen Martin, Association for Community Health Improvement
Erin Marziale, National Network of Public Health Institutes
John Moon, Federal Reserve Bank of San Francisco
Lena Robinson, Federal Reserve Bank of San Francisco
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Carmen Rojas, Living Cities
Elizabeth Sobel-Blum, Federal Reserve Bank of Dallas
Karen Timberlake, National Network of Public Health Institutes
Aaron Wernham, Pew Charitable Trusts
Chris Walker, National Local Initiatives Support Corporation

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Jennifer Bohlke, Wilder Research
Sarah Gehrig, Wilder Research
Nancy Hartzler, Wilder Research
Tammy Nolen, Wilder Research
Paula Woessner, Federal Reserve Bank of Minneapolis
Methodology

To create a national picture that would enable Commission members to understand the current status of cross-sector collaboration to build healthier communities, we distributed an email survey to members of the following organizations and associations known to have an interest in improving community health outcomes:


The email survey and cover letter went to approximately 2,600 individuals and 661 responded. Participation in this study was entirely voluntary, with no compensation.

The survey contained questions about the level of cross-sector interaction, project success factors, barriers to collaboration between community development and health organizations, the Federal Reserve’s Healthy Communities Initiative, and recommendations for furthering cross-sector collaboration.

Based on responses to our email survey question, “You indicated that your organization has participated in one or more joint projects between community development and health organizations that have proven to be successful. Please summarize the outcomes of your efforts,” we were able to identify approximately 100 initiatives that had produced outcomes that could serve to educate the readers of our report. From this set of initiatives, 30 participants were selected for follow-up telephone interviews to provide more in-depth information about their experiences. The telephone interviews addressed the following major topics: primary project goals, major accomplishments, ingredients for success, and advice to other organizations in the field.

From our interviews, we selected a number of case examples for inclusion in the report. Initiatives were selected based on: the level of detail and concrete outcomes available; representativeness of issue areas, geographic locations, and stakeholders; and the willingness of informants to complete an interview within our project timeline.

Note: Selected initiatives do not necessarily constitute better or more successful efforts than other similar initiatives across the country. Rather, these cases are intended to provide very good examples for learning about and understanding cross-sector collaboration to promote community health.

For more information about the study methodology, or to obtain a copy of the data collection instruments used, please contact Ela Rausch, Federal Reserve Bank of Minneapolis project manager, at Ela.Rausch@mpls.frb.org.
Email Survey Participants

Local Initiatives Support Corporation - Rural Program, Washington, District of Columbia
Volunteers in Medicine of Southern Nevada, Las Vegas, Nevada
1000 Friends of Florida, Tallahassee, Florida
A Better Balance, New York City, New York
ABC Behavioral Health LLC, Dallas, Texas
Access Community Health Network, Chicago, Illinois
Access to Capital for Entrepreneurs, Cleveland, Georgia
Action for Healthy Kids, Austin, Texas
ACTIVE Life, Inc., Austin, Texas
Advocate Health Care/The Center for Faith and Community Health Transformation, Chicago, Illinois
Alameda County Public Health Department, Oakland, California
Alegent Creighton Health, Omaha, Nebraska
Alliance for Nonprofit Excellence, Memphis, Tennessee
Allina Health, Minneapolis, Minnesota
Amarillo Area Foundation, Amarillo, Texas
American Consumer Credit Counseling, Auburndale, Massachusetts
American Diabetes Association, Dallas, Texas
American Geriatric Society, New York City, New York
American Heart Association, Dallas, Texas
American Legacy Foundation, Washington, District of Columbia
Amherst H. Wilder Foundation, Saint Paul, Minnesota
Another Avenue Cultural Resource Center, Nashville, Tennessee
Appalachian Sustainable Agriculture Project, Asheville, North Carolina
Arrowhead Regional Development Commission, Duluth, Minnesota
Association for Community Health Improvement, Chicago, Illinois
Association of Persons Affected by Addictions, Dallas, Texas
Asterhill Inc., Rochester, New York
Aurora Health Care, Milwaukee, Wisconsin
Baltimore Food Policy Initiative, Brownsville, Texas
Baptist Health, Jacksonville, Florida
Bay Area Legal Aid, Oakland, California
Benton County Health Services, Corvallis, Oregon
Benton-Franklin Community Health Alliance, Kennewick, Washington
Better for Health for Indiana, Indianapolis, Indiana
Blandin Foundation, Grand Rapids, Minnesota
Blue Cross and Blue Shield of Minnesota Foundation, Eagan, Minnesota
Blue Cross and Blue Shield of North Carolina Foundation, Durham, North Carolina
Blue Sea Development Company, Huntington and New York City, New York
Blue Shield of California Foundation, San Francisco, California
Bon Secours Richmond, Richmond, Virginia
Boston Alliance of Community Health, Boston, Massachusetts
Boston Children's Hospital, Boston, Massachusetts
Boston Community Capital, Boston, Massachusetts
Boston Food Policy Council, Boston, Massachusetts
Boston Healthy Homes & Schools Collaborative/Health Resources in Action, Boston, Massachusetts
Boston Public Health Commission, Boston, Massachusetts
Botsford Hospital, Farmington Hills, Michigan
Bowman-Melton Associates, Inc., Dallas, Texas
Brandywine Health Foundation, Coatesville, Pennsylvania
Brazos Valley Community Action Agency, Inc., Bryan/College Station, Texas
Brighter Beginnings, Oakland, Richmond, Bay Point, Antioch, California
Brookton Neighborhood Health Center, Brockton, Massachusetts
Brother Bill's Helping Hand, Dallas, Texas
Brownsville campus of the University of Texas School of Public Health, Brownsville, Texas
Buffalo County Community Health Partners, Kearney, Nebraska
Bruncombe County Department of Health and Human Services, Asheville, North Carolina
California Housing Finance Agency, Culver City, California
Calvert Foundation, Bethesda, Maryland
Cameron County Department of Health and Human Services, Blackwood, New Jersey
CAN DO Houston, Houston, Texas
Cape Cod Healthcare, Hyannis, Massachusetts
Capital Good Fund, Providence, Rhode Island
Capital Link, Boston, Massachusetts
Care Share Health Alliance, Raleigh and eastern North Carolina
Carsey Institute, University of New Hampshire, Durham, New Hampshire
Carteret County Health Department, Morehead City, North Carolina
Cascade City-County Health Department, Great Falls, Montana
Catholic Charities West Michigan, Grand Rapids, Michigan
Catholic Health Initiatives, Englewood, Colorado
Cedars-Sinai Medical Center, Los Angeles, California
Center for Community Health and Vitality, Urban Health Initiative, University of Chicago, Chicago, Illinois
Center for Health Improvement, Sacramento, California
Center for Mississippi Health Policy, Jackson, Mississippi
Center for Public Health Sciences, Albert Einstein College of Medicine, New York City, New York
Center for Social Policy, McCormack Graduate School, University of Massachusetts Boston, Boston, Massachusetts
Center on Social Disparities in Health, University of California San Francisco, San Francisco, California
Centers for Disease Control and Prevention, Atlanta, Georgia
Central California Regional Obesity Prevention Program, Fresno, California
Centro de MI Salud, LLC, Dallas, Texas
Centro Latino for Literacy, Los Angeles, California
CFLeads, Concord, Massachusetts
ChangeLab Solutions, Oakland, California
Charleston Area Medical Center, Charleston, West Virginia
Cheshire Medical Center, Keene, New Hampshire
Chester County Health Department, West Chester, Pennsylvania
Chicago Department of Public Health, Chicago, Illinois
Chicanos Por La Causa, Inc., Phoenix, Arizona
Child Care Aware of Minnesota, Saint Paul, Minnesota
ChildFund International, Washington, District of Columbia
Children's Advocacy Alliance, Las Vegas, Nevada
Children's Hospital of Wisconsin, Milwaukee, Wisconsin
Children's Medical Center of Dallas, Dallas, Texas
Christie and Associates, Cedar Hill, Texas
Citi Community Development, New York City, New York
City Health Works!, New York City, New York
City National Bank, Los Angeles, California
City of Appleton Health Department, Appleton, Wisconsin
City of Henderson, Henderson, Nevada
City of Houston, Houston, Texas
City of Las Vegas, Las Vegas, Nevada
City of Minneapolis, Minneapolis, Minnesota
City of New Orleans Health Department, New Orleans, Louisiana
City of North Las Vegas, North Las Vegas, Nevada
City of Somerville MA Health Department, Somerville, Massachusetts
City Vida Consulting, Los Angeles, California
CitySquare, Dallas, Texas
Civic Health/CareScope, Knoxville, Tennessee
Clark County Department of Social Services, Las Vegas, Nevada
CLASP, Washington, District of Columbia
Claxton-Hepburn Medical Center, Ogdensburg, New York
Clinical Directors Network (CDN), New York City, New York
Coastal Enterprises, Inc., Wiscasset, Maine
Codman Square Health Center, Dorchester, Massachusetts
Collin College, Frisco, Texas
Community Action Duluth, Duluth, Minnesota
Community Asset Builders, LLC, Jefferson City, Missouri
Community Bank, Pasadena, California
Community Capital Management, Weston, Florida

A Report for the RWJF Commission to Build a Healthier America | Page 13
Community Consultants, San Antonio, Texas
Community Council of Greater Dallas, Dallas, Texas
Community Financial Resources, Berkeley, California
Community Foundation of Northwest Mississippi, Hernando, Mississippi
Community Health Advisor, Ellicott City, Maryland
Community Health Advisors, LLC, Boston, Massachusetts
Community Health Network, Indianapolis, Indiana
Community Partners, Los Angeles, California
Community Service Society, New York City, New York
Connecticut Hospital Association, Wallingford, Connecticut
Contra Costa Interfaith Housing, Walnut Creek, California
Conway Regional Health System, Conway, Arkansas
Cook Children’s Health Care System, Fort Worth, Texas
Cook County Healthy Kids, Healthy Communities, Sparks, Georgia
Cooley Dickinson Hospital, Northampton, Massachusetts
Cornell Cooperative Extension of Ulster County, Kingston, New York
Corporation for Supportive Housing, New York City, New York
Corporation for the Development of Community Health Centers, Inc., Austin, Texas
Crim Fitness Foundation, Flint, Michigan
Cross Timbers Health Clinics, Inc., De Leon, Texas
CUNY School of Public Health at Hunter College, New York City, New York
Dallas Area Habitat for Humanity, Dallas, Texas
Dallas County Health and Human Services, Dallas, Texas
Dallas-Fort Worth Hospital Council Education and Research Foundation, Irving, Texas
Dallas Women’s Foundation, Dallas, Texas
Dallas-Fort Worth Business Group on Health, Dallas, Texas
Dana-Farber Cancer Institute, Boston, Massachusetts
Denver Department of Environmental Health, Denver, Colorado
DevSolutions Capital, Lowell, Massachusetts
DHHS/OPH/BPCRH/Chronic Disease Prevention and Control Unit, New Orleans, Louisiana
Diabetes Free Dallas-Fort Worth & Dallas-Fort Worth Health Coaches, Richardson, Texas
Dignity Health, Rancho Cordova, California
Dispensary of Hope, Nashville, Tennessee
District of Columbia Primary Care Association, Washington, District of Columbia
Dominican Hospital, Santa Cruz, California
Dorchester House Multi-Service Center, Dorchester, Massachusetts
DotWell, Boston, Massachusetts
Down East Partnership for Children, Rocky Mount, North Carolina
Duluth Local Initiatives Support Corporation, Duluth, Minnesota
East Bay Asian Local Development Corporation, Oakland, California
East Bay Asian Youth Center, Oakland, California
East Texas Community Health Services, Inc., Nacogdoches, Texas
Emerging Markets, Inc., Los Angeles, California
Enterprise Community Investment, Columbia, Maryland
Evangelical Community Hospital, Lewisburg, Pennsylvania
Exercise is Medicine, Indianapolis, Indiana
Fairbanks Memorial Hospital, Fairbanks, Alaska
Fairview Health Services, Minneapolis, Minnesota
Fairview Lakes Medical Center, Wyomissing, Pennsylvania
Family Compass, Dallas, Texas
Federal Reserve Bank of Atlanta, Atlanta, Georgia
Federal Reserve Bank of Dallas, Dallas, Texas
Federal Reserve Bank of Minneapolis, Minneapolis, Minnesota
Federal Reserve Bank of San Francisco, San Francisco, California
FirstHealth of the Carolinas, Pinehurst, North Carolina
FitWell, Healthy City Initiative, Fort Worth, Texas
Fizika Group, LLC, Lancaster, Pennsylvania
FKP Architects, Inc., Dallas, Texas
Florida Department of Health, Vero Beach, Florida
Fletcher Allen Health Care, Burlington, Vermont
Florida Department of Health Duval County, Jacksonville, Florida
Florida Department of Health Polk County, Bartow, Florida
Florida Public Health Institute, Lake Worth, Florida
Folks at Home, Sewanee, Tennessee
Fordham University, New York City, New York
Fordyce County Department of Public Health, Winston-Salem, North Carolina
Foundation Communities, Austin, Texas
Foundation for the Mid South, Jackson, Mississippi
Fourth Ward Clinic dba Good Neighbor Healthcare Center, Houston, Texas
Franklin Field Franklin Hill Dorchester Healthy Boston Coalition, Dorchester, Massachusetts
Froedtert Health, Milwaukee, Wisconsin
Froedtert Hospital, Milwaukee, Wisconsin
Galveston County Health District, Texas City, Texas
Gaston Institute at the University of Massachusetts Boston, Boston, Massachusetts
GRACE Community Clinic, Grapevine, Texas
Greater Boston Food Bank, Boston, Massachusetts
Greater Boston Local Initiatives Support Corporation, Boston, Massachusetts
Greater Kansas City Local Initiatives Support Corporation, Kansas City, Missouri
Green & Healthy Homes Initiative, Baltimore, Maryland
Groundwork Lawrence, Inc., Lawrence, Massachusetts
GrowthUp Healthy Duluth, Duluth, Minnesota
Guilford County Department of Public Health, Greensboro, North Carolina
Hamilton County Public Health, Cincinnati, Ohio
Harris County Public Health and Environmental Services, Houston, Texas
Harvard School of Public Health, Boston, Massachusetts
Healing Hands Ministries Charity Medical and Dental Clinic, Dallas, Texas
Health and Environmental Funders Network, Bethesda, Maryland
Health Assessment Resource Center, Palm Desert, California
Health Care Institute at Anderson School of Management at University of California Los Angeles, Los Angeles, California
Health care strategic planner, Windsor, California
Health Council of South Florida, Miami, Florida
Health in All Policies Task Force/Public Health Institute/California Department of Public Health, Sacramento, California
Health Leads, Boston, Massachusetts
Health Partners, Bloomington, Minnesota
Health Planning Council of Northeast Florida, Jacksonville, Florida
Health Promotion Council, Philadelphia, Pennsylvania
Health Resources in Action, Boston, Massachusetts
Health Services of North Texas, Denton, Texas
Healthcare Development Financial Institution, New York City, New York
HealthEast Care System, Saint Paul, Minnesota
Healthier Communities Department of Spectrum Health, Grand Rapids, Michigan
Healthy Appalachia Institute, Wise, Virginia
Healthy Connections Network, Akron, Ohio
Healthy Duluth Area Coalition, Duluth, Minnesota
Healthy Memphis Common Table, Memphis, Tennessee
Healthy Tarrant County Collaboration, Fort Worth, Texas
Healthy York Network, York, Pennsylvania
Heartland Foundation, Saint Joseph, Missouri
Hennepin County Medical Center, Minneapolis, Minnesota
Hidalgo Medical Services, Lordsburg/Silver City, New Mexico
Holy Spirit Hospital, Camp Hill, Pennsylvania
Home City Housing Development, LLC, Springfield, Massachusetts
Home Health Services of Texas, Dallas and Houston, Texas
Hope Clinic of Garland, Garland, Texas
Hope Community, Minneapolis, Minnesota
Hope Enterprise Corporation, Jackson, Mississippi
Hospital Alliance of Tennessee, Nashville, Tennessee
Housing Partnership Network, Boston, Massachusetts
Houston Housing Resource, Houston, Texas
Hudson River Healthcare, Peekskill, New York
Inquilinos Boricuas en Acción, Boston, Massachusetts
ICF International, Atlanta, Georgia
Idaho Smart Growth, Boise, Idaho
IFF, Chicago, Illinois
Illinois Public Health Institute, Chicago, Illinois
Independence, Missouri, Health Department, Independence, Missouri
Independent Consultant, New York City, New York
Indiana Primary Health Care Association, Indianapolis, Indiana
Indiana University Richard M. Fairbanks School of Public Health, Indianapolis, Indiana
Ingham County Health Department, Lansing, Michigan
Initiative for Responsible Investment at the Hauser Center for Nonprofit Organizations, Harvard University, Cambridge, Massachusetts
Insight Center for Community Economic Development, Oakland, California
Institute for a Sustainable Future, Duluth, Minnesota
Institute for Agriculture and Trade Policy, Minneapolis, Minnesota
Institute for Family Health, New York City, New York
IntelliMap Consulting, LLC, Collingswood, New Jersey
International Valley Health Institute, Edinburg, Texas
John Muir Health, Walnut Creek and Concord, California John Peter Smith Health Network, Fort Worth, Texas
Joy-Southfield Community Development Corporation, Detroit, Michigan
JPMorgan Chase Bank, New York City, New York
JVS Los Angeles, Los Angeles, California
Kaiser Permanente, Oakland, California
Kaiser Permanente Southern California Community Benefit Department, Pasadena, California
Kandyiyoh County Public Health, Willmar, Minnesota
KCEOC Community Action Partnership, Inc., Barbourville, Kentucky
Keck Medical Center of the University of Southern California, Los Angeles, California
Kentucky Highlands Investment Corp., London, Kentucky
Kentucky Youth Advocates, Jeffersontown, Kentucky
KEYS 4 HealthyKids, Healthy Kids Healthy Community, Charleston, West Virginia
Kids Light, Inc., Seagoville, Texas
King County Housing Authority, Tukwila, Washington
Knox County Health Department, Knoxville, Tennessee
La Crèche Early Childhood Centers, Inc., Minneapolis, Minnesota
Lake Superior Community Health Center, Duluth, Minnesota
Lakeview Medical Center, Rice Lake, Wisconsin
Lancaster General Health, Lancaster, Pennsylvania
Las Vegas Healthy Communities Initiative, Las Vegas, Nevada
Lawndale Christian Health Center, Chicago, Illinois
Lawrence+Memorial Hospital, New London, Connecticut
Lawrence Community Connections Inc., Lawrence, Massachusetts
Leech Lake Band of Ojibwe, Cass Lake, Minnesota
Lee County Health Department-School Health, Bronson, Florida
Live Well Omaha, Omaha, Nebraska
LiveWell Greenville, Greenville, South Carolina
Living Cities, New York City, New York
Local Initiatives Support Corporation, Phoenix, Arizona
Local Initiatives Support Corporation, Los Angeles, California
Local Initiatives Support Corporation, San Diego, California
Local Initiatives Support Corporation, Hartford, Connecticut
Local Initiatives Support Corporation, Chicago, Illinois
Local Initiatives Support Corporation, Peoria, Illinois
Local Initiatives Support Corporation, Boston, Massachusetts
Local Initiatives Support Corporation, New York City, New York
Local Initiatives Support Corporation, Cincinnati, Ohio
Local Initiatives Support Corporation, Philadelphia, Pennsylvania
Local Initiatives Support Corporation, Houston, Texas
Loma Linda University Medical Center, Loma Linda, California
Lone Star Circle of Care, Georgetown, Texas
Los Angeles City Council, Los Angeles, California
Los Angeles Housing Department, Los Angeles, California
Louisville Metro Department of Public Health & Wellness, Louisville, Kentucky
Low Income Investment Fund, San Francisco, California
Lynn Community Health Center, Lynn, Massachusetts
Maine Rural Health Research Center, University of Southern Maine, Portland, Maine
MaineHealth, Portland, Maine
Mandela Marketplace, Oakland, California
Marian Regional Medical Center, Santa Maria, California
Martin, Blanck & Associates, Washington, District of Columbia
Maryland Health Services Cost Review Commission, Baltimore, Maryland
Massachusetts Association for School-Based Health Care, Boston, Massachusetts
Massachusetts General Hospital Center for Community Health Improvement, Boston, Massachusetts
MedStar Franklin Square Medical Center, Baltimore, Maryland
MedStar St Mary’s Hospital, Leonardtown, Maryland
Memorial Health Care system, Chattanooga, Tennessee
Memorial Healthcare, Owosso, Michigan
Memorial Hospital of South Bend, South Bend, Indiana
Merry Medical Center, Sioux City, Iowa
Merry Hospital Joplin, Joplin, Missouri
Merry Housing, Denver, Colorado
Meriter Health Services, Madison, Wisconsin
Merritt Community Capital, Oakland, California
Methodist Health System, Omaha, Nebraska
Metro Health Hospital, Wyoming, Michigan
Miami Dade County Parks, Recreation and Open Spaces Department, Miami, Florida
Michigan Primary Care Association, Lansing, Michigan
Michigan Public Health Institute, Okemos, Michigan
Michigan Universal Health Care Access Network, Farmington, Michigan
Middlesex Hospital, Middletown, Connecticut
Milford Regional Medical Center, Milford, Massachusetts
Minneapolis Community and Technical College, Minneapolis, Minnesota
Minneapolis Health Department, Minneapolis, Minnesota
Minnesota Chippewa Tribe, Cass Lake, Minnesota
Minnesota Department of Health, Saint Paul, Minnesota
Minnesota Valley Action Council, Inc., Mankato, Minnesota
Minnesota Mission Hospital, Mission Viejo, California
Missouri Institute for Community Health, Jefferson City, Missouri
Montachusett Opportunity Council, Inc., Fitchburg, Massachusetts
Montana Office of Rural Health/Area Health Education Center, Bozeman, Montana
Montana Rural Health Initiative, Bozeman, Montana
Montclair State University, Montclair, New Jersey
Moonridge Group, Las Vegas, Nevada
Nacimento Community Foundation, Cuba, New Mexico
Nancy McKenzie/Community Health and Education Resources, New York City, New York
Nashville Area Metropolitan Planning Organization, Nashville, Tennessee
National Association of County and City Health Officials (NACCHO), Washington, District of Columbia
National Center for Healthy Housing, Columbus, Maryland
National Federation of Community Development Credit Unions, New York City, New York
National Health Policy Forum, Washington, District of Columbia
National Human Services Assembly, Washington, District of Columbia
National Women’s Law Center, Washington, District of Columbia
NCB Capital Impact, Arlington, Virginia
Neighborhood National Bank, San Diego, California
Neighborhood Health Plan, Boston, Massachusetts
Neighborhood Housing Services of Chicago, Chicago, Illinois
Neighborhood Housing Services of Southern Nevada, Inc., North Las Vegas, Nevada
Nevada Public Education Foundation, Las Vegas, Nevada
Nevada Public Health Foundation, Carson City, Nevada
Nevada State College, Henderson, Nevada
New Heights Group, Huntersville, North Carolina
New Mexico Center on Law and Poverty, Albuquerque, New Mexico
New York Community Trust, New York City, New York
New York Road Runners Foundation, New York City, New York
Pasadena Health Center, Inc., Pasadena, Texas

Partners for Active Living, Spartanburg, South Carolina

Partners for a Healthier Community, Springfield, Massachusetts

Partners for Active Living, Spartanburg, South Carolina

PeaceHealth St. Joseph Medical Center, Bellingham, Washington

PedNet Coalition, Columbia, Missouri

PHH Health, Whittier, California

Planned Parenthood Los Angeles, Los Angeles, California

Policy Matters Ohio, Cleveland, Ohio

Presence Health, Chicago, Aurora, Danville, Elgin, Joliet, Kane, Kankakee, Urbana, Illinois

PricewaterhouseCoopers, Health Research Institute, Dallas, Texas

Primary Care Development Corp, New York City, New York

Professional Research Consultants, Inc., Omaha, Nebraska

Project BRAVO, Inc. (El Paso Community Action Program), El Paso, Texas

Project for Pride in Living, Inc., Minneapolis, Minnesota

Provide Health & Services Oregon, statewide, Oregon

Public Health Foundation Enterprise, los Angeles, California

Public Health Institute, Washington, District of Columbia

Public Health Institute of Metropolitan Chicago, Chicago, Illinois

Public Health Seattle and King County, Seattle, Washington

Public Health Solutions, New York City, New York

Quad City Health Initiative, Davenport, Iowa

Quality Community Health Care, Inc., Philadelphia, Pennsylvania

RAND Corporation, Santa Monica, California

RCAP Solutions, Gardner & Worcester, Massachusetts

REACH Resource Centers on Independent Living, Dallas, Texas

REAL School Gardens, Fort Worth, Texas

Rebuilding Together Arlington/Fairfax/Falls Church and National Center for Healthy Housing, Arlington, Virginia

Reconnecting America, Washington, District of Columbia

Revitalize Home Health Care Services, LLC, Frisco, Texas

Rhode Island Department of Health, Providence, Rhode Island

Rhode Island Housing Resources Commission, Providence, Rhode Island

Rice University’s Baker Institute, Houston, Texas

Richmond Community Foundation, Richmond, California

River Falls Area Hospital (Allina Health), River Falls, Wisconsin

Rotacare Pittsburg Free Medical Clinic, Pittsburg, California

Rural Local Initiatives Support Corporation, Pittsburgh, Pennsylvania

Rutland Regional Medical Center, Rutland, Vermont

Robert Wood Johnson Foundation Community Health Leaders, Houston, Texas

Safety1st, Oakland, California

Saint Paul Ramsey County Public Health, Saint Paul, Minnesota

San Antonio Metropolitan Health District, San Antonio, Texas

San Francisco Health Plan, San Francisco, California

San Luis Valley Regional Medical Center, Alamosa, Colorado

Sauk Prairie Memorial Hospital & Clinics, Prairie du Sac, Wisconsin

Seal Cove Financial, Moss Beach, (San Francisco), California

Self-Help Enterprises, Visalia, California

Senior Citizen Services of Greater Tarrant County Inc., Fort Worth, Texas

Snodgrass Research Group, LLC, Meridian, Mississippi

Somerset Medical Center, Somerville, New Jersey

South Bay Center for Community Development, El Segundo, California

South Coastal Counties Legal Services, Inc., Fall River, Brockton, Hyannis, Massachusetts

South Texas Rural Health Services, Inc., Cotulla, Texas

Southern Illinois Healthcare, Carbondale, Illinois

Southern Jamaica Plain Health Center (Brigham and Women’s Hospital), Boston, Massachusetts

Southern Nevada Health District, Las Vegas, Nevada

Southern Nevada Regional Planning Coalition Regional Initiatives Office, Las Vegas, Nevada

Southwest New Mexico Council of Governments, Silver City, New Mexico

SparkPoint West Contra Costa, Richmond, California

Spectrum Health United Lifestyles, Greenville, Michigan

Spring Branch Community Health Center, Houston, Texas

St. Luke’s Episcopal Health Charities, Houston, Texas

St. Mary’s Medical Center - San Francisco, San Francisco, California

St. Joseph Health - Memorial & Petaluma Valley, Santa Rosa, California

St. Joseph’s Hospital and Medical Center, Phoenix, Arizona

St. Jude Medical Center, Fullerton, California

St. Luke’s Health Initiatives, Phoenix, Arizona

St. Mary Medical Center, Langhorne, Pennsylvania

St. Mary’s Hospital, Centralia, Illinois

St. Mary’s Hospital, Madison, Wisconsin

St. Vincent Health, Indianapolis, Indiana

St. Vincent's HealthCare Jacksonville, FL., Jacksonville, Florida

Stanford Hospital, Palo Alto, California

STAR Communities, Washington, District of Columbia

State Hospital Association, Jefferson City, Missouri

Step ONE Program (out of the Chattanooga-Hamilton County Health Department), Chattanooga, Tennessee

Stewards of Affordable Housing for the Future, Washington, District of Columbia

Stillwaters Consultation, Natick, Massachusetts

Strive, Cincinnati, Ohio

Summit Health Institute for Research and Education, Inc., Washington, District of Columbia

Sunrise Community Banks, Saint Paul, Minnesota
Susan Wolfe and Associates, LLC, Cedar Hill, Texas
Susquehanna Health, Williamsport, Pennsylvania
Tamaqua Area Community Partnership (TACP), Tamaqua, Pennsylvania
Tarrant County Public Health, Fort Worth, Texas
Texas Area Health Education Center, East Texas (111 counties), Texas
Texas Health Institute, Austin, Texas
The Boston Foundation, Boston, Massachusetts
The California Endowment, Los Angeles, California
The Campaign for Grade-Level Reading, Washington, District of Columbia
The Center for Children's Health led by Cook Children's Health Care System, Fort Worth, Texas
The City of Rancho Cucamonga, Rancho Cucamonga, California
The Cooper Institute, Dallas, Texas
The Gerber Foundation, Fremont, Michigan
The Greater Boston Food Bank, Inc., Boston, Massachusetts
The Greenlining Institute, Berkeley, California
The Health Councils, Inc., St. Petersburg, Florida
The Healthcare Foundation of New Jersey, Millburn, New Jersey
The Hitachi Foundation, Washington, District of Columbia
The Institute for Family Health/Bronx Health REACH, New York City, New York
The Las Vegas Urban League Child Care Subsidy Program, Las Vegas, Nevada
The Lincy Institute at the University of Nevada Las Vegas, Las Vegas, Nevada
The McKnight Foundation, Minneapolis, Minnesota
The Men's and Family Center, Baltimore, Maryland
The Partnership for a Healthier Carroll County, Inc., Westminster, Maryland
The Partnership for a Healthy Mississippi, Flowood, Mississippi
The Rees-Jones Foundation, Dallas, Texas
The Regional Awareness Campaign under the Richland Parish Hospital, Delhi, Louisiana
The Reinvestment Fund, Philadelphia, Pennsylvania
The School District of Palm Beach County, West Palm Beach, Florida
The Valley Hospital, Ridgewood, New Jersey
Three Square, Las Vegas, Nevada
Tippecanoe County Health Department, Lafayette, Indiana
Todd County Development Corporation, Long Prairie, Minnesota
Total Healthcare Center, Tyler, Texas
Tri-County Health Department, Greenwood Village, Colorado
Trinity Health, Livonia, Michigan
Trust for America's Health, Washington, District of Columbia
Twin Cities Community Development Corporation, Fitchburg, Massachusetts
Twin Cities Local Initiatives Support Corporation, Saint Paul, Minnesota
Two Rivers YMCA & Scott County Family YMCA, Moline, Illinois
U.S. Department of Health and Human Services, Office of the Assistant Secretary, Office of Minority Health, Rockville, Maryland
U.S. Department of Housing and Urban Development, Washington, District of Columbia
Minority Health & Health Disparities Research Center, University of Alabama at Birmingham, Birmingham, Alabama
University of California Berkeley, Berkeley, California
University of California San Francisco, San Francisco, California
United Way Metropolitan Dallas, Dallas, Texas
United Way of Olmsted County, Rochester, Minnesota
United Way of Southern Nevada/Las Vegas Healthy Communities, Las Vegas, Nevada
United Way of the Bay Area, San Francisco, California
United Way Worldwide, Alexandria, Virginia
University Hospitals, Cleveland, Ohio
University of Kansas, Lawrence, Kansas
University of Louisville Office of Community Engagement, Louisville, Kentucky
University of Massachusetts Boston, Boston, Massachusetts
University of Michigan Health System, Ann Arbor, Michigan
University of Minnesota School of Public Health, Minneapolis, Minnesota
University of Nevada Cooperative Extension, Las Vegas, Nevada
University of Nevada Las Vegas, Las Vegas, Nevada
University of New Mexico Health Sciences Center, Urban Health Partners office, Albuquerque, New Mexico
University of North Texas Health Science Center, Fort Worth, Texas
University of Southern Maine, Portland, Maine
University of Texas Health Science Center at San Antonio, San Antonio, Texas
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Urban Strategies Council, Oakland, California
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Valley Health System, Winchester, Virginia
Value Health Partners, Grand Rapids, Michigan
VERDUNITY, Rockwall, Texas
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Vickery Meadow Improvement District, Dallas, Texas
Vickery Meadow Youth Development Foundation, Dallas, Texas
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Vietnamese American Initiative for Development, Inc., Boston, Massachusetts
Virginia Mason Medical Center, Seattle, Washington
Wadena County Public Health, Wadena, Minnesota
WalkBoston, Boston, Massachusetts
Washington County, Hillsboro, Oregon
Wedbush Bank, Los Angeles, California
Wells Fargo, Minneapolis, Minnesota
West Central Initiative, Fergus Falls, Minnesota
West Chester University, West Chester, Pennsylvania
West Harlem Environmental Action, New York City, New York
Western Kansas Community Foundation, Garden City, Kansas
Western Maryland Health System, Cumberland, Maryland
Western Upper Peninsula Health Department, Michigan, Hancock, Michigan
Winona Health, Winona, Minnesota
Wisconsin Primary Health Care Association, Madison, Wisconsin
Women's Housing and Economic Development Corporation, New York City, New York
Workforce Connections, Las Vegas, Nevada
World House Medicine, St. Albans, New York
Wyoming Village Green, Cheyenne, Wyoming
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YMCA, Berwyn, Pennsylvania
YMCA of Marquette County, Marquette, Michigan
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A Report for the RWJF Commission to Build a Healthier America | Page 17
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