

Collaboration to Build Healthier Communities

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



Wilder Research



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

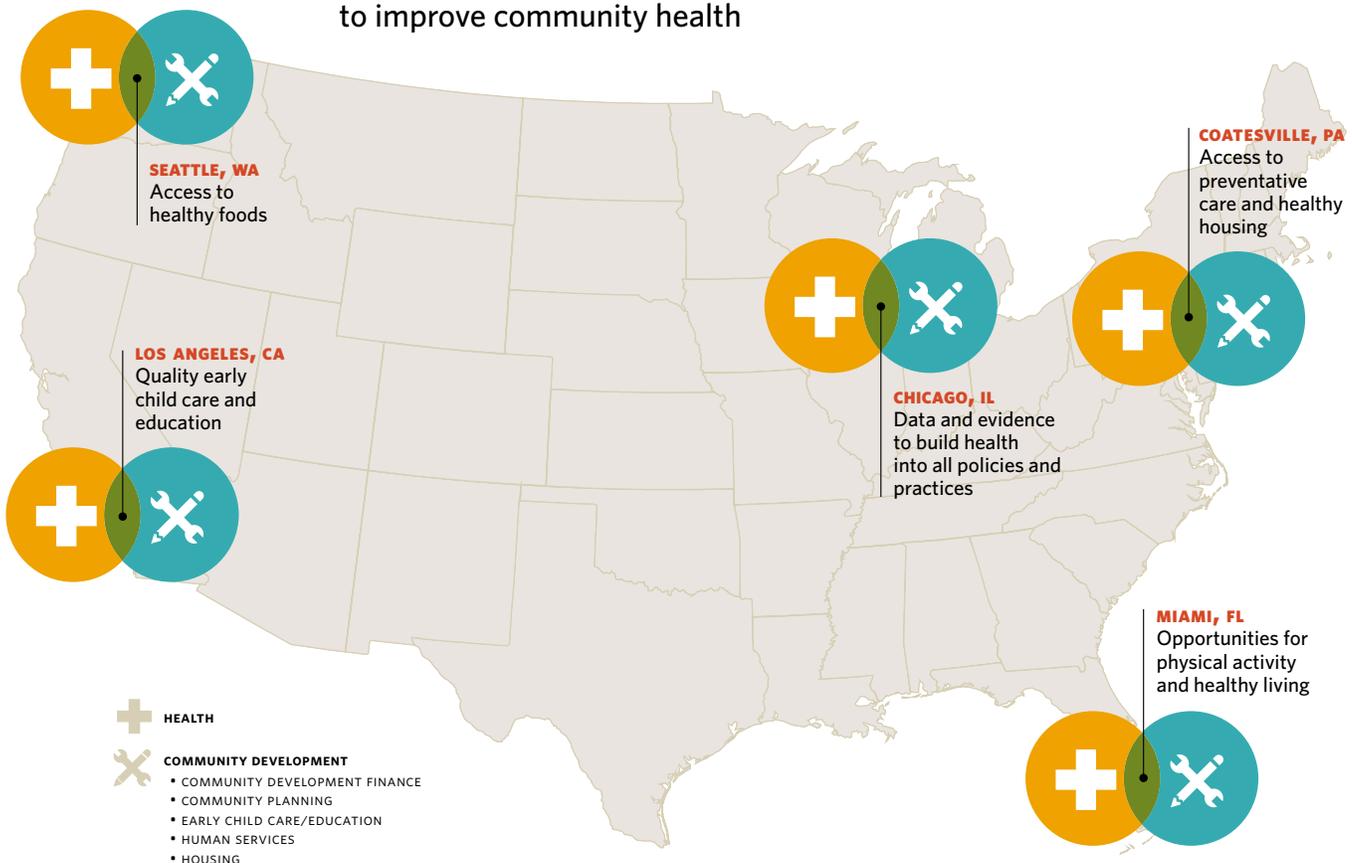
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Creating Healthy Communities

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



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.

Percent of respondents who indicated that their organization does at least some work on this issue

Promoting a culture of health and wellness in schools, workplaces, and neighborhoods	88%
Providing the evidence that decision makers need to build health into policies and practices	85%
Access to health care	83%
Access to healthy foods	83%
Opportunities for physical activity and active living	81%
Health Impact Assessments for community development projects	76%
Quality early child care and education	58%

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.

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.

Current levels of cross-sector collaboration

Opportunities for physical activity and active living



Promoting a culture of health and wellness in schools, workplaces, and neighborhoods



Access to health care



Providing the evidence that decision makers need to build health into policies and practices



Access to healthy foods



Quality early child care and education



Health Impact Assessments for community development projects



- Worked on issue, but no cross-sector collaboration
- Explored cross-sector collaboration
- Engaged in cross-sector collaboration, but no success yet
- Initiative has proven to be successful

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.

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

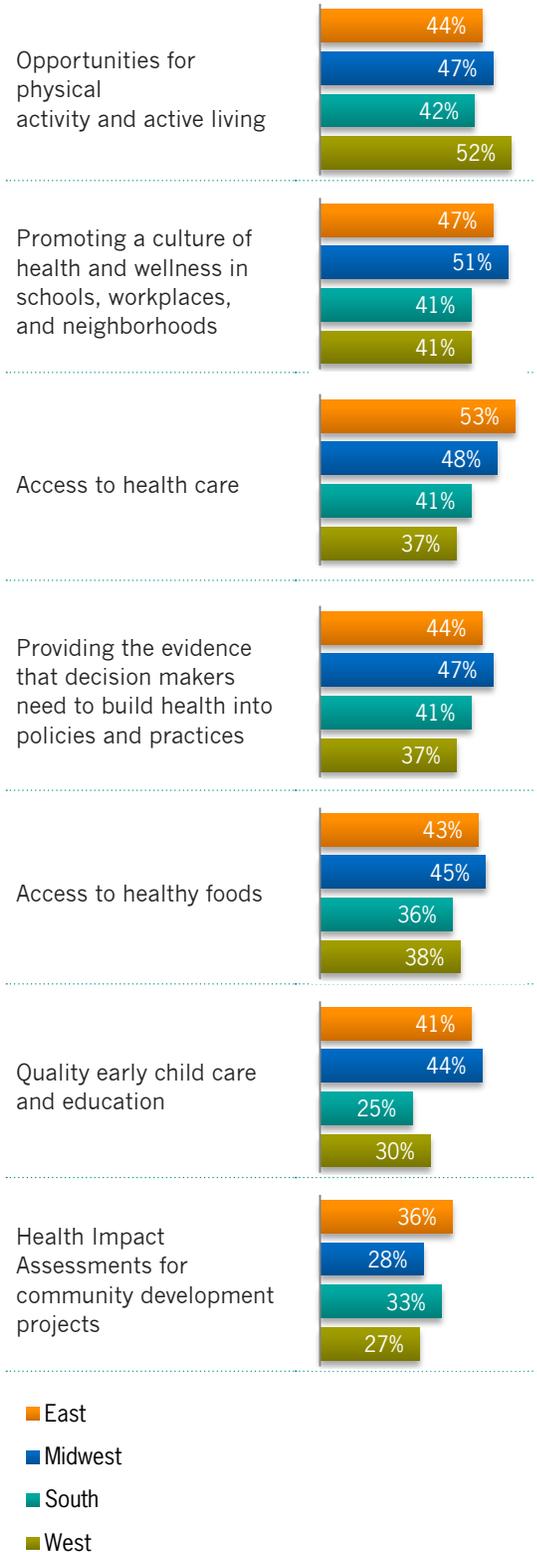
CommunityRx combines the use of electronic health records, mapping technology, and community engagement to connect South Side residents to neighborhood wrap-around services that support health and wellness via a personalized “HealthRx” prescription. The program, originating at the University of Chicago’s 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, Komed 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 projects with proven success by region



Cross-sector collaboration is considered necessary for building healthier communities

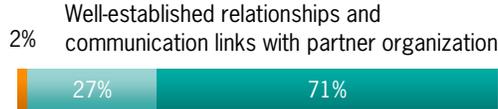
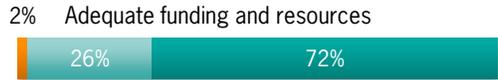
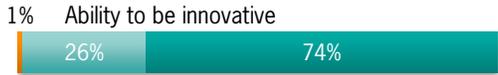
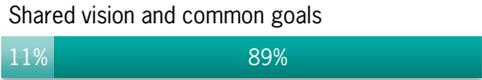
Most of the survey respondents engaged in successful cross-sector projects agreed that they could not have achieved equivalent results without the involvement of partner organizations outside their field. Many community development organizations feel they cannot address health outcomes unless they collaborate 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



- Not important
- Moderately important
- Very important

Three factors most strongly influence success

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

From a list of eight factors,¹ 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)

¹ Includes a selection of research-based collaborative success factors identified in Mattessich, P., Murray-Close, M., Monsey, B. (2001). *Collaboration: What Makes It Work, A Review of Research Literature on Factors Influencing Successful Collaboration*: Fieldstone Alliance.

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.

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.

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

5% Inadequate funding and resources



Lack of shared vision and common goals



Lack of skilled leadership



Lack of mutual understanding and respect among partner organizations



Lack of well-established relationships and communication links with potential partner organizations



Inability to be innovative



No history of collaboration in the community



Lack of existing models or best practices to follow



Another factor



-  Not a barrier
-  A small barrier
-  A huge barrier

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)

Federal Reserve Healthy Communities Initiative

Helped to increase collaboration between community development and health organizations	Attended a Fed Healthy Communities Conference	Did NOT attend a Fed Healthy Communities Conference
Strongly agree	16%	6%
Agree	49%	20%
Disagree	2%	1%
Strongly disagree	2%	1%
Don’t know	32%	72%

“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.

Investment Partners: LISC, New Markets Support Company, Capital Link, Morgan Stanley, Kresge Foundation.

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.

 **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.

 **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.

Partners: Seattle Office of Economic Development, Food Systems Consultants, Charlie's Produce, neighborhood corner stores, and Centers for Disease Control.

APPENDIX

Acknowledgements

We would like to thank the following individuals and organizations who contributed to this study. Without them, this report would not be possible.

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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:

Association for Community Health Improvement members, Federal Reserve Bank Healthy Communities meeting attendees, National Community Health Center Summit on Lending and Innovation attendees, Local Initiatives Support Corporation offices, Living Cities investment projects, National Network of Public Health Institutes, NeighborWorks organizations, New Markets Tax Credit Coalition, The Pew Charitable Trusts Health Impact Assessment projects, Robert Wood Johnson Foundation Food Trust grantees, Robert Wood Johnson Foundation Healthy Kids Healthy Communities grantees, and Robert Wood Johnson Foundation Roadmaps to Health grantees.

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, Baltimore, Maryland
 Baptist Health, Jacksonville, Florida
 Bay Area Legal Aid, Oakland, California
 Benton County Health Services, Corvallis, Oregon
 Benton-Franklin Community Health Alliance, Kennewick, Washington
 Better 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
 Brockton 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
 Buncombe County Department of Health and Human Services, Asheville, North Carolina
 California Housing Finance Agency, Culver City, California
 Calvert Foundation, Bethesda, Maryland
 Camden 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
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 Center for Mississippi Health Policy, Jackson, Mississippi
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 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
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 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

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
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Community Service Society, New York City, New York
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Cooley Dickinson Hospital, Northampton, Massachusetts
Cornell Cooperative Extension of Ulster County, Kingston, New York
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Corporation for the Development of Community Health Centers, Inc., Austin, Texas
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Dallas-Fort Worth Hospital Council Education and Research Foundation, Irving, Texas
Dallas Women's Foundation, Dallas, Texas
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DevSolutions Capital, Lowell, Massachusetts
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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
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East Bay Asian Local Development Corporation, Oakland, California
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Enterprise Community Investment, Columbia, Maryland
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Fairview Health Services, Minneapolis, Minnesota
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Mercy Hospital Joplin, Joplin, Missouri
Mercy Housing, Denver, Colorado
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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
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Moonridge Group, Las Vegas, Nevada
Nacimiento 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, Columbia, 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

New York State Department of Health, Albany, New York

Nocona Economic Development Corporations, Nocona, Texas

Nonprofit Finance Fund, New York City, New York

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North Dallas Shared Ministries, Dallas, Texas

North Hawaii Outcomes Project, Kamuela, Hawaii

North Shore-LIJ Health System, Great Neck, New York

North Texas Food Bank, Dallas, Texas

Northern California Community Loan Fund, San Francisco, California

Northern Manhattan Perinatal Partnership, Inc., New York City, New York

Northland Foundation, Duluth, Minnesota

Northwest Alabama Community Health Association, Florence, Alabama

Norwalk Hospital Foundation, Norwalk, Connecticut

Novant Health, Winston-Salem, North Carolina

Novato Community Hospital, Novato, California

NSEAM Living at Home/Block Nurse, Fort Worth, Texas

Nuestra Clinica del Valle, San Juan, Texas

Ocean County Health Department, Toms River, New Jersey

Office of Early Care and Education, Las Vegas, Nevada

Olneyville Housing Corporation, Providence, Rhode Island

ONE BAY: Healthy Communities, Tampa, Florida

Oneida County Health Department, Utica, New York

Operation HOPE, Inc., Los Angeles, California

Orange County Government Health Services (Primary Care Access Network), Orlando, Florida

Oregon Office of Rural Health, Portland, Oregon

Oregon Public Health Institute, Portland, Oregon

Organizational Wellness & Learning Systems, Fort Worth/Austin, Texas

Otter Tail Wadena Community Action Council, Inc., New York Mills, Minnesota

Outside Las Vegas Foundation, Las Vegas, Nevada

Owensboro Health, Owensboro, Kentucky

Pan American Health Organization, El Paso, Texas

Parkland Health and Hospital Systems, Dallas, Texas

Parkview Health, Fort Wayne, Indiana

Parrish Medical Center, Titusville, Florida

Partners for a Healthier Community, Springfield, Massachusetts

Partners for Active Living, Spartanburg, South Carolina

Pasadena Health Center, Inc., Pasadena, Texas

PeaceHealth St. Joseph Medical Center, Bellingham, Washington

PedNet Coalition, Columbia, Missouri

PIH Health, Whittier, California

Planned Parenthood Los Angeles, Los Angeles, California

Policy Matters Ohio, Cleveland, Ohio

Presence Health, Chicago, Aurora, Danville, Elgin, Joliet, 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

Providence 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

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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

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

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

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Strive, Cincinnati, Ohio

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Susan Wolfe and Associates, LLC, Cedar Hill, Texas

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Tamaqua Area Community Partnership (TACP), Tamaqua, Pennsylvania

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Texas Area Health Education Center, East Texas (111 counties), Texas

Texas Health Institute, Austin, Texas

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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 Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, Washington, District of Columbia

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 Mens 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

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Total Healthcare Center, Tyler, Texas

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Trinity Health, Livonia, Michigan

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Wells Fargo, Minneapolis, Minnesota

West Central Initiative, Fergus Falls, Minnesota

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West Harlem Environmental Action, New York City, New York

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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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