

# The Role of Health-Related Community Investing as an Active Living Research Policy Implementation Strategy

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# Introduction: Meet the Zip Code Doctors

- Health, community development (CD), and planning sectors share a common vision of promoting community health
- CD includes Community Development Financial Institutions (CDFIs) and other lenders, nonprofit service providers, real estate developers, foundations, and government partners
  - Leverage public and private investments to revitalize neighborhoods and reduce health disparities



References: <http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/Commission/resources/city-maps.html>  
<http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406408>  
[http://www.cdfifund.gov/what\\_we\\_do/resources/CDFI%20Investment%20reas%20potential%20FAQs%202-1-13%20Final.pdf](http://www.cdfifund.gov/what_we_do/resources/CDFI%20Investment%20reas%20potential%20FAQs%202-1-13%20Final.pdf)

# Background

- New financial incentives created by the Affordable Care Act (ACA) provide unprecedented collaborative opportunities for implementing active living research (ALR) policies
- However, better coordination between sectors is needed to maximize impact



# Purpose

1. To explore health-related community investing and new mechanisms created under the ACA that can be leveraged to implement ALR policies
2. To promote cross-sector dialogue, share lessons learned, and raise awareness about collaborative opportunities

- The Financial Innovations Roundtable (FIR)<sup>1</sup> has created partnerships among CDFIs and other financial institutions over the past 14 years to provide low-income communities with increased access to capital and financial services
- New initiatives, such as Aligning Health Equity and Development (AHEAD)<sup>2</sup> are evolving from these partnerships



FIR: <https://carsey.unh.edu/csif/financial-innovations-roundtable>

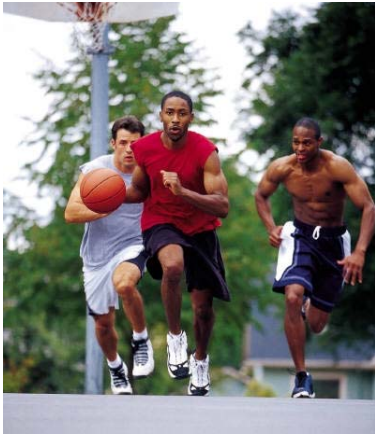
AHEAD: <http://www.phi.org/uploads/files/AHEAD%20-%20Opportunity.pdf>

# Methods

- Analysis of transcripts from the FIR's 2014-15 dialogue
- Document review
- Interviews with FIR stakeholders (members and partners (n=10))
  - CDFIs
  - Hospital Systems
  - Health Departments
  - Health Clinics



# Examples of ACA Provisions Relevant to Community Health



- National Prevention Strategy
- Community Benefit Requirements
- Community Health Needs Assessments (CHNAs) and implementation plans
- Community Health Trusts
- Community and school-based health center funding
- Community-Centered Health Homes
- Payment Reforms



# **Examples of Health-Related Community Investing**





# Example 1:

## Working Cities Challenge (MA)

- Boston Federal Reserve and Boston Community Capital
  - Partnerships with city governments
    - Fitchburg, Lawrence, Salem, Holyoke, Chelsea and Somerville
  - Boston Fed provides management and staff support
  - Boston Community Capital, a CDFI, serves as the fiscal agent
  - Example: Fun ‘n FITchburg
    - Supports grocery stores, health clinics, housing, and commercial space
    - Adopted healthy food guidelines for vendors at city parks and concessions
    - Partnered with the police to create Safe Zones in parks

***“We believe low-income communities are entitled to the same expertise and expectations of excellence as are their wealthier neighbors”***

**-Boston Community Capital**

References: <http://www.bostonfed.org/workingcities/about/role-of-boston-fed.htm>  
<http://www.bostonfed.org/workingcities/about/learning-communities.htm>  
<http://www.bostoncommunitycapital.org/impact>  
<http://www.bostoncommunitycapital.org/sites/default/files/BCC%20Strategic%20Plan%20-%202012-2016.pdf>  
<https://www.livingcities.org/blog/608-massachusetts-state-government-collaborating-to-improve-working-cities>  
<http://www.ci.fitchburg.ma.us/residents/fun-n-fitchburg/>  
<http://www.healthykidshealthycommunities.org/communities/fitchburg-ma>



## Example 2: Douglas County, NE

- In Omaha, traditional providers and funders of clinical care are investing in infrastructure projects to create better access to active transportation
- Live Well Omaha (501-3c) and Douglas County are working with public, private, and nonprofit entities to maximize community health
- Share data and common measures
  - All hospitals use a common Community Health Needs Assessment to enhance data coordination



References: Active Living by Design: <http://activelivingbydesign.org>

Live Well Omaha Kids: <http://livewellomahakids.org/#sthash.pbyF6m86.dp>

CHNA: <http://www.chihealth.com/chna>

[http://www.douglascohealth.org/javascript/htmleditor/uploads/2011\\_CHNA\\_Report\\_Omaha\\_Metro\\_Area\\_Douglas\\_Sarpy\\_Cass\\_Pottawattamie\\_Cos\\_.pdf](http://www.douglascohealth.org/javascript/htmleditor/uploads/2011_CHNA_Report_Omaha_Metro_Area_Douglas_Sarpy_Cass_Pottawattamie_Cos_.pdf)



## Example 2:

# Douglas County- History of Collaboration

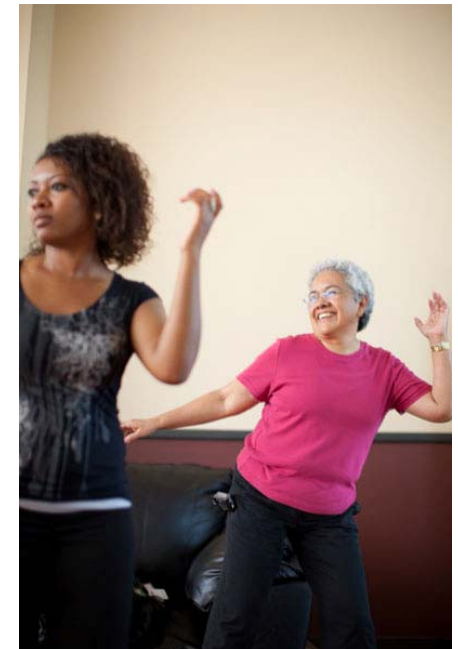
- Twenty year history of public health/hospital collaboration
- In 2006, the Live Well Omaha Kids coalition was created by the Catholic Health Initiative (CHI) and Live Well Omaha to address childhood obesity
- CHI used their **community benefit fund** to support this effort
- Each year, a comprehensive strategy is created following Active Living by Design's "5P" model — Preparation, Promotion, Programs, Policy and Physical Projects — to support the Live Well Omaha Kids mission

References: <http://livewellomahakids.org/about-us/#sthash.oUTSgQx5.dpuf>



# Example 2: Douglas County Policy and Environmental Change Strategies

- Integrating Complete Streets concepts into the Master Plan
- Nebraska became the 24<sup>th</sup> state to enact a 3-foot passing law
- Integrating physical activity into after-school programs
  - Students currently enrolled in the Movin' After School program are getting 40 minutes of daily physical activity



# Example 3: Detroit, MI

## Joy-Southfield Community Development Corporation (CDC)



- Mission: To positively impact the lives of youth and families by creating a healthy and safe environment with empowerment through education, prevention & intervention
  - Home ownership support and foreclosure prevention
  - Job training
  - HEY Detroit (Healthy Empowered Youth) to prevent childhood obesity
  - Community gardening & farmers markets  
(Sowing Seeds/Growing Futures)

# Example 3: Detroit, MI

## Joy-Southfield CDC

- Opened health clinic (2001)
- In 2005, the Joy-Southfield Health and Education Center was constructed
- Covenant Community Care (a Federally Qualified Health Center) joined with Joy-Southfield in 2014 to provide primary health care, allowing other programs to focus on healthy behavior and the social determinants of health





# Example 4: Aligning Health Equity and Development (AHEAD)

- Uses targeted investments by the community development sector to stimulate “collective impact”
- Develops, validates, and scales strategies that align investments and interventions across sectors
- 5-year national initiative to support selected communities:
  - Detroit
  - Boston
  - Atlanta
  - Dallas
  - Portland, OR



AHEAD: <http://www.phi.org/uploads/files/AHEAD%20-%20Opportunity.pdf>  
<http://www.trfund.com/about/>  
<http://www.trfund.com/AR2013/>  
<http://nonprofitfinancefund.org/files/jan2012pubdate-npq-creigel.pdf>

# Conclusions:

## Overall Lessons Learned

### 1. Mission Alignment

- Health and CD stakeholders are deeply committed to improving places where we live, learn, work, and play



### 2. Stakeholders expressed interest in learning more about:

- Details of the ACA
- Expanding collaboration with hospitals
- Perspectives on evaluation and measuring “success”<sup>1, 2, 3</sup>
- Case studies/success stories



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2. Ford Foundation: <http://www.fordfoundation.org/impact>

3. Swack, M, et al. CDFIs Stepping into the Breach: An Impact Evaluation—Summary Report. The Carsey School of Public Policy, University of New Hampshire, 2014



# Questions?



Photo credit: Northeast Passage, <http://nepassage.org/>

## **Acknowledgements:**

We thank the interviewees who generously shared their insights and passion for healthy communities with us.

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# **Additional Notes and Resources**

# What is Philanthropic Equity?

- Unlike for-profit equity investors, Philanthropic Equity investors seek social rather than financial returns
- Grants are invested to provide a one-time infusion of capital
- Investors expect that the recipient will use that capital to further its business model

Sources: <http://nonprofitfinancefund.org/files/jan2012pubdate-npq-creigel.pdf>  
<http://www.bankableinsight.com/debt-investments-vs-equity-investments.html>

# What is a CDFI Investment Area?

- A CDFI Investment Area is defined as a geographic unit (or contiguous geographic units), such as a census tract, located within the United States, that meets at least one of the following criteria: • Has a population poverty rate of at least 20 percent; • Has an unemployment rate 1.5 times the national average; • For a metropolitan area has a median family income (MFI) at or below 80 percent of the greater of either the metropolitan or national metropolitan MFI; • For a non-metropolitan area that has an MFI at or below 80 percent of the greater of either the statewide or national non-metropolitan MFI; • Is wholly located within an Empowerment Zone or Enterprise Community; or • Has a county population loss greater than or equal to 10 percent between the two most recent census periods for Metro areas or five percent over last five years for Non-Metro areas.
- Investment areas are defined in the Code of Federal Regulations at 12 C.F.R. §1805.201(b)(3)(ii).

# What is the CDFI Program and Certification Program?

- For the past 10 years, the CDFI Program and Certification Program have used income, poverty, population, unemployment, and other U.S. Census Bureau socioeconomic and demographic data from the decennial census to define eligible, economically distressed, CDFI Investment Areas at the census tract level.
- CDFI Investment Areas are defined in the Code of Federal Regulations at 12 C.F.R. §1805.201(b)(3)(ii)
- The 2010 Census created an updated set of census tracts. For the 50 states and the District of Columbia, the 2010 Census had 73,057 total tracts compared with the 65,443 tracts in the 2000 Census.
- The CDFI Fund has replaced the decennial Census “long form” data with the 2006-2010 American Community Survey (ACS) as the source of tract-level data on income and poverty for all states, Puerto Rico, and the District of Columbia, and the CDFI Fund has updated Investment Areas using the ACS to provide more current socioeconomic and demographic data that reflect changes over the last decade.

# What is a CDFI Target Market?

- A Target Market refers to one or more Investment Area(s) and/or Targeted Population(s).
- Targeted populations may include Low-Income Targeted Populations (defined based on income) or Other Targeted Populations (an identifiable group of individuals in the organization's service area for which there exists a strong basis in evidence that the group lacks access to loans, equity investments, and/or financial services).
- To be certified as a CDFI, the potential applicant must be actively engaged in providing Financial Services and/or Financial Products to its Target Market as of the date the 1 A Targeted Population refers to individuals or an identifiable group of individuals meeting the requirements of 13 C.F.R. § 1805.201(b)(3).
- The applicant must demonstrate that a minimum of 60 percent of its financing activities are to its Target Market(s). A certified CDFI may request to modify its Target Market(s) after its initial certification, as the areas and populations it serves change; however, a certified CDFI must continue to meet the 60 percent threshold to maintain its certification.





# Measuring Impact:

## Community Development Perspective

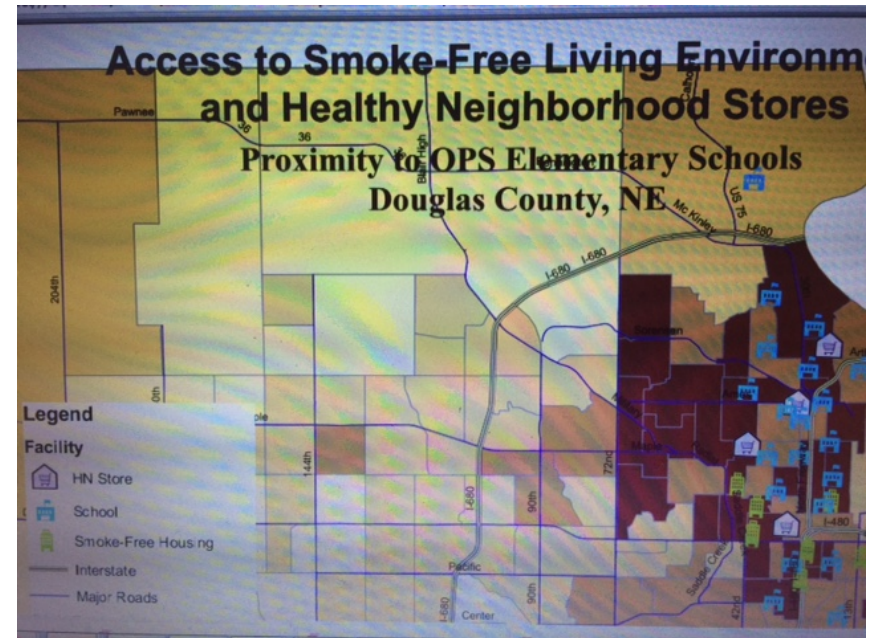
Between 2003 and 2012:

- Generated 63,249 permanent jobs and 47,866 construction jobs
- Supported the development or preservation of 159,739 units of affordable rental housing and 23,302 units of affordable for-sale housing
- Increased educational facility capacity by 515,384 units
- Increased child-care facility capacity by 31,895 units
- Increased health-care facility capacity by 2,068,932 patient visits
- Increased community-arts facility capacity by 66,402 units
- Supported the creation of 13.4 million square feet of office space, 4.7 million square feet of retail space, and 1 million square feet of manufacturing space<sup>1</sup>
- Health Outcomes often not measured; interest in “Population Dose”<sup>2</sup>

# Measuring Impact: Health Sector Perspective

## (Douglas County example)

- “Impact Maps”
  - Healthy Children’s Zones- Maps showing children’s proximity to healthy neighborhood stores, smoke free areas, play spaces
- Health Impact Assessment
- Shared data and common measures



HIA of the 24<sup>th</sup> St. Road Diet

<http://www.douglascountyhealth.com/images/stories/Healthy%20Community/24th%20Street%20Road%20Conversion%20Flyer.pdf>  
<http://www.chihealth.com/chna>  
[http://www.douglascohealth.org/javascrip/htmleditor/uploads/2011\\_CHNA\\_Report\\_Omaha\\_Metro\\_Area\\_Douglas\\_Sarpy\\_Cass\\_Pottawattamie\\_Cos\\_.pdf](http://www.douglascohealth.org/javascrip/htmleditor/uploads/2011_CHNA_Report_Omaha_Metro_Area_Douglas_Sarpy_Cass_Pottawattamie_Cos_.pdf)

[http://www.douglascohealth.org/content/sites/douglas/CHIP\\_IMPACT\\_REPORT.pdf](http://www.douglascohealth.org/content/sites/douglas/CHIP_IMPACT_REPORT.pdf)  
<http://www.pewtrusts.org/hip/24th-street-road-diet.html>

# ACA: Payment Reforms

- Global payments are also called capitated payments
- Under these payment arrangements, payers offer providers a fixed amount per member, often either per month or per year (PMPM or PMPY), regardless of service utilization.
- Capitation is intended to encourage preventive care and population health management, since providers have an incentive to keep their patients healthy and thus keep their costs of care lower than the fixed payments they receive.
- The Affordable Care Act expands the use of pay-for-performance approaches in Medicare in particular and encourages experimentation to identify designs and programs that are most effective.

The payment and delivery reforms in the Affordable Care Act are largely aimed at testing new payment methodologies, or new applications or combinations of current payment methods, in order to adjust incentives and risks among payers and providers and move toward the 'triple aim': improving patient care, improving the health of populations, and lowering per capita costs.

References: [www.apha.org](http://www.apha.org)

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<http://jama.jamanetwork.com/article.aspx?articleid=2108842>