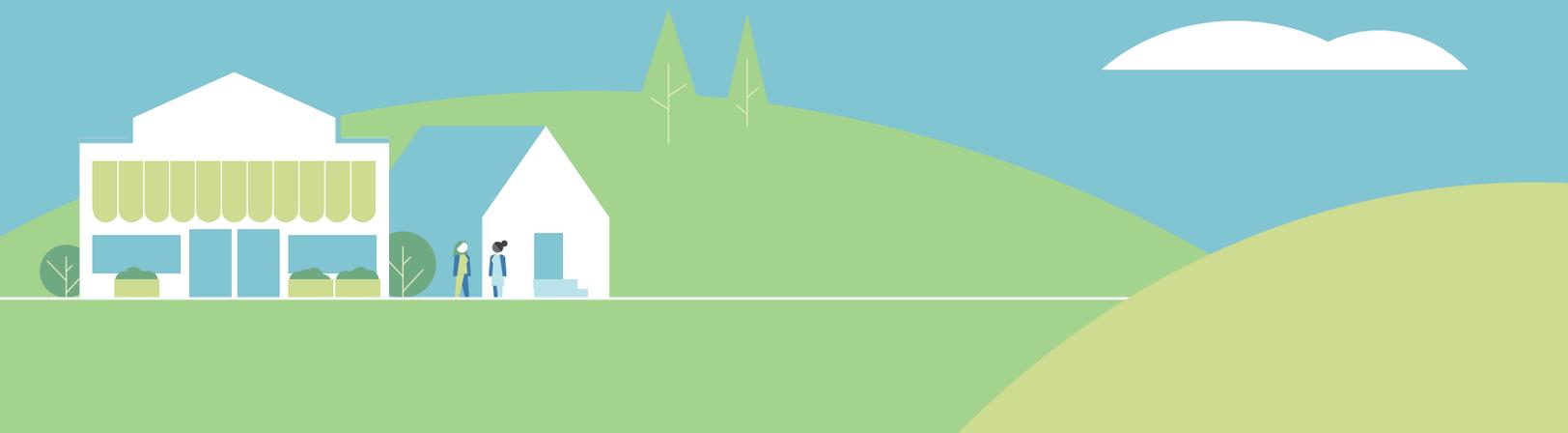

Healthy and Equitable Community Investment

Recommendations for the emerging ecosystem of tools, approaches, and data sources to support community investment's impact on health and equity in communities

June 2020



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Introduction

Stakeholders across the country are working to improve health and equity in communities and to ensure that as decisions about community investments are made, health, equity, and community leadership inform and drive those decisions. However, it's hard to make decisions on how and where money should flow in the absence of good data and the tools to make sense of that data. As such, a growing body of organizations has developed a range of tools, data, and measurement frameworks that can help assess the potential impact of community investments and evaluate outcomes about health, equity, and power. The Healthy and Equitable Community Investment (HECI) work group came together to better understand this body of work in order to support more impactful use of existing tools and develop recommendations for continued learning and field building. This effort was supported by the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

This report, authored by the HECI work group, aims to strengthen and advance efforts to systematically include health and equity impacts in impact measurement tools for public and private community investment decisions. In coming together, we had the opportunity to learn in depth about the array of tools across organizations. At the outset, our anticipated goal was to develop a strategic decision-making framework for community investment

decisions. However, as our collaboration and study progressed – including the convenings, interviews, and surveys with leading practitioners across the field – we realized that more foundational work is needed before a single framework can be developed. Here, we have synthesized the information gathered to provide our lessons learned, a discussion of emerging themes from the field of practice, and recommendations for building this field and operationalizing approaches to equitable investment.

The report is intended to support practitioners who develop and refine impact investing measurement tools, as well as decision-makers who fund and implement investments – such as philanthropic institutions, affordable housing and community development organizations, city and state government leaders, real estate developers, community development financial institutions, investment portfolio managers, and hospitals and health systems – in order to move toward a more equity-focused, data-informed, and community-responsive approach to community investment.

There had already been significant formative work accomplished by the participants and organizations represented at the HECI convening (see Appendix A for a full list of attendees) and other key actors in philanthropy. Over many years, field leaders have developed an ecosystem of tools, approaches, and data sources that help to measure, track, and inform decisions about investments

with an eye toward greater impact on health and equity. However, for the first time, this work group has looked across these tools as a cohesive body of work. This significant contribution to the field offers an overarching view of the synergies developing in this emerging field of practice, existing gaps, and a pathway and recommendations for the future. These recommendations build on this body of work to leverage and amplify it, help codify and operationalize broader use in the field, and create greater opportunities for progress toward health and equity for communities. The report and recommendations are intended to serve as a strong foundation to advance the measurement of healthy and equitable community investment going forward. In summary, we have found:

- ▶ **WE NEED TO DISTINGUISH BETWEEN SOCIAL DETERMINANTS OF HEALTH AND SOCIAL NEEDS TO ENSURE THAT WE ARE SETTING APPROPRIATE GOALS FOR ANY GIVEN INTERVENTION.**
- ▶ **DESPITE A PLETHORA OF EXISTING TOOLS, DATA SETS, AND FRAMEWORKS, IT IS STILL COMPLICATED TO MEASURE IMPACT OVER TIME.**
- ▶ **POWER INEQUITY IS THE ROOT OF ALL INEQUITY, AND WE MUST ENSURE THAT INTERVENTIONS TO PROMOTE EQUITY INCLUDE EMPOWERMENT AS A PROCESS AND THAT INTERVENTIONS MEASURE POWER SHIFTS AS AN OUTCOME.**
- ▶ **COVID-19 ELEVATES THE IMPORTANCE, RELEVANCE, AND URGENCY OF EFFORTS TO ADDRESS ROOT CAUSES OF HEALTH INEQUITIES.**

Although members of the HECI work group represent a wide range of perspectives and organizational missions, there is a shared conviction that measurement is necessary to benchmark, inform, direct, and assess the impact of investments in communities to reduce health disparities, improve health and well-being, and advance social, economic, and health equity. Each organization has developed tools and frameworks that measure the health impacts of programs, investments, developments, and other initiatives. Members of the work group include:

Conservation Law Foundation (CLF)

The purpose of CLF's HealthScore is to screen and rate the impact of potential real estate investments. HealthScore measures and tracks how investments in real estate development can improve health, increase economic opportunity, and support environmentally sound solutions for the project and for the community. CLF originally developed HealthScore as a screening tool for the Healthy Neighborhoods Equity Fund, a \$22MM private equity fund launched in 2015 in partnership with the Massachusetts Housing Investment Corporation. The tool integrates over 50 qualitative and quantitative measures at both the neighborhood and project level. HealthScore measures the potential level of impact, and projects that do not pass the threshold score do not advance to the investment committee. HealthScore has since expanded to be used as a screening tool in conjunction with other organizations, such as LISC/ProMedica and the Colorado Housing Finance Authority.

Success Measures at NeighborWorks America

Success Measures has an array of 68 data collection and evaluation tools related to health outcomes. The tools were developed to help nonprofit practitioners document and demonstrate the impact of their efforts on individual and community health. Through the Health Outcomes Demonstration Project, conducted in partnership with Enterprise Community Partners,

Success Measures provided comprehensive support to 20 community-based organizations to complete health outcome evaluations using these tools. The project highlighted ways in which community-based organizations could evaluate the health outcomes of their work related to the social determinants of health. A range of programs were evaluated by participating organizations, including financial capability, resident services provided through affordable housing, and food security. These tools support equity by framing questions from an asset-based perspective and focusing on equitable outcomes, not just disparities.

Green Health Partnership at UVA and U.S. Green Building Council (USGBC)

The Green Health Partnership between the UVA School of Medicine and USGBC developed health promotion processes for use by green building practitioners. This includes the HIA-inspired Integrative Process for Health Promotion Pilot Credit as part of the LEED green building certification program. The credit encourages direct partnership with public health practitioners and incentivizes prioritization of building design and construction strategies based on a project's context and population health needs. Additionally, the Green Health Partnership worked with GRESB to develop the GRESB Health & Well-Being Module for use by real estate fund managers and investors globally. In total, 399 funds participated in the module.¹ The module assesses the presence of processes to promote employee and tenant/customer health and well-being. Indicators from the GRESB Health & Well-being Module were incorporated into the 2019 GRESB Real Estate Assessment which was used by 1,000 real estate entities globally.²

Enterprise Community Partners

Enterprise launched the Strong, Prosperous, and Resilient Communities Challenge (SPARCC) in partnership with the Low Income Investment Fund, the Natural Resources Defense Council, and the

Federal Reserve Bank of San Francisco, with a long-term goal to change the way metropolitans grow, invest, and build through integrated, cross-sector approaches. SPARCC is investing in and amplifying local efforts underway in six regions to ensure that new investments reduce racial disparities, build a culture of health, and prepare for a changing climate. Additionally, Opportunity360 is a data platform that integrates 27 data sources and 150 indicators, with a focus on housing stability, education, health and well-being, economic security, and mobility. Opportunity360 is part of the Build Healthy Places Network database and was shared with the Health Outcomes Demonstration Project participants to support their evaluation efforts. According to our interviews, this platform was also used by Stewards of Affordable Housing for the Future in their analyses.

University of Wisconsin Population Health Institute (PHI)

PHI is home of the County Health Rankings & Roadmaps, a data-to-action platform that has supported local decision making and community development for more than a decade. Through PHI's engaged research and development of frameworks, and tools for change, Mobilizing Action Towards Community Health (MATCH) supported CDFIs in Wisconsin through the Investing to Build Healthy, Equitable Communities project. MATCH collaborated with Forward Community Investments to advance racial and health equity loan screening and evaluation criteria.³ According to PHI members of the HECI work group, in trying to stitch together a pipeline of CDFI capital with a health and equity focus, the researchers discovered the need to support critical analysis of how investments will make change and with explicit consideration of the power dynamics intertwined with resource allocation and existing inequities in systems, structures, and processes that shape community conditions. These learnings underscored the importance of advancing a shared understanding about power and power building as an important social determinant of health and equity.

Background

There is a clear connection between community investment and health,⁶ although the work group's collective experience in the field confirms that this connection is only starting to gain traction within the larger field of community development. Conditions where we live, learn, work, and play – such as the quality, stability, and affordability of housing, the safety of our neighborhoods, and the quality of our schools – have an enormous impact on health.⁷ In public health, this connection between the conditions where we live and our health is referred to as the social determinants of health.

Many organizations and institutions doing community investment work are already touching the social determinants of health, though may not

recognize it as such explicitly. Building the field requires further understanding of this connection and normalizing the social determinants of health as a framework for community investment with a focus on equity. This is an emerging area within the field of community investment, but will require intentional work to nurture, support, and grow.

While the network of people in this space is currently small, the field of community development could have greater impacts on health if there were a more widespread commitment to measuring impact and grounding investment decisions with considerations of health, equity, and community power. As such, other practitioners would benefit from what we have learned together.

Social Determinants of Health

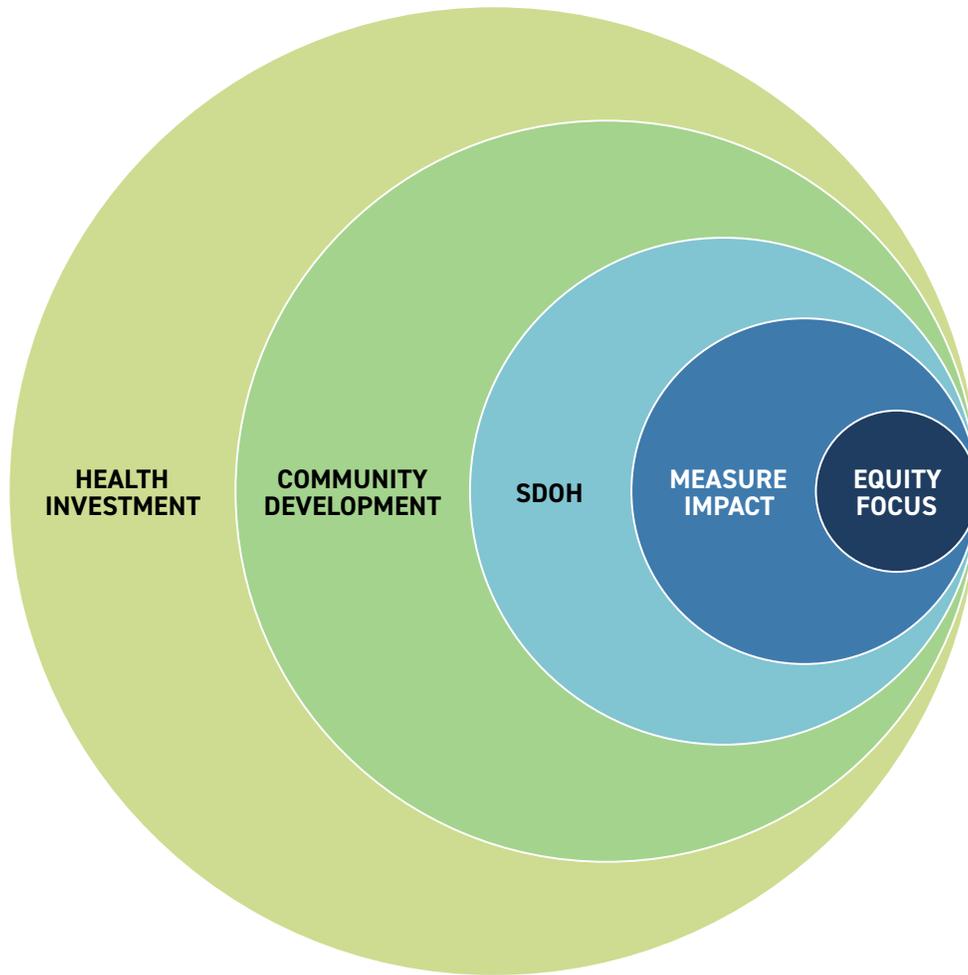
The social determinants of health are “the conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” For the purposes of this report, the social determinants of health are education; employment; health systems and services; housing; income and wealth; the physical environment; public safety; the social environment; and transportation. These are in alignment with the determinants highlighted by the National Academies of Sciences, Engineering and Medicine “Communities in Action: Pathways to Health Equity” report.⁴ For a full set of definitions of key terms in this report, see Appendix B.



We wanted to really understand people's broader well-being rather than focusing on one area like housing – to take a holistic look at what affects people's ability to achieve their goals. It's all about the social determinants of health. It's a public health frame that community development has adopted.”

– Stephany De Scisciolo
Enterprise Community Partners⁵

An Emerging Field of Practice



Within the much larger world of health investment, there's a smaller set of organizations which do community development, some of whom have adopted the social determinants of health as a framework for investment, And, among those there are even fewer who do impact measurement. And then, finally, among those, there is an even smaller number who work to incorporate equity into their measurement frameworks.

From the HECI work group convening

December 2019

Methodology

The HECI work group collaborated over a period of six months. The work focused on learning about the range of tools used across the six organizations and assessing their applicability and relevance more broadly across the field. These insights fed into the group's work to frame, plan, and implement two convenings, 18 key informant interviews with leaders in the field, and a survey of the 29 attendees at the second convening. The first convening, limited to just HECI work group members, was held December 9–10, 2019.⁸ The second, on May 11, 2020, was a three-hour virtual convening that brought the experience and background of 22 additional organizations to the discussions. The significant information gathered from these activities supports the growing interest in measuring the impact of investments that advance health and equity in communities. Outputs of the group include a draft Theory of Change, an initial typology of impact screening and evaluation tools that incorporate equity metrics, a glossary of key terms to ground and provide a common language for the work, record of the key informant interviews, the survey of the convening participants, and, with this synthesized report, a set of recommendations to continue to advance this field.

First Convening

DECEMBER 9–10, 2019

- ▶ 18 KEY INFORMANT INTERVIEWS
- ▶ HECI WORK GROUP MEMBERS

Second Convening

MAY 11, 2020

- ▶ 29 ATTENDEES SURVEYED
- ▶ HECI WORK GROUP MEMBERS & 22 ADDITIONAL ORGANIZATIONS

Theory of Change

We believe that everyone should live in a thriving community that supports good health and a sustainable future. Yet, too many people across the nation live in places where housing is not only unsafe and unhealthy,¹⁰ but also difficult to afford,¹¹ healthy food choices are few,¹² and public transportation is nonexistent.¹³ Investing in creating more walkable, affordable, vibrant neighborhoods has enormous potential for improving residents' opportunities to live healthy, prosperous,¹⁴ civically engaged¹⁵ lives.¹⁶ We believe that at the heart of all investments should be residents' voices, priorities, and well-being — and data to support them. In summary, our Theory of Change is that if we collaboratively identify and measure what matters for thriving communities, we will be better equipped to invest with a purpose that prioritizes health, equity, and community power. As an outcome, we will begin to see greater community control over decision-making and better health for residents.

Having a Theory of Change provides a collective rationale for our work as well as a framework for measuring our collective impact in both the field and in communities over time. It offers us a set of shared benchmarks and supports evidence-informed decision-making as we set benchmarks and measure progress for projects and partnerships going forward.

One of the work group's goals was to connect with other practitioners in this relatively small field within community investment and to better understand the shared landscape of the various impact screening and measurement tools in this space. Seeing the tools as a body of work allowed the work group to begin to map out how they complement each other and where they overlap, including shared audiences, purposes, and themes. (See Theory of Change on the next page.)

While the work group was able to create a basic typology of the tools being used by the emerging field of practitioners focusing on impact measurement, a next step is to develop a clearer sense of the landscape and a basic "road map" of the tools in this space, organized around their respective audiences,

in addition to impact metrics for health, equity, and decision-making processes. We hypothesize that linking the body of measurement tools and approaches in a clear framework will create the conditions to shift community investment practice and drive results in communities.

In preparation for the May 11 convening, Lynne Wallace and Jessica Mulcahy of Success Measures, Victoria Faust of PHI, and Andrew Masters of Enterprise completed 18 key informant interviews with tool creators, field leaders, users, and potential users of these tools. A synthesis of the conversations found three recurring themes relevant to the construction of a shared ecosystem of health and equity measurement tools:

- ▶ **THE NEED TO BE CLEAR ABOUT THE DIFFERENCE BETWEEN SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH;**
- ▶ **THE IMPORTANCE OF GATHERING QUALITATIVE DATA ABOUT LOCAL NEEDS AND ASSETS DIRECTLY FROM COMMUNITY RESIDENTS; AND**
- ▶ **THE IMPORTANCE OF USING POWER AS A LENS FOR UNDERSTANDING EQUITY IN DECISION-MAKING.**



We need to define what we're measuring and striving for. We have not yet defined as a field what we mean by a healthy neighborhood or community."

— Maggie McCullough
PolicyMap⁹



Healthy and Equitable Community Investment: **Theory of Change**

Identify and measure what matters

Better integrated tools,
more widely adopted & used

Invest with purpose

Investments prioritize health,
equity, community voice

Achieve better health

Development meets local needs,
health is improved

Needs	Actions	Short-term Results	Long-term Results
Better understand and respond to health needs in specific communities, informed and driven by residents.	<p>Provide guidance for selecting and using tools.</p> <p>Provide guidance on readiness and capacity to use data, including resident input, for decision-making.</p> <p>Identify and test strategies to better integrate available measurement tools.</p>	<p>For tool creators and users:</p> <ul style="list-style-type: none"> • Shared understanding of which tools work in what contexts. • Shared definitions of equity and neighborhood well-being. • Vetted strategies for incorporating qualitative data into impact screening and measurement frameworks. • Increased capacity to engage community members in decision-making processes. 	<p>For people and communities:</p> <ul style="list-style-type: none"> • Authentic and trusted relationships with organizations and institutions serving health and community needs. • Clear strategies in place to document and meet health and community needs as they emerge.
Track and document the health and equity impacts of investment decisions.	<p>Make the case for intentional data-informed decision-making to advance health equity in community development and investment.</p>	<p>For tool creators and users:</p> <ul style="list-style-type: none"> • Stronger peer network. • Increased capacity for making referrals to appropriate tools. • Increased uptake of data gathering/ decision-making tools. • More support for collaboration and field-building. • Greater access to learning and evaluation resources. 	<p>For people and communities:</p> <ul style="list-style-type: none"> • Increased commitment to, and funding for, the social determinants of health. • More community control over decision-making and resource allocation. • Better targeting of resources to meet locally-defined needs, opportunities, and priorities.
Maximize health and equity impacts of development for people and communities.	<p>Evaluate ongoing use of the tools as a body of work to help identify challenges and opportunities, identify and track transformative impacts, and foster continuous learning and improvement.</p>	<p>For investors and decision-makers:</p> <ul style="list-style-type: none"> • Increased awareness of data gathering/ decision-making tools. • Stronger alignment of values and practices. • More guidance on community-responsive practices. 	<p>For investors and decision-makers:</p> <ul style="list-style-type: none"> • Reduce and/or mitigate risk. • Align social and financial goals. • Leverage additional capital. • Engage community members in decision-making process. • Strengthen community and environmental health.

Social Determinants Versus Social Needs

The key informant interviews conducted with leaders from leading organizations in the field, from across the country, revealed fairly consistent agreement on a shared definition of health equity.¹⁷ However, the interviews also revealed the need for clarity and consensus from the broader field around a structural, systemic, social determinants of health approach to addressing equity, versus a social needs approach that focuses on addressing individual-level disparities.

Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”¹⁸ For a full set of definitions of key terms in this report, see Appendix B.

Defining a Systems View of the Social Determinants of Health

As stated previously, social determinants of health are the conditions where we live, learn, work, play, worship, and age, which affect our opportunities to live a healthy life.^{19,20} People often understand these conditions as features of neighborhoods or communities like greenspace, healthy food access, or public transportation that can address both immediate individual social needs and health behaviors that impact health outcomes. Social determinants also include the drivers of these conditions that are referred to as root causes, or structural determinants of health.²¹

For example, a person experiencing financial insecurity who also has diabetes will have a hard time managing their health condition if they are unable to buy fresh groceries. A social needs solution would find and fund a way to address the individual's need for fresh groceries, which is critical in the short term. But a social determinants of health approach looks at the system to find the root causes, not just for this one particular individual but for the whole community, i.e., why a working individual is unable to afford groceries on a full-time salary or why there are no grocery stores in the neighborhood at all. Understanding the root causes also means acknowledging the history of injustices, such as institutional racism in lending, that are responsible for neighborhood disinvestment and the household wealth gap. In framing our work through the social determinants of health, we work to change these kinds of structures.

Literature Review

The evidence for the impact of social determinants on population-level health outcomes and well-being is supported by a deep research base.²² A large portion of this body of research demonstrates the impact of specific categories of determinants, such as economic stability or the built environment, on health outcomes.²³ In the context of the example just described, sustained residential segregation resulting from inequitable lending can lead to decreased educational and employment opportunities, as well as increased exposure for poor housing quality, in disinvested neighborhoods.²⁴ Each of these serves as a determinant of health and influences the distribution of disease prevalence and burden. The incidence of type 2 diabetes is skewed and concentrated among groups, most often people of color and people with low incomes.²⁵ The literature also articulates mechanisms by which these impacts occur and analyzes the pathways through which



determinants influence specific health outcomes for population groups. In the case of the diabetic individual, social structures and determinants can have a sustained influence on health through chronic toxic stress, constraints on social ties, limited opportunities to enact healthy behaviors, and other intra- and interpersonal processes.²⁶

Addressing these root causes requires changes in systems-level barriers to “reduce poverty, eliminate structural racism, improve income equality, increase educational opportunity, and fix the laws and policies that perpetuate structural inequities,” according to a seminal report from the National Academies of Science, Engineering and Medicine.²⁷ Changing systems-level barriers necessitates more effective analysis of broader systems and policies that shape exposure to determinants of health among population groups and of the results when they are shifted.²⁸

A base of evidence focused on processes to improve health and advance health equity through addressing social determinants of health and systems of exposure continues to grow. Typologies for action often include strengthening communities, improving living and working conditions, and promoting healthy macro-policies.²⁹ Relevant to the example offered, the establishment of mixed-use development or enactment of policies such as housing rehabilitation loan and grant programs

have been tested in robust studies and are among evidenced approaches most likely to impact health outcomes such as chronic disease and health disparities across a range of contexts.³⁰ Emerging evidence also exists on interventions that mitigate adverse health impacts of root causes, such as structural racism, by addressing systems of exposure in a targeted way.³¹ Importantly, to be most effective, any intervention can and should include an analysis of the potential and actual sustained impacts on inequities and the systems that shape them.

Despite this evidence base of pathways between the social determinants of health and population health outcomes, we find that the institutions that make direct investments in health (such as hospitals, health care systems, and insurance companies) and the community development institutions that make investments in the social determinants of health (such as community development financial institutions and affordable housing developers) do not yet have a shared language for collaboration or shared definitions³² about, for example, what it means to live in a healthy community or to make equitable decisions. This lack of shared language and metrics makes it difficult for entities focused on directly investing in health to collaborate and align with those entities focused on investing in the social determinants of health.

Data and Decision-Making in Community Investment

To situate the recommendations of this report, it is helpful to get a sense of the landscape of community investment. The decision-making process for community development and investment in the social determinants is complex and involves many different decision points and stakeholders. Additionally, the causes of poor health and inequitable access to health in our communities are complex – ensuring that addressing the social determinants of health through a community investment approach, and measuring its impacts, is complicated. The following hypothetical example illustrates the complex pathways between an investment in the social determinants of health and intended health outcomes. Working through one example in detail also illustrates the difficulties inherent in achieving one of the work group's aspirations – finding consensus around measures of equity impacts for community investment.

The types of institutions currently making substantial investments in the social determinants of health run the gamut across sectors from anchor institutions, such as hospitals and universities, to insurance companies, banks, community development financial institutions, development finance authorities and housing finance authorities, national housing and community development intermediaries, philanthropy, and private institutional investors.³³ There is still considerable case-making needed to convince community developers that investments like those in housing and grocery stores are, in fact, investments in health.³⁴

Further, investments in the social determinants of health are known to suffer from the “wrong pockets problem,” where the monetary benefits of an investment accrue to someone besides the original

investors, the benefits occur in the future, or the returns are hard to measure. For example, there is substantial evidence that investments in simple home improvements, such as uneven steps, loose rugs, or suboptimal bathrooms, can significantly decrease the likelihood of in-home falls that cost the health system billions of dollars.³⁵ However, housing agencies and private landlords paying for such improvements would not see a timely return on investment from these savings.

Addressing the wrong pockets problem requires innovations that help align costs and benefits; these can be approached in several different ways. One method is to bring funding streams together, by allowing for crossover between agency and project budgets, or by forming new intermediary organizations to serve as a hub for coordinating community investment.³⁶ Another approach is to reshape financing mechanisms, such as social impact bonds or Pay for Success programs, which pool risk across public and private sectors and commit future governments to continued investment.³⁷ A third approach is building public and political will to reshape the understanding and value of benefits. This can be done, in part, through the expansion and refinement of research and evaluation of interventions to build more coordinated and systematic evidence and data for specific audiences and stakeholders.³⁸

The examples which follow present two scenarios about investment in the social determinants of health. Example #1 provides a more basic illustration of investment, while example #2 is a more complex hypothetical.

EXAMPLE #1

Pathways to Health in a Hospital Investment in Housing

A typical example of an investment in the social determinants of health is a hospital system investing in the construction of transitional housing for people experiencing homelessness. In line with national trends, homeless people represent a disproportionate share of healthcare spending compared to the rest of a hospital's patient population.³⁹ In this case, the hospital system is making an investment in promoting health and preventing poor health outcomes by housing its homeless patient population.⁴⁰ The hospital sees returns in the cost savings from the now unnecessary urgent care for those patients. In other words, the hospital has a financial return through the beneficial effects on health of stable housing⁴¹ for part of their chronically served patient population. While this example demonstrates the basic return-on-investment equation for investments in the social determinants of health, it is simplified by the fact that:

- ▶ **THERE IS ONLY ONE INVESTOR AT THE TABLE.**
- ▶ **THE HOSPITAL INVESTOR ALREADY HAS A FINANCIAL STAKE IN THE HEALTH OUTCOMES OF A GROUP OF PEOPLE.**
- ▶ **THE HEALTH OUTCOME PATHWAYS OF STABLE HOUSING ARE WELL-ESTABLISHED IN THE LITERATURE.⁴²**
- ▶ **THE RESEARCH LITERATURE MAKES IT POSSIBLE TO PREDICT THAT THERE WILL BE COST SAVINGS FOR THE HOSPITAL INVESTOR, ALTHOUGH NOT WITH MUCH PRECISION.⁴³**
- ▶ **THE POPULATION OF PEOPLE ARE ALREADY IDENTIFIED AND THERE IS A SYSTEM IN PLACE TO MEASURE THEIR HEALTH OVER TIME.**

During the May convening, we heard an interest in learning more from communities where these relatively simple investment conditions apply; case studies and other media could help accomplish this. The kinds of community investments hospitals are making, especially in places where there is a one-to-one relationship between a community and the hospital's patient population, serve as an important test case for tracking the health and equity impacts of community investments in the social determinants of health. Still, for most practitioners in the field of community investment, these conditions are not straightforward.

EXAMPLE #2

Pathways to Health in a Mixed-Use, Mixed-Income Housing Development

In a more complicated example, a city is struggling with grave health disparities among its neighborhoods. The city's major institutions come together to try to tackle root causes of the health disparities: housing instability and food insecurity. They announce a fund that will invest in developing mixed-use, mixed-income housing.

At the time the fund is launched, the severity of the disparities requires a substantial investment in housing that the real estate market is otherwise unable to make on its own. The money comes from a public-private partnership, while the size of the fund requires that institutional investors see a return on their investments. To attract investors, the capital is "stacked" in the fund, so investors with greater flexibility are put in a "first loss" position in front of investors who require greater certainty on their returns in order to invest.

Note that in this example, there is still a clear revenue stream in the form of rent and mortgage payments to satisfy investment return requirements. For many other investments in the social

determinants of health, such as investments in food systems or increasing access to medical care, there may be no obvious revenue stream.

In this example, because the leadership for the major institutions are already convinced about the importance of framing the fund as an investment in health, they are willing to withstand lower returns knowing that the benefits and savings will occur elsewhere or for the greater good. The fund aims to address both the immediate social needs of residents and the structural determinants of health. The proposed development includes an affordable grocery store and food bank on the first floor, while the proposed number of new mixed-income housing units adds a significant amount to the total number of affordable units in the city.

There are multiple ways to assess this example. The affordable grocery store meets an immediate social need of food insecurity — but a single store will not likely meet the full demand for food security or solve the structural issue of disinvestment that led to food insecurity to begin with. And yet, the new affordable units address a social determinant of health by providing housing security to residents. How will they know whether their investment has reduced health disparity and improved overall health in the city, as well as whose health has improved? Particularly in low-income neighborhoods, populations are often in flux,⁴⁵ so as improvements in community conditions accrue, it is important to measure outcomes for those directly benefiting from the improvements, such as residents of the property or patrons of the grocery store, versus only looking at population-level change.⁴⁶

To get a sense of the social needs "on the ground," the partnership might use tools like Opportunity360, PolicyMap, and County Health Rankings, which aggregate public data sets. According to our interviews and survey of convening participants, these three tools are widely used in community development. The data from these tools show which residents in the city have the highest rate of unemployment, food insecurity, and housing burden. Due to the city's history of redlining⁴⁷ and disinvestment, these residents are not evenly distributed across the city, but rather are segregated

 *It's hard and uncomfortable to address the issues behind equity. It means talking about race and class, and you need to create a trusted space for that. It can be difficult to get partners to even collect data on race, but data can be a good starting point for hard conversations. Our tools need to name equity as a goal to make this possible."*

— Romi Hall

NeighborWorks America⁴⁴

in specific neighborhoods. The needs assessment identifies that the neighborhoods which have the most urgent health needs are the same ones which have historically lacked economic investment.

Identifying the Right Data at the Right Time

The partnership uses these public data sets to get a better sense of the severity of the social needs, which reveal underlying structural conditions that create barriers to health equity; however, the data being used are five years old. This data lag was mentioned repeatedly as a measurement barrier in interviews and in the May convening. How does the partnership know which social need is most urgent right now? Is an affordable grocery store and food bank the right fit for the community?

From both the interviews and the convening, the HECI work group heard about the challenges in having data that are simultaneously accessible, affordable, granular enough to apply to small project areas, timely enough to represent residents living in the project area, and collected often enough to measure change over time. Criteria around time horizons are especially important since health outcomes can take years or decades to manifest themselves in a population.⁴⁸ Measurement is even further complicated by the churn of residents to and from a place.

Organizations with impact measurement tools differ in their decision-making processes to select one data set over another for their metrics. Where a hospital investor may be more interested in proving health impact, a bank investor may not be concerned about health impacts if the investment qualifies for Community Reinvestment Act credit. Regardless of the metrics, there needs to be an overarching rationale for why a community investment should expect to see certain health outcomes.

For now, we will assume that the fund can assess resident needs and assets using the data sources already described and that the fund has a solution that is supported by the best available research. The fund is ready to open a large commercial space on the first floor of the development. How does the

 *I think we have the knowledge for how to “treat” poverty, and the means to do it through thoughtful investing – but we need to bring these together. Right now, it’s like we’re throwing vaccines out the window hoping kids get them in the right order and dose. The money is coming whether we guide it or not. It’s incumbent upon us in this budding community investment for the health impact field to offer up a roadmap for the kind of holistic, equitable change we hope to see in the health and well-being of our communities.”*

— Doug Jutte

Build Healthy Places Network⁵⁶

project find the right organizations and businesses to operate the commercial space to meet those social needs? How does it find tenants in an equitable way? Once in business, how does the initiative ensure that the businesses themselves value equity in their pricing, hiring, employee compensation, and procurement strategies?

Whose Data?

At this point, we come to the question of “Whose Data”? More specifically, what data are prioritized and valued in decision-making and impact measurement, whose data is it, and what is the capacity of those in the field to acquire and engage the data?

Alongside needs assessments and secondary data, community engaged research processes are increasingly being used to equitably involve the community, honor the strengths they bring, and guide action to eliminate health disparities.⁴⁹ Building on this body of work, the HECI work group posits that community-engaged research is important to advancing data-driven community investments that address health and equity for the following

reasons. First, they ensure that comprehensive and contextualized data informs decision-making about priorities and how success is defined. Second, they help ensure the sustainability of the impact of investments. When the people who are most impacted by a potential investment are engaged or leading, they bring deep community knowledge of otherwise invisible systems and structures that can shape whether an investment can actually address the proper determinants of health and achieve intended impacts for particular populations. In the example of the mixed-use housing development, this might look like focus groups and interviews with intended beneficiaries and neighbors — especially those that may bear unintended negative burdens such as displacement.

Collecting and analyzing community knowledge in an equitable way is a challenge that necessitates capacity building for both investors and community organizations. How easily researchers and practitioners can connect with community members may depend on the existing civic infrastructure and whether there are already grassroots organizations with deep ties to the community. In addition, community-based organizations other than research institutions are often brokering relationships in communities or doing primary data collection themselves. Once data has been gathered from community members, it can also be challenging to translate community perspective.

Putting Residents at the Center of Data and Decision-Making

Community development and public health researchers now employ many different community-based and participatory research designs that mix methods and prioritize community knowledge.⁵⁰ In these designs, community knowledge, often acquired through participatory and qualitative means, can help set a framework for guiding analysis of the types of secondary data relevant to a broader set of investment stakeholders, as opposed to simply providing supporting evidence.

“Qualitative storytelling is important, and trust is a huge factor. You need to listen to residents first and above all. Then go find the data.”

— Romi Hall
NeighborWorks America⁵⁷

Importantly, while community engagement is essential to ensuring community knowledge contributes to data-informed decision-making, community members are not just providers of data for institutional decision-making. The HECI work group acknowledges the long history of harm and perpetuation of inequities through knowledge generation, institutional data collection, and research processes led by those in positions of power relative to communities that are the subject of research.⁵¹

In addition to the long history of ethics abuses that drives standard research ethics training,⁵² such harm also includes the often-overlooked extraction of data from communities most impacted by inequities to inform outside decision-making. An important tenet of community-based and participatory research approaches is that communities generating data should be leading decisions related to the collection and application of their data.⁵³

If we aspire to operationalize our value of equity in community investment practice, it is necessary to measure equity from the standpoint of how a community investment decision was made, in addition to whether the health impacts of an investment had equitable outcomes. To understand whether a community investment decision was made equitably, there needs to be data or other documentation about how and to what extent the people most impacted by a community investment were, in fact, determining what kind of investment was needed in the first place, how the investment was planned, and how it was implemented in the community. A variety of assessments to determine the depth of community engaged research in projects, proposals, and policy analyses now exist that can serve as helpful guideposts when designing such documentation.⁵⁴ Authentic resident engagement stands in contrast to engagement

strategies that just “check the box.” Measuring the equitability of engagement strategies would require incorporating proxy measures for whether and to what extent communities influence local community investment decisions.

Measuring Health Impacts of Community Investment

For this discussion, let us assume that our example project does equitably measure resident needs and that the programmatic solutions to meet those needs also value equity in their own activities. How, finally, would the fund measure the health impacts of their investments?

In order to see whether those impacts were distributed equitably, they would need to know whose health disparities they were trying to overcome with their investment in a social determinant of health. They would also need a sense of how far out into the community they expect the effects of their investment to go. Do they expect health benefits just for residents of the new housing units and the customers of the grocery stores? Or will the new development have other health-benefiting effects on the community? Will there be primary data collection of self-reported health, will the initiative rely on secondary data, or a combination of both? Further, institutions that make direct investments in health may want to see changes in clinical health outcomes, while

institutions that make investments in the social determinants of health are unable to deliver immediate changes in clinical outcomes. Questions like these should be addressed at the outset of the community investment process.

In addressing the social determinants of health, the proposed development would increase the number of affordable units in the city. While housing stability is an established social determinant of health⁵⁵, producing more affordable housing in a city does not necessarily address the root causes of health disparity. For the root cause, there needs to be an analysis of the relevant policies and procedures that determine who does or does not get access to resources. In the example, would the fund effectively address the root of the social determinant of health by adding new supply to the affordable housing stock, if, say, there were exclusionary zoning policies still on the books?

Conversation at the HECI work group emphasized identifying the policy limitations and expressed some frustration at the lack of policy change in the face of our current public health emergency. What is clear, however, is that questions about who does or does not get to decide where resources go and why, are fundamentally questions about power. Among HECI work group members and participants at the convening, addressing and trying to shift power dynamics play a key role in decision-making and accountability – while also acknowledging that this effort needs to be measured and tracked over time.



Initial Typology of Impact Screening and Evaluation Tools

Tool	HealthScore by the Conservation Law Foundation	LEED Integrative Process for Health Promotion by the Green Health Partnership	GRESB Health & Well-being Module and 2020 Real Estate Assessment by Green Health Partnership and GRESB B.V.	Success Measures Health Outcome Measurement Tools by Success Measures at NeighborWorks America
Purpose	To measure and track how investments in real estate development can improve health, increase economic opportunity, and support environmentally sound solutions for the project and for the community.	To position health in decision-making and guide building project teams by engaging health-oriented stakeholders, setting population health goals, taking action and monitoring impact.	To benchmark the health and well-being promotion processes used by real estate companies and funds.	To offer evaluation planning and technical assistance services to measure outcomes of community and health programs, and to support evaluation of changes in social determinants of health and health equity using surveys focus groups, interviews and templates for secondary data.
Geographic Scope	Local, state or regional level. (Data typically includes census tract and zip-code level data.)	Global	Global	National
Audience	Investors, developers, city and state policymakers, residents	Green building practitioners and developers	Real estate investors and portfolio owners	Community development organizations, health organizations and public health practitioners
Informs Decisions and/ or Evaluates Outcomes	Informed investment decisions; used to inform portfolio-level impact metrics. Will be used to help the Healthy Neighborhoods Equity Fund team conduct a 5-year evaluation of its impacts.	Guides design and construction of buildings of all space types, including healthcare, K-12 school, affordable housing, office, university and corporate campuses.	Informs the structure of health and well-being processes, including leadership, policies, needs assessments, goal setting, action and impact monitoring to guide processes to consider the health of organizational employees, tenants and surrounding communities.	Informs decisions about programs, and community and neighborhood strategies by collecting data and evaluating changes over time.
Approach to Equity	HealthScore measures neighborhood-level social and economic factors and health outcomes, prioritizing places with the greatest disparities relative to the region or state. HealthScore also considers the extent to which community members have been authentically engaged in planning and priority-setting for the neighborhood, and whether the developer has sought and incorporated feedback from local residents.			Frames questions from an asset-based perspective, and focuses on equitable outcomes not just disparities.
Transformative Outcomes	Real estate developers become more mindful of community, economic, and environmental impacts of development, and are incentivized to integrate feedback from the community and include beneficial features.			Equips community-based organizations and their health partners, including philanthropy, to document outcomes of programs and investments to address the social determinants of health. Also spurs the development of shared narrative to help organizations deepen partnerships and refine strategies and resource allocations.

<p>SPARCC by Enterprise Community Partners</p>	<p>Opportunity360 by Enterprise Community Partners</p>	<p>County Health Rankings by Population Health Institute at University of Wisconsin-Madison</p>	<p>Mission Fit Questionnaire and Loan Analysis Tool by Forward Community Investments and Population Health Institute at University of Wisconsin-Madison</p>
<p>To invest in and amplify local efforts in six regions to make sure that major new investments in the places we live, work, and play lead to equitable and healthy opportunities for everyone.</p>	<p>To measure five foundational measures at the neighborhood level known to have greatest impact: housing stability, education, health and well-being, and mobility and economic security.</p>	<p>To provide a revealing snapshot of how health is influenced by where we live, learn, work, and play; and to provide a starting point for change in communities.</p>	<p>To analyze potential impacts of investments on racial and health equity to support loan decision-making, to increase community leadership in prioritizing investments, to analyze impact across an investment portfolio.</p>
<p>Atlanta, Chicago, LA, SF Bay Area, Denver, Memphis</p>	<p>US Census tracts</p>	<p>U.S. counties</p>	<p>Wisconsin Communities</p>
<p>Public and private sectors, community residents and local government</p>	<p>Developers/CDCs, HFAs, community advocates, and residents</p>	<p>State and local health departments and systems, media, national member organizations</p>	<p>CDFIs and borrowers</p>
<p>Advances local efforts to create neighborhood and systems-level change through data collection and analysis, capital deployment, learning network, policy reform, and communications and influence.</p>	<p>Guides smarter investments, with supporting tools like Community Dashboards, Community Engagement Toolkit, and more.</p>	<p>Guides and informs Community Health Needs Assessments, Community Health Improvement Plans, County Budgets, Comprehensive and general plans; Informs decisions (though not comprehensive for tracking progress).</p>	<p>Informs discrete CDFI investment decisions and monitors shifts in the investment portfolio over time to engage in quality improvement with respect to racial and health equity and community leadership.</p>
<p>Supports approaches that empower people, particularly those traditionally excluded, to transform the systems that allocate power and resources and ensure that all people, regardless of race or origin, can meaningfully participate in decisions affecting the places they live.</p>	<p>Community Dashboards include several new features and data sets to highlight potential inequities. Several data points are presented by race or gender and many show change over time.</p>	<p>Data is disaggregated by place, race, and income; provides evidence-informed strategies rated on likelihood to decrease disparities across dimensions of geography, race, class; Action Center includes learning guides on infusing and prioritizing equity.</p>	<p>Social impact eligibility criteria for investments include the presence of health and racial equity in applicant mission and history, economic impact, affordability, reduction of income-based and racial segregation, leadership in project of populations intended to benefit, and projected measurable improvement in disparities.</p>
<p>Built true partnership and shared power with community members in the six sites over time; aligned cross-sector leadership; advanced truly flexible financing to be responsive to rapidly appreciating real estate markets; focused on policy, capital, and collaborative effectiveness to effect systems change.</p>	<p>Included in several state Qualified Allocation Plans, other states are considering or have put forth proposals to include.</p> <p>Working with state HFAs to understand impact of including this criteria on awarding of LIHTC across states.</p>	<p>More than a decade of media engagement with emphasis on reframing health, shifting narrative.</p> <p>Replication of model and leading health metrics in formative public health benchmarking efforts (e.g. HP2020/2030).</p>	<p>Shift in systematic consideration of social and structural determinants of health, as well as racial equity and community leadership, in applications, decisions, and indicators of project success.</p> <p>Shift in board/ leadership use of data collected on health and social impacts in regular strategic planning and portfolio review.</p>

Measuring Power

The aim of the HECI work group is to advance how health and equity impacts are measured in community investment, recognizing that measurement and metrics do not necessarily lead to equitable impact. Evaluating equitable investment occurs after the initiative is over, when there is an analysis of target outcomes that get disaggregated by, for example, race, income, or other demographic characteristics. Whether each group of people received benefit in proportion to their need determines whether the community investment saw equitable outcomes. Outcome evaluation has no standard metric for equity because goals and outcome measures around inequity need to be tailored to the place and circumstances.

The previous section's example discussed how to equitably measure community need through culturally competent qualitative and participatory research methods. The process of equitable measurement is not the same thing as measuring whether a community investment is impacting equitable outcomes. One of the biggest challenges to operationalizing metrics about equity is the decision-making and screening needed at the beginning of the community investment process.

In addition to assessing the health disparities that exist before an investment is made, stakeholders also need to engage the community to determine the most urgent needs and strongest assets. Moreover, while direct community engagement through focus groups, interviews, and other meetings are good ways of understanding social needs and assets on a local level, other methods are needed to uncover the roots of

“Assuming we know what communities or residents want and need will ensure it doesn't work for them. Making sure we are responsive to the population we are serving is the most important thing. How do we operationalize equity and power-sharing, not intellectualize it?”

— Steve Lucas

Council of Large Public Housing Authorities⁵⁸

health disparities. How does a community investment initiative assess community needs and assets in an equitable way — without burdening residents with requests for data collection — while also being attentive to the social determinants of health?

Some participants who attended the May HECI convening spoke to the importance of centering qualitative and participatory methods. A methodological framework is needed to translate the research that gets created from these methods into screening criteria. Power analyses serve a dual function of, first, keeping the data collection and measurement processes accountable to communities and, second, once the capacity is built to use qualitative and participatory methods, applying the methods to uncover root structural barriers to overcoming health disparity.

Power is the Outcome, Empowerment is the Process

Considerations of empowerment and shifting power are new to measuring community investment. Before moving into a discussion of power and empowerment related specifically to advancing equity, this brief literature review is presented to help clarify concepts and terminology.

Power can be viewed as the ability to influence others and to make something happen. Power means the ability to determine who is included in decision-making, what is on the agenda, what rises to the top as priority, how and when to take action, and how to hold influencers accountable.⁵⁹ An imbalance in power, reinforced in various systems and structures for decision-making or resource allocation, will consistently benefit some over others.⁶⁰ These systems and structures are shaped by social dimensions such as class, race and ethnicity, sexual orientation, and gender. Systems and structures that benefit some over others result in persistent and avoidable inequities. In other words, those who lack power will experience inequities in opportunity and health. As stated by Adewale Troutman in *Unnatural Causes*, “Power is a public health issue.”⁶¹

Community empowerment is a process involving continual shifts in power relations between different individuals and social groups in society.⁶² Empowerment has been further defined in relation to community engagement as “a group-based, participatory, developmental process through which marginalized or oppressed individuals and groups gain greater control over their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduced societal marginalization.”⁶³ Empowerment should be both a process and an outcome of community engagement.⁶⁴ In the form of an outcome, empowerment can be a product of redistribution of resources and decision-making authority (power over) or as the achievement of an increased sense of self-determination and self-esteem (power from within).⁶⁵

Empowerment is more than a conceptual frame or set of measures – it is a value orientation, a mindset for practice that, at its core, is intent on challenging social inequities, creating new narratives and actions that unwind oppressive myths, values, and practices.⁶⁶ Research suggests that power-building processes hold promise for sustainably promoting well-being and local systems change. Building power has been associated with greater levels of community participation and sense of community, and with protective effects on well-being.⁶⁷

Building off these foundational concepts, advancing equity, therefore, requires attention to power as an outcome and empowerment (or building power) as a process. Upon reviewing the effectiveness of empowerment to improve health and reduce health disparities, the World Health Organization

We can use our tools and our projects to communicate our values. Parallel to the financial underwriting process – it’s like mission underwriting. We need a collective commitment to health equity, and we need the field of planning and finance to sign on with us.”

– Rachel Bluestein

Low Income Investment Fund⁷⁰

There are millions of children who are on the edge of poor health and lack of opportunity. If you made their housing stable when they are four years old, then we know the benefits extend out 60 years. We need to address the short-term crisis on the ground and look to long-term impacts at the same time. Taking this big picture approach will save lives and money in the long term, but we need to have the foresight to solve the root problems.”

– Doug Jutte

Build Healthy Places Network⁷¹

concluded that empowerment can lead to better health outcomes.⁶⁸ Though socioeconomic status is consistently found to influence psychological well-being, alone it is a weak predictor. Subjective well-being also improves with improved economic circumstances, but mainly for the very poor. Research suggests that gains in well-being beyond the extreme poverty threshold appear to depend more on social and political freedoms, social tolerance, belief systems, and sense of control.⁶⁹ Thus, to improve population health and well-being in an equitable and sustainable manner, we must address power and power-building processes that lead to greater liberation, acceptance, and ability to make change.

The fact that inequities exist in multiple, layered dimensions, and that populations experience inequities in more than one dimension (e.g., populations that are rural, black, and poor) makes for a lot of data slicing and dicing. Therefore, there is a strong case to be made for returning the focus upstream and guiding actions to address the true roots as a way of informing and complementing the difficult pursuit of more granular, downstream data. While there has been progress in research to understand power and empowerment, operational definitions and metrics are still in nascent stages. Like equity, power is a critical component in measuring the health impacts of community investment over time. And, like equity, power is very challenging to quantify.

Impact of COVID-19

During the final portion of the May convening, attendees had an open conversation about the impacts of the COVID-19 pandemic on their work. As this unprecedented public health crisis unfolds in real-time, we reflected that it is both uncovering and exacerbating deep underlying inequities in our communities. It may also be revealing aspects of the social determinants of health that have not previously been fully considered. Because the situation is evolving rapidly and data is just beginning to be analyzed, this report and its stakeholders are not fully equipped to comment on how the recommendations should be tailored for this moment. However, we include these reflections, based on information available to us now, to help guide further analysis and discussion and as encouragement for the field to look to both data and community members themselves when charting a path forward.

“There shouldn't be any questions left that disparities exist. COVID-19 may be the moment that changes our collective acknowledgement of the social determinants of health. Will folks just move on when this lifts, or will there actually be a shift in how we build our society to prioritize health and equity for all and not just some?”

— Emily Yu

The BUILD Health Challenge⁷²

Better Coordination Across Community Development to Understand Needs and Gaps

As relayed by convening participants, the immediate needs in the field were striking. Practitioners across the field were looking for case examples of how to use the traditional tools of community development for immediate relief from the pandemic's effects, including urgent needs for stable housing and food security. Attendees spoke of the need for immediate, potentially forgivable loans with a new scoring metric to help identify where the needs are greatest, and for documenting the impacts of these loans. Participants also said it would be critical for the field to better understand the landscape of COVID response funds so they can complement each other. Digital access is a focal point of equity right now. This includes support for every household to access high speed broadband internet, the tools and materials, such as laptops or tablets, for at-home work and school, access to paid online services that facilitate connectivity like Zoom and Google classroom, as well as promoting and emphasizing the importance of digital inclusion and literacy programs.

Flexible, Immediate Support for Grassroots Organizations

Emily Yu described the precarious financial situation among community-based organizations and the need to provide loans for technology and Zoom memberships, which she called “stop-gap measures that could be a tipping point for nonprofits at risk.” Similarly, Kevin Peterson of the New Hampshire Community Development Finance Authority talked about the need to offer loans to organizations making immediate pivots in their underlying organizational model, such as a Boys and Girls Club turning their space into an emergency daycare for children of first responders. Maggie McCullough described new use cases for the PolicyMap data platform tools, now in use by public health officials looking to find the most vulnerable people in their jurisdictions.

Looking to Long-Term Resilience

Looking from the immediate needs to longer term implications, “We know from the aftermath of the Great Recession that low- and moderate- income people had a tougher time getting back to their pre-recession financial situation,” said Peterson. “The post-COVID environment presents us with similar challenges. The NHCDFR is looking at our ‘community progress indicators’ to guide us to invest more in the underserved and under-resourced communities — not just the places that have the capacity to compete for our limited funding.”

Looking to the future, participants were also concerned about implications for the vibrancy and long-term resilience of the elements that typically make for healthy communities: walkability, living in close connection to other people, and access to green spaces and public transportation.⁷³ In particular, Peterson expressed concerns for “downtowns just completely evaporating, and the capacity of small businesses to weather the storm.”

Shifting the Narrative on Equity

The group also looked to the implications of this cultural moment in the national narrative and how that might impact equity going forward. “There’s a longer-term question about how the data we’re sharing now could exacerbate racial stereotypes and feed into bad narratives without the structural frame,” said Kathy Pettit of the Urban Institute. Pettit and other attendees reinforced the need to lift up local examples of communities effectively putting data into context, including the historical and structural root causes that help to explain the disparities we’re seeing now. “At this moment, we must highlight the urgent need to ensure everyone has safe shelter during the COVID-19 pandemic and emphasize that homes are a crucial foundation for a healthy society,” according to a guide created by the Berkeley Media Studies Group. Participants shared the guide as a positive example of ways to build strategic communications into long-term change efforts, as

it is “focused on shifting the narrative from safety during the pandemic to the importance of treating housing as essential to public health.”⁷⁴

Rethink What’s Possible

The challenges and deep injustices our communities are facing right now are real and extreme and the toll on lives has been unimaginable. Attendees urged that this has the potential to be a shared moment to catalyze real change toward a focus on investing in health and equity, guided by measurement, data, and community voice. Joanna Frank of the Center for Active Design noted a shift among investors in loosening strict return-on-investment requirements, and others actively seeking data on how to respond and what is research-based. “Things that weren’t possible three months ago are going to be possible now,” said David Erickson of the Federal Reserve Bank of New York, who noted that he’s hearing questions about why there couldn’t be a secondary market for community development loans. “We’ve been asking that for 30 years but now is a time when things could possibly change,” Erickson added. He also urged looking at this as a window to make long-term investments like “ready to learn at kindergarten” bonds or “every kid graduates high school” bonds.

What became clear, according to Maggie Super Church of the Conservation Law Foundation, is that this global pandemic has spurred “demand for good information, for data, evidence, and strategies.” She asked the participants, and we now ask the field: “How do we invest in health and equity in our communities differently, given all that we’ve learned?”

“ This has to be a moment where we rethink what’s possible.”

— David Erickson

Federal Reserve Bank of New York⁷⁵

Conclusions

No single effort from this field provides measurement tools for both health and equity impacts, but many of our convening participants have made contributions to one or the other and have been striving to move these efforts forward. For example, the measurement platform for 100 Million Healthier Lives has a broad set of both survey tools and secondary indicators. They have provided options for users to get a broad array of data needed to assess health outcomes in a social determinant frame and to highlight secondary data sets that might be useful. Many of these tools could be used in an equity analysis, as could data aggregated by the Build Healthy Places Network, PolicyMap, or Opportunity360. Because these tools were not necessarily designed for equity analysis, the framework and contextualization for each type of use would be new. But many of the existing efforts, just like those in the HECI work group, are the building blocks for the recommendations that follow. The building blocks exist and can be leveraged to move us collectively forward.

Through our conversations with stakeholders during the two convenings and stakeholder interviews, we have uncovered the need to build the field's capacity to better operationalize and adopt equity as a frame for measuring the impact of community investment. Initial needs for the field include:

- ▶ **COME TO CONSENSUS ON OPERATIONALIZING AND MEASURING EQUITY IN THE CONTEXT OF COMMUNITY INVESTMENT.**
- ▶ **CREATE A FRAMEWORK FOR BOTH SHORT-TERM INDICATORS AND LONG-TERM PROGRESS TOWARD EQUITY.**
- ▶ **BUILD THE EVIDENCE BASE FOR A SOCIAL DETERMINANTS OF HEALTH APPROACH TO COMMUNITY INVESTMENT WITH EQUITY CONSIDERATIONS.**
- ▶ **ADAPT HOW INVESTMENT DECISIONS ARE MADE TO PRIORITIZE COMMUNITY VOICE AND LEADERSHIP.**

Come to consensus on operationalizing and measuring equity in the context of community investment.

Through the stakeholder interviews, we have seen a pivot toward focusing on whole-community outcomes and the social determinants of health. The pivot also comes with a growing recognition of the need to address the root causes of health inequities. Although there has been growing interest in the social determinants of health within community development,⁷⁶ there is uncertainty about defining and adopting equity as a frame for measuring the impact of community investment. When we look to operationalize equity in the systems of community investment, it raises questions about what “equitable” really looks like in practice. For example, do we mean equitable access to capital? If so, access to capital

for whom — residents or developers? Interviewees expressed interest in having access to a broad range of tools that measure health outcomes for populations of people, as well as the ability to track progress toward systems change.

Create a framework for both short-term indicators and long-term progress toward equity.

Measuring health and equity impacts of community investment must consider local assets, disparities, and needs, which means that what counts toward equity in one place may not count elsewhere. In terms of measuring equity, the field is not starting from scratch. Among those invited to the May convening, the HECI work group found general agreement that it is important to measure equity, but that the field does not yet have a clear definition of what equity is and, as such, measuring equity is challenging. That said, there are metrics and approaches that are beginning to address aspects of health equity, but the field needs clarity about how to create and standardize those metrics.

It is also important to be clear and set appropriate expectations about the time horizon for impact. Among the expert practitioners in the Data,

“*The effects of a specific transaction are difficult, if not impossible, to measure. The health institutions that are investing in the social determinants of health accept that it is enough to be ‘directionally correct.’ Given the importance of stable housing for health, it is clear that an investment in affordable housing is an investment in improved health, but that the timeframe and magnitude of the effects are often missed by narrow measurement efforts.*”

— Robin Hacke

Center for Community Investment⁷⁹

Evaluation, and Measurement breakout session of the convening, there was uniform agreement that it would take at least ten years to measure changes in drivers and outcomes of equity in a place. However, participants also indicated that this data is needed immediately. Developers and others seeking to make equitable investments in communities need actionable data in the near term. The challenge is to find ways to partially provide some data on leading indicators for equity within the context of the longer timeframe it will take to more fully comprehend equity impacts.

Build the evidence base for a social determinants of health approach to community investment with equity considerations.

We need a stronger, deeper bench of research to test the assumption that measuring health and equity impacts of community investment will drive more resources to the social determinants of health and, therefore, reduce disparities. We need to build up the evidence base to strengthen the rationale for a social determinants of health approach to investment, which will require investment in measurement and data collection now, so we can better understand the impacts of this work in the future.

Adapt how investment decisions are made to prioritize community voice and leadership.

With the accessible and useful measurement frameworks, tools, and processes in place, we believe it is possible to steer community investment capital intentionally toward the social determinants of health, similar to how the WHO has recommended processes and procedures to ensure the social determinants of health are considered systematically in policy implementation.⁷⁷ However, this alone will likely not be enough to spur long-term sustainable change if it's done without input or consideration to community needs and priorities.



We suggest introducing proxy measures for whether communities were actively engaged in and had influence over community investment decision-making processes.

This step is imperative, but not without challenges. Given how investment decisions are constrained by underwriting, risk analysis, target returns, and legally binding fiduciary responsibilities to investors, even among funds with an explicit social impact mission, there is little room for nuanced, locally informed conversation about the long-term health and equity impacts of a given project in a particular place. Yet it is precisely history and cultural knowledge about a place — expertly understood by the people who live there — that we advocate be lifted up and integrated into our approaches to measurement. Creating space for community voice and leadership is necessary to measure whether and to what extent a community investment decision-making process was equitable and, further, whether the health-benefiting impacts of an investment had equitable outcomes.

In order to evaluate whether community investment decisions have positive equity impacts, we must look at whether the investment process had opportunities for those impacted by the investment to drive the decision-making process. We hypothesize that the more that community development investment decisions involve resident leadership and control, the more likely these will lead to systems change. In implementation this means that, in the near term, there is opportunity for those impacted to claim ownership, control, and influence over the investment process and, in the long term, whether the investment outcome shifted and sustained this new influence over other development decisions and resource allocation projects in their communities.⁷⁸ There are ways of measuring whether a community investment process had opportunities for power building. Those in the HECL work group use power analyses, power mapping, and other participatory methods to understand these dynamics. We recommend that power assessments and empowerment processes should be an explicit component of equitable community investment decisions.

Summary Recommendations

While there are significant challenges to measuring the health and equity impacts of community investment, the input of convening participants, the interviews and subsequent dialogue, and the six-month collaboration among members of the HECI work group coalesce to offer some clear next steps to advance the field:

Better integrate and align tools as a body of work.

- ▶ Develop and share a more comprehensive, integrated understanding of the body of tools for measuring the health and equity impacts of investments in the social determinants of health, with the understanding that current tools might need to be updated, and that new tools and data sets are created regularly.
- ▶ Complete and maintain a comprehensive landscape scan of existing tools to measure the health and equity impacts of community investment.
- ▶ Organize the landscape of tools into types, as a guide for selecting and matching tools to appropriate audience and circumstance and helping users navigate and maximize their use of these tools.

Build the field of those “investing with purpose.”

- ▶ Create more opportunities for networking, collaboration, and continuous learning in this emerging field.
- ▶ Scale or spur more widespread adoption of the social determinants of health as a framework for selecting metrics for impact screening and evaluation tools for community investment.
- ▶ Tailor messaging around the social determinants of health to institutional investors and portfolio managers to develop more of a shared language and enhance the rationale for engaging in this framework, given their unique values and perspectives.
- ▶ Create a “road map” for decision-makers to follow if they want to start tracking the health and equity impacts of their investment.

Come to a shared understanding of what matters and then measure it.

- ▶ Begin consensus-making processes for measures of equity that are: clearly defined; responsive to community voice through qualitative and participatory methods; flexible enough to be applied in different context; and flexible enough to be revised over time.
- ▶ Continue effort to quantify social returns on investment.
- ▶ Consider use of scaled proxy measures for equity as to whether an investment decision was driven by community voice.

Fund and institutionalize the measurement and evaluation of community investment.

- ▶ Encourage philanthropy, healthcare institutions, financial institutions, and public sector agencies to provide financial or other resources to support field building, either by supporting specific use of tools in their communities/investments or by supporting the convenings or pilots to use tools in combination.
- ▶ Encourage resource providers to support community organizations to engage in pilot uses of the tools with their investment partners, prioritizing community empowerment and leadership in investment decision-making.

Continue to adapt and evolve to determine the best ways community investment can respond to COVID-19.

- ▶ Better coordinate across the community development field to understand immediate and long-term needs and gaps.
- ▶ Provide flexible, immediate support for grassroots organizations providing services and advocacy in hard-hit communities.
- ▶ Look to long-term community resilience by continuing to invest more in underserved and under-resourced communities, and continue to support the elements that typically make for healthy communities: walkability, living in close connection to other people, thriving small businesses and downtowns, and access to green spaces and public transportation.
- ▶ Shift the long-term narrative on equity to avoid exacerbating racial stereotypes, promote the idea that the idea that society benefits overall when everyone benefits equitably, and emphasize that homes are a crucial foundation for a healthy society.

Participants

Healthy and Equitable Community Investment Convening May 2020

Name	Organization
Emily Yu	Build Health Challenge
Doug Jutte	Build Healthy Places Network
Reena Agarwal	Center for Active Design
Joanna Frank	Center for Active Design
Thomas Yee	Center for Community Investment
Dolores Acevedo-Garcia	Child Opportunity Index
John Plakorus	Colorado Housing and Finance Authority
Maggie Super Church	Conservation Law Foundation
Janet Daisley	Conservation Law Foundation
Vedette Gavin	Conservation Law Foundation
Kelsey Salmon Schreck	Conservation Law Foundation
Sarah Schreib	Conservation Law Foundation
Andrew Seeder	Conservation Law Foundation
Steve Lucas	Council of Large Public Housing Authorities
Felipe Barroso	Democracy Collaborative
Stephany De Scisciolo	Enterprise Community Partners
Andrew Masters	Enterprise Community Partners
David Erickson	Federal Reserve Bank of New York
Marianne McPherson	Institute for Healthcare Improvement
Shai Lauros	Local Initiatives Support Corporation
Rachel Bluestein	Low Income Investment Fund
Kimberly Latimer-Nelligan	Low Income Investment Fund
Claire Tanner	Michigan Public Health Institute
Romi Hall	NeighborWorks America
Katy Easterly-Martey	New Hampshire Community Development Finance Authority
Scott Maslansky	New Hampshire Community Development Finance Authority
Jacqueline Matthews	New Hampshire Community Development Finance Authority
Kevin Peterson	New Hampshire Community Development Finance Authority
Emily Bever	The Pew Charitable Trusts
Bethany Rogerson	The Pew Charitable Trusts
Maggie McCullough	PolicyMap
Becky Regan	Rebecca Regan Consulting
Nicole Manchester	Stewards of Affordable Housing for the Future
Alexandra Nassau-Brownstone	Stewards of Affordable Housing for the Future
Sandra Serna	Stewards of Affordable Housing for the Future
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Soma Saha	WE in the World
Paul Mattessich	Wilder Research

Key Definitions

Healthy and equitable community investment

This type of investment is intended to achieve social and environmental benefits in disinvested communities, and plays a critical role in creating and preserving affordable housing, promoting health and wellness, contributing to small-business and economic vitality, and making places more equitable and sustainable. It works in places and sectors where conventional market activity does not meet community needs.ⁱ

Health outcomes

Health outcomes are changes in health that result from measures or specific health investments or interventions.ⁱⁱ

Health disparity

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.ⁱⁱⁱ

Health equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.^{iv}

Social determinants of health

The conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For the purposes of this report, the social determinants of health are: education; employment; health systems and services; housing; income and wealth; the physical environment; public safety; the social environment; and transportation.^v

Direct investment

Funding that is specifically allocated for real estate development, business lending, or related activity in a specific community or communities, as distinct from stocks, bonds, and other financial instruments that do not have a geographic focus.

i Hacke, Robin et al.(2018) Community Investment: Focusing on the System. Center for Community Investment and Lincoln Institute of Land Policy, <https://centerforcommunityinvestment.org/sites/default/files/2018-09/CI%20As%20a%20System.pdf>.

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iv Robert Wood Johnson Foundation. "What is Health Equity?" Accessed June 2, 2020, <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity.html>.

v Weinstein, James N., Amy Geller, Yamrot Negussie and Alina Baciu. Communities in Action: Pathways to Health Equity. Washington, DC: National Academic Press, 2017. <https://www.nap.edu/read/24624/chapter/5#100>.

Population health

Population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”^{vi}

Power dynamics

Power means the ability to determine who is included in decision-making, what is on the agenda, what rises to the top as priorities, how and when to take action, and to hold influencers accountable.^{vii}

Structural racism

Structural racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab and other racially oppressed people.^{viii}

Structural inequity

Structural inequities refers to the systemic disadvantage of one social group compared to other groups with whom they coexist, and the term encompasses policy, law, governance, and culture and refers to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.^{ix}

Community empowerment

Empowerment is a process involving continual shifts in power relations between different individuals and social groups in society.^x Empowerment has further been defined in relation to community engagement as “a group-based participatory, developmental process through which marginalized or oppressed individuals and groups gain greater control over their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduced societal marginalization.”^{xi}

Community power

Community power is the voice, ownership, and ability for a community to say what it wants and to work together to drive the change it seeks. Building power is particularly critical for underserved, underrepresented, and historically marginalized communities who have been excluded from decision-making on the policies and practices that impact their health and the health of their communities.^{xii}

Community-responsive practices

Community-responsive practices recognize the complexities of each community, and use research methods that respect community members and allow a wide variety of community voices to be heard.^{xiii}

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- x Laverack J (2006) Improving Health Outcomes through Community Empowerment: A Review of the literature Health Population Nutrition.
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Endnotes

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