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Local Place-Based Partnerships as a Pathway to Health Equity

How Community-Based Organizations Serve as Backbones or Partners to Increase Local Coordination, Expand System Capacity, and Improve Local Health Outcomes

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Joint Center for Housing Studies
Harvard University

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Aleks Czulak
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Executive Summary

Improving the health and well-being of children and families across the United States is a critical imperative, and it is no easy feat. Social determinants of health, including neighborhood conditions such as socioeconomic and environmental factors and structural and systemic inequities that are rooted in racism and discrimination, drive over 80 percent of health outcomes. Research suggests that multi-sector partnerships for health equity can improve local health system capacity and health outcomes.[1] More and more community-based organizations are bringing organizations together in their local communities to focus on neighborhoods and the ability of the communities' residents to flourish and thrive.

The core research question I studied is, **what can be learned from the experiences of community-based organizations that have leveraged partnerships to create healthy and equitable communities?** The community-based organizations that I studied span the country and had their start in housing, community development, and economic development.

My research and interviews with the leaders of local community-based organizations made it clear that successful partnerships almost always require some sort of "backbone" or coordinating entity. I identified five practices used by successful partnerships and their backbone organizations:

- **Managing tensions:** Tensions are inherent in partnership work – this can include competition about resources and influence. Clarity in processes, relationships, and norms can reduce some of these tensions, as can a willingness to modify procedures and norms.

- **Shifting from a programmatic to a more holistic approach:** Backbone organizations and partners with local context have a broader commitment to the community and have a longer-term time horizon to build trust and make progress in the community and the partnership. For example, an affordable housing developer can become a partner or creator of summer and school programs for kids and vice versa.

- **Leveraging physical assets and on-the-ground social services**: Community-based organizations with physical assets in a community (e.g., housing, commercial corridors) and social services often have a longer-term time horizon in their work and have strong community development and outreach capabilities. Physical assets can build trust, reputation, and critical community infrastructure.

- **Building on a history of local collaboration:** The pandemic accelerated cross-organization collaboration and working with government for funding and coordination. The backbone model builds on past formal and informal engagement.

- **Embracing ongoing change:** Successful partnerships are marked by an ability to adapt, experiment, and innovate in ways that can produce better outcomes and reduce inherent

[1] Zahner, Oliver, and Siemering (2014).

tensions. This longer-term perspective allows for more significant investments in innovative tools and resources that better serve both the community and the partnership.

Strong local partnerships can provide the physical infrastructure and organizational capacity to address health, racial, and economic inequities and create thriving communities. I hope the stories and models I highlight can help inform this convergence of physical and human capital solutions at the place-based level to improve the health and well-being for the adults and children who live in the nation's historically underserved communities.

Introduction

Motivation

My motivation for this research is driven by my passion for and interest in improving the health and well-being of children and families by using a multi-sector approach to build healthy and safe communities. The COVID pandemic underscored the need for and potential of this approach, and now there is an urgent need to continue to elevate work on collective visions of health for local communities. At the same time, the pandemic made it clear that bridging sectors and bringing together community-based organizations (CBOs), local anchor institutions and residents is no easy feat. Nevertheless, local, place-based investments and improved local coordination and system capacity have showed great promise. Therefore, we must learn how leaders and organizations at the local level can work together to advance health and racial equity.

Core research questions

The core research question I studied is, **what can be learned from the experiences of CBOs that have leveraged partnerships to create healthy and equitable communities?** Answering this question required that I examine the following questions:

- Why have CBOs moved into this work and become the backbone/coordinating entity for many local partnerships?
- How are the partnerships organized and funded?
- What are the characteristics of successful CBO-led partnerships?
- What are key lessons for other practitioners (e.g., policy makers and philanthropists)?

Methodology

To answer these questions, I divided my research into three phases. During Phase 1, I conducted background research on key issues, notably the social determinants of health, local partnership models, and federal agency plans and resources for health equity. To do so, I reviewed relevant literature and background information on notable entities. I also interviewed several researchers as well as leaders of two notable national organizations working on place-based partnerships, StriveTogether and the Rippel Foundation, and one regional entity, the Bay Area Regional Inequities Initiative.

In Phase 2, I focused on the work of some CBOs that have played the role of a backbone in local partnerships, especially partnerships with a focus on health and racial equity in a place-based model. I identified these entities by consulting with NeighborWorks staff and later from suggestions offered by leaders of notable organizations. In the end, I identified six organizations that merited closer attention, five of which are members of the NeighborWorks network. (See Table 1 and Appendix, Figures 1 and 2).

I reviewed online materials about these entities, spoke with their leaders, and then conducted site visits interviewing leaders of those groups. From June to August 2023, I interviewed twenty-five staff and leaders—most, but not all with the six local organizations I was able to visit. In the interviews, which generally lasted for one-to-two hours, we discussed both their organization and

the broader partnership, with a focus on how the partnership came together, how it is structured, how it works, how it has been sustained and how it has evolved.

Table 1: Organizations Examined for this Paper

Organization	Location	NeighborWorks Member?	Designation
Beyond Housing	St. Louis County, MO	X	
East Bay Asian Local Development Corporation (EBALDC)	Oakland, CA	X	
LISC Bay Area	Oakland, CA		
Mission Economic Development Association (MEDA)	San Francisco, CA (Mission District)	X	Promise Neighborhood
ONE Neighborhood Builders (One|NB)	Providence, RI	X	Health Equity Zone (RI)
The Unity Council	Oakland, CA	X	

In Phase 3, I shared preliminary findings with practitioners and experts, including the researchers and experts at the Rippel Foundation, The EdRedesign Lab at the Harvard Graduate School of Education, the Joint Center for Housing Studies, and NeighborWorks.

Background and context

Social determinants of health

Research on social determinants of health and healthcare suggest that factors, like education access and quality, economic stability, neighborhood and built environment, social and community context, and healthcare access and quality, drive 80 percent of healthcare outcomes while medical care only drives 20 percent of healthcare outcomes.[2]

Many entities have tried to describe, define, and visually represent the impact of social determinants of health. Two frameworks that I found helpful were developed by the Rippel Foundation and the Bay Area Regional Health Inequities Initiative (BARHII). The Rippel Foundation's Vital Conditions framework features distinct, interconnected sections. These include urgent services that are needed to ensure basic conditions are met (e.g., acute care, unemployment and food assistance). The framework also addresses vital conditions which are properties of places to help community members "reach their full potential," which include physical necessities (e.g., basic needs, humane housing, meaningful work) and a sense of

[2] Office of Disease Prevention and Health Promotion (n.d.).

belonging and civic muscle (See Appendix, Figure 3).[3] The BARHII framework bridges how institutional and social inequities are connected and impact living conditions and the health and well-being of individuals and communities; at its core, systems change is required for equity and community transformation (See Appendix, Figure 4). [4] Both the Rippel Foundation and BARHII are organizations that are engaging in efforts of systems change and aligning systems and stakeholders which can improve local system capacity.

There is increasing recognition of and research on how systemic disinvestments and discrimination have led to worse health outcomes, especially driving racial and ethnic disparities. As one previous Gramlich Fellow has noted, systemic inequities driven by policies such as redlining and racial covenants continue to impact communities of color today.[5] Moreover, as another former Gramlich Fellow has noted, these systemic inequities were further revealed and exacerbated during the pandemic, when communities of color experienced disproportionate rates of infection and pandemic-induced job losses (which led many NeighborWorks organizations to step up and play key roles in responding to the pandemic's disparate racial impacts).[6]

During my interviews, leaders of these organizations also shared additional trends that are impacting local communities and affecting residents' ability to live healthy and flourishing lives. Some examples of trends that have impacted local communities include deindustrialization, weakening community cohesion, and market consolidation in healthcare and other industries.

For example, horizontal consolidation across healthcare entities has accelerated over the last 20 years, which has made healthcare, including providers, insurers, and health systems, "less local" than it has been in the past.[7] This delocalization, in turn, can make it more challenging to create strong local partnerships. Similarly, consolidation across other industries and widespread deindustrialization in many parts of the country has the potential to impact local labor conditions (e.g., salaries, bargaining power for workers) and thus impact other local outcomes and investments in communities. Although these trends are not the focus of this paper, they should be considered due to their potential effects on local communities and neighborhoods.[8]

Notable efforts addressing social determinants of health and health equity

Over the last twenty years, there has been a greater push away from siloed models of care and service and towards a focus on the "whole person." This push has led to more research and experimentation aimed at improving health outcomes by addressing social determinants that contribute to health. Some examples of local efforts include healthcare and education entities

[3] The Rippel Foundation's Vital Conditions framework was also used in ELTRR Interagency Workgroup (2022), which outlined a whole-of-government approach to support the potential for all people and places to thrive – this included commitments from more than 35 agencies across the Federal family. The report includes recommendations across agencies and is an attempt at a "whole-of-government" approach to action to improve the health and well-being of children and families.
[4] BARHII (2015). The BARHII framework has informed the American Medical Association's Health Equity Strategy and the foundation of the California Department of Public Health's Office of Health Equity.
[5] JCHS (n.d.); Jones (2023).
[6] Demers (2021).
[7] US Senate Committee on Finance. (2023).
[8] Austin, Glaeser, and Summers (2018); Schubert, Stansbury, and Taska (2022); Gordon (2013).

implementing local efforts and programs to improve health equity and coordinate across local entities.

One well-known model that focuses on education and comprehensive services is the Harlem Children's Zone (HCZ) in New York City, which has been a successful model in helping students and families have improved educational and health outcomes. HCZ is an example of a cradle-to-career place-based partnership that is working to support its community members (children, youth, families) and systems and local providers (e.g., schools, healthcare systems, community and faith-based organizations) to open pathways to mobility and prosperity. Its mission statement captures its model: "HCZ breaks the cycle of intergenerational poverty with on-the-ground, all-around programming that builds up opportunities for children, families, and communities to thrive in school, work, and life."[9] HCZ launched the William Julius Wilson Institute to support other localities and organizations looking to build their own place-based solutions, with hundreds of individuals across the US and abroad visiting to understand their work. HCZ also partners with national organizations like StriveTogether, a network of place-based organizations that focus on improving cradle-to-career outcomes and supporting pathways for economic mobility for kids in their communities, and the Harvard Graduate School of Education's EdRedesign Lab, which supports communities across the country with their cradle-to-career place-based partnerships through cross-sector collaboration.[10]

Another model, founded by health entities, is the West Side United (WSU) collaborative in Chicago, started in 2017 by Rush University to partner and coordinate with local public health systems and community organizations to address community health and economic wellness on the west side of Chicago. This initiative included identifying strategies with stakeholders and community members to address the sixteen-year death gap between community areas like West Garfield Park (west side) and Gold Coast (downtown).[11]

Activity by other CBOs

Large entities and anchor institutions have been essential partners and leaders in place-based partnerships and investment models. CBOs have also taken on significant roles as backbones, coordinating entities in local communities. However, CBOs face challenges due to their smaller size, limited staff, and funding compared to the larger local institutions leading many notable initiatives.

Since the 1960s, community development corporations (CDCs) have grown with a focus on community and economic development, which includes affordable housing.[12] NeighborWorks America is an association of mostly CDCs. To complement the work of CBOs and CDCs, community development financial institutions (CDFIs) have grown since the 1990s to support lower-income neighborhoods with credit and to braid multiple sources of capital (e.g., private,

[9] Harlem Children's Zone (n.d.).
[10] EdRedesign (n.d.).
[11] Ansell et al. (2021).
[12] Vidal (1992), 2; National Congress for Community Economic Development (2006), 4. CDCs grew in the 1960s after major legislation and activism and often started as community service, community action, and service programs and then transitioned to a greater focus on community economic development, which includes affordable housing development. There are over 4,000 CDCs in the US.

public, philanthropic).[13] One of the organizations I studied is a CDFI (LISC Bay Area), and most of the organizations I studied work with CDFIs for their programs. Organizations and partnerships with CDFIs can leverage their access "technical expertise" such as access to capital or other partners, including local or national entities.[14]

Two frameworks for addressing social determinants of health that often came up in my discussions with the leaders of these organizations are comprehensive community development and collective impact. Comprehensive community development, which has been a focus for NeighborWorks America and CDCs across the country, aims to develop strategies that address the social, physical, and economic needs of community residents and to coordinate among multiple service providers.[15] Collective impact, which is used by many local organizations, including some NeighborWorks organizations envisions "a network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and system level change."[16] CBOs, especially CDCs, have used these frameworks to grow both their program areas and local partnerships in ways that address their communities' needs in more holistic ways.

CBOs and CDCs like NeighborWorks organizations are at a moment of convergence to support place-based strategies for equity, and many have started to answer this call to action. Local organizations as well as national networks like StriveTogether, Purpose Built Communities, the Collective Impact Forum, and philanthropic partners like Blue Meridian Partners, are focusing their efforts on place-based strategies for equity to align and coordinate local efforts.[17] As David Erickson writes in *The Fifth Freedom,* "a thriving community needs more than buildings… to create a thriving community requires physical as well as human capital solutions. What we need is to combine the existing tools of community development that created a quasi-market to improve real estate in neighborhoods (place-based) with a new type of quasi-market for human capital development (people based)."[18]

Paul Grogan, former CEO and president of the Boston Foundation and the Local Initiatives Support Corporation (LISC), asked a similar question in *Investing in What Works for America's Communities,* writing: "We have built a national infrastructure for improving the poorest neighborhoods…what, then, is the future of community development? It lies in turning the architecture we have created to meet urgent challenges of human development. How can we turn a successful community organizing and real estate development system toward the goal of increasing educational outcomes, employment success, family asset building, and individual and community resilience to weather setbacks?"[19]

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[13] Dopico (2017). There are over 1,000 CDFIs with over $35 billion in assets in the U.S. Both CDCs and CDFIs have grown due to support from public sector grants (e.g., Community Development Block Grants) and from private support from banks (e.g., to meet requirements from the 1977 Community Reinvestment Act).
[14] Interview with Elizabeth Rose Wampler and Sasha Werblin, Bay Area LISC on August 18, 2023.
[15] "Social determinants of health" and "comprehensive community development" are different terms used to describe similar topics. See Chaskin, Joseph, and Chipenda-Dansokho (1997).
[16] Graybeal (n.d.); Weaver (2016).
[17] Interview with Rob Watson, Deputy Director of The EdRedesign Lab on September 11, 2023.
[18] Erickson (2023), 61.
[19] Grogan (2012), 188.

There are many interpretations of collective impact, cradle-to-career models, and other frameworks. As the experts have mentioned, there is a great amount of work needed to codify and support communities to focus on place-based efforts with a more comprehensive and collective focus on community opportunities and needs.

Critical role of backbone organizations

As CBOs and CDCs take on backbone roles in local partnerships, their leaders are either formalizing existing partnership models or starting new ones to focus on systems-level change and place-based strategies. Funders are also evolving, with grants and contracts structured to increasingly support place-based models with larger-scale funding and expanded opportunities for sub-grantees, which are often partners within these partnerships.

The importance of backbone entities

As discussed in the previous section, many notable efforts to address health and racial equity use place-based models like cradle-to-career models, collective impact, and local community anchor-driven models. While organizations in these partnerships are motivated to collaborate, these efforts typically require a "backbone" entity that convenes the group and then helps coordinate and manage its activities.[20]

Backbone models for partnerships can support coordination by providing strategic support to partners and focusing on specific areas (e.g., neighborhoods).[21] There are four main types of backbone models: stand-alone, nested, volunteer, and seconded.[22] Most of the organizations I examined used a nested backbone model, where the backbone or lead agency / organization has dedicated staff for coordination and also serves as the fiscal sponsor of the partnership.

The backbone role can be filled by various entities including funders, new nonprofits, existing nonprofits, government bodies, or, in some cases, by a collaboration that involves multiple organizations. Key drivers for local coordination include funding opportunities, especially those that are multi-year and require participation in local partnerships. These partnerships help improve service and program coordination, enhance community outcomes (such as when beneficiaries use services from multiple nonprofits), and develop local community plans by identifying assets and gaps through methods like community development plans, community health assessments, and resident surveys. Backbone-supported partnerships can unite residents, local organizations, and government agencies, fostering collaboration across communities and sectors. At the same time, partnerships and backbone organizations must regularly evaluate their

[20] Collective Impact Forum (2021).
[21] Weaver (2016).
[22] A stand-alone model is one where the backbone organization is a stand-alone organization that has charitable or 501c3 status and often has its own board of directors and a larger advisory board with community partners. Some models have started as one of the other backbone models and evolved to a stand-alone model. A nested model is housed in one of the partners, often the fiscal host, and the staff team is held accountable to both the fiscal host organization and to the partnership group. In a volunteer model, there is an all-volunteer team of community leaders who work collaboratively. As in the nested model, one of the volunteer team members acts as the fiscal host for revenue and reporting purposes. In a seconded model, staff from an existing organization are "seconded" to create the backbone infrastructure in a part-time or full-time effort.

collaboration and adapt their model as needed, as there is no single, perfect model for a backbone.

Funding to support backbones

There are limited government or philanthropic funding models to support administrative or backbone functions instead of just programmatic functions. While the pandemic may have introduced greater flexibility in some funding trends, the availability of such funds remains limited and typically lasts for less than five years. This short-term funding poses a challenge in building partnerships and addressing systemic inequities that have taken generations to create. I highlight a few federal and state programs that have had a focus on place-based investments with a particular focus of funding that supports backbone work.

Federal funding

Over the last fifteen years, a growing number of federal programs have focused on place-based efforts and funding for backbone-related support work, extending beyond traditional programs and services. The Promise Neighborhoods program, launched in 2010 by the Department of Education during the Obama administration, was inspired by the work of the Harlem Children's Zone in New York City. This initiative builds on cradle-to-career, place-based models. The Promise Neighborhood program goals are to "significantly improve the academic and developmental outcomes of children living in the most distressed communities of the United States, including ensuring school readiness, high school graduation, and access to a community-based continuum of high-quality services."[23] Promise Neighborhood program grantees can be nonprofits, higher education institutions, or Native American tribes. Since 2010, 70 grantees have been awarded planning and implementation grants. These awards typically are structured as a one-year planning grant and three-to-five-year implementation grants, with some potential for extension. The Mission Economic Development Agency (MEDA), one of the organizations I examined, serves as the backbone for San Francisco's Mission Promise Neighborhood, which recently celebrated its 10th year as a Promise Neighborhood.

Other current place-based initiatives backed by federal funding include the Choice Neighborhoods program, which is administered by the Department of Housing and Urban Development (HUD), the Byrne Criminal Justice Innovation Program, which is overseen by the Department of Justice (DOJ), and the Environmental Justice Thriving Communities Grantmaking Program overseen by the Environmental Protection Agency (EPA).[24] A notable previous initiative offered during the Obama administration was the Partnership for Sustainable Communities, which was an interagency partnership between HUD, EPA, and the Department of Transportation (DOT).[25]

[23] Office of Elementary and Secondary Education (n.d.).
[24] HUD (n.d.); DOJ (n.d.); EPA (2022).
[25] The White House (n.d.).

State and local funding

State programs that fund backbone models for local coordination vary and are limited. However, some states and local governments are investing in health equity zones with a direct focus on addressing designated areas that have higher rates of health disparities. For example, in 2013, Maryland implemented the Health Enterprise Zone Initiative which provides funding for backbone support and work through local coalitions or partnerships with health departments and other agencies, healthcare and system providers, and CBOs in designated underserved communities.[26] An initial study found a reduction in inpatient stays and an increase in emergency department visits, which has resulted in net cost savings for the state and reduction in healthcare costs.

In 2015, Rhode Island launched a Health Equity Zone (HEZ) Initiative that supports designated areas across the state for community collaboratives and partnerships by investing in community infrastructure and resident empowerment to improve health equity. (One of the organizations I studied, One Neighborhood Builders (One|NB), is the backbone organization for the Central Providence Health Equity Zone.) Other states and cities have been exploring these place-based, health equity models, including the City of Chicago with its Health Equity Zones.[27]

Nonprofit funding

Foundations have also been investing in various place-based models. One example is Blue Meridian Partners, which has been investing through their Place Matters portfolio in various cities and organizations across the country. Other philanthropies that are also engaging in place-based investments include WK Kellogg Foundation, which is focusing its place-based investments in Michigan, Mississippi, New Mexico, New Orleans, Mexico, and Haiti, and Mobility Labs by Robin Hood, which is working in partnership with other philanthropies for place-based investments. There was also more funding available following the first summer of the COVID pandemic and the racial justice movement in 2020. There was an influx in more explicit investments in racial equity through place-based investments and other efforts; at the same time, there were challenges to access these funding sources.

These place-based efforts have made millions of dollars available for communities, organizations, and partnerships, including funding to support backbone organization functions. Such funding can be both an enabler and a source of tension in partnerships. Developing models that support backbones and their partnerships may be critical for the future of this type of coordination and collaboration at the local level.

Successful practices of partnerships that further health equity

During my interviews, leaders of backbone organizations shared both their successes and opportunities for improvement in their partnership models. They emphasized that there are no silver bullets in partnership models and that partnerships are impacted by various local conditions. These can include the density and number of partners, local government, funding that is available, socioeconomic conditions, racial and ethnic background of the community, and

[26] Gaskin et al. (2018).
[27] Chicago Department of Public Health (n.d.).

many others. Across the backbone organizations and partnerships I studied, I found five successful practices of these organizations working to improve the health and well-being of children, families, and communities in a more holistic and comprehensive manner. The five practices are:

(1) Managing tensions;
(2) Shifting from a programmatic to a more holistic approach;
(3) Leveraging physical assets and on-the-ground social services;
(4) Building on a history of local collaboration;
(5) Embracing ongoing change.

In the next section, I share more about these practices and include examples from the backbone organizations I interviewed.

Managing tensions

Many of the leaders I interviewed observed that there are tensions in bringing together partners with a backbone organization. However, the most successful organizations address these tensions through open discussions, adopting new tools, and adapting when needed.

Key tensions that often have to be addressed include the following:

- **Competition across organizations** can lead to duplication of efforts and challenges in local collaboration. Many local organizations have worked together or know of each other, and this past history of engagement in collaboratives and their various levels of success can impact longer-term partnership work. The competition for funding resources and influence can impact local relationships, coordination, and partnerships. A backbone organization may inevitably have a more prominent role in the work of the partnership. The leaders of organizations that were able to successfully manage these tensions highlighted ways they elevated others in the partnership, took active steps back, served as a convener and did not do all the work of the partnership, and made sure work was appropriately divided.

  Inherently, a backbone organization is not a neutral convener, which can create tensions over power, influence, and resources in the partnership. The backbone can deploy tools strategically to reduce these tensions. One tool that multiple organizations highlighted was using an external consultant or outside facilitator to level the playing field during strategy sessions or to address conflicts that were becoming hard to manage. One leader I interviewed even mentioned that when the partnership relationship seemed to fray after an intense period of working together during the pandemic, his organization brought in an external consultant to facilitate and help navigate the challenges.

  Another common tool was to have the backbone entity apply for grants that have sub-grantee flexibility, which can better enable more of the partners to come together to secure funding for the partnership or the initiative that is funded. However, shared priorities with residents and partners is critical for the partnership to work, even before

finding funding opportunities, to guide the strategy, implementation, funding, and organization and partnership capabilities.[28]

- **A lack of grounding in community voice:** if community members feel like they are repeating themselves for years with nonprofits, government, or other entities, there are lower levels of community trust in the organizations and in the potential for partnership and community impacts, driven by resident voice. Most of the organizations I examined had mechanisms in place to let residents help shape their strategies and provide feedback on their activities. When leaders discussed unsuccessful projects and initiatives, they often said the failures were caused by a lack of effective efforts to engage residents or by making proposals that did not reflect the desires of local residents. Shared priorities with residents and partners is an important priority for the partnership to work

- **Varying levels of maturity and capacity with data and measurement** can pose obstacles in effective coordination efforts. Some of the backbone leaders I interviewed highlighted that their organizations frequently take on more of the reporting and data measurement, usually because other partners were smaller and had less capacity and experience with the data and reporting needs.

- **Lack of clarity in processes, relationships, and norms that enable partnership work.** The pandemic helped accelerate the work of some partnerships by moving them towards more frequent engagement. Leaders of the Unity Council (Oakland, CA) met weekly with partners to align and coordinate given the needs of the community and the new roles and resources the Unity Council was helping to distribute. MEDA transitioned from quarterly meetings to more regular monthly meetings.

  Will regular and more frequent meetings cultivate more collaboration across partners? They could, although the effectiveness hinges on the quality of the discussion, relevance of topics, and the partners' commitment to collaboration. For example, a meeting with round-robin updates from partners may be less impactful than a partnership that is connected and assessing how it works together. The Mission Promise Neighborhood partnership has conducted regular trainings with its partnerships and regularly reviews its partners and how MEDA supports the partnership and community. MEDA also recently conducted an internal survey that served as a network mapping exercise for partners to identify the organizations that MEDA is working with.

Shifting from a programmatic to a more holistic approach

Backbone organizations and partners with local context have a longer-term time horizon to build trust and make progress in the community and the partnership. This type of adaptability is critical to shifting to a more holistic, transformative approach to improving the health and well-being of children, families, and communities. More specifically, those leading successful partnerships noted that:

[28] Interview with Elizabeth Rose Wampler and Sasha Werblin, Bay Area LISC on August 18, 2023.

- **Comprehensive services do not equal a holistic or transformational approach:** Many organizations, including those I examined, offer a variety of services. However, now four years since the start of the pandemic, leaders of many organizations are starting to reassess their roles because they do not have the resources they need to keep offering those services and/or to serve as the backbone entity. There is an important idea here that one organization should not be trying to do everything alone. By working with partners and contracting select work, an organization can fill in gaps in its work. Organizations in a partnership can take the role of a lead or a partner, or can contract out specific roles.

  For example, over the last ten to twenty years, MEDA's work has changed from being the largest volunteer income tax assistance (VITA) program in the Bay Area to providing additional asset-building services (e.g., housing) while developing its systems transformation work.[29] MEDA's programs have expanded from "direct person-to-person" to engaging in systems transformation, which includes programs like the Mission Promise Neighborhood (launched in 2013), the Community Real Estate affordable housing development program (launched in 2014), and Fondo-Adelante, a newly established CDFI to support local efforts (launched in 2014).[30]

- **Engaging residents is critical:** Some of the organizations I studied have formal mechanisms for involving local community residents such as board representation, membership in work groups, or feedback mechanisms. Beyond Housing (St. Louis County, Missouri) leads by example, actively involving residents in their work by co-leading committees and compensating them for their contributions to a wide array of working groups such as the Public Policy & Advocacy Council, an Environmental Health Team, and a Community Building Committee. One|NB (Providence, RI) and the Rhode Island Health Equity Zone program have a participatory budget for local grants.[31] Residents can craft proposals of how to spend funding dedicated to their community. Most of the organizations also hold community events to engage residents and to build a sense of belonging. The Unity Council helps organize the largest Latino cultural event in the Bay Area, the Oakland Día de los Muertos festival.[32] Beyond Housing provides affordable rental units and employs Human Resource Coordinators who offer referrals for childcare, employment, and other social services. In addition, the Pagedale Family Support Center, a physical hub, offers youth development opportunities such as after school and summer programs, including the Freedom School, based on the Children's Defense Fund Freedom School Model, and a summer baseball league, based on resident feedback. Ultimately, resident buy-in will make or break the success of the partnerships.

- **Key entities often serve as a bridge or translator across sectors:** The backbone organization and its partners frequently need to articulate their work to other partners, stakeholders, and sectors. For example, at The Unity Council, a dedicated staff member monitors local council and state discussions that could impact or fund the backbone work

[29] MEDA (2024).
[30] Interview with Efrain Barrera, MEDA Mission Promise Neighborhood, on August 15, 2023.
[31] Interview with Anusha Venkataram from ONE|NB on May 31, 2023.
[32] Interview with Erin Patch and Armando Hernandez from The Unity Council on August 16, 2023.

or its partners' initiatives.[33] Similarly, Beyond Housing convened the mayors of the local municipalities in the area. While it started by creating the agendas and leading the monthly convenings, it then supported the transition to having two mayors lead the meetings, with Beyond Housing still providing backbone and administrative support, but taking a step back from a more visible role.[34]

Leveraging physical assets and on-the-ground social services

All the organizations I studied have physical assets and affordable housing in their program portfolios, and all have expanded to support more cradle-to-career work initiatives. CBOs with physical assets in a community, such as housing and commercial corridors, and social services, often adopt a longer-term strategy and have strong community development and outreach capabilities. Successful partnerships and backbone organizations with physical assets were able to:

- **Build trust with physical representation of community investments:** Physical assets can build trust, reputation, and critical community infrastructure. For example, MEDA is addressing long-term needs in the Mission neighborhood by evolving to include affordable housing development into their program portfolio. MEDA's asset portfolio includes housing units and its multi-tenant neighborhood resource center, Plaza Adelante (see Appendix, Figure 5).[35] The community center is focused on supporting economic empowerment as a "one-stop shop for integrated services" and provides a business incubator for some new restaurant vendors to use the space. Plaza Adelante looks and feels like, and provides services as, a hub for the neighborhood and a physical representation of MEDA's mission.

  In a similar vein, the Unity Council invested in the Fruitvale Transit Village, a mixed-use development in Oakland (see Appendix, Figure 6). The project includes businesses, offices, and apartments (some of them affordable units for families), as well as facilities for children and families, such as a public library branch, a medical clinic that serves children, a Head Start program, a high school, and a senior center. Such developments are crucial as they foster a sense of stability and belonging within the community because there are tangible changes that residents can see and access.

- **Integrate physical assets and social services:** Local CBOs are uniquely positioned to leverage physical assets for broader social impact, especially those supporting cradle-to-career efforts with a housing portfolio; such organizations exemplify the growing convergence of physical and human capital solutions. Backbone organizations and partnerships are thus developing integrated and diverse portfolios.

  For instance, as a result of its engagement with residents and collaborations with local officials and organizations, Beyond Housing now has a unique and diverse portfolio of

[33] Ibid.
[34] Interview with Chris Krehmeyer from Beyond Housing on July 21, 2023.
[35] MEDA (n.d.).

programs and physical assets. One of these collaborative efforts and partnerships is the 24:1 initiative, a place-based community development initiative begun in 2009 that supports twenty-three (formerly twenty-four) municipalities that are part of the Normandy Schools Collaborative, the local public school system.[36] About 36,000 people live in these predominantly Black communities. Median household incomes are about $41,000, which is less than half that in St. Louis County as a whole (see Appendix, Figures 7 and 8).[37]

Another notable asset in Beyond Housing's portfolio is Carter Commons, a commercial area developed in Pagedale that includes a food hall incubator, minority-owned restaurants, retail offices, a culinary training center, and a brew pub. The commercial area near Carter Commons includes a healthcare facility, a bank, a senior center, and previously included a grocery store that is now seeking a new vendor. Across the street from Carter Commons is a movie theater called 24:1 Cinema, in honor of the 24:1 Initiative, with a $5 ticket and popcorn option – it serves as a source of affordable entertainment for the community. Beyond Housing is also assisting in redesigning the Normandie Golf Club, scheduled for future development, with a focus on inclusivity.

- **Use established and mature community engagement and feedback mechanisms:** Local CBOs with physical assets often have established processes of how and when to engage residents that are deeply rooted in their understanding of local needs and dynamics. By consistently gathering and responding to community feedback, CBOs can enhance their ability to deliver tailored services, strengthen community trust, and promote development. For example, many of the organizations used surveys and focus groups and would compensate residents for their time and feedback.

Building on a history of local collaboration

The pandemic accelerated more cross-organization collaboration and working with government for short- and longer-term funding and coordination. Backbone organizations and partnerships are built based on past formal and informal local engagements. Notably, the partnerships were marked by the following features.

- **Longstanding leadership, rooted in the community**: Many of the organizations I studied were led by long-time leaders, especially when compared to government or other external entities they worked with. Leaders who have been with their organizations for over 10 years, such as those at MEDA and Beyond Housing, have cultivated relationships and often serve as stabilizing forces that encourage community coordination and trust.

  The Unity Council, which has a robust history of collaborations over sixty years, also exemplifies this stability.[38] Recent partnerships it has been involved with include the Resilient Fruitvale Collaborative and the Bay Area Latinx Power Building Initiative. The

[36] Beyond Housing (n.d. (d)).
[37] Interview with Chris Krehmeyer from Beyond Housing on July 21, 2023.
[38] Interview with Erin Patch and Armando Hernandez from The Unity Council on August 16, 2023.

Resilient Fruitvale Collaborative, established in 2017 for emergency and disaster response planning, evolved during the COVID pandemic to deploy urgent services and has transitioned to a more steady-state partnership. In 2013, MEDA applied with partners for the Mission Promise Neighborhood initiative, serving as the backbone organization coordinating with eight partners. Within five years, the Mission Promise Neighborhood expanded its footprint from four local public high schools to nine in the Mission District. MEDA also supported comprehensive pandemic response in the Mission District, and in 2020 also served as the coordinating agency for the San Francisco Latino Parity and Equity Commission.

- **Formal, longer-term designation for funding**, such as Promise Neighborhoods for MEDA or Rhode Island Health Equity Zone funding for One|NB, have enabled these partnerships and backbone organizations to plan more strategically for medium- and longer-term time frames. Organizations without such designations are also exploring innovative ways to achieve such goals. For example, Beyond Housing introduced a new fundraising tool—an initial public offering (IPO) model to raise and invest $200M – as an investment in addressing the root causes of poverty in the St. Louis County area.[39]

Embracing ongoing change

Successful partnerships are marked by an ability to embrace ongoing change and adapt, experiment, and innovate to improve local collaboration. These partnerships are multi-year commitments, based either on formal agreements or on sustained informal engagement. A longer-term horizon can build trust in the community and partnership, leading to investments in more innovative tools to serve both. The partnerships I studied are regularly adapting and improving their partnership models and demonstrated the following qualities:

- **Iterative practices in place:** Successful partnerships must be iterative and humble, regularly assessing what works and what needs to be updated. For example, One|NB recently collaborated with their partners for a ten-year strategic plan (2023-2032). Moreover, this effort was driven by new partners and new leaders who brought new ideas to the table and helped ensure consistent engagement from residents and partners.[40] This iterative process is crucial for adapting to changing community needs and dynamics.

  Such efforts can also help address the potential for growing tensions that can arise if partners begin to perceive the backbone as having too much power or influence. To mitigate this problem, executive directors and staff at One|NB actively build relationships with staff at partner organizations outside formal mechanisms (e.g., one-on-one conversations), bridging gaps and silos and to foster collaboration.

- **Shifting from "it's not my job" to "who do we need to tap in?"** Because of resident engagement, Beyond Housing adapted and its portfolio evolved.[41] Initially focused on affordable housing, its portfolio now includes a community theater (also called 24:1

[39] Interview with Chris Krehmeyer from Beyond Housing on July 21, 2023.
[40] Interview with Anusha Venkataram from One|NB on May 31, 2023.
[41] Beyond Housing (n.d. (b)).

based on its footprint of the twenty-plus towns), commercial development, a business incubator, and youth programs and services. This shift highlights the importance of community input to expand and diversify services of key local organizations and partnerships, ensuring they meet the broader needs of the community.

- **Strategic decision-making and capacity management – "not saying yes to doing it all"**: Successful partnerships and backbone entities recognize the importance of not overextending themselves. During the pandemic, the organizations I studied expanded their portfolios and work in the local community. However, leaders of most of the backbones are now carefully considering what they say yes to. Although the backbone organization may often have capabilities that can make applying for funding easier for members in the partnership or external opportunities, leaders from the organizations I studied emphasized the need to strategically manage their capacity. This approach helps maintain focus, efficiency, and long-term impact.

Implications for funders and policymakers

Partnerships with a CBO-led backbone offer a promising approach to improve local neighborhoods and community outcomes with a lens of health and racial equity. While these models are not new, their potential is becoming increasingly recognized, making it crucial for key stakeholders, such as funders, policymakers, and others, to understand their impact. There also needs to be common understanding that addressing generational disinvestments requires sustained generational investments and time to see outcomes. I highlight a few takeaways to consider for federal, state, and local governments, health insurers and health systems, and philanthropies.

Federal, state, and local governments

It appears that there is a growing trend towards medium-term grants and programs (e.g., five to ten years, as for the Promise Neighborhood grants), yet the work often extends beyond these timeframes. Long-term grants with larger initial amounts and smaller subsequent amounts can help sustain and grow these efforts. Additionally, grant opportunities with a limited number of sub-grantees (e.g., five or fewer) may restrict who applies and how the funds are utilized. Such limitations can hinder partnerships, depending on their stage and maturity. Given the increase in long-term and grants supporting and encouraging partnerships, government grantmaking approaches may need to evolve to continue to enable this work.

Beyond grants, governments can engage with local partnerships in other ways. These can include participation in convenings such as the 24:1 Municipal Partnership formed by Beyond Housing, which brings together the mayors of over twenty municipalities monthly to expand local capacity, improve coordination, and identify opportunities for efficiency (e.g., purchase agreements using a co-op model). Additionally, governments can bridge silos by incorporating successful initiatives from public health and planning departments and using data from these departments to inform neighborhood and community plans.[42]

[42] Interview with Chris Krehmeyer from Beyond Housing on July 21, 2023.

Health insurers and health systems

Neighborhood environments significantly impact healthcare outcomes and spending. My interviews revealed that there continue to be open questions of how, if, and when to engage health insurers and health system entities and of who should facilitate their involvement. Over the last fifteen years, health equity work has expanded, presenting opportunities to leverage existing community organizations and community development efforts rather than starting from scratch or relying on weak referral systems between CBOs and health systems. Additionally, we should aim higher by exploring how partnership work can improve health outcomes or reduce unnecessary or lower-quality healthcare spending (e.g., fewer ER visits). These goals could be better achieved by forming data partnerships, leveraging health information exchanges, or using all-payer claims databases to support more localized, place-based efforts to improve the health and well-being of communities.[43] In addition, there may be an opportunity to explore how healthcare spending savings from these types of efforts are reinvested back in communities. A stronger connection between upstream and downstream factors could help align systems and efforts and, ultimately, improve the health and well-being of communities.

Philanthropies

Place-based models for health equity have flourished due to initial philanthropic investments. It is encouraging to see philanthropic support for established place-based partnerships and backbone organizations – such as the Blue Meridian Partners portfolio supporting One|NB. A few considerations I would note are that philanthropies can reduce the competitive nature of grants by encouraging, where possible, organizations to work together (e.g., applying as a partnership) and supporting local partnerships with multi-year grants. Additionally, philanthropies should a concerted effort to not overburden nonprofits and partnerships with excessive reporting requirements, and when possible they should provide grantees with the opportunity to use other data sources or tracking from local organizations, universities, or other efforts. My research revealed some initial high-level observations, and there is more that we could learn from philanthropic leaders supporting place-based partnerships and strategies.

Future research questions

During my research, several interesting ideas emerged for further exploration, specifically around continuous improvement tools and practices for the partnership and backbone organizations. Additionally, there are valuable lessons to be learned from the innovative practices used by these partnerships and from the over ten years of experience with the Promise Neighborhood program.

Continuous improvement for the partnership and backbone organizations

One of the best-practices I highlighted of successful partnerships and their backbone organizations is the ability to embrace ongoing change. Several examples and tools for continuous improvement could be further studied to provide valuable insights to the partnership and place-based space.

[43] The Rippel Foundation has been studying more work on partnership examples with health insurers and payors.

One area is partner engagement, which came up in several interviews as both an opportunity and a challenge. Partners engage at various levels, and developing a new or updated collaborative model takes time. For example, The Unity Council and MEDA brought in external facilitators to guide the group as neutral conveners during strategy and feedback sessions. Additionally, the Mission Promise Neighborhood also created a network map to identify how partners in that initiative work together.[44] These tools and approaches can help partners collaborate more effectively, allowing for regular assessment and adaptation. Such practices can be studied to further enhance partnership effectiveness.

Many of the organizations I interviewed are part of multiple national associations, which foster collaboration, knowledge sharing, and the dissemination of best-practices. The Rippel Foundation, for instance, regularly surveys health entities in partnerships to understand who is engaged in partnerships and how. Similarly, StriveTogether and NeighborWorks hold annual convenings and training sessions for their members. There is an opportunity to assess and further develop these tools to better understand what we mean by partnership and how effective partnerships come together, function, and improve over time.

Innovative practices

The organizations I examined are innovators, often adapting to serve their communities effectively and driven by resident voice. For example, MEDA has a community health worker program. Due to changes in state law and regulations, it became more difficult for the organization to hire and work with undocumented community health workers. In response, the organization helped set up a co-op model that they contract with, allowing these community health workers, primarily Latina woman, to continue their work and have an ownership stake.[45]

The use and effectiveness of data and customer relationship management system tools is another area that merits further research. While these tools exist and are being used, there have been problems with adoption, reporting, and data quality. Despite these obstacles, these tools have the potential to connect partners, enable referrals, provide access to other information, and enhance residents' experience. Exploring and understanding effective innovative practices could provide valuable insights for leaders of other organizations.

Promise Neighborhoods

Promise Neighborhoods have existed for over ten years, with over seventy organizations having received funding and many hundreds more applying. It would be valuable to examine which types of models, CBOs or institutions of higher education, have been most effective, and to examine trends in each model (e.g., How diverse are the partners in each model? What lessons can inform other place-base partnership efforts?).

[44] Mission Promise Neighborhood (n.d.).
[45] Interview with Jillian Spindle, MEDA on August 15, 2023.

Conclusion

The organizations I examined, along with other entities in this space, are doing crucial work to improve local systems and enhance the health and well-being of children and families across the country. Many of these organizations have been engaged in this work for years, supported by stable leadership. However, local coordination and collaboration is challenging. Over the last thirty years, organizations and social structures with physical and social assets in the community have changed, and our models of engagement must also evolve to recognize this and find new ways of working together. Our neighborhoods and our health and social outcomes are interconnected, so leaders and organizations must work together in ways they have not before.

Local CBOs and partnerships with a strong, well-functioning backbone entity can lead the convergence of physical and human capital solutions at the place-based level to improve health and well-being for the adults and children who live in the nation's historically underserved communities. Organizations and partnerships must also adapt to achieve health and racial equity and holistic impact. We should strive to see more collaborative models where an affordable housing developer can become a partner or a creator of summer and school programs for kids and where educational programs can similarly support housing initiatives.

I hope these stories and models can help inform the dialogue on place-based work and the importance of connecting across sectors to improve the health and well-being of children, families, and communities across the country.

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Interviewees

All interviews were conducted via Zoom or during in-person site visits during May-September 2023.

Anita Kumar, Bay Area Regional Health Inequities Initiative
Antonio Benecchi, Civic Consulting Alliance
Armando Hernandez, The Unity Council
Annie Ledbury, EBALDC
Anusha Venkataram, ONE Neighborhood Builders
Aurora Chavez, EBALDC
Bobby Milstein, Rethink Health, The Rippel Foundation
Colin Groth, StriveTogether
Chris Krehmeyer, Beyond Housing
Efrain Barrera, Mission Economic Development Agency, Mission Promise Neighborhood
Elizabeth Druback Celaya, NeighborWorks
Elizabeth Rose Wampler, Bay Area LISC
Erin Lewis, Evansville Promise Neighborhood
Erin Patch, The Unity Council
Henry Webber, Urban Impact Partners
Jane Erickson, The Rippel Foundation
Javier Gomez, Hudson River Housing
Jillian Spindle, Mission Economic Development Agency
Judy Kaye, Consultant
Libby Schaaf, Former Mayor of Oakland, California
Melissa Jones, Bay Area Regional Health Inequities Initiative
Miriam Keller, City of St. Louis, Missouri, City Planning
Paul Singh, NeighborWorks
Rachel Fischer, NeighborWorks
Rob Watson, EdRedesign Lab, Harvard Graduate School of Education
Sasha Werblin, Bay Area LISC
Sylvia DeVault, Evansville Promise Neighborhood
Zach Davis, NeighborWorks

Appendix

Figure 1: Descriptions of CBOs interviewed

Beyond Housing is a community development corporation in St. Louis County, Missouri. Beyond Housing is known for their flagship program called 24-1 that brings together 23 municipalities (there used to be 24), within 1 school district, the Normandy school district, in an area with concentrated poverty. It has affordable housing development work across that footprint in addition to more community development work, including commercial and economic development with a business incubator, investing in local entertainment and cultural options like a local theater, and working with the school district to connect families to resources. Its focus is on that 24-1 region/zone, an area that includes 24 predominantly Black communities near St. Louis. More information about Beyond Housing can be found at www.beyondhousing.org.

East Bay Asian Local Development Corporation (EBALDC) is based in Oakland, California, with over 48 years of experience in Oakland and East Bay building and managing affordable housing and providing social and financial services for low-income residents. EBALDC identifies components of social determinants of health in their core competencies as housing options, social services, social cohesion, income and wealth. More information about EBALDC can be found at www.ebaldc.org.

Local Initiatives Support Corporation (LISC) Bay Area is a community development financial institution (CDFI) that is also more active and involved with local partnerships across the country and Bay Area. LISC Bay Area has worked with coalitions to invest in businesses, housing, and other community infrastructure to catalyze economic, health, safety, and educational mobility for communities of color. More information about LISC Bay Area can be found at www.lisc.org/bay-area.

The Mission Economic Development Agency (MEDA) in San Francisco's Mission Neighborhood started as an economic development service, focused on supporting the Latino population through tax and small business programs. MEDA also applied for the Promise Neighborhood program with partners, and it currently leads backbone work for the Mission Promise Neighborhood, which recently celebrated its tenth anniversary. MEDA has evolved to include affordable housing development focused on the Mission neighborhood and specifically for its Latino population and addressing the gentrification and displacement caused by the local tech boom. MEDA also provides support services – including housing services, business development (including an incubator space that MEDA co-owns), tax and financial literacy, workforce development, and partnering with community health workers. More information about MEDA can be found at www.medasf.org, and more information about the Mission Promise Neighborhood can be found at www.missionpromise.org.

One Neighborhood Builders (One|NB) is a community development corporation based in Providence, Rhode Island that has developed and manages significant amounts of affordable housing. One|NB was tapped by the state of Rhode Island to lead the Central Providence Health Equity Zone, which aims to improve community health. One|NB serves as the backbone for the partnership with local organizations and national philanthropies that also are investing in the

initiative. One|NB recently released a ten-year roadmap that was developed with input from local residents and from its partners. More information about One|NB can be found at www.oneneighborhoodbuilders.org.

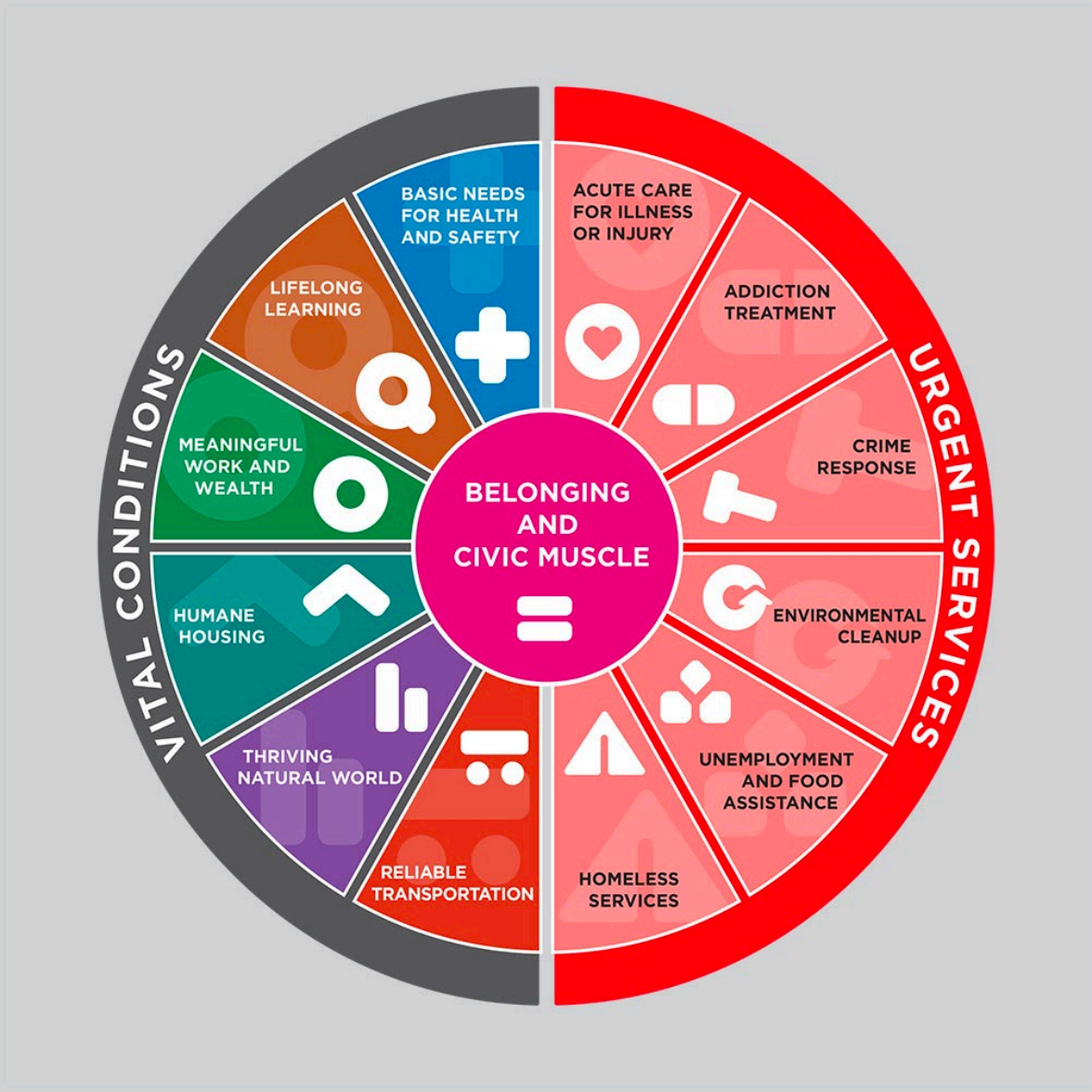
The Unity Council is based in Oakland, California. It offers a wide array of services including affordable housing, workforce development, business and economic development, and programs for children, youth, and elders. The Unity Council is also part of two collective impact partnerships: the Resilient Fruitvale Collaborative and the Bay Area Latinx Power Building Initiative. The Resilient Fruitvale Collaborative started in 2017 for emergency and disaster response strategies. During the COVID pandemic, it quickly evolved into an entity that could provide urgent services. The Collaborative is now examining its post-pandemic future. More information about The Unity Council can be found at www.unitycouncil.org.

Figure 2: Overview of organizations studied for this paper

Landscape scan of key organizations

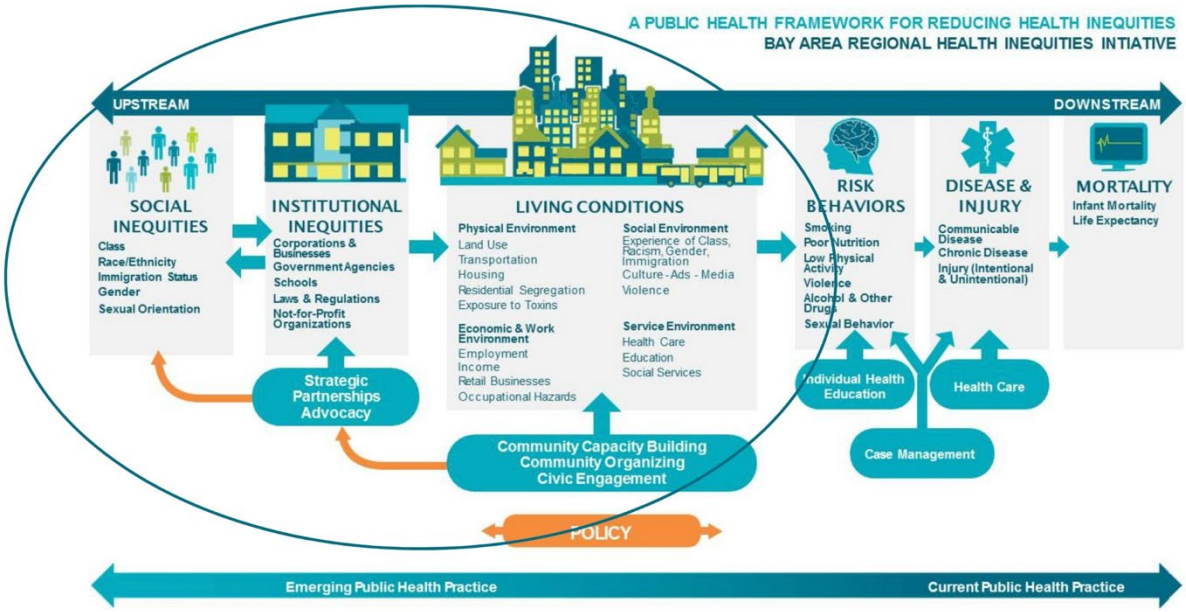
Organization	Location	NeighborWorks	Designation	Founded	ED / CEO tenure
BEYOND HOUSING	St. Louis County, MO	✓		1976	20+
EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION	Oakland, CA	✓		1975	Interim CEO
EVANSVILLE PROMISE NEIGHBORHOOD	Evansville, IN		Promise Neighborhood	2023 (applied multiple times)	N/A (new)
Hudson River Housing, Inc.	Poughkeepsie, NY	✓		1983	6 (with org for 25)
LISC BAY AREA	Oakland, CA			…	3
meda MISSION PROMISE NEIGHBORHOOD	San Francisco, CA	✓	Promise Neighborhood	1976 (Promise Neighborhood in 2013)	24
ONE Neighborhood Builders	Providence, RI	✓	Health Equity Zone (RI)	1990	5
THE UNITY COUNCIL	Oakland, CA	✓		1964	10

Figure 3: Rippel Foundations Vital Conditions Framework[46]



[46] Vital Conditions (n.d.).

Figure 4: BARHII Public Health Framework for Reducing Health Inequities[47]



[47] BARHII (2015).

Figure 5: MEDA – Plaza Adelante[48]

[48] JCruzTheTruth (2012).

Figure 6: The Unity Council – Fruitvale Village, mixed-use development in Oakland[49]

[49] Fredericks (2009).

Figure 7: Overview of the Beyond Housing 24:1 Initiative Community[50]

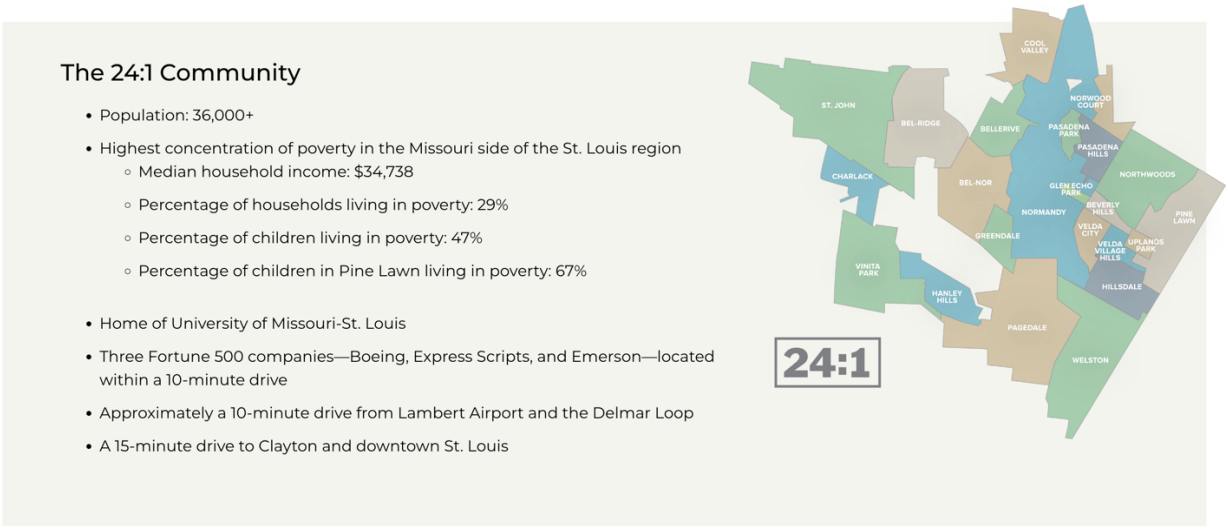
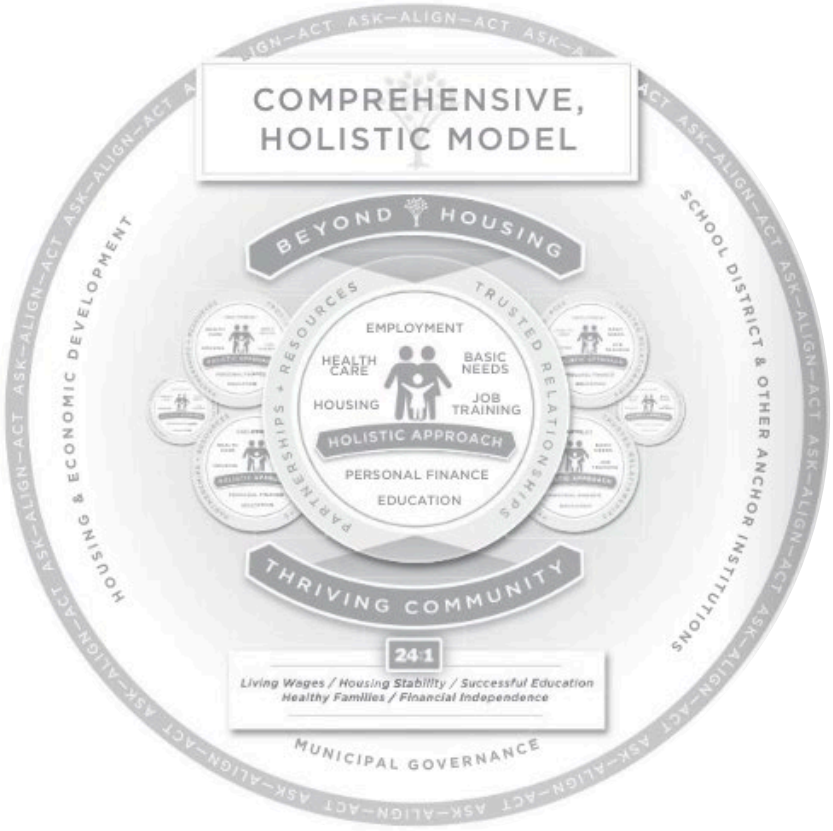


Figure 8: Beyond Housing Comprehensive Holistic Model for Thriving Communities[51]



[50] Beyond Housing (n.d. (c)).
[51] Beyond Housing (n.d. (a)).

Figure 9: Beyond Housing 2022 Annual Report - Pagedale Commercial Area, including Carter Commons Before and After[52]

[52] Beyond Housing. (2022). *Pagedale: A template for moving all of St. Louis forward*. Retrieved from https://www.calameo.com/read/004209235c4a2f775dd3b