Health
Azibuike Akaba, a father who has worked on asthma issues as they relate to pollution associated with ports and other aspects of global transportation and trade, is part of the California-based Moving Forward Network.
The tragic story about the city of Flint’s contaminated water dominated the headlines in Michigan for a good part of 2015. While this was certainly a story about the failure of government to protect its citizens at a most elemental level — assuring access to clean and safe water — it was first and foremost a story about health.

Thousands of people were exposed to dangerous levels of lead, a highly potent neurotoxin with particularly pernicious effects on children. Lead poisoning in young children can cause lifelong and permanent damage to mental and physical development.

Unfortunately, childhood lead poisoning remains a concern for many other communities across the nation. Resources at the federal and state levels for lead testing and remediation have declined significantly over the last several years. Through our early investment in Get the Lead Out, an initiative to raise public awareness of this environmental hazard, and most recently with the Advancing Safe and Healthy Homes Initiative aimed at eliminating home environmental and safety hazards, Kresge’s Health team observed the struggles of many urban communities as they sought to galvanize resources and influence housing policy to secure safe and healthy homes. Some communities have been effective at keeping lead exposure at the forefront of civic priorities, but many others are still struggling to garner sufficient support and policy concern to eliminate this preventable problem.

However, lead is but one of many environmental health challenges facing urban communities. These settings are characterized by a chronic disinvestment in capital and social infrastructure, a decline in the capacities of local leadership and the fragmentation of resources and systems needed to promote health and well-being.

For example, the Kresge-sponsored Moving Forward Network, a national collaboration among community advocates, scientists and public health, launched a Zero Emissions Campaign in 2015 to call attention to the impact of diesel pollution on working-class communities adjacent to ports and railyards. Diesel exhaust is a toxin that has been tied to cancer, asthma and heart disease. These communities have struggled historically to raise their voices against the rush of industry.

Such initiatives remind us that our efforts to move toward upstream approaches are essential to setting the stage for long-term solutions. We have learned the importance of context, and how opportunity is fundamentally influenced by the social and environmental conditions within homes, neighborhoods and communities.

Public health is fundamentally multidisciplinary and multisectoral. As we move forward, the value of and prospects for cross-sector investments become increasingly clear. The complexities of the issues to be addressed require partnerships within and outside of The Kresge Foundation to arrive at solutions that will be meaningful in the long term.
Common Market is creating oases of fresh, healthy foods in former food deserts.

Equal Opportunity Health

Common Market Brings Fresh, Local Foods to Underserved Urban Areas

For much of the last 25 years, the national conversation around health has focused on the need for greater access to affordable, quality health care.

There is good reason for that. Many Americans have lacked such access, with often devastating consequences.

But achieving good health requires more than access to health professionals. Our health is largely determined by what happens outside the doctor’s office — the air we breathe, the food we eat, the stresses we face and educational and job opportunities.

“The health care system comprises, at most, 20 percent of what constitutes good health in the United States, and it may be more like 10 percent,” says Chris Kabel, deputy director of The Kresge Foundation’s Health Program. “Much of our health is determined by the infrastructure in which we live, work and play, and things like educational attainment, early childhood education and transportation.”

For individuals in low-income communities, those social determinants are often well outside the realm of personal choice. It’s hard to go for a jog around a violence-plagued neighborhood or buy fruits and vegetables when the neighborhood lacks a grocery store, for example.

Confronting barriers to good health is part of the mission of Kresge’s Health Program. By recognizing that health is strongly influenced by the places people live, the foundation’s Health Program focuses on creating conditions that promote healthy communities. Through the program’s Accelerating Community-Centered Approaches to Health focus area, Kresge encourages health systems to share resources and responsibilities with community partners, and looks for ways to promote wider adoption of programs, practices and policies that advance community health.

“Developing Healthy Places: Common Market

Eating locally produced food ought to be the easiest, simplest way to consume daily calories. In fact, eating local is often very difficult. Grocery stores and institutions that serve food want to do it as economically as possible, which often excludes small farmers. Consumers lose, too — especially those who lack easy access to farmers’ markets and grocery stores that sell a selection of fresh produce.

“The U.S. food system, basically since World War II, has been built around scale: large-scale production, 1,000-acre farms that are growing one crop, large-scale processing and large-scale retail,” Kabel says. “As that process happened over decades, it became very difficult for small- to mid-size producers, aggregators and retailers to be economically viable.

This dynamic affects low-income communities because the local corner stores are often the primary food retailer. If they can’t make a profit selling local foods, they’re not going to, even if they want to. There needs to be an aggregation and distribution system on scale for smaller retailers, and affordable so they can sell healthy food.”

A Kresge Health Program grantee, Common Market, developed a solution to bring healthy food to communities that need it most. The Philadelphia, Pa.-based nonprofit organization works to provide healthy, nutritious food to local residents, especially those from low-income communities. Common Market facilitates connecting wholesale customers like schools, hospitals, grocers and workplaces with farmers in New Jersey, Pennsylvania and Delaware.

Common Market is creating oases of fresh, healthy foods in former food deserts.

“One of the most popular things we did with our community programs was healthy cooking classes. That was a light bulb moment. Here we are teaching kids to make broccoli and corn and salad, but there’s nowhere in the neighborhood to buy healthy food.”

— Tatiana Johnston, Common Market

2015 ANNUAL REPORT
You could fill a room with the list of worthy projects out there,” Kabel says. “So we try to decide, what adds the most value and most impact to the field? Does the proposal really reflect community priorities? Does it break new ground, and can it be used as a case study in other cities?”

Common Market’s trucks pick up food from about 75 regional producers. It’s gathered in a warehouse and delivered six days a week to about 150 schools, colleges, hospitals, workplaces and grocery stores throughout the Delaware Valley. Customers order food by the caseload from Common Market’s availability list. In 2015, Common Market received a two-year, $500,000 grant from Kresge to expand this model to Atlanta, Ga.

“The idea for Common Market came from the need to create infrastructure to deliver the good food being created in our area,” Tatiana says. “One of the most popular things we did with our community programs was healthy cooking classes.

“That was a light bulb moment. Here we are teaching kids to make broccoli and corn and salad, but there’s nowhere in the neighborhood to (buy) healthy food.”

“We were also thinking about the efficacy of our work,” adds Haile. “We started to think about launching an intervention at a systems level that could have an impact on our communities. We had to engage different markets and communities, and it had to be about our whole region.”

The couple began a three-year planning process in collaboration with local organizations. They decided early to focus on institutions like schools and hospitals, both to ensure that healthy food would get to people who often don’t have access to it and to be able to operate on a scale that would benefit farmers.

“It’s that focus on the institutional context that has really become the platform for our national expansion,” Haile Johnston says. “We’re one of the few organizations that successfully implement a mission focused on both sides of the value chain.

“There are many food hubs that focus on the well-being of farmers — their financial viability. Many focus on food access. There are very few that sincerely work to promote goals on both sides and have the financial viability within their own organization.”

Ed Weaver, a third-generation farmer in Berks County, Pa., grows a variety of fruits, primarily apples, on about 100 acres. Common Market became a customer shortly after the organization got started. Previously, he’d been selling to local farm stands and to visitors to his orchard.

“The market was difficult to find. We used to sell it, “ Weaver says. “A lot of times when we would have to take our surplus to a local auction or the Reading Terminal Market to sell it.” Weaver says. “A lot of times, especially with the auctions, prices sometimes went really high, sometimes really low; there wasn’t any type of pricing structure you could be guaranteed.

“That’s one of the big benefits to us of working with Common Market — we can charge a fair price that’s consistent. And for Common Market, it’s hard for their customers to know what the price will be if they have to buy at auction. Working with us, there’s more consistency.”

Weaver says his farm’s revenues have grown because of the partnership. Customers sometimes come to the farm and tell him they found out about it because Common Market’s produce is served in their workplace.

“It helps to provide a bit of stability and security for us moving forward, knowing there is going to be a need and outlet there for the produce that we’re growing,” Weaver says. “Common Market helps to fulfill our own vision for being able to get healthy local food into a greater area.

“We can serve the people pretty well in our own community within a half-hour drive. It’s outside that area, especially as you get into the metropolitan, more urban setting, where there aren’t sizeable farms that can provide a large amount. Common Market is helping to fulfill our vision at the same time.”

Common Market delivers healthy fresh foods to destinations throughout the Delaware Valley.
time we’re helping them to fulfill theirs. It’s a good partnership.”

‘A Trusted Source’
Common Market’s model is also a boon to the institutions it serves. In addition to stable prices, organizations looking to provide better-quality food can find themselves struggling to source it.

Shelley Chamberlain, a registered dietician who retired from Thomas Jefferson University Hospital in Philadelphia as its director of retail operations, helped craft a partnership with Common Market. The university had signed the Healthy Food in Health Care Pledge in 2007, and was looking at holistic ways to improve care for patients. Initially it pushed its vendors to increase provisions of local fruits and vegetables, but sometimes the produce still came from as far away as California.

“We had ups and downs,” Chamberlain says. “When we got connected with Common Market it was like, ‘Oh my gosh, we have a trusted source.’ They believe what we believe in.”

As the hospital began relying on seasonal produce, it posted signs listing the sources for the food it was serving.

“No one was used to asparagus being in season for three weeks and then it’s not anymore,” Chamberlain says. “At first, people would miss certain things. But then, it was like, ‘What are you going to do next? What’s coming next?’

“We started a farmers market. You could buy tomatoes from two different regions and taste the difference. So we were educating at the same time.”

Dishes with trans fats and heavy sodium were replaced by roasted vegetables and meatless Mondays.

“We always felt that the hospital is the place you should be providing food that is healthy for patients, for customers, for the environment,” Chamberlain says. “Once we got that going and into a rhythm, it became our culture and second nature.”

Common Market in Philadelphia is paying for itself, which proved to Kresge that it had a model that could work elsewhere.

“It’s natural to require philanthropic subsidy on the front end, but what’s exciting is that Common Market has gotten to a point where their operations are self-sustaining without subsidy,” Kabel says. “We’re supporting them to establish their operation in Atlanta, but if there are regions looking for a replicable system that can serve low-income communities, they can look at Common Market. They don’t have to reinvent the wheel.”

In fact, the Johnstons hope Kresge’s grant helps them build capacity to implement their model in other regions around the country.

“One of the things we’re trying to demonstrate is how we can document daily consumption of fruits and vegetables in people who have access to our product,” Haile Johnston says. “We know that if people consume more fruits and vegetables, their incidence of chronic disease is lower. We’re looking at, especially in the institutional context, the regional economic impact of changing from non-source-identified, opaque procurement to local-source-identified procurement and the impact on local economies.

“It’s recognizing that health and wealth are inextricably linked in communities.”

Common Market is trying to demonstrate that daily consumption of fruits and vegetables improves health.

Social Investing: Bridging the Health Care Divide – Digitally
Omada Health Inc.

For individuals at high risk of developing type 2 diabetes, making all of the dietary, fitness and lifestyle changes necessary to achieve and maintain good health can be daunting.

Omada Health Inc., a San Francisco, Calif.-based provider of digitally based therapeutic programs to help individuals reduce their risks for chronic diseases, has an innovative tool that helps.

Omada’s first online lifestyle intervention is called Prevent. It’s based on a successful national diabetes prevention program that has reduced the risk of developing type 2 diabetes among those with pre-diabetes by 58 percent over three years.

Prevent helps individuals reduce their risk for chronic diseases such as diabetes and heart disease by combining smart technology like a wireless scale pre-synced to a participant’s account, for example, with health-related curriculum, on-demand access to

Prevent is a digital tool that supports individuals who need to make dietary, fitness and lifestyle changes.
“Through support for Prevent and programs like it, we’re bridging the increasing digital divide in health care for those individuals and families who rely on clinics and other safety-net providers.”

—Kim Dempsey, The Kresge Foundation

Prevent offers curriculum, personal health coaching and online peer support to help participants stay healthy.

“Investments in the safety net are an opportunity for foundation capital to drive innovations to underserved markets,” says Kimberlee Cornett, managing director of Kresge’s Social Investment Practice. “Our investment terms are more favorable than what commercial lenders offer, giving social-good organizations more flexibility and the ability to focus more of their time and resources on achieving positive social outcomes.”

Here’s how the deal came together:

In 2014, CHCF introduced Kresge to Omada, giving Kresge the opportunity to learn more about the company and its mission.

Omada recently launched a year-long pilot and clinical trial in three medical facilities serving uninsured and Medicaid patients with pre-diabetes. Up to 300 participants are receiving access to self-paced weekly lessons offered in English and Spanish that focus on topics such as nutrition, exercise and changing habits. They are also placed in groups of eight to 18 peers who interact online to provide support, ask questions and share resources. A trained health coach is available around the clock via text, email and phone and regularly checks in with individual participants.

“We’re trying to make sure everybody in the United States has access to this program,” says Mike Payne, Omada’s chief commercial officer. “Once we were confident of the commercial side, we thought, ‘Now we have the bandwidth and can invest in and support Medicaid and the safety net.’”

“We believe this health intervention is so good that everyone should have access to it.”

Later that year, the two foundations each provided a five-year $500,000 loan so Omada could further develop and make its diabetes prevention platform, Prevent, available to low-income patients.

Omada recently launched a year-long pilot and clinical trial in three medical facilities serving uninsured and Medicaid patients with pre-diabetes. Up to 300 participants are receiving access to self-paced weekly lessons offered in English and Spanish that focus on topics such as nutrition, exercise and changing habits. They are also placed in groups of eight to 18 peers who interact online to provide support, ask questions and share resources. A trained health coach is available around the clock via text, email and phone and regularly checks in with individual participants.

“The goal of Partnering for Impact is to make the innovative practices, services and technologies emerging in the health care sector more accessible or effective for low-income patients,” says Kim Dempsey, deputy director of Kresge’s Social Investment Practice. “Through support for Prevent and programs like it, we’re bridging the increasing digital divide in health care for those individuals and families who rely on clinics and other safety-net providers.”

Omada’s goal is to demonstrate the financial viability of implementing Prevent in underserved markets – in part through the significant cost savings resulting from prevention versus treating chronic diseases – while also achieving beneficial health outcomes for participants.

Between commercial clients and the safety-net pilot, Omada expects to have a large enough data set within three years to make the case for Medicaid funding of Prevent.
The Health Program believes that local, multisector collaborations are key in redirecting and expanding effective upstream interventions that will lead to a healthier population. We encourage health centers and others long focused on illness to share resources and expanding effective upstream interventions that will lead to a healthier population.

The Health Program believes that local, multisector collaborations are key in redirecting and expanding effective upstream interventions that will lead to a healthier population.

**2015 Health Grants**

More Than One Path to Well-Being

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**Grants Awarded**

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>City</th>
<th>Amount</th>
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<td>Air Alliance Houston</td>
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**Total Awarded**

$22,095,057

*Note: Grants marked with an asterisk (*) are those that advance community health, with a focus on housing, food systems, and land use.
Respiratory Health Association of Metropolitan Chicago
Chicago, Ill.
$50,000

Salud Para La Gente, Inc.
Watsonville, Calif.
$80,000

San Francisco Department of Public Health
San Francisco, Calif.
$125,000

South County Community Health Center (Ravenswood Family Health Center)
East Palo Alto, Calif.
$80,000

Southeastern Michigan Health Association
Detroit, Mich.
$125,000

Southeastern Michigan Health Association
Detroit, Mich.
$150,000

St. John's Well Child and Family Center, Inc.
Los Angeles, Calif.
$125,000

Technical Assistance Collaborative
Boston, Mass.
$150,000

Tides Foundation*
San Francisco, Calif.
$1,000,000

Trust for America’s Health
Washington, D.C.
$500,000

University of California at Berkeley
Berkeley, Calif.
$210,792

University of California Berkeley Foundation
Berkeley, Calif.
$250,000

University of Michigan*
Ann Arbor, Mich.
$196,557

University of Southern California
Los Angeles, Calif.
$70,000

University of Southern California
Los Angeles, Calif.
$200,000

Virginia Department of Health (Portsmouth Health District)
Portsmouth, Va.
$125,000

Virginia Organizing, Inc. Health and Environmental Funders Network
Silver Spring, Md.
$180,000

Winrock International Institute for Agricultural Development
Arlington, Va.
$750,000

* Denotes cross-team grant
+ Denotes 2015 amendment to a previously awarded grant