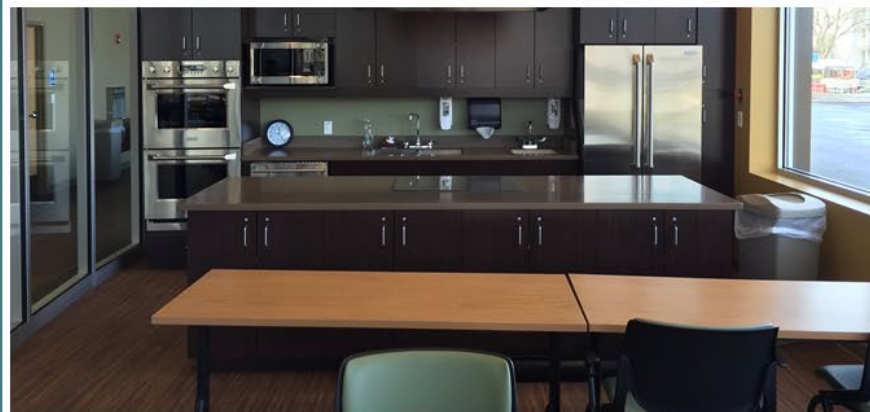


# Lessons from the Healthy Futures Fund



# Lessons from the Healthy Futures Fund

August 2020

## Introduction

This report brings together the work of the Healthy Futures Fund (HFF) evaluation, which spanned 2016-2020. The purpose is to share what was implemented across a sample of HFF sites, illustrate what is possible through co-location partnerships between health and social service organizations, and elevate key findings from the evaluation for the broader field of community development stakeholders who share goals to improve community health.

## Background on Healthy Futures Fund and the evaluation

The Healthy Futures Fund (HFF) is a collaboration of The Kresge Foundation, the Local Initiatives Support Corporation (LISC), and Morgan Stanley with Dignity Health joining for the second iteration of this initiative. Launched in 2012, HFF financed real estate development projects that utilize co-location models (two organizations operating at one location) or single-service provider models that promote primary care access and improve health by addressing social needs such as affordable housing and healthy food. One of HFF's goals was to experiment with combining two existing tax credit programs to finance these types of projects. This fund uses Low Income Housing Tax Credits (LIHTC) for affordable housing developments incorporating health care programs and services and New Markets Tax Credits (NMTC) for Federally Qualified Health Center (FQHC) construction and permanent financing. Through these tax incentives, the fund was able to provide loans at more favorable rates and terms than traditional financing options. The fund also offered pre-development grants to support the real estate projects' development and Social Determinants of Health grants at the conclusion of construction to support their efforts to integrate services. Additional information about HFF and its partner organizations can be found at: <http://www.healthyfuturesfund.org/>

The [Center for Community Health and Evaluation](#) (CCHE) served as the evaluation and learning partner to HFF with funding and support from The Kresge Foundation (Kresge). The HFF evaluation sought to understand whether and how the initiative's resources have achieved the funders' vision of addressing health and social needs to improve the lives of low-income individuals. The evaluation focused on the facilities that were built using HFF financing, services and programs provided at those facilities, factors that supported or challenged initiative goals, data collection and analysis for monitoring patient/client wellness, and identification of lessons that might be useful for organizations and funders of similar efforts.

The evaluation occurred in two phases. In the first phase, in collaboration with representatives from LISC and Kresge, CCHE developed a logic model (See Appendix A) to depict the HFF theory of change and to structure the evaluation. As of 2017 there were 12 projects financed and of those, nine were open and

operating. CCHE conducted site visits to three of the open and operating co-location projects between December 2016 and February 2017. CCHE interviewed 33 key informants including organizational founders, CEOs, CFOs, clinical providers, grants managers, elected officials, local service partners, IT personnel, program staff, community members, and other stakeholders. CCHE produced three case studies and a summary brief in 2017. After pausing the evaluation to allow more sites to open and begin operating, and in consultation with initiative stakeholders from Kresge and LISC, the second phase of the evaluation was designed to collect data from six additional HFF sites and revisit one of the projects from the first phase. These sites were selected because they were open, operating, and had the time to engage in the evaluation. Data from the second phase came from an online survey, eight telephone interviews, and a review of available program participation data, which was synthesized into case studies (see Appendix C). Across both phases of the evaluation, a total of nine HFF investees were examined. All case studies were reviewed by representatives from LISC to ensure accuracy. CCHE also conducted a literature review on the history and trends of co-location and social investment efforts (see references in Appendix B).

### What the literature says about co-locating health and social services

Co-location of health and social services in the U.S. has its roots in the settlement movement that began during the wave of immigration in the late 19<sup>th</sup> century.<sup>1,2</sup> Lay workers “settled” in low income urban neighborhoods, learned about the people who lived there, and established places where residents could receive health care plus services such as English lessons, vocational training, kindergarten education, recreational opportunities, and cultural enrichment. By the 1950s, the settlement houses had evolved into neighborhood centers with trained staff. Services became increasingly decentralized as public agencies took them over (e.g., kindergarten, health clinics); in the 1980s many programs were dismantled when they lost federal funding.<sup>1</sup>

In more recent years, nonprofit organizations have found that being based in the same physical space is not only a way to share rent and other costs, but also a means to more conveniently serve community members, many of whom have complex social service needs requiring an integrated system of care.<sup>2,3</sup> Co-located human service providers frequently adopt a “no wrong door” practice to facilitate connecting clients with various social services.<sup>3</sup>

Community members have identified non-clinical services—such as housing assistance, job training, and food banks—as having greater benefit to their health than medical care.<sup>4</sup> There is growing recognition that serving clients with multiple needs requires integration of social care with health care, which can range from having social workers and navigators on a patient’s care team to providing social services in health care settings to offering primary care in housing complexes.<sup>5</sup> In New York City, the public health department has launched three Neighborhood Action Centers to co-locate clinical and community-based services, offer vibrant community spaces, and amplify community power—a model inspired in part by the settlement house movement.<sup>6</sup>

There are numerous examples of health care providers screening for social needs and referring patients to community resources.<sup>7</sup> Increasingly common is for health systems to locate community services that address



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## HEALTHY FUTURES FUND EVALUATION

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social needs on-site, especially those focused on food security and making healthy food choices. Examples are hospital-based food pantries and “food pharmacies”<sup>8,9</sup> and even a community farm.<sup>10</sup> Food banks and pantries with healthy food initiatives and nutrition support have led to increased food security, improved diet quality, and increased fruit and vegetable consumption.<sup>11</sup>

Over 400 medical-legal partnerships, where health care providers refer patients to on-site legal services, are currently in place in 48 states.<sup>12</sup> Having lawyers embedded in the health care team can help patients resolve housing, employment, and other legal issues before they reach crisis stage. Reported benefits include improved health linked to reduced stress, more appropriate use of health care services, and greater medication adherence.<sup>12, 13</sup>

Some health systems are providing or supporting integrated services within affordable housing complexes; for example, 145 housing properties in Portland, Oregon offer integrated health-related services, including food resources, medical care, and mental/behavioral health.<sup>14</sup> Providing social services with housing can reduce homelessness and increase housing stability, and may have a positive impact on health outcomes, including reduced emergency department utilization and health costs,<sup>14, 15</sup>

Co-location and multi-sector collaboration have helped spur reinvestment in neglected urban areas with major projects that combine nonprofit, commercial, and housing mixed-use development, such as the Delmar Divine in St. Louis and Yesler Terrace in Seattle, which will include a health care anchor institution.<sup>2, 16</sup> Though there are few standards or accepted best practices, affordable housing developers note increases in resident stability when basic needs are addressed by offering supportive services or locating developments near resources such as medical care, grocery stores, and/or public transportation.<sup>17</sup>

### What was implemented at the HFF sites?

CCHE collected data from a strategic sample of nine HFF investees. All sites from this sample included FQHC facilities and/or affordable housing units and retail space (e.g., a supermarket). For more details on each investee in the sample, please see the case studies in Appendix C.

**Table 1. Summary of HFF site facilities and services included in the evaluation**

Facility	Location	Services and amenities	HFF investment
Brockton Neighborhood Health Center and Vicente’s Tropical Supermarket	Brockton, MA	Comprehensive FQHC health care, demonstration kitchen classroom, access to food, and joint programming focused on nutrition and healthy eating	\$8.02 million via NMTC allocations
Nexus: Neighborhood Health Association	Toledo, OH	Comprehensive FQHC health care, homelessness services, financial services, employment retention training, a café, and community use spaces	\$6.2 million via NMTC allocations
Conway Center	Washington, D.C.	Comprehensive FQHC health care, 202 units of affordable housing, employment training, retail space, addiction and behavioral health services, and case management for residents	\$13.5 million via NMTC allocations and \$20.9 million in LIHTC equity
Downtown Terrace	Petersburg, IN	Comprehensive FQHC health care including primary care, urgent care, radiology, and mental health services, and 42 units of affordable housing for seniors	\$6.99 million in LIHTC equity

## HEALTHY FUTURES FUND EVALUATION

Facility	Location	Services and amenities	HFF investment
Family Health Center	Kalamazoo, MI	Comprehensive FQHC health care, coordination of services with other agencies on a shared campus, physical activity programs, and an outdoor fitness center	\$8.3 million via NMTC allocations
Mercy Park	Chamblee, GA	79 units of affordable housing and coordination with a local FQHC to provide health screenings and health and wellness education	\$8.4 million in LIHTC equity
Mountain Park Health Center	Tempe, AZ	Comprehensive FQHC health care, 6.2 acres of community use space in a park-like setting, medical legal partnership, physical activity programs, and on-site produce sales	\$13 million via NMTC allocations
Rolling Hills	St. Paul, MN	108 units of affordable housing, refugee resettlement services, community gardens, and a medical facility (currently unoccupied)	\$10.2 million in LIHTC equity
Walnut Commons	Muncie, IN	44 units of permanent supportive housing (primarily for residents who have experienced chronic homelessness), wrap-around case management and other services for residents	\$7.4 million in LIHTC equity

Almost all organizations partnering at these sites (whether co-located or not) are engaged in regular meetings to plan coordination of services and care. At seven sites, the organizations had worked together in some capacity prior to HFF, while two formed new partnerships for their co-location or collaboration. While most of these organizations are tracking data for their patients or clients, most are not sharing data with their partners in a way that could be used to understand the impact of co-location or partnership on intermediate to long-term health outcomes of patients, clients, or residents at this time.

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## HEALTHY FUTURES FUND EVALUATION

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The Healthy Futures Fund invested \$180 million over seven years in 11 states around the country, experimenting with different financing packages—including an innovative mix of existing tax credit programs—and yielding a variety of projects and partnerships. The evaluation examined a strategic sample of facilities that had been open, operating, and providing services. Facilities in this sample are offering programs and services that address social determinants of health and support the needs of low-income community members. They are providing high-quality medical care, affordable housing, access to healthy food, opportunities for physical activity, health education, attractive community spaces, employment, social services, mental and behavioral health services, and increased economic activity. Almost all HFF facilities have been financially strong to -date. Some of the health care providers have noted improvements in indicators for chronic disease management and prevention, and most organizations surveyed and/or interviewed say that they have good rates of participation in the programs and services they offer. These findings align with the literature on the benefits of co-location or coordination to improve health by addressing social needs.

While implementation varied and joint programming was not always launched at the pace, scale, or level of coordination originally envisioned by HFF, all of the sites from which data were gathered have improved access to health and social services, and virtually all would not have been possible without HFF financing and technical assistance.

### Examples of co-located partnerships

*In Brockton, Massachusetts, Neighborhood Health Center and Vicente's Tropical Supermarket* have co-located to transform a large, formerly blighted parcel of land into a vibrant hub of community activity. The health center offers nutrition and cooking groups using food purchased from Vicente's and conducts educational market tours for patients with community health workers. Vicente's has made a number of changes in the shopping environment to draw attention to healthier items and now carries more of the items featured in the health center's classes. There is early evidence of improved health and other encouraging outcomes because of this facility and the partners' joint programming, including increased access to medical care and healthy food in a former food desert, better Hemoglobin A1c control for those participating in nutrition and cooking groups, approximately 200 new jobs, and improved public safety and neighborhood pride since the facility opened.

*Downtown Terrace in Petersburg, Indiana* added 42 units of affordable housing for seniors and a health care clinic in a community previously underserved for those needs. The housing units include fully furnished kitchens, private balconies, walk-in closets, and high-speed internet as well as multiple activity rooms, tenant storage, outdoor seating and picnic areas, and parking. The on-site medical center is providing primary care, urgent care, radiology services, and comprehensive behavioral health care. It is providing care for patients from a 10-county service area and has increased access to care for thousands of patients. The development has added affordable housing and medical care in close proximity to Petersburg's downtown and the restaurants, grocery stores, shopping, parks, banks, and other businesses located there.

### Factors that supported or hindered HFF partnerships

This section summarizes factors that supported or hindered successful HFF partnerships, and is informed by the synthesis of interview, site visit, and survey data, a review of the literature, and observations and insights from the evaluation team. Some of these may not be unique to the HFF initiative. However, some may provide new ideas, or validate experiences of stakeholders invested in similar efforts.

#### Success factors

Published literature about successful co-location of health and social services suggests success is tied to selecting a site that is centrally located, highly visible, and close to public transit; having a central intake process; establishing a coordinating group that represents all participating organizations; offering services that are trusted by the community; and soliciting client feedback to improve services.<sup>3, 6</sup>

Data from the strategic sample of HFF investees shed light on what elements can be helpful to have in place and factors that promote success and support sustainability:

- A previously existing relationship, a partnership mindset between the FQHCs and their co-located or collaborating partners, and a tendency to serve similar segments of their communities
- Strong mission alignment and institutional openness to collaboration
- Strong organizational leadership in HFF partners and investees
- The ability to use NMTC and LIHTC funding as intended to develop attractive and modern facilities for “the community we intend to serve”—funding that was critical for the feasibility of these projects and fulfilling most or all of projects’ capital needs
- Partners proactively planning for joint programming and taking steps to ensure culturally relevant and responsive services
- For a few, easy navigation of the HFF application and financing and having support during those processes

#### Challenges

According to published literature, there are potential co-location challenges including power dynamics when one participating organization has final decision-making authority<sup>6</sup> and privacy laws that limit information sharing among organizations.<sup>3</sup> Housing developers report challenges specific to their sector, including costs of adding new services that residents may not use; reimbursement structures that do not incentivize partnerships; and project goals that might be at odds with health goals, for example, locations that are convenient to transit routes may increase exposure to air pollution. Nonetheless, many housing developers care about residents’ health and are open to health care partnerships.<sup>17</sup>

Data from the evaluation elevated a number of additional challenges to successful delivery of health care and social needs services in one location.

- Consistent with the published literature, all of the investees included in this evaluation experienced challenges with trying to track patient/client linked data across partner organizations. Inter-organizational communication takes time and resources that are typically limited. There are also technological and legal barriers to full transparency.

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## HEALTHY FUTURES FUND EVALUATION

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- Limited financial resources of investees also contributed to challenges. A few investees did not have sufficient funds to contribute to an equity stake or service a larger amount of debt to make optimal use of their property or complete their master plans as envisioned. Related to this were the increased costs (including debt service payments) resulting from significant construction delays at two investees' properties.
- For most sites, structures and processes for joint programming or collaboration have been relatively informal. This can make it difficult to promote accountability among the partners, particularly when the design of HFF does not emphasize structures that could promote ongoing joint programming.
- Navigating the process through the HFF application to drawing down funds is complex and time consuming. Several investee representatives said that they could have benefitted from additional technical assistance.
- Consistent with predictions from the literature, at each site just one of the co-located partners took on all of the HFF debt and negotiated either condominium or rental agreements with the other organization to generate revenue to support debt service. In some cases, this led to tension or an imbalance of priorities and effort between the organizations. Sharing the debt burden and making joint decisions about things like repairs can be equally complicated if both parties do not have similar resources.
- Turnover among staff at HFF funding and implementing partner organizations interrupted continuity of vision at the initiative and investee level.

### Implications for future efforts

This section offers considerations for organizations and funders interested in designing initiatives that co-locate health and social services using impact investing tools.

#### For Community Development Financial Institutions

1. Increased technical assistance for project planning might help borrowers develop an understanding of a property's potential and the total costs associated with their design and program plan early on in the financing process. Some borrowers said they could have also benefitted from assistance with what steps to take during the period between application and funds disbursement.
2. There is a need to support partners thinking through how they will fund their operations in a sustainable way beyond construction of a new facility; something that may not be a core competency particularly for projects without a housing developer.



3. Formal long-term plans for how a social investment initiative will select and fund partnerships over time could help planners remain committed to the initial vision for implementation. This would help preserve institutional memory regardless of the continuity of personnel at partner organizations.
4. Future social investment initiatives could seek to align the interests of Managed Care Organizations (MCOs) and hospital financial investments with the housing and clinical access needs of community residents. The need for Community Health Centers increased significantly since implementation of the Affordable Care Act at the same time that (MCOs) and hospitals that serve Medicaid populations are seeking to invest in housing as a means of addressing social determinants of health to reduce overall health care costs and meet the needs of the communities they serve.

### For philanthropies that engage in social finance and CDFIs

5. It was important for HFF to offer both below market financing and grant funding to facilitate collaboration for co-located projects and joint programming. Future initiatives could benefit from assessing the amount of grant funding needed to yield joint programming at the scale envisioned. There is a relationship between the amount of grant funding to support structures for developing sustainable joint programming, and scale of joint programming yielded, though it is not the only factor.
6. In order to understand the benefits of co-location for the patients, clients, and residents served, there's an ongoing need for data integration infrastructure in co-location partnerships especially across patient records and housing. Current state of the art to do that is talking directly with the individuals served about what is different (i.e., better). With data sharing agreements, a housing site could ask the co-located clinic to generate a de-identified list of people with addresses in the building, and compare health before and after getting the housing and clinic services, but it needs to be taken into account whether or not they were a patient in the clinic system before they moved into the housing.
7. There is an opportunity to learn whether certain types of partnerships (e.g., a health center plus affordable housing) in co-location projects are more sustainable than others, and why, through interviews with participating organizations across the entire HFF portfolio at a few points in time over the next three to five years.
8. There is an opportunity for funders (whether foundations or intermediaries) to develop incentives and approaches for CDFIs to track specified financial and social impact. They may develop this in-house or in partnership with another entity. HFF's design yielded facilities and qualitative data on social impact, which was clearly valuable to the community, yet financial and social impact were hard to quantify. A related challenge was in defining the outcomes of interest up front and having the evaluation timeframe necessary to capture that change. Building capacity within the CDFI to do that analysis might be a solution for more robust longitudinal data.

Demonstrating return on investment can be important to attract additional funders and achieve scale.

9. Packaging LIHTC and NMTC investments with services that address social determinants of health was pioneering in 2012, yet even today because LIHTC and NMTC incentives and funding streams do not always intertwine, there is a role for an intermediary in bringing these elements together as a way to improve social, economic, and physical environment factors that shape health.

### Regarding partner screening and selection

10. Established, trusting relationships are important. They make it easier for the partners to persevere in their collaboration when things get hard. Future initiatives could inquire about collaboration history between potential partner organizations and explore a dispute resolution process for how partners will work through decisions during the application process.
11. Those organizations without much of a collaboration history may be priority candidates for initial planning grants.
12. Future investees could benefit from thinking through processes for joint programming and data sharing infrastructure early on. They might also benefit from formally developing guiding principles for working together and making decisions that support both organizations' well-being.
13. Planning the co-located facility to meet overall community needs and keeping the specific needs of intended patients, clients, or residents in mind will help ensure that benefits the facility provides are relevant to the specific priority populations. As part of planning sustainable, relevant joint programming, consideration should be given to the potentially changing needs of the populations to be served and to how facilities and services might be responsive (e.g., seniors moving into a facility co-locating affordable housing and primary care may already have a medical home and not want to use the on-site clinical services, or if a resident's family situation changes, the flexibility to move to an apartment with more bedrooms could help ensure housing security).

### For evaluation

14. Co-planning the evaluation with investee representatives and timing the evaluation launch will help ensure participants understand how they fit into the overall initiative and that the evaluation is meaningful to them. Including specific requirements and funded time for a prescribed period of time as a condition of project financing would provide an important incentive for participating in evaluation and data collection efforts.
15. Increased co-creation and participation in the evaluation by investees should make it more feasible to include and prioritize activities that seek community voice.
16. Given HFF goals about the partners' ability to share linked data across their systems to understand the impact of the co-location partnership on health and social outcomes, the inclusion of a technical assistance provider with in-depth knowledge of electronic medical record systems and community information exchanges could benefit the investees especially when collaborating closely with the evaluation team.

### Limitations of this evaluation

The evaluation relied on information from a strategic sample of successful HFF sites that had been open for a while, had partnerships in place with plans or services to focus on health and social needs of community members, and were able to take the time to participate in the evaluation. Other investees may be facing challenges or barriers not represented here. As a result, the findings are more suggestive than representative of the HFF investees. The evaluation was not attempting to identify findings that can be generalized to all social investment funds, but rather illustrate what is possible through HFF-like investments and harvest lessons learned.

There is also limited community member or client voice represented in the data. Understanding how clients and community members are experiencing the results of HFF funding would help inform future recruitment and investment decisions.

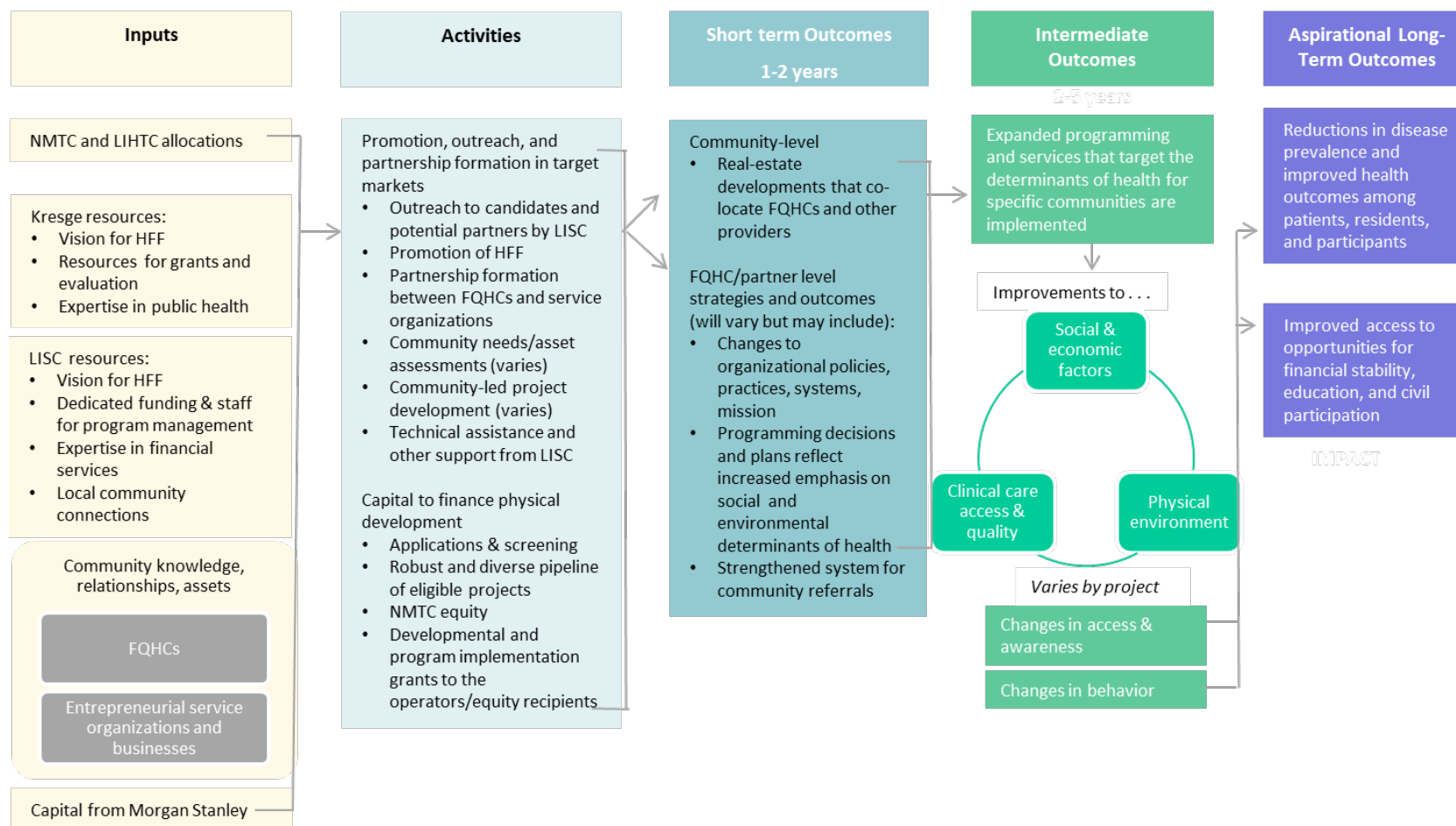
### Summary

This evaluation was funded by the Kresge Foundation. The Center for Community Health and Evaluation collected data from nine HFF sites between December 2016 and January 2020. These HFF sites have increased access to health care (including specialty and dental care), affordable housing, healthy food, social services, employment, and attractive community spaces. Almost all of these HFF facilities have been financially successful since completion and nearly all are engaged in strong collaboration with co-located or external partners to improve health and wellness for people in their communities by addressing social determinants of health. The experimentation HFF promoted demonstrated that co-location projects can make a difference in the communities where they are built.

## Appendix A: Logic Model

## Healthy Futures Fund FQHC Logic Model

Goal: To finance projects that co-locate primary care services with a provider of non-clinical services that impacts one or more social determinants of health, in order to improve the health of low-income individuals.



Social, political, and environmental context

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## Appendix C: Case Studies

# Downtown Terrace: Petersburg, Indiana

Downtown Terrace co-locates 42 units of affordable housing for seniors and the Petersburg Medical Center with primary care, urgent care, radiology, and mental health services.

HFF investment: \$6.99 million

### How the partnership formed

Downtown Terrace is a two building complex on Main Street in Petersburg, Indiana that provides 42 units of affordable housing for seniors 55 or older who earn between 30-60% of the Area Median Income (AMI). The facility is also the home of Good Samaritan Hospital's 5,000 square foot Petersburg Medical Center, which provides primary care, urgent care, radiology, and mental health services. There is an additional 5,500 square feet of retail and office space. Opened in 2015, the complex was developed with Healthy Futures Fund financing by a partnership between Flaherty & Collins Properties, J. Higgs Development, and Pike County Progress Partners (the not-for-profit sponsor of the project). The facility has multiple activity rooms, tenant storage, outdoor seating, picnic areas, and on-site parking.



Downtown Terrace on Main Street in Petersburg, IN

### What the partners are doing now

Downtown Terrace is fully occupied by low-income seniors. It was developed to serve both the affordable housing and healthcare needs of a previously underserved community. The developers and medical center leaders believe that access to affordable housing for residents and medical care for anyone in the city of Petersburg and Pike County will lead to improved health and social outcomes.

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## HEALTHY FUTURES FUND EVALUATION

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The housing units include one studio apartment, 27 one-bedroom, and 14 two-bedroom apartments with fully-furnished kitchens, private balconies, walk-in closets, and high-speed internet access.

The medical center has two full-time physicians and a nurse practitioner along with other care providers and administrative staff. In addition to the primary care, urgent care, and radiology services, the medical center hosts Good Samaritan Hospital's Samaritan Center, a behavioral health service. The Samaritan Center has therapists for children and adolescents, an adult clinical psychologist, and two additional nurse practitioners (one for children and one for adults). "It uses evidence-based practices to treat children suffering from trauma, depression, anxiety, and ADHD and adults who suffer from depression, anxiety, trauma, and other serious mental health issues."<sup>1</sup> Good Samaritan Hospital manages all data for its patient population and there is no regular data sharing between the medical center and the housing facility.

*Downtown Terrace fits perfectly in that sweet spot for combining services and affordable housing for seniors together in one spot.*

– Developer

*We are excited about the opportunities the new facility will provide us. We want to make sure we are providing the patients in our ten county service area with the most up-to-date and convenient care and we feel that this new medical center helps us reach our goals.*

– Medical center leader

### Glimpses of impact

Downtown Terrace has provided increased access to affordable housing and medical care and offers walkable proximity to Petersburg's restaurants, grocery stores, shopping, parks, banks, and churches. The facility was a 2015 Affordable Housing Finance (AHF) Reader's Choice Award national finalist. It provides jobs at both the housing facility and medical center and has introduced more patrons for the city's businesses.



An exam room at the Petersburg Medical Center

Data sources: one 2019 online survey from a developer, a Healthy Futures Fund project summary, and online research

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<sup>1</sup> <https://www.gshvin.org/about-us/news/2015/may/petersburg-medical-center-now-open/>

## Family Health Center: Kalamazoo, Michigan

Family Health Center is providing increased access to health care, coordination of services with other agencies on a shared campus, and an outdoor fitness center available to the public 24/7.

HFF investment: \$8.3 million

### How the partnership formed

Family Health Center (FHC), a Federally Qualified Health Center (FQHC) in Kalamazoo, Michigan joined with regional public health and health care agencies to conduct a collaborative Community Health Needs Assessment (CHNA) as part of its responsibilities under the Affordable Care Act (ACA). In partnership with community mental health providers, Kalamazoo County Department of Public Health (KCDPH), and the Michigan Department of Health and Human Services (MDHHS), FHC helped develop a vision of a centralized human service campus to offer “one stop shopping” for health and social needs. With the support of Healthy Futures Fund financing, FHC began construction of its new Alcott Street facility in 2015 and opened to serve patients in 2017. The other partner agencies were slower to build their facilities, but the human service campus now has a new KCDPH facility in operation and a MDHHS project currently under construction and set to open in late 2020. Once fully operational, the human service campus will offer improved health care access and utilization, employment services, technical support for community development projects, behavioral health services, and coordination of care, services, and referrals.

### What they’re doing now

The new FHC facility is in a previously underserved area of Kalamazoo. The surrounding neighborhood is home to people of varied backgrounds but has a disproportionate number of people living in poverty and a high concentration of Latinx residents. Family Health Center and its institutional partners think that increased access and utilization of care and services will lead to better health and social outcomes for the community they serve. This FHC facility has also significantly increased the availability of dental care in the area. Examples of collaboration between FHC and the County include data sharing through an EPIC electronic health record system, the Healthy Babies, Healthy Start program with a county worker stationed on-site at FHC (i.e., the FQHC

*We’ve found that for more than 500 women each year who are connected to the Healthy Baby, Healthy Start program we run with the county, those cases do not have infant mortality. We don’t have low birth weight babies. It’s amazing. It’s not that we have reduced the number; we have eliminated the number.*

— Clinic leader

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## HEALTHY FUTURES FUND EVALUATION

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provides care and the county worker provides education and social needs support), smoking cessation, free pregnancy testing, and home visits from community health workers. The FHC facility also has an outdoor fitness center that is open to the public 24/7. It is adjacent to a popular county trail and features a jungle gym, basketball court and 11 state-of-the-art fitness machines for strength training. The fitness center is under video surveillance for security and has been very well received by the community. Through an HFF grant from LISC, FHC hired a full-time exercise physiologist who works with patients whose doctors prescribe increased physical activity. The physiologist organizes and implements Zumba, Salsa dancing, cardiovascular routines, organized walks, and a “Run Buddies” program that pairs providers with patients. FHC has also hosted a 5K run and subsidizes entry into other local and regional races for staff and patients.

### How well are they able to track potential changes in participants?

Family Health Center and Kalamazoo County have a strong data sharing relationship including a formal data sharing agreement, regular shared reports, and a shared portal with all data related to patient pregnancies and maternal and infant health outcomes following births. Internally, the FHC physiologist does detailed tracking of participation in programs and coordinates tracking health outcomes measures related to diabetes, hypertension, and obesity with primary care providers.

### Glimpses of impact

Because of the HFF-funded FHC facility at Alcott Street, the other institutional partners felt more confident about developing their own project at the human services campus. There are now two additional multi-million dollar initiatives in progress or open because of FHC’s presence and development at this specific location.

Prior to the FHC facility’s opening, Kalamazoo County had just 3.5 FTE dentists operating in community health centers. FHC now employs 25 full-time dentists and has dramatically increased dental health care access and utilization for vulnerable patients in Kalamazoo.

Family Health Center partners with the county health department to deliver services for over 500 pregnancies and births each year. The collaboration provides wrap-around health and social services and has virtually eliminated infant mortality among this patient population.

Health and fitness programming includes free training shoes from a local sports retailer, on-site dance and yoga classes, diabetes education classes, and instruction on how to use equipment at the fitness center. FHC also runs programs to train for 5K, 10K, half marathon and full marathon races. Entry



**Family Health Center’s Alcott Street Campus opened in 2017**

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## HEALTHY FUTURES FUND EVALUATION

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fees are discounted for employees and free for patients. The physiologist carefully tracks program participation and regularly reports to FHC leadership and providers. In 2019, over 250 unique individuals participated in at least one fitness course or program at the Alcott Street campus, and many were involved in multiple programs. Providers have found that program participants have lower blood glucose and A1C levels than their patients who do not participate.

### Barriers, opportunities, and lessons for the field

While FHC is able to collaborate with the county health department to serve 500 pregnancies and births each year, they estimate that the need in the community is closer to 1500 cases per year. FHC continues to work with federal, state, and county funders to increase capacity and continue to reach more patients with care and social services.

Due to the complexities of politics and funding, the other partners for the human service campus had significant delays in construction and opening, so the full range of services envisioned for the human service campus are still not all in place. Once all of the planned facilities are up and running, residents in the area will have easy and centralized access to a wide range of well-coordinated care and services for primary care, specialty care, behavioral health, dental care, and social needs.

Data sources: Two 2019 online surveys, two 2019 phone interviews, an HFF project summary, and online research



## Mercy Park: Chamblee, Georgia

Mercy Park provides affordable housing to over 80 seniors with access to health care, transit, educational services, and healthy food

HFF investment: \$8.4 million

### How the partnership formed

Mercy Housing and Mercy Care (unaffiliated) have a history of partnership with collaborative relationships at four other sites. In 2015, Mercy Care bought a piece of property in Chamblee, Georgia (just outside of Atlanta) to build a new Federally Qualified Health Center (FQHC). They then subdivided the property and Mercy Housing purchased the other lot with primary financing from Healthy Futures Fund (HFF). The site was aligned with several priorities of the Low Income Housing Tax Credit (LIHTC) implemented through HFF, including preserving housing affordability in a rapidly growing area experiencing displacement pressures, and proximity to transit services, health care, and healthy food.

### What the partners are doing now

Mercy Park is in a part of Chamblee with a large Asian American community and the majority of its residents are Korean Americans. Mercy Park was built for the purpose of providing (mostly) local seniors with affordable housing and promoting health so that residents can remain in an independent living situation for as long as possible. Mercy Park collaborates with Mercy Care and other community based organizations to provide health screenings, health education, chronic disease management, nutrition education, cooking classes, opportunities for physical activity (e.g., yoga classes and a fitness room), technology classes, and English Language Learning (ELL). At the time of the interviews, Mercy Park's Resident Services Coordinator was a fluent Korean speaker, and her ability to communicate effectively with residents has led to more than 50% of residents regularly participating in at least one of the offered programs.

*79 Units got built. The impact is that more than 80 seniors now have an affordable place to live and access to healthcare and transportation and a grocery store. When you listen to the stories of some of the folks living there about the conditions they lived in before, or about how they used to travel three hours by bus or train to get to a job, you see that this development has made a huge positive outcome for these residents.*

– Developer

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## HEALTHY FUTURES FUND EVALUATION

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A nurse from Mercy Care visits Mercy Park weekly to provide services for residents in a private and confidential space. Leaders from both organizations meet quarterly to review progress toward their shared goals and to plan future activities. These organizations were recently planning a collaborative health fair with outside vendors to be held at Mercy Park.

### How well are they able to track potential changes in residents and participants?

Mercy Park conducts an annual resident survey and regularly tracks program participation. Mercy Care cannot provide specific information about individual residents' medical situations or needs but does communicate when they detect needs for particular services. At the quarterly collaboration meetings, organizational leaders review nursing visit usage and program participation rates.

Mercy Park and Mercy Care have been able to collaboratively provide targeted health education for identified needs of residents. They are also providing regular support for chronic disease management that allows residents to live independently. Mercy Park's programs and services offer rich opportunities for social engagement and physical activity. Mercy Park has coordinated with an outside agency to increase food security through monthly deliveries of donated boxes of non-perishable food items for at least 45 residents. A number of residents have fulfilled their long-term goal of learning English through Mercy Care's ELL program. The site also created four full-time jobs and opportunities for contractors.

### Barriers, opportunities, and lessons for the field

Mercy Park and Mercy Care cannot engage in full data sharing because Mercy Housing is not a HIPAA compliant organization. They do communicate when needs emerge so that each organization can be responsive. In late 2019, Mercy Housing and Mercy Care were in discussions to develop another site with both affordable housing and primary care services. The developer for Mercy Park shared that organizations like Mercy Housing have to be attuned to the policy priorities for affordable housing subsidies. At the time of this development, those priorities included Transit Oriented Development, preserving housing affordability, and access to health care. As policy priorities change, developers have to look for potential acquisition of property that would allow them to submit a competitive application for programs like LIHTC.



Mercy Park in Chamblee, GA opened in 2018

Data sources: Two 2019 online surveys, two 2019 phone interviews, an HFF project summary, and online research

# Mountain Park Health Center: Tempe, Arizona

Mountain Park Health Center brought clinical care and services like on-site fruit and vegetable sales and a medical legal partnership to address social needs at a park-like setting in a community with high medical and social needs.

HFF investment: \$13 million

## How the site was chosen

The Mountain Park Health Center in Tempe, Arizona was built on a property that had previously been an abandoned boat dealership surrounded by 6 foot high walls. Now the property is a 6 ½ acre open space with park-like amenities that are open to the public. The 30,000 square foot integrated clinic is near bus and light rail lines and accessible by car or bike lanes. The vision for the facility was to improve access to preventive care, offer opportunities to address social determinants of health, remove transportation barriers, provide a space for recreation, and improve social cohesion. The communities surrounding the clinic had high medical needs and have a population with more students, LGBTQ residents, and people experiencing homelessness than the state averages. There is no partner physically co located at this facility, but Mountain Park partners with other organizations and agencies to deliver services that address the social needs of their patients.

## What they're doing now

The 30,000 square foot clinic replaced Mountain Park's previous 9,000 square foot clinic a few miles away. Clinic leaders were seeking to improve health outcomes through an integrated care model and community-based partnerships to address health issues including hypertension, diabetes management, childhood obesity, and poor diets. Clinic staff include questions about social needs as part of standard intake and screening processes. The Mountain Park property was developed with an environmentally focused design. It meets the city's tree and shade sustainability plans, features low-water native plants, produces a significant portion of its own power through solar technology, and collects rainfall. The campus has a walking trail, public art installations, fitness stations, a citrus nursery, and a dedicated community meeting room. Mountain Park is also building a community garden for healthy food programming and encourages local residents to use the walking trails.

*We moved from a very small facility of about 9,000 square feet to 30,000 square feet on a beautiful 6 ½ acres. We've at least doubled our employee numbers by moving into this new facility and plan to triple them over time. I'd say we've been able to create an economic impact because we've been able to hire more medical providers and the support and administrative staff that surround them.*

– Clinic leader

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## HEALTHY FUTURES FUND EVALUATION

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Mountain Park collaborates with Fresh Express, a local organization that uses a converted bus to bring affordable fruits and vegetables on-site at regularly scheduled and publicized times. The produce is available for sale to patients, staff, and the general public and the program is very popular.

Aided by a development grant from LISC, Mountain Park also has a medical legal partnership (MLP) where volunteer attorneys come on-site and providers can refer patients to them when legal issues are interfering with patients' health or well-being (e.g., tenants' rights, grandparents' rights, legal guardianship, employment fairness law, and domestic violence). It has also created a Financial Opportunity Center used by patients and employees. Services include financial coaching and education covering topics such as debt reduction, lower-cost financial products and mortgage counseling, and support in accessing public benefits.

Mountain Park partners with other organizations and agencies to connect patients to resources and services to address issues including housing and utility assistance. They allow community groups to hold meetings on-site and host events like outdoor movie nights.

### How well are they able to track potential changes in participants?

In addition to standard patient data tracking, Mountain Park staff track referrals to the Fresh Express service, the medical legal partnership, and other social needs. Providers make referrals to the MLP in the electronic health record and the clinic tracks participation rates, demographics, and the type of legal services needed. The MLP coordinator also collects qualitative data and stories of the impact on patients which are reported back to providers and clinic leaders. Participation in the MLP program has been increasing year to year. In 2017 just 8 patients utilized this service, but by 2019 there were nearly 130 participants.

### Glimpses of impact

Mountain Park has improved access to a full spectrum of medical care for the surrounding communities. Its facility provides access to recreation, healthy food, shade, and an attractive place for social gatherings and community meetings. The MLP has helped patients address issues like convincing a reluctant landlord to fix broken air-conditioning units in the hot Arizona summers or environmental remediation in homes for patients with children who are suffering from pollution induced asthma. Participation rates in the MLP have been steadily increasing over time, with more than 150 patients accessing legal services in 2019. The clinic has increased economic activity in the area through the Fresh Express program and employs about 120 full time employees.



Mountain Park Health Center in Tempe, AZ

Data sources: Two 2019 online surveys, one phone interview, MLP participation data, and HFF project summary

# Neighborhood Health Association's Nexus Building: Toledo, Ohio

The Nexus building provides health care and other community services for nearly 10,000 people each year at a previously underutilized location

HFF investment: \$6.2 million

## How the partnership formed

The co-location of the Neighborhood Health Association's (NHA) Nexus health care clinic and the Toledo Urban Federal Credit Union (TUFCU) was intended to provide community members with a dynamic public space to establish ongoing institutional relationships to manage health and financial well-being. The organizations' leaders had known each other for many years and were excited for the opportunity to work together in this new space to improve the lives of their respective patients and clients by providing opportunities for better health and financial stability. Their idea was that establishing a medical and financial home would free up time and energy for people to attend to other needs.

## What they're doing now

The NHA Nexus health care facility offers family medicine, a women's clinic, pediatrics, dentistry, urgent care, specialized care for people experiencing homelessness, a pharmacy, public meeting spaces including a large conference room available to outside groups, and a full service café. There are two separate clinics operated at the site. A traditional multidisciplinary FQHC that treats anyone from the community who needs care and the Mildred Bayer homeless clinic run in collaboration with NHA and the Huron Street Women's Center. In addition to medical and dental care, the homeless clinic provides laundry facilities, showers, and a clothing pantry.

The FQHC's women's health services and dentistry are high-volume portions of Nexus' patient population. The women's clinic is currently developing a program to address infant mortality and morbidity staffed by doulas.

*If we can disrupt the intrusions that out of control finances tend to have on people's lives, we can get better compliance with health care and keeping appointments. That will give us a better opportunity for more effective disease management and ultimately, better health.*

— Clinic leader



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## HEALTHY FUTURES FUND EVALUATION

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NHA has contracted with a number of other pharmacies (e.g., Kroger) in the community so that Nexus patients can receive the lower 340B FQHC pricing at other locations without traveling all the way to the Nexus site.

NHA has introduced financial status questions into the patient intake/screening process and if financial issues are identified, an NHA community health worker helps the patient access financial counseling and resources such as loans, bank accounts, and investment tools.

NHA operates the on-site café and employs patients who are identified as needing employment retention training.

The Toledo Urban Federal Credit Union branch in the Nexus building struggled to develop a consistent client base at this location and was unable to maintain consistent staffing or hours of operation. As of November 2019, NHA was beginning the search for a new credit union partner to occupy the portion of the building designed for that purpose. **[Sensitive/Confidential for now; would need to get permission before sharing publicly]**

### How well are they able to track potential changes in participants?

NHA does all data tracking required of FQHCs using an electronic health record called Allscripts. The clinic also uses Practice Management and Crystal Reports software to collect and analyze patient data.

There were plans to have a formal data sharing and referral process between NHA and the credit union, but those were never fully developed or implemented.

### Glimpses of impact

NHA's Nexus building has increased access to health care and social services and has created new economic activity in a previously underserved part of Toledo. Clinic leaders estimate they serve between 7,000-10,000 patients/clients each year. They report that residents in the community around the Nexus building have been able to access a patient centered medical home; shifting from ER-based to preventive care.



**NHA's Nexus Health Care building**

The clinic has created over 100 full time jobs and contracts out with a number of other partners for things like food service and supplies. The on-site café has provided employment and employment retention training for a growing number of patients. This facility has also increased community engagement by providing a free space for community groups and civic leaders to meet. The large conference room is

regularly booked for meetings with public officials and their constituents, voter registration drives, and other community gatherings.

### Barriers and opportunities

The biggest challenge to date for the Nexus building is that the planned partnership with Toledo Urban Federal Credit Union never developed as planned. The credit union was unable to establish a successful new branch. One informant said that the lack of viability of the credit union location at the Nexus location might be because the parking lot is across the street from the building or because there isn't a drive through option. There could be an opportunity to research local residents' preferences related to financial institutions and products.

There is an opportunity for NHA to partner with another credit union to accomplish the joint programming it had originally planned, such as formal cross-referral systems. Since FQHCs and credit unions often serve overlapping populations, the co-location of an FQHC and a credit union could make it easier for clients/patients to manage two fundamental aspects of their lives in one place.

Data sources: One 2019 online survey, one 2019 interview with clinic leader, 3 interview transcripts from December 2016, a 2017 HFF case study, and an HFF project summary

## Rolling Hills: St. Paul, Minnesota

**Rolling Hills offers 108 units of affordable housing and provides refugee resettlement services and popular community garden plots**

HFF investment: \$10.2 million

### How the partnership formed

Starting in 2013, Lutheran Social Services (LSS) and a local for-profit development company used Healthy Futures Fund financing to purchase and renovate an existing housing development (Rolling Hills) with 108 units spread out among several buildings. They also added a new building with a community center, rental office, and a medical examination room. The examination room was equipped with funds from a \$30,000 LISC grant. Lutheran Social Services controls a 51% stake in the property and the development company owns 49%. Beginning in 2014, Westside Community Health Center began providing clinical services at Rolling Hills, mostly related to family planning care (on-site clinical services ended in 2017).

### What the partners are aspiring to do

Lutheran Social Services is primarily a refugee resettlement organization that also manages 220 affordable housing units overall at several sites. Most of its clients are Karen Burmese (Myanmarese) refugees, and more than 1/3 of Rolling Hills residents are from that population. With affordable housing and opportunities for community engagement, on-site community gardens, physical activity, and culturally appropriate family planning care, Lutheran Social Services hoped to improve overall health for Rolling Hills residents in partnership with Westside Community Health Center.

### How well are they able to track potential changes in participants?

Lutheran Social Services is a delegated navigator for MNSure, Minnesota's Affordable Care Act exchange, and tracks the enrollment it helps to facilitate. LSS also manages subscriptions to plots in two community gardens at the development.



Rolling Hills in St. Paul, MN opened in 2014

### Glimpses of impact

Rolling Hills continues to provide 108 units of affordable housing with up to three bedrooms. The community center space is used regularly by residents and local community groups. The community gardens are popular and remain fully subscribed. Some residents use the fitness facilities regularly. The property is performing well financially.

### Barriers, opportunities, and considerations for the field

Initially, Westside Community Health Center was leading group exercise sessions and providing on-site primary care consisting mostly of family planning services. They were planning to provide ongoing culturally appropriate care, including to members of a resettled refugee population, many of whom were sensitive about discussing sexual health issues with professionals. Westside tried direct community outreach, advertising, and making appointments available for



Inside the Rolling Hills community center

extended hours to accommodate working people. After some initial uptake by a few residents, visits began to fall off quickly. Westside learned there was a nearby family practice doctor of the same ethnicity as many of Rolling Hills' residents and that many of them had private insurance and were seeking care at his office. Westside stopped offering clinic services at Rolling Hills in 2017. The exam room and its equipment remain in place and could be used by another clinical partner or even for dental services, but as of 2019 there were no specific plans in place. The nearby Conway Community Center of the Sannah Foundation is now working to understand and provide the full range of medical, dental, vision, and other health service needs of Rolling Hills residents in place of the original on-site clinic. One possible lesson is that a potential clinical partner for an HFF site might benefit from market research to understand potential demand for services or inform staffing decisions to support culturally appropriate care.

Data sources: One 2018 phone interview, an HFF project summary, and online research

## Walnut Commons: Muncie, Indiana

A collaborative partnership leads to provision of 44 units of permanent supportive housing, primarily for residents who have experienced chronic homelessness, in conjunction with wrap-around case management and other services for all residents.

HFF investment: \$7.4 million

### How the partnership formed

Walnut Commons, a multi-unit housing development, opened in 2015 to provide 44 units of permanent supportive housing. Daveri Development, a real estate development firm based in Chicago, and Meridian Health Services partnered to provide safe, secure housing, and wrap-around case management and services for residents. The developer approached Meridian Health about being the service provider when they decided to build this facility in Muncie, IN, with support of HFF financing through a Low-income Housing Tax Credit. Upon opening, UP Holdings, LLC provides all on-site property management functions (e.g., leasing, fulfilling state reporting requirements for subsidized housing, and maintaining laundry facilities and other common areas) and Meridian Health provides all case management and most direct services. A local organization called Shelter + Care provides funds to cover the residents' rent.

### What the partners are doing now

Walnut Commons primarily houses people who have experienced chronic homelessness. There are 10 units specifically reserved for chronically homeless individuals, but most residents of the facility are from this population. There are other residents who have disabilities, have experienced shorter periods without shelter, or are part of the Section 8 housing program (4 units). The facility's goal is to provide stability through housing paired with wrap-around services to help residents "get on their feet" and gain a source of income so they can successfully manage their lives in a healthy and productive way. Residents apply at a local service hub called Bridges for an initial assessment to qualify for supportive housing. If they meet the criteria, the case is passed on to Meridian Health, which does its own intake assessment. Qualifying applicants for Meridian's services are then placed on a waiting list for housing and when a spot opens up at Walnut Commons, new residents are selected from that list.

The property management company attends to residents' housing-related needs and manages common areas including laundry facilities, a computer lab, and a community room with a public kitchen, games, and a library. On the day they move in, each resident is given about \$150 in move-in supplies (e.g., bedding, cleaning supplies, dishes, pots and pans, utensils, and towels). When residents first arrive, they typically do not have a steady source of income, so they also have opportunities to earn laundry money

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## HEALTHY FUTURES FUND EVALUATION

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from the property management company in exchange for regularly performing small tasks that benefit the community of residents. Building management also arranges for community activities like movie nights and bingo games and provides eviction prevention education.

Meridian Health provides a broad suite of services, including, but not limited to, medical case management, transportation to and from medical appointments, assistance with maintaining personal calendars, money management and budgeting, education about daily life skills, introduction to resources like food pantries, help with job placement, and guidance for how to live successfully in social structures.

The partner organizations have monthly shared management meetings to align efforts and communicate with each other about residents' needs and progress.

### How well are they able to track potential changes in participants?

The shared goals of the partner organizations are to maintain an eviction rate of zero by working closely with residents and to graduate them from the supportive housing program with the skills and resources to live independently elsewhere if they want. Since Walnut Commons provides permanent supportive housing, residents are able to stay for as long as they want.

Property management tracks lease renewal timelines, coordinates rent payments, and maintains a detailed census of past and present residents, including when and why they moved out. They also report housing status of residents annually to the State of Indiana using its Data Management System.

Meridian Health tracks all health and behavioral data. They are able to communicate some information about residents' housing needs back to Walnut Commons, but most of their data is HIPPA protected and is not shared.

*I'm really proud of the amount of community that we've been able to build with people. A lot of times people think that those who have been homeless are going to wreck and ruin a property and I guarantee that's not the case. A lot of the residents we have keep a better apartment than most of the places I've managed in market housing. There's such a community and they pull together and care for each other.*

– Walnut Commons property manager



### Glimpses of impact

Survey and interview data show that some of the most important impacts created at Walnut Commons are residents' sense of security and feelings of safety. An employee at Walnut Commons said, "It's a beautiful day when someone brings you their baseball bat that they've been living with in their car for eight years and suddenly they no longer have to worry about protecting themselves or their possessions and they know they're safe here."

The property manager reported that most residents over the last five years have been able to take advantage of the supportive housing and services and "take back control of their lives."

Meridian Health was unable to share specific data about health and wellness outcomes, but the property manager describes observable outcomes that suggest significant improvement in health and functioning for most residents after some time at Walnut Commons.



Walnut Commons in Muncie, IN opened in 2015

### Barriers, opportunities, and lessons for the field

One barrier that was described as common in supportive housing environments is that there cannot be fully transparent communication between the social and health service provider and the housing provider. For example, if a normally friendly resident suddenly becomes belligerent and starts calling other people names or acting threateningly, the property managers have to deal with the situation without having access to information about what might be causing the change in behavior (e.g., new medications or an event that might be expected to trigger PTSD). Walnut Commons and managers at Meridian Health continue to look for opportunities to share information in a way that is effective while still maintaining residents' privacy. They describe having made some progress in how they communicate over the last couple of years.

Data sources: Two 2019 online surveys, one 2019 phone interview, and an HFF project summary.

# HFF 1.0 Case Study: So Others Might Eat (SOME) and Unity Health Care Clinic

June 2017

## What is the partnership planning to do?

*The Conway Center in Washington, D.C. will co-locate So Others Might Eat (SOME) and Unity Health Care Clinic (Unity), providing housing, homeless, and social services alongside a full range of ambulatory care in a Federally Qualified Health Center (FQHC).*

At the facility, SOME will manage 202 housing units, including 150 for single adults (20 units are transitional housing), and 32 family units (mostly for women with children). SOME will also operate a new Center for Employment Training (CET) that will train medical administrative assistants and medical assistants. Trainees will shadow clinic staff and participate in patient interactions. Some of them will move into internships or employment at Unity.

Unity will operate a 37,000 square foot FQHC, offering ambulatory care, dental care, WIC services, labs, health education, and a pharmacy. Unity will also fund behavioral health services (including addiction therapy) operated by SOME personnel in the clinic space. This site will triple Unity's capacity to see patients in this community.

The facility will also have an additional 2,100 square feet of retail space. Conway Center is expected to open in the spring of 2018. You can [see a live picture of the construction here](#).

This section describes steps SOME and Unity have taken towards program development, along with goals for the new site that remain largely aspirational at this point. Checking back in with this partnership at a later point in time might provide the opportunity to see how co-location and joint programming have actually played out.

### **Planning and program development**

- SOME and Unity are planning inter-organizational meetings about the selection of artworks for the space. They are actively considering how much the physical space can influence behavior, emotions, and mood.
- SOME and Unity have held inter-organizational meetings to identify operational alignment and opportunities to provide joint programming

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## HEALTHY FUTURES FUND EVALUATION

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- The Unity project team (project manager, architect, engineer) meets regularly with the SOME project team to make sure the base building is aligned with Unity's plans to build out the clinic space (SOME is constructing the building, Unity will design and build the clinic space).
- The Unity director of social services has begun recurring meetings with SOME staff to collaborate on integration of social services that will be available

### Current collaborations

- From their existing locations, Unity refers patients for training at CET, and CET refers potential employees to Unity
- Unity hosts interns from CET in its existing clinics, and will do so at the new site once it's open
- Unity's senior HR analyst has held 2 recruiting events for CET training as medical administrative assistants

### SOME's plans

SOME will use about 1,300 square feet of Unity's clinic space to run addiction and behavioral health services. Unity will fund SOME's behavioral health specialists for this program. It will leverage SOME's experience and expertise to support Unity patients. Both organizations reported at the time of the site visit that they are still working out the "back of the house logistics" for how this will work.

- SOME is planning (like at existing sites) to do case management of housing residents, including referring them to Unity for care.
- SOME is planning to deploy tablet-based centralized screening surveys including questions about medical needs. Results from the survey will automatically get pushed out to intake personnel in all relevant departments. They say, "You can't come in the wrong door. As soon as you access any of our services, we can connect you with all of the other ones you need."
- SOME is planning to foster an environment of health and wellness in its housing facility by:
  - Promoting preventive care to residents
  - Including medical needs in housing screening
  - Arranging full medical screenings for residents at the Unity clinic
  - Supporting residents in making it to their appointments and following up with referrals
- SOME is incorporating design elements intended to support health messaging. Planned elements of interior design for the public spaces of the housing facility include: full length mirrors, weight scales, touch screen kiosks for building directories that also display on-screen messages about prevention, nutrition, and health education, placards by elevators that say things like "Taking the stairs to your left can burn X amount of calories", and digital bulletin boards with programming for different audiences in the single adult community room, the family community room, and the CET lobby.
- SOME will have pamphlets in the Unity clinic about housing, education, and employment training services

### Unity's plans

- The Unity clinic at Conway Center will be the only site in DC's Ward 7 for medical residents to complete their training
- Unity plans to have marriage and family therapy services at Conway Center
- In addition to clinical services, Unity will have a "wellness space" for health education sessions
- Unity (like at existing sites), plans to have Community Workers canvass neighborhoods and homeless shelters to get people into a medical home.
- Unity plans to hold regular health fairs at the site, including presentations about their own services and those of outside vendors (e.g., United Way, food banks,) for SOME residents, Unity patients, and the general public

### Who will benefit?

- The co-location of SOME and Unity will provide safe, stable housing to vulnerable members of the community and increase access to primary care in underserved neighborhoods with high rates of poor health outcomes and large numbers of emergency room high-utilizers.
- Increased access to behavioral health for residents in the surrounding community, including specialized services such as behavioral health services for children and adolescents.
- SOME housing-unit residents will have on-site access to primary care.
- CET trainees
- One informant called it "a whole building full of folks who can make it their medical home"; this is expected to create revenue for the Unity system.
- There will be some new jobs created when the Conway Center opens (Probably not as many as in Brockton or Toledo, which added new, non-duplicative sites; this facility will replace two existing Unity clinics and many employees will relocate.)

## Glimpses of potential impact once the site is open and operating

*This facility will expand the capacity of SOME and Unity to serve the community. Unity's current operation in the neighborhood is being conducted out of temporary units in a parking lot. SOME does not currently have a physical presence in the area. Themes of potential impact are:*

- Increased access to medical care (including ambulatory care, urgent care, pharmacy, and homeless services), affordable housing for vulnerable community members, and employment training.
- High quality care in a state-of –the-art facility with an emphasis on a patient centered medical home and preventive care and care coordination between primary care, housing, and other social services.
- Some new jobs for both organizations
- New and/or better paying jobs from previously under employed patients as a result of the employment training for patients, residents, and other community members

- Increased economic activity in an underserved community
- Having a pharmacy on-site may improve medicine management and adherence rates

### Factors that facilitated this cross-sector partnership

*Many of these factors might be relevant for any type of partnership. HFF funding made it possible for these partners to agree to co-locate; without it the projected rental costs would likely have prevented the co-location.*

- Serving the same populations with well-aligned missions
- Long and trusting relationships between organizational leaders prior to partnering. The medical director for Unity founded the homeless clinic that grew to become SOME over 35 years ago and worked closely with the current (and long-time) SOME CEO
- Initial conversations about partnering formally at the Conway Center occurred between those executive-level leaders with a long history of collaboration and before HFF funding became an option, indicating an intrinsic motivation to partner
- Both organizations were already working in these neighborhoods; they know the community and are known by the community
- HFF process was easy to navigate relative to other NMTC vehicles
- SOME had experience with NMTCs
- HFF funding allowed SOME to offer a rental rate that Unity could afford. Without the lower interest rate and partially forgiven debt, it probably would not have worked out.
- Improved ability to achieve organizational mission was clearly envisioned: (e.g., having primary care on-site will make it easier for SOME caseworkers to manage their residents' well-being)
- Long planning period to align and integrate services
- Many SOME residents are already Unity patients

*To be honest, and I'm not overstating this, I don't think it could have happened without the Healthy Futures Fund. We wouldn't have been able to raise more money, and with conventional financing, the rent would have gotten too high for Unity to make it work.*

– SOME informant

### Challenges to the partnership

*To date, the primary challenge to this partnership may be unequal participation in financial risk, implementation planning, and overall prioritization. SOME is primarily driving the financing and construction process, with Unity seeing the co-location as a future event. Challenges are:*

- Unequal stakes: SOME is assuming all of the risk for the \$15.5 million in financing to build the facility
- Unequal motivation: Prioritizing information sharing for financial transactions has been challenging
- Administrative burden for Unity to provide financial analysis: “It’s like if I’m getting a loan, but you’re asking my neighbor for information. We’re getting the loan, but they’re still being underwritten, essentially”—SOME informant
- SOME’s financial capacity is stretched; proposing low rent for Unity limits SOME’s ability to expand its own programming
- Unequal engagement: Unity is not yet directly benefitting from HFF funding and is mostly focused on its current business lines
- Unequal information: Unity may not fully understand that they will enjoy a lower rent because of HFF
- Difficult to identify the right people from each organization to begin collaborative efforts
- SOME needs to identify more champions for collaboration within the Unity system
- Need for common language and understanding: While missions are aligned, services are very different; primary care vs. housing, social services, and employment training
- Leadership changes might lead to challenges for partnership and integration
- Donor fatigue: Because SOME already had a capital campaign for the site, Unity is having some difficulty getting the same funders to invest in their build-out of the clinic space.
- At the time of the site visit, Unity had only secured about \$1 million of the projected \$8-9 million they will need to complete their portion of the construction and equipment needed to complete the clinic space

### How well will they be able to track potential changes in participants?

*Each organization has its own EHR, and has the capacity to conduct detailed tracking of health outcomes for program participants for its own patients/clients. The partners have not yet developed plans for inter-organizational tracking.*

SOME received a \$100,000 LISC grant to develop health outcome measures and tracking processes. A team is developing that capacity during 2017. SOME will also be reporting to HFF about whether residents of the housing facility are accessing care and services at the new Unity clinic as part of its HFF 2.0 commitments.



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## HEALTHY FUTURES FUND EVALUATION

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**SOME and Unity have begun planning to develop data sharing agreements.** They plan to have inter-organizational “task forces” to coordinate care and services for patients/residents.

**Unity can use the EHR to track outcomes.** According to Unity executives, they report largely based on regulatory requirements and to demonstrate compliance tied to funding. Meaningful Use (a series of clinical indicators) is standard for all clinics and hospitals and runs automatically in the EHR. UDS (another set of data required for all FQHCs) also runs automatically. At the time of the site visit, neither Unity nor SOME IT personnel were available for an interview.

**Their system can report on sub-sets of a population; someone would need to ask the IT team for it.** Currently, the clinic is only reporting on those measures required by law.

**One barrier is that the partners do not yet have data sharing agreements or processes.** While the organizations are referring patients/clients to each other, they do not have formal systems for tracking outcomes related to those referrals. The organizations do have plans to develop bi-directional referral systems, but the timeline and mechanisms for implementation are unclear.

**Unity and SOME use different EHRs, so they will have to be creative about communicating back and forth about data.** Unity already does data sharing with the Managed Care Organizations in the District. They look at what joint data requirements exist, and then build templates that are easily shared each month. Unity expects to be able to reach similar arrangements with SOME.

**SOME is planning both quantitative and qualitative data collection and analysis.** They hope to track health outcomes and things like patient awareness and satisfaction. They also plan to track how many residents are using Unity at Conway Center as their medical home.

**Many participants in SOME programming will only be at the site for a relatively short time.** Some of the housing is transitional, and most tenants will eventually move to other locations. Tracking outcomes over long enough periods to detect change may be challenging.

### Organizational changes: How is co-location affecting the organizations?

*Co-location is expected in spring of 2018.*

SOME changes:

- Co-location has not yet occurred, but significant effort and resources are being expended to develop the new site and the programming that will take place there. This facility, including housing units, social services, and employment training, represents a significant expansion for SOME.

Unity changes:

- This will be a replacement site for Unity that will significantly (by ~300%) increase their capacity to provide care in this community.



### Challenges implementing programming

*No programming will occur at the new site until it opens in 2018.*

SOME challenges:

- SOME still has to develop data tracking to fulfill responsibilities to its LISC grant and HFF funding
- SOME will need to recruit additional staff to operate programming at the new facility

Unity challenges:

- Funding has not yet been secured to build out the interior of their space
- Currently lack capital to begin program implementation at the Conway Center
- Uncertainty about whether move to value-based rather than volume-based reimbursement will continue
- Uncertainty about whether people will want to invest in safety-net healthcare in the current environment

### How is this work influenced by or contributing to the field of co-location and social impact investment?

*Neither SOME nor Unity has engaged with field-building directly related to this project, but SOME has been involved with social investing before, and has expertise about how to access and deploy funding sources like those made available by HFF.*

### Lessons that might inform future efforts

*Based on a synthesis of the evaluation data, we identified the following suggestions for how co-location projects might strengthen their effectiveness. This case may be instructive about how partners might benefit from a clear and shared understanding of the financing process and its implications for implementing co-location.*

- Unity might have been well-served by getting involved with the financing side of the development deal earlier in the process. Because they did not, they are now facing challenges raising capital for their clinic build-out.
- SOME might have benefitted from thinking through earlier how Unity would raise the funds to build out its clinic space
- There was a learning curve for both organizations in figuring out how to structure the rental agreement
- Future applicants should be prepared to deal with changing financial situations at partner organizations that are not responsible for the HFF-related debt. Just because the partner has had a strong financial position does not mean they will continue to. Build in wiggle-room.
- FQHCs do not typically have a lot of reserved capital. Lenders should look at how they have performed well even with tight funding.
- While SOME sought this funding primarily to build housing capacity, many of its other programs are being included in the planned activities. Make sure that all programs that will be involved have a seat at the decision-making table.
- Future HFF sites might benefit from more technical assistance on the overall funding structure of the project for both partners and about aligning business models to achieve common interests with common language
- Future partners should be very deliberate about how to measure the impact of their co-locations so that they can accurately tell the story of changes related to their collaboration.
- Identify a partner with whom you have shared history and aligned visions of the community you are going to work to create
- Make sure both partners understand how the physical space of the development is going to serve both their individual and their shared goals
- Serving vulnerable populations is always hard, and traditional funding sources for this type of work are becoming harder to obtain. Organizations should be looking at creative ways to finance their work, including social investment initiatives like HFF.

This evaluation was funded by Kresge Foundation. The site visit was conducted January 25-26, 2017 at So Others Might Eat (SOME) and the corporate headquarters of Unity Health Care Clinic. We interviewed 9 people including executives from both organizations, physicians, program leads, and a grants manager. Interview data were transcribed and coded in Atlas.ti, a qualitative data analytical tool. The evaluation team developed a coding memo to describe themes from the data that related to pre-established evaluation questions. At the time of the site visit, the new facility was projected to open in spring of 2018.

# HFF I.0 Case Study:

## Brockton Neighborhood Health Center and Vicente's Tropical Supermarket

June 2017

### What is the partnership doing?

*Through aligned missions and complementary programs, the health center and Vicente's are creating opportunities for improved health and better nutrition in an ethnically diverse and previously underserved community.*

- The health center and Vicente's are collaborating on an array of nutrition-focused strategies because they are committed to helping people have access to and choose healthy foods in a culturally empowering way. Deciding to focus on nutrition together was not a particularly formal process.
- The health center offers nutrition and cooking groups using food purchased from Vicente's, and conducts educational market tours with community health workers. Vicente's has made a number of changes in the shopping environment to make healthy food choices easier. They display floor-mounted arrow signs in different languages and shelf danglers to draw attention to healthy items, they carry more of the items the health center features in its classes, such as different spice mixtures with lower sodium, and they are piloting a program where shoppers who spend \$75 or more receive a complementary Uber ride home. In a partnership with the University of New Mexico, Vicente's will be implementing other interventions designed to change shoppers' behavior.
- In addition to the joint nutrition programming, each organization has their own programming and services: an outdoor urban garden in the growing season, social workers for non-medical needs, and informal support at the health center and Vicente's for challenges like navigating complexities of immigration papers or utility bills.
- Those who benefit from the programs and services of the co-located partners are health center patients and their families, particularly those with hypertension, pre-diabetes, or diabetes, and all



nearby community members who now have access to healthy food in a former food desert. The joint programming intentionally provides benefits to the Cape Verdean, Haitian, Portuguese, and Latino communities through the food, language, and social services offered.

### Glimpses of potential impact

*This project has transformed a large, formerly blighted parcel of land into a vibrant hub of community activity. There is early evidence of improved health outcomes for some participants of the joint programming. Themes of impact are:*

- Increased access to medical care and healthy food in a former food desert
- Better HbA1c control for those who participate in the nutrition and cooking groups
- Approximately 200 jobs at the new site
- Improved public safety and neighborhood pride since the health center and Vicente's opened and replaced a long-vacant property

### Factors that facilitated this cross-sector partnership

*While most of these factors might be relevant to any type of partnership, the last two may be unique to initiatives like Healthy Futures Fund:*

- Perhaps most importantly, organizational leaders had knowledge and respect for each other prior to partnering
- Serving the same populations
- Aligned visions of a healthy community
- Ongoing joint planning sessions
- Experienced developer who was well connected in Massachusetts and experienced with NMTCs
- Setting up a condominium structure for the site so that the health center could buy their clinic space rather than rent it; this made the financing work for the lenders.

### Challenges to the partnership

*Most of the challenges to this partnership are economic. Vicente's has to maintain profitability, which means selling what their customers want rather than only healthy foods. Vicente's also doesn't have enough capital to fully develop the property's commercial potential. Challenges are:*

- Vicente's business is growing rapidly and it takes time to develop systems
- Tight funding: unable to develop pad sites that would result in additional income for Vicente's if built-out and leased
- Vicente's need to maintain a positive bottom line; they are unable to limit merchandise to only healthy foods

- Coordinating schedules to develop, monitor, and improve joint programming
- Zoning: the property was not originally zoned for a health center, but cooperation and fast-tracking by the city government helped resolve the issue

### How well are they able to track potential changes in participants?

*The health center has the capacity to conduct detailed tracking of health outcomes for program participants, but there is no mechanism in place to determine whether health and nutrition education is influencing shopping behaviors of patients when they visit Vicente's.*

*You see people driving by here, up and down the streets, walking around. You'd never see that if you went back two years ago. You would never see people just walking down here and feeling free. So I think the number one impact is the quality of life for people that live around this neighborhood.*

— Brockton Community Member

**The EHR is Next Gen.** It has a built-in reporting tool called Report Writer. IT staff at the health center report largely based on regulatory requirements and to demonstrate compliance tied to funding. Meaningful Use (a series of clinical indicators) is standard for all clinics and hospitals and runs automatically in the EHR. UDS (another set of data required for all FQHCs) also runs automatically.

**The system can report on sub-sets of a population; someone would need to ask the IT team for it.** Lines of communication between the IT team and clinical staff appear to be underdeveloped and underused.

**A major barrier is incorrect data entry by clinical staff.** If they enter “free text” data into the record rather than using a dedicated field, the data cannot be pulled. There are structured fields in the EHR for social determinants like housing, transportation, and poverty, but they have to be used to be searchable.

**Nutritionist is tracking A1C levels pre- and post- diabetes groups in Excel.** Her data tracking has also been compromised by incorrect data entry processes, with clinical staff entering information into notes rather than structured fields. Efforts are underway to retrain staff on data entry, and accuracy has been improving.

**They are not currently able to track changes in patients' shopping habits;** there is currently no way to tie Vicente's Point of Sale data to an individual patient or even to the clinic's patient population.

### Organizational changes: How is co-location affecting the organizations?

*Both organizations experienced significant growth as a result of this project. Both now have many more employees and increased capacity to serve community members. They are working together on shared goals.*



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## HEALTHY FUTURES FUND EVALUATION

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Health center changes:

- Increased emphasis on health education
- Teaching kitchen hosts shared medical/nutrition visits where patients have medical care and cooking/nutrition education during the same visit

Vicente's changes:

- Family business has more than doubled in size
- New business systems and processes
- New services (fresh bakery, fresh fish section, and full-service meals-to-go-kitchen) for customers
- Growing awareness of social determinants of health



### Challenges implementing programming

*Each organization faces operational challenges related to its mission. Some of them (like recruiting employees or adapting to a new market) are likely to be overcome relatively quickly. Others (like tracking data across organizations or Vicente's inability to fully develop the property) are more intractable and will require a change in circumstances.*

Health center:

- Recruiting dietitians, though two new dietitians were recently hired
- Tracking patient behavior changes; not able to get linkable information on people across 2 organizations
- Transportation for community members
- Changing clinical workflow (new space)
- In start-up mode, adding new systems and programs

Vicente's:

- Ongoing intervention costs
- Lack of capital/debt capacity
- New market, new customers; it took time to understand what products to stock in what quantities
- Everyone is busy; business comes first

### How is this work influenced by or contributing to the field of co-location and social impact investment?

*The CEO of the health center and the owners of Vicente's have actively shared and promoted their partnership, and there was a flurry of media coverage and visits by dignitaries including Senator Warren upon opening.*

The health center CEO promoted the HFF partnership in a variety of forums, including:

- Presented at health conferences
- Hosted FQHC leaders from other Massachusetts communities
- Presented to statewide audiences in New York and Illinois

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## HEALTHY FUTURES FUND EVALUATION

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- Presented to trade organizations of CDFIs (e.g., one presentation was in collaboration with the CEO of Capital Link about different funding mechanisms for these types of projects)
- Presented at conferences of CDFIs and community health centers in Michigan (prior to HFF)

In addition, the owners of Vicente's served on a panel at the Healthy Food Conference in Washington, D.C., to talk about the relationship between health centers and supermarkets.

### Lessons that might inform future efforts

*The health center and Vicente's collaboration has produced some lessons that may be helpful to future co-locating partnerships. Based on a synthesis of the evaluation data, we identified the following suggestions for how co-location projects might strengthen their effectiveness.*

#### Funding/financing

- The financing is complex; have professional help to pull together the real estate development deals
- Think through funding beyond the buildings so that the land/space does not end up being underutilized and can be developed in a community-led manner or at least developed in a way to promote health

#### Institutionalizing processes

- Get things in writing; even when there is trust and a history of respect, having things in writing for the FQHC and social determinants service provider about the partnership provides a foundation to start from and makes intention more explicit
- Have regularly scheduled meetings between partners to monitor how joint programming is going, make adjustments, discuss challenges, and explore opportunities
- Build a referral mechanism into the EHR by adding a structured data field that can be queried by a reporting template, and ideally a "referral source" field into the partner organization's data tracking system

#### Build on established relationships

- Work with local contacts when possible; established and trusting relationships have been facilitating factors for overcoming barriers

This evaluation was funded by Kresge Foundation. The site visit was conducted December 5-6, 2016 at Brockton Neighborhood Health Center and Vicente's Tropical Supermarket. We interviewed 14 people including executives from both organizations, physicians, a dietician, a social worker, a grants manager, IT staff, a project developer, and community members. Interview data were transcribed and coded in Atlas.ti, a qualitative data analytical tool. The evaluation team developed a coding memo to describe themes from the data that related to pre-established evaluation questions. At the time of the site visit, the clinic and the supermarket had been in operation for about 18 months.