



# Community Investment for Health: An Overview for Trustees

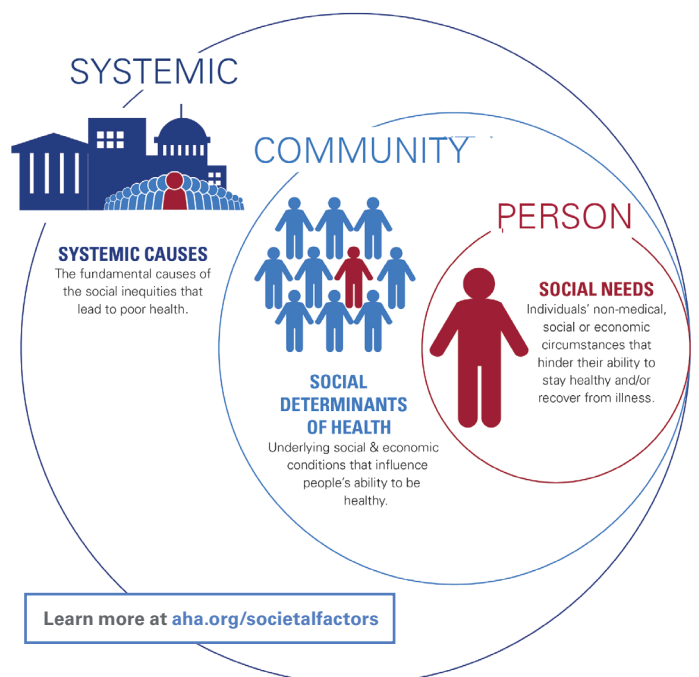
Given the multiple social, environmental and economic factors that contribute to people’s well-being, one organization or sector alone cannot create and sustain healthy communities. Hospitals and health systems — as anchor organizations that serve as economic engines in their communities — can drive lasting upstream investments to improve community health by working in partnership with others.

Housing instability threatens the health and well-being of millions of Americans. It ranges from substandard living conditions, like exposure to allergens or pests, to severe rent burdens to homelessness. Studies have linked housing instability with poor health and increased health care utilization. By partnering with other community stakeholders to address housing insecurity, hospitals and health systems can work to improve health equity for their patients and communities.

Affordable, safe housing is inextricably linked to people’s health and well-being, and health care organizations have a long tradition of supporting it. Historically, hospitals have addressed housing issues through funding mechanisms, such as grants or other financial contributions without an expectation that money given would be repaid. These forms of spending were often lifelines to their recipients and communities.

However, overcoming systemic barriers that prevent structurally marginalized communities from truly thriving calls for innovative tactics implemented by cross-sector partnerships. Leveraging capital and expertise across sectors, through approaches such as community development and community investment — sometimes called impact investing, can help health systems achieve more meaningful and lasting systemic change than health care-driven strategies alone.

## Societal Factors that Influence Health





## Accelerating Investments for Healthy Communities

From 2018 to 2021, the Center for Community Investment (CCI) led Accelerating Investments for Healthy Communities (AIHC), an initiative designed to increase health system investments in addressing upstream social determinants of health, with an emphasis on affordable housing. With funding from the Robert Wood Johnson Foundation, CCI provided intensive coaching to six nonprofit health systems and their community partners across the country on how to refine community investment strategies for affordable housing. Efforts focused on tapping a variety of health system assets and making the greatest impact on community health by working to create sustainable improvements in the supply and quality of affordable housing.

AIHC used CCI's [capital absorption framework](#) to help participating teams:

- think strategically and systematically about how to deploy their community's and health system's financial resources, land and expertise;
- advance affordable housing as a platform for creating more equitable and healthier communities; and
- adopt sustainable financing mechanisms and unlock investments by other stakeholders.

The American Hospital Association, in collaboration with NORC at the University of Chicago, evaluated learnings from the initiative to better understand participating health systems' internal progression to improve community health through community investment.

This publication for trustees is based on a more detailed report — [Community Investment for Health: Findings from Six Health Systems Investing in Affordable Housing](#) — and summarizes the findings of interviews with participating health systems about their involvement in the AIHC initiative. It also includes discussion questions to help boards consider whether community investment to address social determinants, such as affordable housing, is a strategy their organizations may want to pursue or, if they are already involved, determine what steps their organizations might take to further advance their work.

### AIHC Participating Health Systems and Project Locations

- Boston Medical Center – Boston, Massachusetts
- CommonSpirit Health – San Bernardino, California
- Nationwide Children's – Columbus, Ohio
- Kaiser Permanente – Prince George's County, Maryland
- UPMC – Pittsburgh, Pennsylvania
- Bon Secours Mercy Health – Cincinnati, Ohio; Baltimore, Maryland

# Summary of Findings

Findings from the AIHC initiative are grouped into five categories and described here.

## Strategic Mission and Alignment

All participating health systems had a history of community health improvement or community investment. They view housing as one piece of a wider strategy to address social determinants of health.

The purpose of the AIHC initiative was to support leading systems in leveraging their assets to improve community health. Each system took on a combination of different roles based on their strengths and the context of the community. These roles included convener, grantor, anchor, partner, advocate and investor. Health systems may take on more than one role depending on the context.

AIHC team members noted that hospitals and health systems considering housing work — or work on other social determinants — should leverage their community health needs assessment (CHNA) process to ensure that initiatives align with documented community needs and priorities.

## Health System Team

It is critical that upstream strategies to improve community health, such as community investment, are co-designed with community stakeholders.

Within the participating health systems themselves, teams engaged with a variety of departments to build a case and move the work forward. Community health and population health staff played an important role leading the work.

AIHC team members identified four professional roles or competencies that helped ensure success. These included having one or more staff members who (1) communicates the alignment of housing investment with larger organizational strategy and vision, (2) owns and/or “project manages” the work, (3) engages with and builds relations with the community and (4) translates and provides content expertise on technical topics like community development and housing. In some cases, an external consultant or partner filled these roles or competencies.



## Making the Case and Sustaining Leadership Engagement

Many AIHC team members noted their organizations had moved from the “why” to the “how” in making the business case to key decision-makers. Key elements of a framework for building a business case included: community priority and need, financial review and organizational alignment (see “Questions for Board Members and Executives” table). Building the case is still an evolving process for some health systems.

Most AIHC team members referenced the C-suite and board of directors as key stakeholders when discussing decision-making structures. The board of directors typically became involved when the community investment initiatives included large financial decisions or a potential impact to operational dollars or both. Advice and lessons learned on keeping system board members and leaders engaged included sharing updates through mechanisms such as workgroups, board updates and management reports.

### Questions for Board Members and Executives to Consider When Building a Business Case for Community Investment in Health

Category	Questions
Community priority and need	<ul style="list-style-type: none"><li>• Is the work a priority in the community as demonstrated in the community health needs assessment?</li><li>• Has the community identified a need?</li><li>• Is the idea adding stability to the neighborhood or community? Does it advance equity?</li><li>• Are there community organizations that are potential partners already in place?</li></ul>
Financial review	<ul style="list-style-type: none"><li>• What financial resources or other assets are available?</li><li>• Has financial risk been mitigated?</li><li>• Does the approach expose the organization to the least possible risk?</li></ul>
Organizational alignment	<ul style="list-style-type: none"><li>• Does the work align with strategic organizational goals around health equity, community health and/or population health?</li><li>• Does it align with the system’s local market goals and priorities as demonstrated through the CHNA?</li><li>• Is his work good for patients and/or health plan members? (if applicable)</li><li>• Does this work advance racial equity goals?</li></ul>

## Structure and Strategic Integration

The most concrete and common example of how AIHC and related work were being integrated at the health systems was through operational structure or integration into internal workgroups and decision-making structures. Most respondents referenced the existence of a special advisory committee, subcommittee or workgroup. Examples included a community investment subcommittee of the board of directors.

While systems developed different structures to manage their housing investment projects, integration into a system’s overall strategy was seen as a key to long-term sustainability (see “Discussion Questions for Boards” at end of this document).

## Outcomes and Impact

Establishing concrete or quantitative metrics to track and measure success in community investments in housing, including both health and financial impacts, is emergent and complex. Health systems discussed achieving intermediate outcomes and successes, such as building trust and partnerships and relationships with communities through community investments in housing, including through AIHC projects.

Health systems began understanding more about the community members served through community investments in housing by tracking the number of people housed and/or demographics of those individuals. One

health system established specific criteria for levels of affordability related to the area median income. When outcomes data are hard to observe, system leads found it helpful to share process outputs and outcomes about the housing investments themselves — for example, overall unit count, rehab costs, share of cost paid by the system versus partners and how investment might be multiplied by partners.

Given the long time frames involved in developing housing investments, most health systems were not yet observing impacts or measuring long-term outcomes of those investments. Systems defined success in communities as multidimensional rather than strictly financial.

Health systems cited the following when discussing potential community-level housing impacts:

- making general improvements to social or community welfare, or “social ROI”;
- reducing racial inequities and structural barriers to equity (e.g., tracking demographics of community members served through housing work);
- building economic vitality, mobility, stability and development;
- reducing homelessness and/or examining area median-income changes;
- improving access to education; and
- improving health equity and wealth equity.

Specific financial metrics of interest to health systems included:

- Cost of providing programs and services
- Unit cost, ongoing service cost
- Decrease in patient health care costs
- Financial returns and return on investment

Specific health outcomes connected with housing investment of interest to health systems included:

- Health care total utilization
- Emergency department utilization
- Health care needs (general)
- Infant mortality rates
- Incidence of behavioral health issues
- Incidence of asthma



## Call to Action

Reversing the causes and effects of inequity in communities requires partnerships, including those led by health care organizations. Health systems participating in the AIHC initiative noted that one size does not fit all and emphasized the importance of matching the scope of the intervention to the depth of the problem.

Historical underinvestment or disinvestment in communities took decades and occurred at such a large scale that it will take time and a large group effort to undo the harmful effects. By working with community partners, hospitals and health systems can improve individual and community well-being, advance health equity and make a positive impact.

## Discussion Questions for Boards

Boards can use the following questions, as a full board or in committees, to help determine whether community investment to address affordable housing, or other social determinants of health, is a strategy their organizations may want to pursue. The questions also can help health care organizations advance work already in progress.

Visit [AHA.org/societalfactors](https://www.aha.org/societalfactors) for a description of how societal factors influence health and the role of health systems in mitigating them.

### Overall Strategy Around Societal Factors Influencing Health

1. Does our organization have an overarching strategy for improving community health through addressing societal factors?
2. How has our organization used the results of our CHNA and other evidence to identify key societal factors and other community health improvement needs and priorities?
3. In what ways have members of our community been involved in assessing health improvement needs and establishing priorities?
4. How would our board and leadership characterize our organization's efforts in addressing societal factors thus far? For example, early stages, beginning to execute initiatives, or mature and multidimensional level of participation?
5. How does or could our board engage in participating in our organization's work to address community health needs, monitoring and overseeing our organization's work in addressing societal factors, including affordable housing? For example, as a full board, through a board committee, board member participation in relevant hospital or health system work groups or meetings, or board engagement in community organizations?
6. What next steps should our board and leadership take to advance our organization's work to address societal factors, including affordable housing, to improve the health and well-being of our community?

### Community Investment Strategies

7. Does our strategy for improving community health include community investment strategies such as supporting affordable housing or other societal factors? If so, what initiatives, if any, have we undertaken so far?
8. What community partners do we have or could we identify and work with to support community investment?
9. How has or should our organization fund efforts to make affordable housing or other economic assets available in our community, such as grants or other financial contributions and participation in community investment strategies?
10. What metrics or dashboards does or could our organization use and share with our board to measure and monitor success in community investment?