Good morning. Hello, and welcome to Building Health and Well-Being: Lessons Learned from Transformative Partnerships in Community Development and Health. My name is Laura Burr and I'll be running today's forum along with my colleague Joanna.

Closed captioning will be available through today's web forum. Regina from Home Team Captions will be providing real time captioning. The closed captioning text will be available in the media viewer panel. The media viewer panel can be accessed by clicking on an icon with a circle with a film strip running through it. This can be found in a top right hand corner on a pc. And a Mac, bottom right hand corner of your screen.

In the media viewer window, you'll see the show/hide header text. Please click on this in order to see more of the live captioning. During the web forum, another window may cause the media viewer panel to collapse. Don't worry, you can always reopen the window by clicking on the icon that looks like a small circle with a film strip running through it.

If you experience technical difficulties during this session, please dial 1-866-229-3239. You can see that on your screen and ask for assistance. Take a moment to write that number down for future reference. The audio portion of the web forum can be heard through your computer speakers or head set plugged into your computer. If any any time you are having technical difficulties regarding audio, please send a question in the Q and A panel and we will provide the information to you. Once the web forum ends today, a survey evaluation will open in a new window. Take a moment to complete the survey. The recording and presentation slides will be posted at dialogue4health.org. We encourage you to use social media and will be tweeting with, #leadinghealth and, #communityprevention.

Simply click the question mark icon. Send your question to all panelists. We will be addressing questions throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on screen now. Please select your answer from the available choices and click the submit button. This is poll number one. Are you attending this web forum individually, in a group of 2 to 5 people, in a group of 6 to 10 people, or in a group of more than 10 people? When you are ready, click submit. Once you are done answering the poll question, click on the media viewer icon to bring back closed captioning.
Now, I’m pleased to introduce our moderator, Matthew Marsom. Matthew is the founding moderator for the Dialogue4Health programming.

>> Matthew Marsom: Thank you, everybody. Welcome to today’s web forum, Building Health and Well-Being: Lessons Learned from Transformative Partnerships in Community Development and Health.

We have a really fantastic panel today to share their ideas and insights with you. I do want to take a moment to thank our sponsors for their on-going support for the series, the American public health institution, prevention institute and trust for America’s health. For on-going support for this series as well as the Dialogue4Health staff. And the organizations and logos are listed on your screens. They provide incredible support for this series by sharing and promoting the series.

Today, we have a really excellent panel of speakers. And also one speaker and moderator as well, Jenny Miller moderating a panel within a web forum today.

I’m going to take a moment to introduce them to you. First is Dr. Jenny Miller working with the build healthy places network which is a program at the public health institute. Case studies on innovative projects, integrating community development and health. Jenny has 15 years of experience through state-wide initiatives in California such as community action to fight asthma, healthy eating communities which is part of the CDCs community program. Thank you for joining us today.

Peter Grollman is also joining us and has oversight of the hospital department of marketing and public relation’s government affairs community relations advocacy diversion. External facing matters. And in this role supports the development and implementation of communications, health policy and civic engagements through Pennsylvania, New Jersey and beyond.

Pamela Koprowski is a leader in public affairs working with groups including business leaders, elected officials, the academic community, not for profit organizations and coalition builder who excels in relationships while unifying and motivating people to commitment and action. Pamela provides community and government relations Council to the institute as it expands, building new hospital and developing Vita health and wellness district. Key members of the team, Pamela works with the charter oak community in establishing and managing the Vita community collaborative.

Susan Slawson was appointed recreation commissioner of the Philadelphia department of recreation in June 2008. As commissioner, Susan served as civil service employee for 28 years first serving in a police officer and then rising to become a sergeant. Appointed commanding officer of the police athletic league overseeing 50 employees and leading the opening of three new facilities striving to create more athletic, educational opportunities for kids.

And last but not least, Vincent Tufo, chief executive officer of charter oak communities, former the Stanford housing authority. An organization serving Stamford, Connecticut.

The charter oak communities centering the final phase of this plan to replace or recapitalize original publically assisted housing properties and to create mixed use in community facilities in underserved neighborhoods. I want to thank again our really wonderful panel for joining us today. We look forward to hearing their input in this discussion.

I do want to take a moment to review the agenda. We’re going to hear from Dr. Jenny Miller. And Jenny is going to moderate a panel discussion where we will hear about the lessons learned from transformative partnerships in community development and health. And then we will have a Q and A from you, the audience, with your questions. Use the Q and A to send in your comments throughout today’s web forum. Don’t wait until the end. Jenny will have an opportunity to weed some of your questions in. And I’ll be wrapping up with additional questions from the panel. We encourage you to send in your comments and questions. And also encourage you to send in your comments or use the Twitter sphere to join us in a
conversation online as well. We're using #communityprevention and #buildinghealth as well. So do encourage you to go online to Twitter and provide comments there as well.

With that, I'm going to bring up poll 2. On the right-hand side of your screen to send in your comments. Poll 2 is how would you rate the strength of existing community development and health sector partnerships within your organization/community/area? Very strong, adequate, needs improvement or non-existent? So please select from those options and click submit. Really important we do hear from you as well. And with that, now my pleasure to hand over to our first speaker, Dr. Jenny Miller. Over to you.

>> Jennifer Miller: Thank you, Matthew. Thank you, Matthew. I'm really excited to be here today because over the past couple of years I've had the opportunity to research and write about a number of innovative community development projects that are weaving in addressing health from community development and in many cases partnering with folks in the health sector. And I'm having slight technical difficulties here advancing -- getting access to advancing the slides. My apologies.

>> Matthew Marsom: If you want to use the arrows at the top of the screen, you can see at the top of the slides. Are you able to do that?


So many of you have probably seen a map like this before. Maps like these show the health disparity that we see in neighborhoods just a few miles apart from each other in the same city. In some cities, we see disparities in life expectancy of 30 or sometimes more than 30 years.

There are a number of ways that where we live affects our health. Ranging from the kinds of education to jobs we get. Whether we live in safe and healthy housing, to access to healthy foods and a chance to be active every day.

That's led some folks to say your zip code is more important than your genetic code in determining your health. And at the Build Healthy Places Network it's in the zip code improvement business.

So what is community development? The community development sector is a multi-billion dollar sector of the U.S. economy that improves low communities like affordable housing, businesses, community centers, grocery stores, health clinics, job training programs, youth services and more.

Community developers do things like build housing coordinated with services for low-income families or formerly homeless individuals and families. They build early childhood development centers, youth development programming and pre-college programs.

They do resident-focused economic development like supporting small businesses as well as broader commercial revitalization.

Community development has the capacity to leverage investments. A way to think about this is thinking about purchasing a house and you put down a down payment and then you are able to take out a loan for the rest of the cost of the house. So thinking about this in the community development context, this is going to be a very simplified illustration. I think it will help get the point across.

So let's say you do a capital campaign and you are able to raise about $15 million. Now, you have two choices. You can take that $15 million and invest it in building affordable housing. And you have $15 million affordable housing complex. And that's great. Or take that $15 million, take $5 million of it to invest in the affordable housing. Leverage that with loans and investments of financial institutions and banks and get a $20 million affordable housing complex and you also have $10 million left to invest in early childhood center.

So there are a number of actors in the community development sector. Community Development Corporations, Community Development Financial Institutions, Affordable Housing Developers, banks, foundations, impact investors, as well as a range of government agencies.
The sector investment estimated $250 billion a year into low and middle-income neighborhoods. Government tax credit programs, loans and grants. Includes investments from private banks under the community reinvestment act. And it includes program-related investment as well as finance approaches such as social impact bonds or pay for success.

The best and most innovative community development projects are cross sector. They are place based, data driven, high levels of resident participation and trust. And many of these projects are guided by an organization or in the case of the projects that we’re going to hear about today, a partnership that really serves as a community quarterback for the effort as a whole.

So just by the nature of the kinds of things that community development does like building affordable housing or grocery stores, it is addressing health. It is addressing some of the key social determinants of health. In recent years, innovators in the community development sector have been bringing more intentionality to incorporating and addressing health in the work that they do.

In addition, folks have also started to recognize the power of this collaboration and the commission to build a healthier America in the report that it came out with. The second report released in 2014 had a recommendation that said we should fundamentally change how we revitalize neighborhoods.

And last year, the American public health association focusing on community development. And said A p H A recognizes a pressing need for collaboration and coordination between the community development and health.

There are also other factors that are fostering this movement for these two sectors to come together and collaborate. So with the passage of the Affordable Care Act, tax exempt hospitals are required to did community assessment requirements. Really charred hospitals with looking outside the clinic walls at the other factors in a community that are shaping the health of the community that they serve.

In producing a CHNA, a hospital must partner with other organizations and entities in the community and have the opportunity to identify other partners that they could collaborate with in addressing those needs that they wouldn't really be able to address alone. It fosters looking outside and thinking about cross sector collaboration.

In addition, tax exempt hospitals are required to demonstrate community benefit. And one of the provisions under the community benefit requirement, one of the ways to meet that requirement is by something called community building activities. And interestingly, some of the things that can qualify for a community building activity would be building affordable housing or crime prevention or access to transportation.

So there are a number of resources emerging to help foster and incentivize collaboration across these two sectors. There are new innovations in funding like the healthy food financing initiative and healthy futures fund.

There are three great publications out really recently released report called making the case for linking community development and health. And that's available on the buildhealthyplaces.org web site. And the San Francisco federal reserve has two books that give a really great orientation to this arena. Investing in what works for America's communities and what counts: Harnessing data for America's communities.

And then the entire reason for the existence of the build healthy places network is to support and facilitate collaboration between community development. And the best way to find out what they have to offer is through the web site, buildinghealthyplaces.org.

You'll find the case studies I worked on available there. Another great component of the site is our measure up section that really brings together the latest and greatest tools and resources and research, evidence based around measuring the impact of community development and bringing data to these cross sector projects.
And we have a new online magazine that was just launched called crosswalk. You can also find that by going to the web site.

So I want to wrap it up so we can get to the real heart of today's web forum and hear directly from Vincent and Pamela about the Vita health and wellness district and from Peter and Susan at the community health and literacy center in Philadelphia.

But first, I'm going to pass it back to Matthew for another poll.

>> Matthew Marsom: Thank you very much, Jenny. And really appreciate those slides. Provided a really strong foundation as we begin this conversation. I know we're going to head back to you momentarily to lead the dialogue.

I wanted to confirm if Pamela is now on the audio and able to join us? I know she hasn't yet logged in. She might be with you, Vincent. Wanted to confirm that. In the meantime, just a reminder of a couple important points. First, the audio and also the slides from today's web forum will be available to everyone who registered and attended today. If you are able to go to the Dialogue4Health web page, you can find archives from all prior web forums and download the materials there including the audio and the slides and other materials. So do encourage you to visit that today and in the coming days when the audio will be posted.

Also a reminder to please send in your comments using the Q and A feature. Really important that we hear from you to send in your comments/questions for the panel and we'll address those throughout today's web forum.

And finally, please remember to follow us online. We're continuing the conversation using social media on Twitter. You can follow along the conversation using #buildinghealth and #communityprevention. Do encourage you to join on that.

So with that, I'm going to move forward and bring up our next poll which is poll 3. If we can bring it up on our screens.

What is most needed to improve community development and health partnerships within your organization/community/area? A, increased leadership understanding of the importance of population health and the need to partner. B, replicable best practices/models, examples of community development approaches to health. C, business case/ROI for investment in population health improvement. D, opportunities to engage with other leaders/partners around the country. Or E, all of the above.

I'm going to run through who is going to be joining us today. First, we'll go back to Jenny Miller. And also hear from Peter Grollman who is the senior vice President of public affairs at children's hospital of Philadelphia. Pamela Koprowski. Susan Slawson who is the first deputy commissioner at the city of Philadelphia and Vincent Tufo who is chief executive officer of Charter Oak Communities.

Jenny, I'm going to pass back to you to lead us through our conversation.

>> Jennifer Miller: Thank you. And I want to start by giving Vincent and Pamela, if we have her on board now, the opportunity to give us just a brief introduction to the Vita health and wellness district.

>> Pamela Koprowski: Good afternoon and good morning. This is Pamela Koprowski. Thank you so much, Jenny. What we have and to put it in context, the Vita health and wellness district as you can see is designed to improve the health of the west side community. This community is large community that has gone through some fundamental change, dramatic demographic change. It's a vulnerable neighborhood. But it shares the resources which are two very large institutions, Stamford hospital and Charter Oak Communities. Both organizations were focused on the future. This is before Vita. Both were doing strategic planning and trying to figure out how to be relevant in the 21st century. How to become much more state-of-the-art than they were. And both organizations realize pretty much at the same time that they really needed to transform themselves rather than try to adapt to their existing models which they didn't feel were going to work. And so we essentially found an alignment. And I think that's the really critical thing. We were aligned. We both had goals that were aligned. So we did a very
innovative land swap that allowed both organizations to move forward in rebuilding the hospital campus and rebuilding what was low income housing into beautiful mixed income.

And so the west side is about one mile charter on the west side. We decided we were going to focus and not try to do everything. Our goals were to achieve improved health of this population and help reduce the spending on medical care. And enhance the neighborhood where the hospital and housing are located. So that became our challenge. We know because it was things Jenny talked about in order to have a healthy community, we needed to improve the health. This particular community has a higher rate of chronic diseases. Very large population of type 2 diabetes which we’re seeing at all ages. Hypertension/blood pressure.

Because the neighborhood was not very safe, it had high rates of no physical activity. So we have parks in the neighborhood but people weren't going outside. And high percentage of people really reporting physical and mental health problems.

So we felt that anything we could do to improve the health of this neighborhood would be essential in order to really reach the goals that we have for our institutions as well as the community.

And I want to say that one of the questions we’re asked often is how do you get started? And I think it's built on trust and it's built on actions. In the case of the Vita health and wellness district, you will see that by working together successfully on a land swap and the construction, we were able to really have both institution's boards feel confident that when we went to the next step, creating a community collaborative, that we would actually, as the quarterbacks, actually make success of it.

>> Vincent Tufo: So what you see in this slide up now is a neighborhood that's in transition from a neighborhood that was suffering from disinvestment. In many ways came from the neglect or policies that were in place by the Stamford housing authority and by Stamford hospital not being involved. It's really to create a whole change. One where the neighborhood saw itself as a place of opportunity. And where reinvestment would be welcomed. On the left-hand side of the screen, you see a very, sort of, typical picture of what former public housing looked like. It's very common in cities around the country. And on the right-hand side are newly constructed residents on the side of former public housing developments. Pam also mentioned that we realize we could not engage with the community without the support of the multitude of human services partners that are also bounding in Stamford.

So we identified in these areas the partners that were involved in fitness, healthy eating and workforce development. And we aligned them and created the Vita community collaborative which is really the engine of the Vita health and wellness district. I think we'll be touching on that a little later in response to your direct questions. Back to you, Jenny.

>> Matthew Marsom: Jenny, you are muted.

>> Jennifer Miller: Great, thanks. Thanks. That was great quick overview of the project and the work that you are doing. Now, I want to give Peter and Susan a chance to introduce us to their project, the community health and literacy center in south Philadelphia.

>> Peter Grollman: Good afternoon.

>> Susan Slawson: Good afternoon.

>> Peter Grollman: Thank you for giving us this opportunity to present this afternoon on the south Philadelphia community health and literacy center. What Susan and I hope to do is breakdown our presentation into three areas. One, to give you an overview of the children's hospital of Philadelphia and the city of Philadelphia. Second is to tell you why we did this project. And third, we would like to tell you how we did this project and what was involved in bringing it to fruition. So I'll let Susan start by giving you an overview of the city of Philadelphia and more specifically the role of the department of recreation.

>> Susan Slawson: Hi, again. Parks and recreation, we house 13% of the land matter here in the city. I manage 150 plus facilities. 70 pools, numerous baseball fields. We have 55 indoor basketball facilities inside of our rec facilities. As well as managing all of the basketball facilities
for the school district of Philadelphia. Our facilities are 50 to 60 years old. And as a result of that, and like many other cities, the finance is necessary to accomplish what we’ve accomplished here as partners wouldn’t have happened had we not had the partnership with CHOP.

So when you think about us being able to partner with CHOP and to change the look, the community of an entire city block, that’s not something we would have been able to accomplish without this partnership.

>> Peter Grollman: So the children's hospital of Philadelphia is the nation's largest pediatric healthcare network with over 50 locations throughout two states. These locations consist of a main hospital in west Philadelphia. A network of primary care centers. A network of specialty care centers and day surgery facilities in addition to affiliations with hospitals. I'm going to focus on the primary care centers in the city of Philadelphia which we operate for.

We previously had a practice in south Philadelphia a few blocks south of the site which we developed. This happened to be our fastest growing primary care practice in our network. The practice feeds about 75% of all children covered under CHOP and the Medicaid program. It's a very diverse community. So we were pressed for space to actually grow this practice in addition to providing community-based services within it.

So that led us into a review of what options were available to CHOP moving forward for expanded practice and expanded facility? And as we looked in land in south Philadelphia and saw the demand for the services that we provide, we began our discussions with the city of Philadelphia dating back to 2012 where we came to a discussion about land that the city of Philadelphia previously housing a city health center. Seeing adults and some children. A small branch of the Philadelphia library. And a recreation center that Susan discussed earlier.

The facility in itself was built between the 1950s and the 60s and had undergone some renovations and in disrepair and needed a tremendous amount of investment to upgrade it.

Led us into this partnership which CHOP determined it would provide the capital to rebuild an entire city block with the goal of providing all of the services, increased amount of services and programming with one another under one roof on one city block. So that was the reason doing this project together that we had the capital, they had the land. It was a unique way to benefit the community, for us to recognize the changes in the healthcare industry as a result of the Affordable Care Act. And for a really unique opportunity and way for us to influence the population health dialogue fostering what we believe to be a very unique collaborative in our city, in our region and throughout the country.

And this slide provides insight into the way the property itself is broken up among the different components.

So the next point we want to get to is how did we do this? And before I turn it over to Susan to give insight into the engagement with the community, it's important to recognize that at the very top of the pile, if you will, in terms of driving discussions along, driving the schedule along, getting us to a ground breaking was the highest levels of the city and highest levels of CHOP. Really between the president and CEO of CHOP and the mayor of the city of Philadelphia. In that structure, there was a steering committee. And the steering committee consisted of nearly 50 different leaders from the city department of recreation, the city law office, the city health department. Members of the free library. Members from the city public property division. And then at CHOP, members of the hospitals facilities department, government affairs department, care network.

We did not show a slide what that chart looked like. It was extremely busy. In that we were harnessing and leveraging the expertise of leaders among these various different disciplines throughout both organizations to get us to the point where we can make the project successful.

Now, I'm going to turn it on the floor to Susan to talk about the engagement with the community.
Susan Slawson: So here’s this wonderful opportunity to modernize and update the facilities in our high-need area. A neighborhood that’s changing rapidly. But we need to have the support of the community. We need to get their buy in. We need to get ahead of us making any decisions prior to ground breaking or anything like that. So we started having meetings -- I remember early on Peter and I had an initial meeting in the rec facility. Outside of that facility was asphalt. It was a basketball court and there were few items for kids to consider a playground. So there were about 10-15 young men playing on the basketball court and we had scheduled meeting for community members to come in to begin the conversations about what we had in mind, what we had been discussing. And I was able to go outside and ask the young men to come inside and participate in this meeting which was really key to the beginning of this relationship because we already established our rip with CHOP. We needed to establish our relationship with the community.

These young men heard there was something planned. Not really knowing what was planned, they heard their basketball courts were going to be demolished and never replaced. That would have been a challenge not just for the community but also for the Council members that represent the community.

So we were able to have a conversation, fill them in on what the plans were. How we planned to restore that block and replace the basketball courts. So we began community meetings monthly and we had numerous community members come out month after month. We were able to actually make some changes in the architectural plans as a result of the input from concerns for what was going on happen on that block. We were able to ensure there was additional green space for the community members as a result meeting with them. What we were able to do was get them to become excited about our partnership and the changes. This was about changing the community. Changing the face of the neighborhood. Not just a portion which is what the city would have been able to do. Maybe make some improvements to the rec facility. Make some improvements to the library. But we were able to get them to understand that because of this partnership, we will change the face of this neighborhood. Very dense neighborhood, numerous homes there. This is an area that has green space, that has a water feature.

This is information we were able to share with them to get them to recognize that we’re upgrading what they currently have.

Peter Grollman: Thank you, Susan. So what I'll add in closing is that it was very critical, can't emphasize this enough. Critical to have the support of the community behind this project because if the community did not endorse this project, it never would have happened. Despite all of the work and commitments made by chop and made by the city of Philadelphia, it was pivotal we earned the trust of our neighbors and those who would be served by this project so we can move it forward.

In closing, I'll just say three words come to mind when you think of a project like this. Our ability to make it possible. One, transparency, two, flexibility, and three, trust. Given the amount of people involved in bringing this project to fruition, again, it was many people. Those three words really sort of shared by all and help guide us to realize this vision. So again, thank you for the opportunity to present and happy to take questions at the right time.

Jennifer Miller: Thanks so much, Peter and Susan. That was fabulous. Great to hear about the project and how you managed to get it off the ground. I'd like to direct the first question. I think you all touched on some of the things I'd like to ask. Hear about the same couple things. I want to ask about trust and relationship building. You talked about this. How you establish trust early on in the relationship. What were the factors that kept the process moving? And were there challenging moments and if so how did you move through them?

Well, if we don't recognize challenging moments, we don't have the stomach for doing this kind of work. The challenge starts at the beginning and continues throughout these efforts. Putting those thoughts together, early engagement like was described in Philadelphia was key.
Before the project is beyond the conceptual stage. You need to identify who are the key partners and participate in a shared visioning exercise. The people who run hospitals are realists. They want to know the work you are undertaking is going to be feasible. At all levels, feasibility assessments are important. And you have to look for opportunities for collaboration.

Beyond that and in the case of Stamford, we benefited from the fact that our two organizations but while in the visioning phase, we were in the process of assembling properties and early housing communities that perceived the development of the new hospital. In each one of the organizations lend forth and began to realize their plans, we gained confidence in each other's ability to perform and meet commitments.

Coming to challenges. I think the key challenges in working with a hospital or healthcare organization and most not for profit organizations, our cultures are based on a singularity of mission. In other words, we have what we consider to be important jobs to do. And the reason that we've proven successful is we've been focused on dog those jobs. When you talk about collaboration as a way of blending priorities of other organizations and coming together around consensus issues, you need to breakdown some of that singularity and adopt a culture of collaboration. The way we overcame that type of challenge is to establish time lines we agreed upon to build momentum so essentially the work we are doing together had its own internal drivers on many levels. But other ways as well. And then to continue building relationships during the course of those projects as we celebrated each other's successes as we expedited phases of the project so we're able to claim victory. And we were able to literally stand up on a stage of ground breaking ribbon cutting and acknowledge we had a partnership that was unique and important for the city. And those types of solutions to the challenges smoothed over future challenges and made them seem not like challenges per se but part of the learning process.

>> Jennifer Miller: That's great. In a minute I want to turn to the folks from Philadelphia to ask about challenges as well. Maybe, while you are at it Vin and Pam, say a little bit about your approach to community engagement or what role the community had in the Vita project.

>> Pamela Koprowski: Yes, great. Thank you. So what we did early on is help create what we called west side revitalization zone. An opportunity for neighborhood input on a regular basis. So that organization met every single month. We were able to bring in our planners, our architects and really talk and get an interactive ability to get the community's input. We kept them in zoning meetings so they could be heard and part of the process. So I think that was a really critical point. Also in my role in hospital, we have neighborhood residents. The hospital has different neighborhoods with different concerns. And so we met with those neighborhoods as well not part of the west site but the hospital demilitarized zone in the middle. And tried to get both neighborhoods to understand each other and each other's needs. That was really important.

>> Jennifer Miller: So Peter and Susan, both of you represent very large and complex entities. And I know that finding the mechanisms to be able to work together had to be challenging. What would you say were one or two of the challenges that you faced in collaborating and how did you address them?

>> Susan Slawson: I think the challenge that stood out the most and I believe Peter might agree. When you are dealing with the city of Philadelphia, we have our specific requirements we are guided by and there's no deviation. So you have two lawyers that come from two different places of the Earth trying to hash out what needs to go into this here deal that we're committed to make happen. But that was not an easy process.

The entire process was blown up. We had to change from what we were doing and had to be because of the city of Philadelphia had to turn into condominiums. We have a process that we think oh, my goodness, we've been working on for months, it's finished, we can move forward. This was the most difficult thing. You have to go back.
So it's not just you have to change it. We're working against time. And so I think that was the hardest challenge because of the city of Philadelphia, the charter. You have city Council members that this is on a specific Council person in his district. We can't move forward without approval from city Council when we are deeding the land or leasing the land to any entity.

So if the Council person hadn't agreed that he wanted this to happen in his district, we wouldn't have been able to move forward. So ensuring all of the process that wasn't so much chopped because we had a lot more autonomy. So those were the challenges for me.

>> Peter Grollman: Yeah, I think Susan made a good point. I don't think anyone envisioned how complex the deal would be. Three major legal agreements had to be thought through and approved and that took a bulk of the work and the bulk of the time. I think one way was to spend time not just understanding what are all the potential obstacles, what are all the potential barriers. But really going in and understanding the culture of each other's organizations without making assumptions. More time invested in that would have helped us get through some of the challenges that we had along the way. But, again, reinforcing that everybody at the end of the day was part of the steering committee was clear on the question of why are we doing this? And again, that guided us to the success we achieved.

>> Jennifer Miller: That's great. So you really kept an eye on what you were aiming for. That's a good segue to the next question I'd like to ask both groups.

The reason that drives -- my apologies. The reason that drives your effort to collaborate and the decision to collaborate is that you thought there would be something that come out of the partnership that was not possible for each of your entities alone. Could you talk about what your part sure ship abled you to do that -- partnership enabled you to do that wouldn't have been possible? Let's start with Vita.

>> Thank you for setting up these questions in advance. The audience may not know we've had time to hone our answers. We're not usually this glim.

The importance of collaboration to not only undertake the individual initiatives such that we've been able to partner on a specific program around food, nutrition, physical activity, public safety. But to really bring about major institutional change. Not only that culture change we talked about. But also the major structural changes that Pam alluded to in our introduction. The fact that Stamford hospital was thinking about a major redevelopment of its signature campus but that was prevented from doing that because of a lack of available land. Land in the neighborhood resulted in a swap of property similar to what you've heard about in a Philadelphia example. Without the collaboration, that project would have never gotten off the ground. In a small relatively dense neighborhood, when you really total up the investment not only in dollars but in years, but if you want to talk dollars, we're talking about three quarters of a billion dollars specifically about collaboration. When you go down into the programatic level in terms of how we can partner with human service providers, food and true transition advocates to really work on health. As a housing provider, we try to provide excellent opportunities for people of low income to live in healthy environments. But we feel that's really only a platform for individuals to get access to an array of other assets in the community. To achieve economic self-sufficiency. And a better life for themselves and their family. Think about the slide I showed at the last one in the presentation. Really a network of the human service organizations willing to work across sectors to really engage for individuals and with the neighborhood and families. And to address them in a highly coordinated way. So really from the macro to the micro, nothing we could have done or that we did do we could have done without collaborations both at the higher institutional level and then working with our individual providers and a collaboration with the community.

>> Jennifer Miller: Now, I know in Philadelphia, once you've already made the decision to collaborate and building the facility and contributing the land and construction.
I understand from talking to before talking to the opportunities you saw of what might come out of this new facility were things that you hadn't thought about at the beginning. Can you talk about the new opportunities that you saw emerging as you got into the project.

>> Susan Slawson: I'd like to share information with you. The poverty rate in the area is 24%. City wide average is 22%. 16% of residents are uninsured and 16% have no regular source of healthcare. The adult obesity rate is 24% and 21% for kids. The smoking rate in this area is 27% and asthma hospitalizations are 5 times higher than the healthy people goal in 2010. When we think about what we were able to accomplish for this community with CHOP being there now, a health center, a playground, a library. I don't know if we thought about some of these statistics for this data. We realized we had an opportunity partner and come in. We can make changes in the community. When you start doing this type of work, you start uncovering other challenges that are in the neighborhood. And as a result of us restoring this entire block, we're changing the quality of life for that. We're changing the quality of life for the adults as well as the children. We're offering services for not just one group of people. We're offering services for everybody that lives in that community for children, infants to senior citizens. We're offering educational opportunities, recreational opportunities. And offering the area in the facilities in urban areas, you don't always get what you have right now at this facility. So they walk out their doors now and you feel like you are in the suburbs. And that's the goal of any city. How many partnerships she can develop.

>> It's important to recognize this is new frontier for the city and for chop. So in a previous slide, there was a write-up about a shared programming committee which consists of representatives for each of the entities. They are meeting and discussing ways which they can integrate work and records. Their ability to communicate with patients to really help consumers take full advantage of the property. And so with every time they meet, something new is being discussed and explores. Really exciting as you consider the prospects. So in affect, it's a blank slate with a tremendous amount of potential.

>> Both of these projects sound like they are really going to be transformative for the communities that they are in.

>> Jennifer Miller: I wonders Pam and Vin, if you can talk about return on investment. There's a great deal of interest in thinking about return on investment or the social value of investment or community based effort. How you can talk about how you are thinking about that return on investment.

>> Vincent Tufo: Well, I think in looking at the setting of priorities. We started by taking a year to develop specifically to develop the strategic plan for the Vita health and wellness district. We collaborated with HUD under the sustainable communities program. We engaged urban planners to help us articulate a vision with the neighborhood and with our partners so as we started on this multi-dimensional project, we had a very clear sense as to what our key organizational goals are going to be and what our key strategies were for being able to reach those. The plan is available at VitaStamford.com. Part of that exercise is one of the first parts of that exercise, we did a national best practices survey to identify what other investments had been made in other communities in partnership with hospitals, perhaps. Other anchor institutions, municipalities to really see what were the possibilities that not only could drive our objectives but where these objectives had been, had paid back where they had paid off. And looked at a variety of cities that were proposing to do. Looked at the work that was done in Baltimore. We looked at what was being done by university hospitals to really see what were the key components that would drive neighborhood transformation. Along with that as Pam described, we tried to develop a clear vision. They only get more complicated and more dense along the way. We wanted to create a healthier safer environment and more cohesive community. As we started to identify where we were going to implement our initiatives and create disrupters, we were able to look at our conditions and how they would create that return we were looking for. A healthier community is showing a return by lower levels of certain types
of practices that people were experiencing. We now have a safer neighborhood. A neighborhood where people feel they have more of an ability to go out and recreate. So there's more physical activity.

We have an economically vibrant neighborhood where community based business organizations, mom and pop businesses, if you will are health Yours respectfully than before. We have a cohesive community around some of the activities that were undertaking with our urban farm. So what we're able to see is those specific programs we wanted to bring about to implement our vision for the neighborhood are all now starting to show signs on the return of that investment.

>> Jennifer Miller: Thank you, great. So I see that we have a number of questions coming in. So in a minute here, I'm going to turn back to Matthew and he'll pose some of the audience questions for all of you. Maybe before we do that, each of you could take a minute to share what a one to two key takeaways are from the work together. Just one or two key takeaways.

>> Pamela Koprowski: I think two key takeaways are one, the incredibly important role of having a quarterback, if you will, organization or backbone organization when you are doing collective impact work or working in collaboration. Definitely all have a piece of the action and really need leadership and support. And I think in our case, having the hospital and charter of communities as the co-quarterbacks or co-backbone organization of now community collaborative is taking the work of Vita and expanding it is essential. I think that is really important and the other piece is to recognize from the get go that there are going to be challenges that happen and sometimes some - charter oak had to pick up a lot of the slack when we were hit with a lot of budget challenges at the hospital. Charter oak was willing to step up to the plate and continue some of the really important work that we did which I know Vin will talk about. In addition to creating 450 units of beautiful mixed income housing and half a billion dollar new hospital building and improving the quality of life, we were really able to extend our work in preventing childhood obesity and giving the community access to healthy food which really was something that we thought about and worked toward. None of that would have happened if Charter Oak wasn't so strong in their support so when we couldn't do that, they did it for us. So I think it's important for those.

>> Jennifer Miller: That's great. Vin, one to two key takeaways?

>> Vincent Tufo: Well, I've given mine to Pam and I'd like to move to other panelists.

>> Jennifer Miller: Peter and Susan? One or two key takeaways?

>> Peter Grollman: For us, it's leverage what you are good at with the good work of your partners to make a stronger impact on the community. So we do a really great job in pediatrics. But we have never operated a library or world-class recreation facility or department and so this brought us together with people who do things really well. It's been a great collaborative one that empowers all of us to do great things to improve the lives of children and adults.

>> Susan Slawson: I believe that it's important to have this come from the top leaders of whether it's city government or mayor. If it's a children's hospital. Has to be the CEO. Has to come from top down. There are so many players on either side of the fence. You need to know that this is going to happen no matter what.

>> Jennifer Miller: Great. So key takeaways community quarterback, leadership from the top of both organizations or partnering organizations, tap each other's strengths and step in and back each other up to keep the work moving forward. Those are fabulous.

Well, with that, we'd like to get questions coming in from the audience and give you a chance to address some of those. I'm going to turn it back to Matthew. Let you take it away.

>> Matthew Marsom: Thank you, Jenny. I do want to make sure you also participate in this discussion as we address some of the audience questions. I know the team at the build healthy network have a lot of contribute in New York. In addition to the panelists, hope you'll be able to join us on this conversation.
Someone's decided to do loud drilling behind me. Hopefully, there's not too much noise disruption. Apologies for that in advance.

And if you haven't sent in your questions, do so using the Q and A feature on the right-hand side of your screen.

So I want to start with a question for you, Peter come in from Robin Adams. How do you present the business case? Growth of primary care, goodwill or all of the above?

>> Peter Grollman: I would say all of the above. But in terms of the business case. We're subsidizing that care in large part.

So in other words, this isn't a money maker for our organization. It's also important for an organization like ours to be mindful to get back. Our city is a city of great need. And we thought it would be prudent to get ahead. So that was one of the drivers for us to sit down. Here's an opportunity to be part of something we're good at. That's providing good health. We can really do great things for the community. That in addition to the Affordable Care Act. Really made coming to the table much easier for us. And once we are able to have a firm grasp in terms of how these issues align with our mission, the decision making certainly much easier on our end.

>> Matthew Marsom: Thank you very much. I'd like -- we touched on this a little bit to the panel discussion. Perhaps we could tease this out. Nicole is asking what evidence beside asking community what they would want led to these developments? Was it a successful -- how do you determine the cost effectiveness of these approaches? I think this is something Peter and Susan can address as well in terms of what type of evidence is valuable to your building support for these interventions? And follow up question in cost effectiveness. Start with Vincent and Pam.

>> Vincent Tufo: The best way to answer that question from our stand point is to focus on one particular program that we are operating under the Vita collaborative. We haven't talked about program initiatives. We've talked about the architecture of collaboration. But Vita includes not only public housing revitalization and healthcare access but food and nutrition, physical activity, economic development, public safety. And most importantly improvements in early childhood education. We believe, and the evidence shows, quality early childhood experiences is key in improving long-term health outcomes for a long-term community. We've gone all in with our community service providers that are providing quality pre-k education. In our case, we're working with an immigrant group. Stamford has a large cohort. They make up better than a third of our total population. And that group is showing up in the public schools as children are either brought in to the country or born in a country with factors that lead to significant gap. And continuation beyond secondary. All of these things have enormous down-stream impact on health status. So we worked with the Stamford public school system and other providers that were working already with this population and how can we as a collaborative, how can we as Vita assist in ensuring health outcomes for this very important and very large growing cohort. So we did a number of community assessments on the socioeconomics on this population, the demographic of this population. Assess their current status relative to parents' educational achievement and we designed a program called parents co-educators. Working with the parents of these children to improve parental advocacy. So that program, first of all, was data designed. And then is heavily data managed in partnership with the Harvard business school so we're creating a body of work in terms of outcomes intended to demonstrate long-term educational achievement is going to be enhanced by a variety of interventions.

In terms of cost effectiveness, maybe this program can be used as an analog for just about any, if you will, individualized type of health intervention. We're very concerned about scalability. How do we go to a program costing us $10,000 per client per year to 2,000 to 20,000 people? We're learning through the operation and independent evaluation of this program what are the essential bright spots or takeaways that will enable us to scale future iterations of the program using a variety of other means including peer to peer learning.
including community support. Looking at where some of the other assets in the community are that can be brought to bear that are frankly disengaged from or are really not focused on this is a particular outcome.

So what this gets to is the fact that we believe there’s not much we’re going to be able to affect in terms of long-term improvements and health status of any of the populations we work with unless we look far upstream and work on a collaborative basis that are able to really bend the needle. Along the way to develop both up front data to be able to benchmark existing status and do frequent evaluations and report and determine whether or not any interventions have had the success we intended or go forward with constant improvement.

>> Pamela Koprowski: Peter mentioned the words new frontier. One of the things the hospital and we recognized early on was that we need to learn as much as anyone because this is very different than what hospitals have ever done. So we were committed to piloting programs and learning in a specific neighborhood which happens to be two census tracks. And recognize that it may not be cost effective at the get go. And may not be successful. We may have to learn as we go and adjust as we go. And I think starting with that attitude, when you are doing something very near and very different, it’s really important. That’s how we are approaching this. Yes, we’re going to measure and yes, we’re going to learn. That’s just a good way. If we notice something, we skill it up and do it city wide or region wide. You have to start somewhere. Thank you.

>> Matthew Marsom: Thank you very much for that. And I do want to now address a question that's come in from David. David made a comment about the partnerships with hospital systems across the country and said in his words they seem to be dragged in kicking and screaming rather than by choice. And how do you overcome internal resistance and inertia? I don't know who wants to address that one first? Wasn't the experience in these cases but may not be the same experience others are having across the country. What advice does the panel have for how they overcome internal resistance and inertia within the hospital system? Peter, would you like to take a bite at that one?

>> Peter Grollman: Sure. It's not uncommon for us to be asked to support different community initiatives whether it's financially, whether it's through thought leadership. And to that end, you really have to identify which collaborations are going to bear the most fruit. Frankly, that's a very hard thing to do. And our work on this specific project really allowed us to cover a lot of bases, if you will because the programming that we offer in addition to the patient care are things that we've already done in the community. Some programs we've offered for over 25 years is a really great track record of success. We can bring them into this neighborhood and contribute that as well.

So we can't be all things to all people. But in this case, this was a chance to be high impact with things we've already done. Take a leap by making an investment like this. And to serve as many people as we possibly can. If you look at the data, again, in a neighborhood of really considerable need.

So this wasn't something we were drug into but rather something that we embraced with open arms. Susan.

>> Susan Slawson: If I can add to that. I would say that the city of Philadelphia drew the longer stick here. We are ultimately ending up with a brand new facility, library, health center, rec center and playground. We will be energy efficient. We will be managing storm water with an appealing outdoor rain garden. And we're pursuing a silver lead raining. An outdoor space that did not exist for the neighborhood. A community where space is very limited.

I believe that CHOP wanted this to happen probably even more than the city wanted this to happen. But we gained, we benefited more than CHOP did ultimately.

>> Pamela Koprowski: I'd like to add if I have one more minute. It's no relationship changes overnight. And one of the key things is to see where the strategic alignment might be and what the benefits are for both. In addition, we are seeing more scrutiny that is coming quickly on the
federal health improvement plans that was mentioned as part of the Affordable Care Act and the community health needs assessment. After you do the assessment, the hospital has to develop a community health improvement plan. And I think that, you know, in this new world of trying to understand how to move forward in population health, many community development organizations would be very helpful to a hospital really trying to address those needs identified in the plan. So I do think hospitals have been kicking and screaming because they don't know anything about housing. And they know how to run a hospital. So I think it will be going forward. I do think that hospice will be more open to those conversations.

>> Matthew Marsom: I got time for a few more questions. We have about five minutes left before the end of the web forum. So many great questions that came in from the panel. If somebody could put thought to this. Someone asked a question how might some of the lessons learned today to the rural community which face their own set of unique challenges. Wonder if you might be able to put thought into that.

>> Peter Grollman: Wow. Not prepared for that one. But I think there are -- maybe we start by boiling down some of the essentials in the conversation that's taken place today. The essentials are about trust, about relationships and about process. Coming up with a shared vision, finding organizations that are in it for the long game. In other words, we don't expect change to happen overnight. You can only achieve long-term change by building solid foundations and building solid relationships. So I don't see really where there's any particular difference between the work we do in the cities other than the fact our land is much more difficult to acquire in rural communities. But other things we talked about is I can imagine are more important which are communications. If it's more difficult to get people together. How do we communicate across the county where people would have to drive long distances to -- to be engaged. Maybe the idea of community engagement is different. There look for organizations that existed throughout that rural area whether they are churches or community organizations. Whether they are schools that can be the mini anchors within that landscape. I do want to tell you about one community that is a great example of you might say an approach to collaboration around healthcare and community improvement. Which as much a rural area that is as much as a suburban area. Santa Cruz, California. Specifically the Santa Cruz united way that is working throughout Santa Cruz county. Many miles inland and covers part of the farm belt and everything from urban people that live along the coast from people that are manual laborers that work in the farming areas. Definitely worth going to their web site is really find the commonalities that things that you might say align individuals throughout the county. And what they've been able to do is really tap into the municipal infrastructure, the community infrastructure, funders and donors and really bring about change that has a tremendous amount of rural area. But they make it seem like it's highly unidentified.

>> Matthew Marsom: Thank you for that and for sharing the example from Santa Cruz in California. One of the things I will say is the fundamentals are the same even when you are in a rural area around building trust. What we've heard today really under scored the building blocks that are essential for this partnership and success.

I want to draw us to a close. We've had a really rich conversation and a dialogue. I want to acknowledge and thank the panelists. First, very quickly as we come to a final minute or so. Poll 4. I want to ask the audience, what is most needed to expand partnerships between the community development and healthcare sectors after hearing today's dialogue? Relationship, common language, examples of partnerships between community development and health, technical assistance, leadership development or other? Send in your responses as well. You can continue this conversation again on Twitter where we're using #buildinghealth, #leadinghealth and #leadingprevention.

I want to draw your attention to additional resources. You can also access prior forums listed here on your screens now including one that is critical to today which is setting up
to -- stepping up to make a difference. The vital role of anchor institutions. Many of the same themes were discussed during that web forum. So I encourage folks to listen.

I want to thank our presenters and moderator. Dr. Jenny Miller, Peter Grollman the senior vice president for public affairs at children's hospital of Philadelphia. Pamela Koprowski, Council and public affairs at Stamford hospital in Connecticut. Susan Slawson, the first deputy commissioner and recreational programs at the city of Philadelphia and Vincent Tufo who is chief executive officer at Charter Oak communities. Thank you so much to all of our panelists for rich contribution to the thought leadership today.

I want to thank our sponsors as well as our co-sponsors whose names and logos are on your screen. And I want to thank you all in the audience for contribution and joining us today for this web forum which is Building Health and Well-Being: Lessons Learned from Transformative Partnerships in Community Development and Health. Thank you very much and see you next time on Dialogue4Health. Good afternoon.

[ Event end ]