Report on Phase I of

The Kresge Foundation's

Health Equity Through Housing Developmental Evaluation

Prepared by

Success Measures® at NeighborWorks® America and Verge Impact Partners

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Contents

The purpose of this memo is to:

- Describe the group of Health Equity Through Housing grants from rounds 1 and 2.
- Describe the developmental evaluation effort and document foundational learning.
- Describe the grantees' approach to the work and identify frameworks and strategies at play in preparation for next steps with the learning community.

This document will serve as a reflection point for understanding the evolution of grantees' thinking, strategies, and approaches to this work, and what Kresge and the field of practice can learn in concert with grantees as part of the developmental evaluation effort.

I. Introduction

In late 2018, The Kresge Foundation's Health Program created the Advancing Health Equity Through Housing (HEH) group of grants. These one-year planning grants and two-year implementation grants were intended to accelerate community-led policy and system changes that would reduce displacement, segregation, and gentrification and increase the supply of stable housing for improved health, well-being and health equity in low-income communities. (See Appendix A: HEH Funding Opportunity.) A total of 32 organizations have been funded since 2018 through two rounds of HEH grants. (See Appendix B: Table of HEH Grantees.)

This HEH group of grants represent a new pathway to impact for The Kresge Foundation, which traditionally had funded housing from within other core portfolios including Health, American Cities and Arts & Culture. Additionally, these grants represent a more explicit strategy to support housing access, development, and advocacy. Understanding the value of these investments, related to their socio-economic and health returns, and the significance of a national funder prioritizing the link between health and housing beyond traditional indoor and outdoor environmental concerns, presented a critical opportunity for Kresge to evaluate and learn from this work. Recognizing this new approach, Kresge began a developmental evaluation effort in partnership with Success Measures at NeighborWorks America and Verge Impact Partners (the evaluation team) in 2019. This memo documents the initial phase of the evaluation: August 2019 – July 2020.

Setting the Stage: Developmental and Equitable Evaluation

A developmental evaluation is designed to account for the complexities of multiple systems and conditions and to surface ongoing learning for key stakeholders. Kresge commissioned a developmental evaluation for this group of grants so that the evaluation process would support the ongoing relationship building and learning that Kresge's HEH team hoped to begin with its grantees.

For this project, the evaluation team adopted an equitable evaluation approach, meaning that every aspect of the evaluation is intentional about promoting equity among those who are involved in, and those who will learn from, consumers of the evaluation itself. For example, the foundation and evaluation team prioritized learning questions and work products that grantees identify as useful to them without creating undue burden.

Definitions: Types of Evaluation

Developmental evaluation[1] supports "innovation development to guide adaptation to emergent and dynamic realities in complex environments by collecting, analyzing, and reflecting real-time data and insights in ways that lead to informed and ongoing decision-making as part of the design, development, and implementation process."

Equitable evaluation [2] invites us to imagine what might be possible when evaluation is conceptualized, implemented, and used in a manner that promotes equity. The Kresge & Developmental Evaluation teams have worked to prioritize an evaluation process that is both structured and implemented as a tool of and for equity.

Developmental Evaluation Methodology and Objectives

Kresge commissioned the developmental evaluation in order to understand:

1. How the connections between health and housing are being most successfully leveraged in various ways by different types of HEH grantees;

2. What a "community-driven" approach looks like, and what is needed to sustain meaningful community decision-making; and

3. The level and types of support grantees need to make this work sustainable in key areas including partnerships, evaluation support, and learning.

The evaluation team's approach integrates developmental and equitable evaluation principles and relies on participatory methodologies. To ensure an equitable evaluation process, the team considered that the value in the utility of the evaluation would differ between the grantees and the foundation — and even among grantees. Grantees are working at very different levels to address health, housing, and equity issues in their respective communities and do not represent a cohort working in concert toward a shared stated goal. Additionally, many grantees were already doing innovative work linking health and housing and fully recognized the value of the integrated approach. On the other hand, the foundation had more limited experience in this space and wanted to learn from grantees' expertise to better understand the state of the field.

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[1] Developmental evaluation: *https://medium.com/@jcoffman/are-you-really-ready-for-developmental-evaluation-you-may-have-to-get-out-of-your-own-way-9c7e8ae7584b*

[2] Equitable evaluation: https://www.equitableeval.org/the-initiative-vision

To begin co-designing the evaluation framework and process, before engaging grantees, the evaluation team held an in-person work session with the foundation's HEH team to clarify learning questions, evaluation timeline, and goals. The session helped document the HEH team's vision for how this group of grants informs and advances the foundation's strategies around health, housing, and equity, and captured their intentions for how funding the work would increase grantees' visibility as leaders in this arena and the sustainability of their organizations.

The products of those discussions are the learning questions, below, and the Change Pathways document (Appendix C). The Change Pathways outlines the HEH team's strategy for grantmaking and articulates the intended outcomes. Detailed information about the developmental evaluation process and timeline can be found in Appendix D.

Initial Kresge HEH Developmental Evaluation Learning Questions

Understanding How Change Happens: Pathways to Impact

➢ How is housing being used (or can it be used) to further equity? What best practices and strategies are emerging? How do these impact the foundation's strategy?

➢ What are the drivers related to housing and health (known, assumed, and hidden) that Kresge aims to address through HEH grantmaking?

Role of Philanthropy: Opportunities for Investment and Leadership

➢ What are the implications for the field of practice and philanthropy for linking power building, housing stability, and improved health outcomes?

As the evaluation moves into the next phase, the evaluation team intends to engage grantees in creating a separate Change Pathways document to describe how their collective work is building community power and advancing health and equity through housing. Grantees will have the opportunity to review and reflect on insights and findings from interviews (discussed in section below) as a starting place for developing their Change Pathways document. The evaluation team will use these work products to engage the combined foundation and grantee community to reflect on and document the evolution of their shared values, approaches, and learning throughout the evaluation.

Learning from Grantees

The HEH Change Pathways document reflects a focus on the principles underlying the work rather than the types of projects funded or the current stage of the work. Given this approach, the evaluation team determined that a values-based conversation with grantees had the potential to stimulate ongoing conversations at all levels about the structural issues which grantees are addressing and provide a more complete understanding of their strategies, tactics, and processes.

All 32 grantees were invited to participate in interviews. The evaluation team emphasized that the evaluation was an effort to surface and document learning through reflection and conversation, rather than an effort to monitor grantees performance, outcomes, and impact. Between the end of January and May 2020, the team completed 23 interviews; nine grantees opted not to participate or did not respond to the request.[3] The interviews were designed for grantees and the foundation to understand:

- How grantees see and operationalize the connection between health and housing;

- The challenges and opportunities grantees have identified in their geography/milieu around housing and health; and

- How grantees think about and operationalize resident engagement and building community power in their work, by identifying themselves along the "spectrum of community engagement"[4] and how that compares to where they would like to be.

In March 2020, the evaluation team added questions to the interview guide that encouraged grantees to reflect on their experience with COVID-19 and how it affected their work and capacity. The evaluation team also shared with grantees the foundation's openness to any changes that grantees needed to make to their work in response to the pandemic. This was an important message for grantees to hear as they continued to navigate the health crisis.

The HEH and evaluation teams met in April 2020 to review preliminary overarching learning from grantee interviews, and reflect on the initial effects of the pandemic on grantees.[5] The evaluation team also provided a brief to the HEH team on the implications of COVID-19 on grantees' work to help inform the planning of a grantee virtual convening.[6]

This memo is a continuation of that conversation and builds on the initial analysis and presentation from that meeting. Upon completion of the interviews, the evaluation team used notes and recordings to finalize the thematic analysis. Following the note below on COVID-19, the remaining sections of this memo highlight emergent themes, describe how they relate to models and frameworks from the field, and offer critical reflection questions and recommendations on how Kresge can best engage with grantees in future learning.

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[3] The City of Detroit was unable to find the appropriate contact and, after quarantine began, many employees were furloughed. After consulting with Kresge, we decided not to pursue a conversation at this time.
[4] Spectrum of Community Engagement - a framework used to define the public's role in any public participation process. https://iap2usa.org
[5] Evaluation team presentation to Kresge HEH team - https://drive.google.com/file/d/1BDWJbPpskEJOgyrPbhhxQZI4nMAjBLJZ/view?usp=sharing
[6] Evaluation team findings to inform virtual convening - https://drive.google.com/file/d/1a9P4H3_PcHsJn6RasThRmVZgs9odVoG4/view?usp=sharing

A Note on COVID-19 and Public Protests

When the initial conversations with grantees began in January of 2020, there was no way to know how dramatically the world was going to change in two short months. Even within this swiftly shifting and stressful context, grantees generously gave their time and attention to the evaluation team to share their concerns, challenges, rationales and strategies for getting this work done.

This memo is written at a time when both housing and health practice are facing unprecedented challenges from both the COVID-19 pandemic and the resurgence of national protests and demonstrations demanding an end to excessive force by law enforcement against people of color, particularly Indigenous people and Black men and women.

Longstanding structural racism has been highlighted as a root cause in both crises, as low-income communities of color, where on-the-ground grantees live and work, are among the most impacted by the pandemic. All grantees, Kresge staff, and the evaluation team are affected by the different stages and demands of quarantine, illness, and loss of family, colleagues, and acquaintances.

Frontline grantees have all responded quickly to the challenges and used relationships within their communities to pivot and meet community needs. The most strategic grantees are finding ways to leverage the collective experience of the nation and the world to highlight the importance of quality housing to health and well-being, to increase their stakeholder base, and to move public will to support their work overall.

Grantees not engaged in direct work with communities struggled more with how to pivot. Among this group, some have begun to use their links to community-based organizations to better understand the impact on organizations closer to the ground and to find ways to best support these partners in supporting residents.

II. Examining the Work: Models for Understanding Housing, Health, and Community Power

Looking across the HEH group of grants, the evaluation team noted that while grantees are funded to advance housing work to impact health, they are explicitly utilizing a range of approaches and actions from a variety of disciplines to carry out the work. While the connections between housing and health are well-defined in public health literature, there is no single formal framework from any one discipline that fully describes the approaches grantees use to connect housing and health in practice. In order to discuss and understand the similarities and differences in the ways that grantees frame and operationalize their work, the evaluation team offers these popular and accessible public health and public engagement models to discuss grantees' work:

> 1) Health and Health Equity (definitions, Illinois Department of Public Health);
>
> 2) Social Determinants/Social Needs (upstream/downstream, Bay Area Regional Health Inequities Initiative); and
>
> 3) Community Power (Spectrum of Community Engagement - International Association of Public Participation).

Assessing grantees' work according to these models provides some broadly accepted parameters for understanding the similarities and differences in their work. The three models also facilitate the team's understanding of how grantees collectively contribute to the outcomes described in the Kresge HEH Change Pathways document and provide a lens through which learning can occur.

Currently, there is no formal intersectional model within community development and health that addresses function, structures, and power. The fact that grantees are often operating within multiple frameworks indicates that a single model that acknowledges the complexity of this body of work could be helpful for learning across geographies and sectors.

In the following discussion, quotes and examples from grantee interviews help illustrate and ground the analysis and discussion. As mentioned, because some grantees' work integrates more than one of the models, grantees may be discussed in the context of multiple models.

Health and Health Equity

Grantees define and approach health and health equity in a variety of ways. These are represented in the bulleted overarching concepts below, as the foundation for understanding the balance of this section.

- Health as a state of overall physical, mental, emotional, social, and cultural well-being.

- Health as a human right, or a rightful and necessary foundation for life and a thriving community.
- Health as both the context of place and the state of well-being that results from living in a place.
- Health Equity as correcting the imbalances of power and policies, practices, and systems to assure the opportunity to everyone for quality housing, just treatment by systems and the law, and good health.

Grantees describe health and health equity as distinct but interrelated concepts, when asked about the connections between housing and health in their work, At a basic level when describing the use of housing to improve health, grantees described health as an embodied state of overall physical, mental, emotional, social, and cultural well-being. This contrasts to the more traditional view of health defined along the lines of disease, clinical care, health behaviors and risks, and health outcomes.

Grantees believe that an important part of their work is to make the case for health as a rightful and necessary foundation for individuals and communities to live and thrive. This means that all people should have the right to achieve and sustain an overall state of well-being. When grantees speak about their work to improve health in communities, they include the context and conditions in which people live as part of health and well-being, rather than an external driver of an embodied state of well-being. Many grassroots grantees do not separate upstream social determinants of a place from downstream health status and outcomes of people. Rather, they think of health and the combined context of place and the resulting state of embodied well-being. For these grantees, housing is health, with the two being inseparable.

Health is an embodied state of well-being

"….having a stable clean place with heating and plumbing and making the connection for people between [and] depression and health... Your home connects to how you feel inside and how you feel physically. It is important to have all those things together."

Health is a solid foundation

"A foundation recognizing the convergence of race, ethnicity, health, and housing. We have moved way past the idea of housing as a goal in and of itself. We recognize that it plays different roles in people's lives and the negative impact of not having housing stability."

Health is context and conditions

"With respect to how housing impacts health… it's really the conditions around housing that cause health disparities. It's the quality of the housing stock, and then trade-offs that are made related to health and well-being in people's struggle to afford their housing, i.e., healthy food, health insurance, access to care. Also, our transportation is not really

great. So, with respect to evictions and families having to relocate, those forced moves impact health as well. How far people now have to travel to access food, jobs, healthcare...that will all change for people who are evicted."

Grantees understand the complexities of addressing health equity and recognize that health is shaped by broader societal values, conditions of the places people live, and participation in the economy. Grantees also acknowledge that policies, practices, and systems do not afford the same opportunities for housing and health for everyone, as they often include or exclude, mainstream or marginalize, and benefit or harm entire groups of people based on their race, ethnicity, religion, language, country of origin, ability, or even their health status.

These differences in opportunity result from imbalances of power in which more powerful individuals, groups, or communities create, uphold, and directly benefit from policies, practices, systems, and norms that perpetuate inequality. Power, in this context, is the ability to cause something to be, enact will, achieve purpose, or make things happen. The balance of power rests with populations and groups of people for whom benefiting from societal processes and norms is the default and consistent outcome. With this concept of power and imbalances of power in mind, grantees describe health equity as correcting the imbalances of power and changing policies, practices, and systems to assure the opportunity for quality housing, just treatment by systems and the law, and good health for everyone. This requires an intentional, focused, and resourced strategy to invest in and support communities that have been historically excluded or harmed. It also entails the redistribution of resources in ways that include and benefit their communities, build community power to participate in and affect decision-making processes, and take leadership in facilitating overall community change.

> *"To the equity part. It's not the monied interests that will lose out. They will be fine. The fact that we are in April and there isn't a major housing package is telling."*

> *"We believe the inequities we experience are an outcome of an imbalance of power. All of our work is centered on building the power of communities and people who experience these inequities."*

Grantees operationalize their work around health equity in different ways. On-the-ground grantees (those who are working directly with residents and communities) advance health equity by working to correct power imbalances. Their work helps communities build power through the creation of sustainable and capable institutions with broad community participation, local leadership, and control over decision-making. The work includes removing barriers to participation, providing access to quality housing and resources, promoting inclusion and belonging in mainstream society, creating and controlling a positive and factual narrative, and local participation in meaning-making and validation.

Intermediaries (those who work with on-the-ground organizations, but do not work directly with residents or communities), advance health equity by working to remove legal, procedural, and operational barriers around participation, collaboration, power-building, decision-making, resource allocation, policy change, and just enactment and enforcement of laws.

Grassroots organizations

"We believe that strengthening the leadership capacity of communities most impacted by lack of access to safe, quality, affordable housing is an essential part of turning these projects into reality and, ultimately, shifting community health outcomes. Community residents deserve the opportunity to design and create their vision of a healthy neighborhood as the primary decision-makers, with the guidance and support of housing and health anchor institutions."

Intermediary organization

"So that pattern of - a policy has been announced but the implementation is not happening. So, the partner coalitions look for us to direct the policy work and the strategy. So many of them are directly community facing, it is our privilege to play this role. So they can get on a call for an hour a day to download with us what is happening on the ground and we have the time and space to think about how to respond to that with policy and strategy in ways that they don't."

Grantees differ in the use of a programmatic strategy versus a comprehensive health equity framework to address and improve housing conditions**.** All grantees have a strategy for health improvement, i.e., a well-defined set and sequence of actions to improve the health of individuals or communities by enabling the community itself to take different actions and/or improve social determinants.

Most health improvement strategies focus on the implementation, scaling, and leveraging of a program or intervention to make clear, effective, and valuable improvements in health opportunities and outcomes. Examples of grantees' health improvement strategies include organizing residents around home repairs, code violations, tenant rights, and evictions to provide a safe, healthy, and stable home environment or creating community-led processes and leadership structures to design new affordable, culturally informed housing, and related resident services that support community engagement, education, and employment. These programs alone cannot effectively build community power and good health without addressing the permanent systems and decision-making structures that exclude disadvantaged communities — which underlie the need for the program in the first place).

> *"The majority of our tenant cases over the last decade were directly health-related housing issues. The main one we saw was asthma – asthma related conditions (roaches, lead and other deplorable conditions) and landlord's failure to address them. We responded to those by doing things like expert mold testing. The next evolution of that was realizing while we're working on these issues in court, we needed things like pest control, dehumidifiers etc. We want to now do more about how to be more intentional with what we've built. We want to do a proof of concept that healthy, safe, stable housing can reduce ER visits, improve health."*

In contrast to a programmatic approach, some grantees are carrying out their health improvement work using a broader health equity framework, i.e., a way of understanding the relationships among and between things. Conversations with grantees helped make clear that

those with a health equity framework had been able to identify and understand the underlying root causes and structural determinants that created the need for them to develop a health improvement strategy. These grantees understand their frameworks so well that they can describe how every element of their funded work contributes to changing those underlying systems and causes over the long term.

For example, some grantees intentionally positioned their organizing, engagement, and advocacy-based health improvement projects to inform, legitimize, and enable additional longer-term work that institutionalizes shifts in community power and changes policy, systems, practices, narratives, and norms. The intended result of advancing work through these frameworks is to create the conditions for health and health improvement for people by including communities that had been denied equitable opportunities for good health for decades.

> *"It really is about a power shift, a narrative shift. Even when the tactic has a material objective, e.g., we are building a community land trust with affordable housing in Liberty City… and it will address health because we are targeting families living in slum conditions and giving them priority in their application. So, we will house people. But that isn't the end goal. The end goal is now, how do we bring light to this issue? How do we bring more attention to the fact that this is what we have to do as a community to give people the dignified housing they deserve…? We want to create a narrative in which people believe, intrinsically, housing is a human right."*

Among grantees with an equity framework in place, some carry out that work according to a well-defined strategy, while others do not. For these purposes, strategy means a well-defined set and sequence of actions that provide a roadmap toward achieving a specific end goal, including guidance for decision-making as the work progresses and a plan for garnering necessary resources. While a framework enables grantees to see the long-term goal and how current actions relate to its fulfillment, the framework alone without a clear strategy does not allow for thinking ahead of emergent challenges. A well-articulated strategy identifies milestones or guideposts as core components of the journey toward the end goal. Strong strategies allow grantees to work toward static long-term goals which then facilitate more specific, focused, and achievable interim steps toward realizing them.

> *"Our question is even though this is a well-known housing issue, why isn't this a health issue? Why isn't the health department citing these landlords all the time? We found out that it's because they don't want people to be homeless. If they cite them and the landlord does not improve them, they have no choice but to condemn the place which means the resident loses their home."*

> *"So, we are dealing with a suite of bad options. How do we change the narrative? How do we engender the passion, sympathy, and support in the housing narrative to get the help we need? Framing it as just a housing issue doesn't get it. But when you adopt the framework of health, and it becomes about people dying, it becomes more relevant and palatable. As a human being who considers themselves a good person, how can I ignore that? Every issue that has adopted a health frame has succeeded in getting access to policy change and mainstream acceptance."*

"We wanted to align strategy without [the old leadership] structure, and we created a new leadership structure that has 120 roles. The campaign work, the policy work, the narrative committee and several other work plan and strategy committees. These are all member- led, including we have one committee that decides how to re-grant money from national funders to local groups. At the assembly we defined five types of power: governing power, organizing (people) power, narrative power, transformative power (trauma, conflict and anti-oppression lens to interpersonal work we need to do for equity work), movement-building power. We created a matrix against those strategies against our 25-30 years."

Social Needs, Social Determinants, and Structural Determinants

The second model used to describe and understand grantees' work is based on what the funded work is intended to affect: individuals (downstream) or systems and/or structures (upstream). This model helps to place and discuss grantees' work at one of three entry points along the stream: social needs, social determinants, and structural determinants. Grantees intervene at different points in this upstream-downstream continuum that shapes community health and well-being.

Related frameworks provide a foundation for this discussion. The first is a description of social needs and social determinants described in [Health Affairs](#). Social determinants of health identify the extent to which a particular resource is present or absent in a community or population of people. This model differentiates frontline work to respond to and meet individual community members' immediate needs from longer term, more upstream work focused on systems change through the social determinants of health. The second is a broadened framework that reflects grantee work to address *structural determinants of health*, [World Health Organization](#). A structural determinant of health is the structure or system that determines how resources are allocated. For example, education is a social determinant of health and the funding policies that support the school system are a related structural determinant of health.

A final important concept in this discussion is to identify the root causes of inequity, as these are the underlying foundations which allow inequity and its related systems to exist. For example, in the United States, social archetypes and structural racism are root causes of inequity.

By placing grantees' work into the categories of social needs, social determinants, and structural determinants, the team can begin to identify areas of overlap and opportunities for cross-fertilization across the cohort of grantees and context-specific strategies grantees are using within each category. For example, work to shift the cultural narrative may look different for on-the-ground, community-led efforts versus work to shift the narrative through collaborative action with intermediaries. Understanding these details establishes a platform for shared learning among grantees and the foundation.

Addressing social needs

Most grantees in this category are working closely with people in communities to address social needs that are the primary barriers to growing residents' abilities to engage more fully in

organizing and/or advocacy work and to working on structural or upstream concerns. For example, one grantee talked about the need to address residents' immediate needs ahead of the structural work.

> *"Hospitals will screen and assess related to SDOH and connect them to services. But we need partnerships to have services to connect people to. The deeper you get--we are addressing the individual social needs but aren't doing anything about the SDOH. That's where the anti-displacement lens comes."*

Some grantees in this category said that they take on this role because there is no other organization in the community or service area addressing these immediate needs.

As COVID-19 has disproportionately impacted low-income communities, many grantees, particularly those on the ground, have either realigned their work to include direct service activities or formalized their role as a linking organization to help community residents access needed services during the pandemic. For example, a grantee serving a Latinx community has deep connections in the communities where its affiliated organizations work. As a result, it is the trusted source that residents are reaching out to for services and information.

> *"Everything has shifted for our organizations. I was doing research for the final report. It feels very first world to worry about this grant (right now). Our whole organization has had to shift gears and reorganize our teams for rapid response. We were finding that as the epidemic was beginning to unfold, people started to bombard our lines with needs - sudden lack of access to basic needs, and fear and uncertainty of what's happening. We are providing and serving more food. There are waiting lines that are long. There are no more elder centers and we need to get food to those that are isolated. Large parts of our community who work in the food service industry are facing eviction. We have been getting a massive influx of calls from [the] community."*

Another grantee adopted a similar response to the growing need for basic assistance and sped up internal processes to meet the rising demand.

> *"When we started seeing the (COVID case) numbers rise for Chelsea and as we started responding to the crisis, a lot of our programming came to a halt and we pivoted to that response. Helping people access food, rental assistance... COVID-19 unveiled the existing inequities for others--which we already knew. We started acting more swiftly around rental assistance for example. I think we'll be seeing more of that--the work will continue but it will be focused on the points of crisis."*

Other grantees describe pre-COVID-19 social strategies that remain in place. For another grantee, social needs are a component of an advocacy strategy to build evidence that housing conditions are directly related to decreasing upstream health care costs. This grantee is addressing social needs, but with a broader structural determinants of health framework.

> *"The next evolution of that was realizing while we're working on these issues in court, we needed things like pest control, dehumidifiers, etc. We want to now do more about how to be more intentional with what we've built. We want to do a proof of concept that healthy, safe, stable housing can reduce ER visits, improve health. We need partners*

who can help us measure that. We need people like the healthcare payers who have that data who can help us prove a reduction in these conditions."

While helping people address their social needs related to safe housing, they are building a case to leverage hospitals to play a different role by demonstrating the return on investment of those interventions.

Other advocacy organizations are addressing social needs, such as legal aid and council, for residents managing housing issues. However, the inability to do more upstream work and deeper engagement sometimes results in a short-term win, but a long-term loss. For example, a group of residents wanted to get out of affordable housing and use vouchers in the private market.

> *"We were able to assist them and get their vouchers but what we were trying to explain was that our experience with all the problems tenants face when they end up in the private market...we wanted to pre-empt some of that [and were ultimately unable to]. It was a challenge. It will continue to be as long there is a pattern."*

Some grantees in this category describe their social needs work as the manifestation of health inequity, implicitly connecting their work to support, journey with, and aid individuals to a broader structural framework. It was also clear that grantees operating in this way have developed deep relationships with residents and partner organizations and were invested in maintaining that trust. In some cases, they describe their social needs agenda as being community led, meaning that through engagement processes, community members indicated that helping other individuals in this way was a high priority in dealing with health.

Addressing social determinants

Grantees on the ground whose work explicitly focuses on the social determinants of health often use a layered approach with short-term, intermediate, and long-term strategies. This enables them to meet community members' immediate needs and demonstrate a series of short-term "wins" that build trust and improve quality of life, while also supporting sustained community engagement and power building to fulfill longer-term goals. One grantee expressed their layered social determinants strategy.

> "*Our vision for housing and health – we need solutions right now because folks are being displaced now. We can't just wait on a policy change five years from now because so many will be displaced by then. So comprehensively we are doing this on three levels:*
>
> - *Short term - the promotora model to help people fight their evictions now though people power.*
> - *Intermediate - the coalition's work on the campaign and tenant rights education.*
> - *Long term - THRIVE community land trust. Long term, we are working with them to create community driven solutions to their housing challenges by owning land and deciding how it's developed."*

Likewise, the excerpt below from a grantee's proposal illustrates this layered approach and the rationale underlying the multiple strategies.

> *"The Theory also recognizes that social services alone don't result in the transformational change that we aim to achieve. The Latino and immigrant communities served by us experience persistent disparities in financial and economic opportunities; physical and environmental stability; and emotional, psychological, and social wellness. These disparities require not only support for immediate needs, but also advocacy and power-building at a systems level that can transform the individual's experience of their community. Thus, we have created new strategies for community engagement that seek to change narratives, change behaviors, and change oppressive systems. We realigned strategic direction to emphasize advocacy and equity, along with engaging community (members) as change makers."*

Grantees also recognize that when the work crosses into sectors outside of housing and health, it is important to achieve a sense of shared values and purpose in order to bring practitioners from those sectors along. For example, one grantee realized that its environmental justice work needed to connect people working on land use to the housing and health conversation to make the systems changes needed in communities.

> *"We realize as with all EJ [environmental justice] movements that you can't address EJ without land use and housing. The more beautiful a community becomes, the less accessible it becomes to the existing community. Housing is a key social determinant of health, so we have to address these at an intersectional level. We started convening our allies who have helped us. Trying to break down the silos of those doing anti-eviction work and others doing land use."*

Addressing structural determinants

Grantees playing an intermediary role are uniquely positioned to focus on the structural and systems change components of this work. Within the HEH group of grantees, three are national organizations, four are regional in scale, and three oversee several organizations or a network that provides a broader sense of the field at the intersection of housing, health, and equity.

Most grantees in these roles are working at various stages to:

- Build discrete "tables" (settings to convene and engage decision-makers and resource holders) for deepening relationships and partnerships between housing and health;
- Learn from their network or affiliates about core issues impacting health and housing; and,
- Better understand how the work on the ground gets done so that they can address key policies and funding to support the work happening in communities.

Some grantees have taken on all of these roles:

> *"We have been doing a lot of give and take to understand what states need. The State Priority Partnerships network, a network that we convene, focuses on state budget*

policy. We have been trying to understand what they [different states] are lobbying for and share recommendations back and forth about how that work rolls out on the ground in-state… that's where the real work happens.

"So, in our work, we think about how to empower systems to do a better job of producing these outcomes. How do we allow better partnerships and responsible allocation and flow of money that allows folks to collaborate in this way? And where is the pie just not big enough? How can they [healthcare] grow the pie for access to affordable housing for their patients and the public writ large?"

Other intermediaries have struggled with how best to tackle structural changes when they are not rooted in a network of on-the-ground organizations. One grantee retooled their proposal to reflect an agenda more focused on equity that includes direct support for grassroots subgrantees serving people of color. Their approach acknowledges the power dynamics inherent in being an intermediary and the importance of lifting up grassroots voices and positioning communities to define the work.

"If we are going to support grassroots leadership---we actually need to support their leadership. financially too. With few strings attached. Not to do what we want. It's not only the policy housing changes but actually more power at the community level to drive those policy changes forward. That was a baseline for a respectful relationship. We hope that there is an opportunity down the road to build a bigger tent on statewide policy."

More about the relationship between power and the process grantees use to carry out their work is discussed in the following section on Community Power,

Community Power

All grantees agree that building power with and for community residents is central to using housing to advance health equity. When asked to define power, grantees did not espouse a specific shared definition. In the context of their work, "power" broadly relates to the notion of a continuously held ability to cause something "to be" and exists at the individual, community, and institutional levels. While grantees did not hold a shared definition, all grantees believe that sharing power with residents is foundational for health equity. In other words, all grantees agree that residents' ability to cause things "to be" in their communities is essential for addressing and remedying systemic housing injustices and improving health.

This common understanding of the meaning and role of power is the result of grantees pulling from theories and frameworks in the various disciplines that guide their work, including community development and community organizing, participatory policy-making and civics, public participation in planning, civil rights, and advocacy, and community health promotora models from public health. Grantees applied well-established principles and practices from these disciplines to structure their work to share power with community residents around housing decisions and resources in their communities.

Across the portfolio, grantees share power with residents by recognizing residents as experts and engaging them in decisions about housing, health, and the community. Residents define issues and opportunities and how to respond, rather than just providing feedback on low-level decisions or ones that have already been set up with pre-determined options. For example, rather than asking if residents need a grocery store, residents are asked which grocery store they would like.

Grantees use a variety of entry points and approaches for engaging residents. Given this context, they spoke with the team about engagement using a shared model. The IAP2 Spectrum of Community Engagement (Figure 1) outlines a framework for understanding how organizations relate to community residents in terms of the role and "power" of residents to define issues and make decisions.

Prior to the interviews, grantees completed surveys asking them to identify where their funded work fits on the IAP2 Spectrum; Figure 1 reflects where the grantees placed their community engagement work. Both on-the-ground organizations and intermediaries placed their work across all levels, indicating that power can be shared with community residents in meaningful ways by any type of organization and within any strategy in the portfolio.

Of the 23 grantees interviewed, most identified their work as somewhere between "collaborate" and "empower," indicating that community residents are partners or final decision-makers in the focus, activities, and strategy of the work. Of those, eight grantees chose "empower" to describe their working model with residents. Only three grantees felt they were bridging the engagement categories on the left end of the spectrum between "inform" and "consult," meaning that they primarily share information out and receive community voice through feedback about specific topics and programs.

Figure 1. IAP2 Spectrum of Community Engagement and HEH Grantee Positions

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
GOAL	To provide balanced and objective information in a timely manner.	To obtain feedback on analysis, issues, alternatives and decisions.	To work with the public to make sure that concerns and aspirations are considered and understood.	To partner with the public in each aspect of the decision-making.	To place final decision-making in the hands of the public.
PROMISE	"We will keep you informed"	"We will listen to and acknowledge your concerns."	"We will work with you to ensure your concerns and aspirations are directly reflected in the decisions made."	"We will look to you for advice and innovation and incorporate this in decisions as much as possible."	"We will implement what you decide."

HEH Grantees: n=23	New Kensington	AVLF		CBPP*	CLUES	TND
	WE ACT		Isles	HEART*	SAHF*	Hawaii
	ARCHI*		CT Fair Housing	Yakima*		SAJE
*Intermediary	SmartGrowth MA*		Bread City	Hope	Homes for All*	PPGB*
						Right to City*
						Latino Access
						Piedmont
						Miami Workers Center

Source: International Association for Public Participation (IAP2) https://www.iap2.org/ and HEH grantee data 2020

Grantees see building up individual's sense of power, connecting them to other residents in formal ways, and offering opportunities for them to continue to advocate for their communities as essential building blocks for creating collective community power. On-the-ground community-based organizations and advocates tend to work with residents as individuals, helping them build confidence and self-efficacy while addressing a particular social need. Some grantees have a ladder of strategies offering residents more opportunities to engage in making and leading change in their communities as they acquire more skills and confidence. Other grantees hope that this process unfolds.

Grantees working within an organizing paradigm are generally more focused on resident leadership development leading to collective power, as opposed to helping individuals develop the knowledge and skills to meet individual or family needs, or self-advocate.

Intermediaries of all sizes (state, regional, and national) build power at different levels by supporting on-the-ground member organizations; sponsoring training and organizer exchanges; providing direct financial support; aggregating and amplifying community voices on key policies or issues; and by communicating with decision-makers who would otherwise not hear and understand community voice.

Described below are four broad approaches that both on-the-ground and intermediary grantees use to build community power; quotes and examples of grantees' work are included to demonstrate each approach.

1. Working with individuals to build their capacity, agency, and experience engaging systems to address their housing needs.

   "We give information to the group about what they need to know. But they decide what to do. We've been doing leadership within the group. We take a step back to focus on leadership development. Giving people the skills to understand the bigger pieces at play and then be there as a support. We also have community organizing, policy and research… in a lot of ways we provide structure and the community leaders lead the work."

   "Our program could look like rental support. Instead it's focused on helping people become owners and have additional power in the community. How can we help you build up your leadership skills to talk for yourself?"

2. Building a constituency to act together to achieve a shared goal.

   "On one level it's like being able to be around people who are experiencing the same thing and are interested in solutions on the local level, but there's another layer of feeling like "it's not just us", it's not just happening here. People are able to build outside of their neighborhood and city. From my experience it really deepens the resolve to continue on the struggle."

3. Building organizational capacity to work more effectively with residents to meet their needs.

   "There are two tiers here. The congregation is the partner we collaborate with, the congregation then partners with the community. Part of the technical assistance we provide to them in the workshops is to equip churches to engage the community properly."

   "Community has the ultimate decision-making power at the end of the day. Communities are leading this effort and are being supported by those with technical expertise, but we're not getting in their way. We operationalize this by building this team of fellows. Creating this team first and working with them to build their capacity before we engaged the assembly. They would study and learn about housing advocacy and policy in months 1-3 and then we would engage housing and advocacy folks in month 4. The goal is to have that group of fellows be the community leadership council that leads this work."

4. Aggregating resident voice and sharing it with intermediaries who then amplify or use that information to leverage for some policy change.

   "Despite the tenant organizing, no one was responsive to the tenant's needs. We wanted to create a process more responsive to tenants. To do that, we had to get

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ahead of things and not just react. Identify the place in crisis before things happened and see what we could do to give tenants a true choice.”

“One level down are some power imbalances that have roots in structural issues. By definition, statewide organizations have more access. Grassroots groups are spending less time in the halls of power. That disconnect is further exacerbated from the way people understand and analyze the problems. On the statewide level it's what we see in the numbers vs. this is what my community is doing every day. It makes it hard to mobilize at the local level. But state policy puts constraints on that. [Two of our partners] have found themselves in the space of navigating with that 'in between' space. Bringing the grassroots voices to our work and bring the state policy work at the table.”

Voices of Grantees: How Grantees Acknowledge, Build, and Shift Power

In the interviews, grantees were asked: "Do you think building community power plays a role in housing for health equity?" Their responses are summarized below according to themes.

The role of power in connecting housing and health equity:

“Power exists now with people who make development decisions about neighborhoods or who reinforce enforcement laws that favor landlords. These are the folks that are in power now to determine what the health conditions will be for the black and brown people of [geographic location]. We want to shift that so that the people most impacted are the ones who have that power to decide what the future of their community will be. They don't have that power right now.”

“Health equity is clearly something that policy and good projects are needed to address. What is the definition of good? Good cannot be defined in a way that excludes the community -- that excludes their ability to make these decisions for themselves.”

“Yes, by all means! Our main lens for that would be policy change including program adoption at the city and county levels.”

The mechanisms of building power for health equity through housing:

“Land use issues are esoteric even though they determine everything about the place we live in. Developers are powerful. Teaching people to talk about these things makes them genuinely a part of things. To give marginalized people a say in the built environment they live in. It is important for elected officials to hear that and important for individual empowerment.”

“The joint decision-making process is a collaborative process. We want to make sure that we include everyone and come up with a consensus, so that when we come up with this project, we have general goals that we want to achieve that everyone agrees on.”

“We have an emerging understanding that affordable housing needs to be developed in a way that gives power to a community. It depends on the community as to what that looks like.”

"The way we talked about community-driven is about community power. It looks like building power within the community. Our program could look like rental support. Instead it's focused on helping people become owners and have additional power in the community."

What building power enables, and for whom:

"A fundamental piece of our history - people knew "the neighborhood would improve but not for people like us." Owning the land is of paramount importance for power in our system. We want to get community members in that ownership space. As you think about systems change, we have to operate from the system we are in."

"If we are going to support grassroots leadership - we actually need to support their leadership. Financially too. With few strings attached. Not to do what we want. It's not only the housing policy changes, but actually more power at the community level to drive those policy changes forward. That was a baseline for a respectful relationship."

III. Operationalizing Grantee Work

The previous section used three common models to discuss how grantees are weaving models and approaches to carry out their housing and health work. In this section, the focus is on the types of strategies that are in play. Grantees' work has been grouped into four overarching categories:

- Policy and systems change
- Organizing and grassroots leadership
- Community control over development and quality of housing
- Perspective transformation

Table 1 summarizes how prevalent certain approaches are across this group of grantees and helps to identify grantees that are using similar approaches. Following the table is further discussion and grantee quotes for each. These descriptions are intended to be comprehensive but not exhaustive.

Table 1. Strategies Used by HEH Grantees Interviewed to Carry Out Funded Work

	Policy and systems change	Organizing and grassroots leadership	Community control over development and quality of housing	Perspective transformation
American Heart Association (HEART)	X		X	X
Atlanta Regional Collaborative for Health Improvement (ARCHI)	X	X		X
Atlanta Volunteer Lawyers Foundation (AVLF)	X	X	X	X
Bread for the City (BREAD)	X	X		
Center on Budget and Policy Priorities (CBPP)	X			X
CHAPA (Mass Smart Growth)	X	X		
Comunidades Latinas Unidas En Servicio (CLUES)	X	X	X	X
Connecticut Fair Housing Center (CT Fair Housing)	X	X	X	
Hawaiian Community Assets	X	X	X	X

Organization				
Homes for All South (HFASouth)	X	X	X	X
Hope Community, Inc.	X	X		X
Isles, Inc	X	X		X
Latino Health Access	X	X	X	X
Miami Workers Center, Inc. (MWC)	X	X	X	X
New Kensington Community Development Corporation (NKCDC)	X	X	X	X
Partnership for the Public Good (PPG)	X	X		
Piedmont Housing Alliance		X	X	X
Right to the City Alliance (RTTC)	X	X		
Stewards of Affordable Housing for the Future (SAHF)			X	X
Strategic Actions for a Just Economy (SAJE)	X			X
The Neighborhood Developers (TND)	X	X	X	
West Harlem Environmental Action (WE ACT)				
Yakima Valley Conference of Governments (YVCOG)	X	X	X	X

These categories relate to the HEH Change Pathways document by demonstrating how community-based organizations are using "people power" to transform communities, the importance of the intermediary work related to building partnerships and supporting local organizations, and where transformative policy work is being done at various (local, regional, national) levels to support health and housing. As the team continues to work with grantees in building out their Change Pathways document, the ability to align them in this way will assist the grantees in finding common ground to focus the discussion without the need to form a cohort or a framework for collective action.

Policy and systems change includes grantees that are gathering evidence to support policy change; promoting policy change at multiple levels (local, regional, state, national); and are focusing on policy change as a key mechanism for systems change.

Gathering evidence to support policy change.

"In New Orleans we do a lot of work around evictions. We know they can be deeply destabilizing event/moment for families, for children that can cause negative health impacts. They are being displaced and have to double and triple up with families. Five to seven family members per room which in the face of COVID is particularly dangerous. This is due to our very poor tenant protections. You can be pushed out of your housing in five days for being $1 short."

Promoting policy change at multiple levels (local, regional, state, national).

"Internally, we have been … Engaging In each space [health and housing respectively] and identifying the policy and capacity bank that are making it harder for communities to do the work or even start the work. What are the federal or state policies that are preventing community examples that work from being replicated in other places? The world we live in the past few years, we see the resources that communities have traditionally used in this work being threatened. Equipping local players in places to protect those resources or know how they work. Identifying opportunities even in resource constrained environments."

Policy change as a key mechanism for systems change.

"The [name of project] will provide the opportunity for [name of residents], COFA migrants, and rural residents to take leadership roles in the development of an affordable housing coalition consisting of nonprofit community development corporations, financial institutions, HUD housing counseling agencies, developers, homeless service providers, philanthropic and educational institutions, businesses, unions, faith based organizations, health care insurers and providers, and engaged residents. Equitable and multi-sector representation on the coalition will create the foundation for multi-sector solutions to housing instability that improve housing affordability and quality through policy and practice changes."

Organizing and grassroots leadership includes grantees that are cultivating resident leaders through other engagement and advocacy work; developing leaders through leadership training and support; and building a deep base of community support through ongoing organizing and advocacy work.

Cultivating resident leaders through other engagement and advocacy work.

"Primarily it's a lot of Facebook and phone calls. [staff person] is doing that. She is making sure that one of the Centers is unlocked and opened. She sits there and makes calls to see what people need. They have a core group of leaders who help them make strategic decisions about direction. We had meetings every Thursday. Tonight, we have

a Google hangout. What's important in this time is just checking in with people, not just talking when you need something."

Developing leaders through leadership training and support.

"How to operationalize that… building this team of fellows. None of them come from the community development sector. Creating this team first and working with them to build their capacity before we engaged the assembly. They would study and learn about housing advocacy and policy in months 1-3 and then we would engage housing and advocacy folks in month 4. This put them on equal footing with the advocates in terms of language and process in the assembly. The goal is to have that group of fellows to be the community leadership council that leads this work. We are all renters and homeowners who participate as community members under their leadership. We are all here to build their capacity to lead."

Building a deep base of community support through ongoing organizing, education, and advocacy work.

"Community power absolutely plays a role in equity. Neighborhoods don't get what they don't ask for. But if they don't know what to ask for, they can't ask. Our role as educators is to figure out what they can ask for, what they should expect from landlords, public works, code enforcement, the courts, the city. Our role is to help communities understand and use their own power, that includes the right to speak up, and complain, and advocate for themselves…. which absolutely contributes to trying to create a more equitable society."

"But I think one of the major successes for this work was providing some TA for the residents of the [name of] neighborhood. Working with residents on anti-displacement strategies. They ended up selecting a community land trust and were able to get off the ground in a few years."

Community control over development and quality of housing includes grantees that are explicitly working with community members to control housing; advocating for residents who are experiencing acute housing concerns including environmental conditions and housing stability; and engaging community leaders specifically to guide development in a community.

Explicitly working with community members to control housing.

"The first thing that had to happen was a healing between the nonprofit affordable housing programs and community who was saying "thank you for your services, but you're not listening". The community members seemed to have a very clear idea of what it took to get affordable housing into their communities, while the nonprofits seemed to be focused on the very technical part of it. A healing had to happen. It's not okay for a nonprofit director to take over a meeting and speak over community members. Communities had the opportunity to define for themselves what health means in the context of affordable housing…. it very quickly became about more than a house. It's

about building a community. So really creating a structure for folks within their community to have a structure, to hold accountability, and to share with their communities. To allow for more sharing to happen."

Advocating for residents who are experiencing acute housing concerns including environmental, conditions, and housing stability.

"The promotora model is what inspired our approach to this project. We want to train tenants to support other tenants as a support network to do this work together, not so much institutionalized within our organization and dependent upon our staff, but build the capacity within the community. At the same time the tenant rent control advocacy group wanted to get rent control on the ballot again and weren't able to get it back on the ballot. But we need that long-term change."

Engaging community leaders specifically to guide development in a community.

"[Name of property] (being redeveloped by grantee) - has an advisory committee that was formed 15 years ago. The 15-person committee has nine residents working along with staff and key stakeholders. Over the last 15 years they have learned to work with architects and civil engineers and are calling the shots. They revised the master plan that was submitted to the City Council. They selected the contractor, designed the layout, the floorplans, green space. They also made the decision to make the development mixed income. We have gotten a lot of heat from the City Council for that decision because of the historic racism here, some people felt it should be all low income. The residents pushed back on it because they see the value in having a mix of people rather than a concentration of poverty, which is what low-income housing has historically been. We got a lot of heat from other people... people thought we brainwashed the residents into making that decision. A lot of the pushback was coming from members of the African American community here who have seen a lot of injustice in their lives. The pushback happened at a public hearing. The residents pushed back and spoke at the hearing to defend their decision."

Perspective transformation includes grantees that are changing the culture and narrative related to health and housing through community voice; developing partnerships and "tables" for institutional and community partners; and developing research and collecting evidence to support policy change.

Changing the culture and narrative related to health and housing through community voice.

"I met some foundation-convened task forces around lead in [grantee city name] and people who have been working on lead exposure for 15 years. It's still shocking to hear them say "if you have lead in your home why don't you just move?" So, a big role we have is trying to bring resident experience into those government experiences as well. There seems to be very little awareness about what it's like to live in those conditions among so many leaders and elected."

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Developing partnerships and "tables" for institutional and community partners.

"There are two tiers here. The congregation is the partner we collaborate with, the congregation then partners with the community. Part of the technical assistance we provide to them in the workshops is to equip churches to engage the community properly. The faith-based leaders work directly with their communities. Working with them, we have people one the ground, hands-on in the community who can speak to what their community needs in terms of housing."

Developing research and collecting evidence to support policy change.

"This project couldn't be more central to COVID. In March we released our study on evictions in [geographic location]. How many happen, why they happen and where people go afterward. Now we're on an eviction suspension until the end of June. So many policies around eviction are hanging quickly and changing in a temporary way. We are talking with partners about what we need to see in the long-term and how we take these temporary measures and springboard into the longer-term changes we want to see."

IV. How Kresge Funding Made a Difference

The descriptions of the work in the requests for proposals (RFP) for both the HEH planning and implementation grants resonated with grantees who are doing the complex work of health and housing. During interviews, the following themes were identified and discussed.

RFP language met grantees where they are. The RFP was written in a way that captured the work already in progress. Grantees expressed that it "allowed them to do what they already do" and, in some cases, had been doing for many years. Grantees described prior necessities of cobbling together separate funding sources for engagement, organizing, health, and housing advocacy or planning to support work that framed and used housing as a vehicle for health on-the-ground.

> *"It was perfect for us! We had already considered Kresge because of the emphasis on health and housing. We [the partners] each had our own paths in cultivating a relationship in preparing to submit an application. We talked to a program officer who advised that our application will be stronger if we applied together. It was the perfect opportunity for us as a community."*

> *"We've been waiting for this opportunity for a long time. No one is really funding these innovative and effective ways of addressing health through something like housing. We've been asking the local foundations to invest in this, but they are still focused on the built environment and neighborhoods, but not housing. we've been waiting for funders to say - community organizations should be leading this work. Kresge was one the first we found who is taking the work of community leadership in housing and health equity seriously."*

National funder provides the social capital needed to say difficult truths. Being funded as part of a national funder's new initiative provided a buffer for addressing unpopular topics, especially for grantees operating locally. The grant award is useful for grantees to concretely demonstrate the relevance and importance of being explicit about those topics, particularly if working in places where race and health equity are not part of the conversation for decision-makers.

> *"When we saw the RFP, it was like "oh, this is the work we are already doing' which is the dream moment for any organization. Making those links was a ripe opportunity. This is our first Kresge grant but our partners have had other Kresge grants and we know them to embrace policy change. Local funders are not supportive of policy change work. They think it's too political to do basic civic policy change work. And the community led piece is how we work."*

Direct funding for the fullness of the work allowed grantees to think about capacity differently. Because this work has often been funded in programmatic parts (i.e., housing, organizing, health) grantees explained that the HEH funding allowed them to openly identify and

fill new staffing and missing positions which were needed to carry out the work that otherwise would have been impossible to resource.

> *"As a native organization we have been laser focused on equitable access and opportunity for native people. With the Kresge grant, we saw the opportunity to expand our tent and bring other groups to the table. Pulling in other partners and communities that we have worked alongside, but in silos. To get out of our comfort zone to see if we can find common ground to work on. And an opportunity to build capacity and ensure that all voices are heard."*

HEH allowed grantees to advance systems change work. This funding opportunity allowed grantees to fund additional aspects of the structural change component of existing projects. It allowed some grantees to take the next step in projects while continuing to maintain critical ongoing functions. This was key for grantees who had a comprehensive framework for equity and a strategy to advance it in place: they just needed the funding to operationalize it.

> *"We are working together to try to increase our collective capacities by sharing staff opportunistically when there were "hot" moments in the work. Organizer exchange. In addition to that, which has been as important as the manpower, it's helped our staff understand their work in a national context. A lot of the laws we've had to focus on are particular to place, but the uses are international in terms of where the financial flows are coming from so this has helped build a movement."*

Beyond the funding itself, grantees expressed a variety of additional needs to support their ability to do the type of work that directly engages residents, builds and shifts power, and changes practice, systems, and policy over a sustained period. These needs are amplified in the context of COVID-19. Grantees acknowledged that several of these needs have been identified and supported by Kresge; others are areas that the foundation might consider for the future.

Agile and responsive grantmaking: Grantees appreciated Kresge's recognition that community-led work is dynamic, as well as their flexibility with funding of both COVID response and the openness to shifting priorities, partners, and process for carrying out the work as learning occurred for grantees.

Patience for outcomes: As with most structural change work, outcomes take time. Grantees expressed appreciation for Kresge's existing understanding that interim measures, such as building relationships, can take years instead of months.

Understanding more about how the foundation sees HEH grantees: Across the interviews, grantees shared a desire for more communication from Kresge about their funding priorities, and how the HEH team will define success. This includes grantees' desire to understand more about the foundation as a whole and trends in investment. Related to the reality that funding for this body of work is rare, it was the planning grantees particularly who wanted to understand what would make them competitive for the next phase of funding.

Additional support to manage through change: A few grantees expressed interest in receiving support for capacity to do future planning under different scenarios. Are there ways that Kresge could support grantees to think about how to advance their work in alternative socio-political contexts that would help them be more strategic?

Grantees feel seen: Grantees interviewed as the pandemic was spreading across the country expressed appreciation that the HEH team both acknowledges and considers the emotional labor many frontline grantees are experiencing.

V. Questions for Discussion

This section offers introductory context followed by a question to help guide future discussion prompted by this memo. Some of these questions are appropriate for the Kresge HEH teams, while others can be used to engage the grantee learning community.

➢All grantees agree that housing affects health in concrete ways. At the same time, grantees perceive what needs to be done based on direction and feedback from their communities (for place-based grantees) and the grantees' capacity to meet those needs. Grantees understand that their approach to the work must be responsive to community needs and their organizations' mission and capacity. This results in housing solutions that are necessarily different for each community, though they have common roots.
▪ *How do we resolve this, when the push is for best practices that can be scaled? How do we consider the role of intermediaries and grassroots organizations in achieving scale?*

➢Housing is indistinctly the legacy of redlining which is distinctly about neighborhoods. People in redlined neighborhoods are working to solve the issues along the lines of race and socio-economic class. Therefore, community led solutions are normally focused on individual neighborhoods, plots of land, and buildings rather than the state of housing for a class for people across an entire city. As this work unfolds, the need to address the systematic disinvestment that redlining created persists. Within the context of an equity framework, the community-level injustices from redlining are considered the root cause of systemic inequity; these ongoing factors need to be addressed and corrected. However, the systemic root cause cannot be fully addressed by local action. Local action can build community power to meet the moment where shared decision-making calls for the systems level actions that can lead to change.
▪ *How do we think about supporting collaborative approaches between systems actors and community actors within a shared framework of equity and strategy?*

➢Racism is a structural determinant of health that mediates opportunities, conditions, and outcomes, not only around housing, but also the pandemic and the long history of police brutality against persons of color that is now receiving renewed public attention. Many grantees clearly understand the relationship between housing injustice and racial inequity and agree that racial justice is a necessary foundation for housing and health equity. As more people in the housing field begin to understand this connection, it presents an opportunity for more intentional and systematic aligned work with social justice groups that are specifically addressing issues of race.
▪ *What type of investment would it take to remarry housing and social justice in the way public health was recently aligned with planning?*

➢Traditional models of community participation consider the role and extent of power of community residents in institutional and public decision-making. The HEH group of grants demonstrates that community led work is often designed and advanced by a community group who then invites institutional partners into their work. In the traditional model, institutions are sharing with community residents with the default power resting with institutions. The starting place for most HEH grantees is with the community as the default decision-maker. The IAP2 model on p.18 presents a paradigm in which an invitation is extended by a convener, but the reality is that residents participate in decision-making without having been invited by an institution.

▪ *How do we identify and account for this nuance of where the default power actually lies in community decision-making?*

VI. Recommendations and Next Steps

The next steps in the developmental evaluation are:

1. To engage grantees to reflect, share learning, and build a sense of shared experience as a cohort, two specific activities are planned. In a virtual setting, the team will share learning from the memo with grantees and receive feedback on the initial description and categorization of work. The team will then facilitate a cohort level conversation with grantees to share practice and document their shared experience and knowledge about doing this work in a Change Pathways document articulating how communities are making housing through health happen.

   Together, the Kresge Change Pathways, this memo, and the Grantee Change Pathways will serve as the foundational documents through which learning and insights will be surfaced throughout the duration of the evaluation.

2. Create and carry out a group technical assistance and peer learning plan based on interests and needs for technical assistance identified by grantees during the initial interview process.

3. Document emergent learning and insights throughout these engagements on how Kresge and grantees are learning to support this work as it progresses and discuss implications for this group of grants and the foundation with the Kresge HEH team in the fall.

4. The team will return to grantees for follow-up conversations to document how their approaches to this work have evolved and what they have learned about doing this work, as well as the implications for their communities and the broader field of practice.

VII. Appendices

**Funding Opportunity:
Advancing Health Equity
through Housing** APRIL 2019

THE
KRESGE
FOUNDATION

Purpose
To support innovative community-generated multi-sector solutions that improve health outcomes by addressing housing stability, affordability and quality through policy and practice changes.

Funding Availability
Applicants may apply for Project Support or General Operating Support. Please note the subcategories of each funding type listed below:

Project Support:
- o Planning Grant (up to one year; $100,000)
- o Implementation Grant (up to two years, $200,000 per year)

General Operating Support:
- o Implementation Grant (up to two years, $200,000 per year)

Background
Decades of discriminatory housing, transportation, land-use policy and economic disinvestment have resulted in residential segregation by income, race and ethnicity and created disparities that negatively impact the health and well-being of residents living in America's cities.

Over the past 10 years, The Kresge Foundation has worked to expand opportunity for people with low incomes in urban communities through grantmaking and social investments. As a result of these investments, the foundation has learned many important lessons, including that: (1) housing, particularly for low- and moderate-income households, is an important platform for individuals and families to achieve health, well-being and economic stability; and (2) solutions designed with significant and meaningful input from those most affected are most likely to result in positive long-term change.

This funding opportunity is situated within the Health Program's Community-Driven Solutions focus area, defined as locally determined solutions and policies that influence systems, services and practices to help support communities to improve health through housing quality, stability, environmental conditions and food systems.

The Opportunity
The Kresge Foundation seeks to identify and accelerate community-led policy and system changes that reduce displacement, segregation and gentrification; support innovative funding strategies that better connect housing and health sectors; and recognize multi-sector partnerships that preserve and increase the supply of stable housing to improve health, well-being and health equity in low-income communities.

Competitive proposals will:
- Address social determinants of health
- Have a strong community and equity focus
- Include partners from the health and housing fields, and ideally partners from additional sectors
- Incorporate community-level engagement and decision-making at the policy and/or practice level focused on solutions to one or more health and housing issues.

What We Will Support
On-the-Ground Work: Includes support for nonprofits who have a core mission of stabilizing urban communities through systems change and policy work to prevent displacement, gentrification and eviction, and advance fair housing. The foundation will also consider providing planning grants and supporting small-scale pilots of new and innovative models of housing and health system integration and multi-sector collaborative approaches.

Intermediary Support: Includes support for national learning collaboratives and national networks to provide diverse technical assistance strategies and customized support to local organizations. The goal of this work is to strengthen the links between local organizations and build their capacity to transform sporadic innovation into a sustained strategy. Key strategies include facilitating peer-to-peer learning and multi-sectoral collaborations. The learnings from this work are intended to inform local, state and national policies and practices.

Innovation: Includes the development of new policy and financing approaches to address housing instability and improve health outcomes. Successful applicants will combine local knowledge and experience with national expertise to create evidence-informed approaches that will translate in a variety of contexts (e.g., blended funding strategies that bring health care investors together with traditional investors).

What We Will Not Support
- Efforts that do not have a strong community engagement and/or power-building component
- Proposals that do not link health and housing and clearly articulate how their work will improve specific health outcomes
- Efforts that only involve a single organization or single sector
- Capital costs for housing development (gap financing, etc.)
- Pure research (as opposed to applied research) related to housing

How to Apply
All applications for the Advancing Health Equity Through Housing funding opportunity must be submitted by **11:59 p.m. EST on May 7, 2019,** via Fluxx, Kresge's online grant application system. *Note:* Applications will only be accepted through the Fluxx portal.

Fluxx Registration

If you <u>do not have a Fluxx account</u>, use the guidance below to begin the application process:
1. By **April 29, 2019**, use the following link to create a Fluxx account: https://kresge.fluxx.io/user_sessions/new.
   a. Be sure to select Health as the Kresge Program of Interest
   b. Please be mindful that your login credentials may be sent to your email spam folder.
2. Follow additional steps listed in the *Fluxx Application Components* section below.

If you <u>already have a Fluxx account</u>, log into Fluxx using your existing login credentials and follow the steps listed in the *Fluxx Application Components* section below.

Fluxx Application Components

Once registered in Fluxx, applicants should log into Fluxx and use the guidance below to begin your application:

1. Select **Grant Opportunities** from menu on the left.
2. Click **Start a New RFP**.
3. Select **Advancing Health Equity Through Housing** as the program you're applying for and click **Save** in the lower right. *(Note: Narrative questions will not appear until Advancing Health Equity Through Housing is selected and saved.)*
4. Proceed to provide information about your organization and the grant request.
5. When your application is complete, click **Save** and then **Submit**.*

*You will know that you have successfully submitted your application upon receipt of a confirmation email from Fluxx (be sure to check your email spam folder).

RFP Narrative Questions

See below for the narrative questions applicants will respond to as part of the application process in Fluxx. Note: character limit includes spaces.

1. How does your community describe the impact of housing instability on their health? Describe the opportunity, challenge, or unmet need related to housing instability and health that your proposed activity addresses. *(Response character limit: 3,000)*
2. Describe how your proposed project emerged from the community. *(Response character limit: 3,000)*
3. Describe your proposed project in detail, including goals and major activities. *(Response character limit: 3,000)*
4. Who are your current and anticipated partners on this project? Please describe the roles, responsibilities and capacities of any other partners with whom you plan to collaborate during the proposed grant period. Highlight your efforts to ensure community members are involved throughout the lifespan of the project. *(Response character limit: 3,000)*
5. Define measures of success and describe how you will evaluate your progress towards those measures throughout the proposed grant period. How will you share lessons learned with the field? *(Response character limit: 3,000)*
6. List anticipated outcomes of your proposed work as well as how each will be sustained beyond the proposed grant period. Please be sure to include outcomes related to health/well-being and decision-making power regarding the communities you seek to serve. *(Response character limit: 3,000)*
7. Describe any key national and/or local policies you aim to address, elaborating on how the work will advance or protect them. *(Response character limit: 3,000)*
8. Why is your organization ideally qualified to lead the proposed scope of work? *(Response character limit: 3,000)*
9. How does your organization demonstrate its commitment to advancing racial and social equity? *(Response character limit: 3,000)*
10. Assuming you receive the financial resources necessary scope of work, what obstacles might prevent you from achieving your desired outcomes? What are your plans to overcome or mitigate those obstacles? *(Response character limit: 3,000)*
11. Please provide a brief summary of your project. Be sure to highlight the following elements: location, specific activities, and the connection to health outcomes. *(Response character limit: 3,000)*

Appendix B: Kresge Foundation HEH Grantees (Rounds 1 and 2)

Grantee Organization (abbreviated name)	Location	Service Geography	Project Name	Program/Area of Proposed Work	Type of Grant[1]	Year awarded
American Heart Association (HEART)	Dallas, TX	National (Project in 5 selected communities)	Scaling faith-based solutions to health through housing: the American south	Housing development	I	2019
Atlanta Regional Collaborative for Health Improvement (ARCHI)	Atlanta, GA	Local	Disrupting Health Inequities through Affordable, Supportive Housing	Health Housing access Policy	P	2019
Atlanta Volunteer Lawyers Foundation (AVLF)	Atlanta, GA	Local	Standing With Our Neighbors	Housing justice Legal services	I	2018
Baltimore Regional Housing Partnership*	Baltimore, MD	Local	Healthy Children Demonstration	Health	I	2019
Bread for the City (BREAD)	District of Columbia	Local	Right2DC Public Housing Campaign	Health Public housing management	P	2019
Center on Budget and Policy Priorities (CBPP)	District of Columbia	National	Connecting the Dots	Policy	I	2018
CHAPA (Mass Smart Growth)	Boston, MA	State (coalition)	General Operating Support for Massachusetts Smart Growth Alliance	Advocacy	I	2019
Chicanos Por La Causa (CPLC)*	Phoenix, AZ	Local	General Operating Support	Health Advocacy	I	2019

City of Detroit*	Detroit, MI	Local	Detroit's Rental Registry Ordinance: Linking Policy, Practice, and Healthy Equity	Housing justice Policy	P	2018
Comunidades Latinas Unidas En Servicio (CLUES)	Minneapolis and St. Paul, MN	Local	Developing Community-Driven Housing Solutions for Latino Immigrants in Minneapolis and St. Paul, Minnesota	Housing justice Housing supply Advocacy	P	2018
Connecticut Fair Housing Center (CT Fair Housing)	Hartford, CT	State	Addressing Issues of Public Health Concern By Remedying Bad Conditions in Housing	Housing justice Advocacy/legal services	P	2019
Dudley Street Neighborhood Initiative*	Boston, MA	Local	Greater Boston Community Land Trust Network	Housing development and supply	I	2018
Gulf Coast Housing*	New Orleans, LA	Regional (project is local)	Health and Housing: Jackson, Mississippi Pilot	Health Housing development	P	2018
Hawaiian Community Assets	Honolulu, HI	State	Housing Hawaii Coalition	Housing quality and development Advocacy	P	2018
Homes for All South (HFASouth)	Jackson, MS	Regional (network)	Developing Healthy Housing Leaders	Advocacy Housing support Capacity-building (local)	I	2019
Hope Community, Inc	Minneapolis, MN	Local	General Operating Support	Housing Advocacy	P	2019
Isles, Inc	Trenton, NJ	Local	Data-driven solutions for healthy housing in Trenton, NJ	Policy	I	2018

Latino Health Access	Santa Ana, CA	Local	Promotor de Vivienda (Housing Community Health Worker): A Holistic Grassroots Approach to the Intersection of Housing Instability and Health Needs of Low-income Tenants	Health Housing justice Advocacy	I	2019
Make the Road New York*	Brooklyn, NY	Local	Community Health Partnership	Health	I	2019
Miami Workers Center, Inc. (MWC)	Miami, FL	Local	Housing, Health, and Liberty in the City	Health Housing development	P	2019
New Kensington Community Development Corporation (NKCDC)	Philadelphia, PA	Local	Trauma-informed community development	Housing support Health	I	2018
Partnership for the Public Good (PPG)	Buffalo, NY	Local	Community-Led Anti-Displacement Solutions	Policy Legal services Advocacy	I	2019
Piedmont Housing Alliance (Piedmont)	Charlottesville, VA	Local	Resident-led housing redevelopment	Housing justice Public housing management	I	2018
Policy Link*	Oakland, CA	National	National Housing Security in Healthy Communities of Opportunity Policy	Policy Housing justice	I	2019
Right to the City Alliance (RTTC)	New York, NY	National (member network)	General operating support	Policy Housing justice	I	2019
Stewards of Affordable Housing for the Future (SAHF)	District of Columbia	National (member network)	Building on Home: Creating a Catalyst for Equity	Health	I	2018

Strategic Actions for a Just Economy (SAJE)	Los Angeles, CA Santa Fe, NM Austin, TX	Regional (3 local partners)	Organizing exchange to support increased and flexible capacity	Housing justice	I	2018
Tacoma-Pierce County Health Department*	Tacoma, WA	Local	Health Equity and Housing through Community-Driven Decision-Making in Pierce County, Washington	Policy	I	2018
The Neighborhood Developers (TND)	Chelsea, MA	Local	Chelsea Health Starts at Home	Housing development and supply Policy Advocacy	I	2019
Vanguard Community Development Corporation*	Detroit, MI	Local	Sick and Tired	Health	P	2019
West Harlem Environmental Action (WE ACT)	New York, NY	Local	Resident-led NYCHA Health and Housing Agenda	Health Public housing Advocacy	I	2019
Yakima Valley Conference of Governments (YVCOG)	Yakima, WA	Region (within state)	Health Equity and Housing Innovation Network	Housing development	P	2019

*Did not interview

[1] I = implementation Grant; P = Planning Grant

Appendix C: Kresge HEH Change Pathways

The Change Pathways document (p.44) captures the Kresge HEH team's values, approach, and strategy for supporting community-led strategies for health and housing through this funding opportunity. The document also describes how the Kresge HEH team envisions this funding opportunity:

1) supporting communities across the country in leading work to use housing as a vehicle to improve health and advance health equity, both on the ground in communities and through broader systems and policy change,

2) increasing the visibility and sustainability of grantee organizations as leaders in bridging the sectors of health and housing and building community power and enabling community leadership as critical components of advancing health equity, and

3) surfacing shared values, narratives, models, and practices which emerge from these efforts and can inform and strengthen the way this work is valued, funded, and implemented nationally.

A draft of the Pathways document was shared with HEH Grantees for their consideration and feedback on how the context, approach, and aims of their funded work are reflected in the document. Grantee feedback and insights are highlighted in yellow on the document.

Kresge HEH Change Pathways

History and context	We believe that Kresge's contribution to shifting this is by funding three strategies	We believe the work best positioned to bring about change (values)	Outcomes for and among grantees	Outcomes on the ground in grantees' communities
Decades of discriminatory housing, transportation and land-use policy and economic disinvestment have resulted in communities that are residentially segregated by income, race, ethnicity, language, and immigration status; inequities in housing quality, stability, and acces; and imbalances of power that favor markets, developers, and landlords. Together, the confluence of these factors systematically disadvantages and negatively impacts residents and the entire populace of America's cities. Communities have been organizing for decades to address and correct these disparities and have long recognized that housing and health are interconnected. *Kresge will contribute to changing this cycle through intentionally using an equity lens, supporting mature multi-sector partnerships, and amplifying innovative strategies to…*	**On the Ground Work** *Strengthening non-profits who have a core mission of stabilizing communities through systems change and policy work -- using people power.* **Intermediary Support** *Supporting national learning collaboratives and national networks to provide diverse technical assistance strategies and customized support to local organizations.* **Innovation** *The development of new transformative policy and financing approaches to housing and health.*	*Is deeply rooted in place* *Demonstrates a strong health frame* *Is led by community residents* **Note**: *These are selection criteria, not values. Can we reframe as values?* **Selection criteria**: *knowledge, skills, and experiences the funder is looking for.* **Values**: *Intangible. Based on feelings, perceptions, preferences, and priorities—an internal code that influences how we experience and interpret the world* ● *Community* ● *Justice;* ● *Human Rights* ● *Shared humanity* ● *Good governance* ● *People > markets* ● *Cultural identity*	*Self-directed community of practices to include authentic relationships among grantees and with Kresge team* *Enhanced capacity to leverage local resources* *Grantees have more capability and capacity to collaborate, learn from and with one another and talk about their work*	*On the ground in grantees' communities:* *Contribute to movement building* *Formal community benefit processes* *Housing policy changes* *Improved social cohesion* *Residents exercise agency over decisions in their communities that extend beyond services provided to them.*

Appendix D: Evaluation Process and Timeline

The developmental evaluation work officially began with an in-person meeting of the evaluation and HEH teams in August 2019. In preparation for the meeting, the evaluation team reviewed existing internal documentation, including consultant memos, grant proposals from the first round of grantees (the second round was not yet selected), and other relevant information related to the creation of the HEH group of grants.

The evaluation team also interviewed all four members of the HEH team (one-on-one), as well as David Fukuzawa (Managing Director, Health), Fred Karnas (then Senior Fellow, Health), and additional key consultants and experts who participated in formulating the HEH request for proposals. Both the importance and the risk associated with this group of grants emerged from these conversations.

The August 2019 meeting kicked-off the ongoing development of the Kresge Change Pathways discussed in the main portion of this memo.

The next step in the process was a virtual gathering of grantees to hear both Kresge and the evaluation team explain the purpose, scope, and intended results of the developmental evaluation and state clearly that it was not a traditional monitoring evaluation effort. Concurrently, the foundation was able to bring the Berkeley Media Studies Group, a communications team, on board to provide communications technical assistance to grantees over the course of the grants. This kick-off webinar, held on January 27, 2020, introduced the evaluation and communications teams to grantees.

Following the webinar, the evaluation team began scheduling grantees for one-hour conversations, serving as the first data gathering step in the developmental evaluation. All grantees were invited to participate in an interview. Both team consultants participated in the first five conversations, held in January and February 2020, so that the interview protocol and process could be refined.

The interviews focused on understanding how grantees view the connection between health and housing, where grantees currently see themselves now and aspire to be along the spectrum of community engagement, and the values and driving factors that undergird their work. In addition to these conceptual questions, the evaluation team also listened for how the grantees' supported work touched on these areas and their evaluation needs.

Initially, the interviews were also designed to elicit grantee feedback on Kresge's Change Pathways document. However, during the initial five interviews, the evaluation team determined this focused the conversation on Kresge's perspectives and needs rather than on developing a more nuanced understanding of grantees' perspectives and expertise. For the remaining interviews, grantees were sent a follow-up email with specific questions to elicit their feedback on Kresge's Change Pathways document. That summary will be shared with the foundation and grantees as part of the grantee convening in the early fall of 2020.

In March 2020, the evaluation team added several additional questions to the interviews that encouraged grantees to reflect on their experience with COVID-19 and how it affected their work and capacity. The learning from these questions are discussed in-depth throughout the analysis sections of this memo. During this time, the HEH team provided the evaluation team with the foundation's position of support for existing grantees and their openness to changes grantees needed to make to their work in response to the pandemic. Being able to share the foundation's position during the conversations that occurred in March – May 2020 was an important message for grantees to hear as they continued to navigate the health crisis.

By the end of April 2020, the evaluation team had completed 80% of the interviews and shared interim themed learning with the HEH team for learning and reflection. By the end of May 2020, 23 interviews had been completed. Nine grantees opted not to participate or did not respond.

Using notes and recordings, the evaluation team did a thematic analysis of the content of the conversations. This memo interprets and discusses the findings and will be shared with grantees before the fall 2020 virtual convening. Selected components will be used to springboard the creation of a Change Pathways document or theory of change reflecting cumulative grantee experiences and approaches to the work of health equity and housing emerging from this evaluation.

Appendix E: Grantee Technical Assistance Needs

As part of the interviews, grantees were asked their critical Technical Assistance (TA) needs for the grant-supported work. Listed below are the categories of TA requested and ideas for how Kresge could support this work broadly. As part of the project, the evaluation team is using these categories to propose ideas for meeting some of these shared TA needs.

<u>Factors to measure to help grantees make the case for and sustain their work</u>

- Assessing/measuring/capturing the impacts/ROI on health of housing security, stability, and land sovereignty strategies, or lack thereof, for the healthcare and housing sectors.

- How to best use evaluation. When, how, and why to measure the work, and what measures to use to capture the value and impact of the work over the short- and long-term.

- Measuring social needs, social determinants, and structural inequity/equity. What's the difference and how to do it.

- Tools and metrics to measure and track resident engagement in planning, advocacy, and change strategies to determine if engagement changes over time and if that change is "better" or not.

- Measuring resident leadership development; measures include defining capabilities of leadership, developing an overarching framework for how these capabilities relate to one another and foster greater capacity for individual and collective leadership, and tracking residents as they move through successive leadership positions.

- Reliable processes and data sources to measure and track eviction incidents and rates over time and by demographic; the risk factors and drivers associated with eviction.

- Methods to document and compare structures, approaches, and mechanisms for resident engagement and participation and what they produce/foster in and between participants (e.g., trust, hope, confidence, power, experience, skill, social capital, common purpose, etc.).

- How to access and use secondary health claims and health behavior data to assess the impact of housing-related social needs interventions.

➢ **Opportunities for Kresge to advance practice**

- When drivers of eviction are identified and understood by communities, but unexplored or unproved in research, fund research to document, test, and prove them.

- Build out a national data dashboard to give communities a look at what eviction and other indicators related to housing quality, safety, stability, and equity look like in places across the nation.

Evidence, frameworks, and data management

- How to store and manage data from resident questionnaires and surveys.

- Resources and process to access scholarly information, frameworks, models, survey tools on engagement, organizing, and collective impact.

- Frameworks and indicators to describe the impact of organizing/power building, meeting social needs, and addressing social determinants on health improvement and health equity.

- Quantifying the health and economic impacts of the grantees' work, e.g., how many people are avoiding eviction and the broader economic and health gains/losses that avoiding eviction creates.

- Resources, tools, and systems for widespread, accessible, quick information gathering (i.e., phone, web, and text-based polls and surveys) to enable real-time data on needs, priorities, and support for action, e.g., X% of residents support rent control.

- Having an evidence base on the value and impact of engagement, community participation, and empowerment on public policy, programming, and strategies.

- Having a theory of change and or impact framework to help articulate a common set of expected outcomes and indicators around racial equity in our work.

- Having a framework and related body of evidence that clearly articulates and visualizes the connections between housing and health.

➢ **Opportunities for Kresge to advance practice**

- Promote different thinking among funders and evaluators about the burden of evidence needed to document impact.

Communicating about the impact of the work

- Findings compelling ways to talk about the quantifiable impacts of the work (e.g., lives saved, dollars saved, health gains made).

- Finding quantifiable and compelling ways to communicate the impact of non-quantifiable work (e.g., this is the impact of community ownership of the land/housing).

- Finding compelling and relatable ways to talk about the comprehensive impact of policy wins that result from organizing efforts.

- Documenting and sharing events, actions, work through video and pictures as a part of popular culture.

➢ **Opportunities for Kresge to advance practice**

- Commission an evidence review on the value and impact of resident engagement, participation in decision-making around housing, neighborhoods, and health.

- Develop a comprehensive infographic, brief, or report that describes the evidence for the impacts of housing on individual and population-level health, and the measures grantees can use to show the impact of their work within these pathways.

Current capacity for developmental evaluation and learning

- Resources
  - Interns and college students to build evaluation frameworks, develop tools, and collect data.

- Tools
  - Develop, deploy, and track community surveys/questionnaire tools (not always valid or efficient. Unsure of how to best utilize their data.)
  - Sign-in sheets and contact lists
  - Health impact assessments, when funded
  - Focus groups and community questionnaires
  - Web and phone-based surveying and polling

- Metrics

  - Track the number of evictions filed with local courts, but unable to track the number evictions that occur.

➢ **Opportunities for Kresge to advance practice**

- Direct support of evaluation activities related to grants.

- Forums/working groups for grantees to share wise practices related to evaluation and learning.

- Share case studies or stories featuring grantee learning of how progress has been made related to health and housing.