

Community Health and Economic Prosperity

Engaging Businesses as Stewards and Stakeholders—
A Report of the Surgeon General



U.S. Department of Health and Human Services

Persons using assistive technology may not be able to fully access information in this file. For assistance, please contact the Office of the Surgeon General at ashmedia@hhs.gov.



Community Health and Economic Prosperity

Engaging Businesses as Stewards and Stakeholders—
A Report of the Surgeon General

JANUARY 2021



This report identifies, for illustrative purposes, the names of businesses and organizations and highlights business practices and performance. Such identification does not (a) suggest that every aspect of the business, organization, practice, or performance is exemplary or (b) constitute endorsement by the U.S. Department of Health and Human Services. Further, any views expressed by such businesses or organizations do not necessarily represent the views or positions of the U.S. Department of Health and Human Services.

National Library of Medicine Cataloging-in-Publication Data

Names: United States. Public Health Service. Office of the Surgeon General, issuing body.

Title: Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General.

Description: Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2021. | Includes bibliographical references.

Subjects: MESH: Community Health Planning—Economics. | Population Health. | Economic Development. | Public-Private Sector Partnerships. | Economic Factors. | Commerce. | United States.

Classification: NLM WA 546 AA1



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Office of the Associate Director for Policy and Strategy

For more information about Surgeon General's reports, visit <http://www.surgeongeneral.gov>.

To download copies of this document, go to <http://www.hhs.gov/surgeongeneral/reports-and-publications/index.html>.

Suggested Citation

U.S. Department of Health and Human Services. (2021). *Community health and economic prosperity: Engaging businesses as stewards and stakeholders—A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy.

Message From Alex M. Azar II

Secretary, U.S. Department of Health and Human Services

The past year was one of the most challenging that America has faced in modern times. The COVID-19 pandemic is one of the greatest public health threats ever to confront our country. It has devastated our economy and driven unemployment to record highs.

These challenges remind us that health and the economy are so often linked together. Congress passed historic levels of support to address the economic costs of the pandemic and to fund the public health response, but low-income Americans have not seen the full benefit of the economic recovery and continue to suffer more severe illness from COVID-19, in part because of preexisting health conditions they experience at rates that are higher than those among Americans who are better off.

Health disparities arise not just from unequal access to healthcare but also from unequal access to economic opportunity, meaningful work, stable families, livable housing, reliable transportation, quality education, and thriving communities.

Healthier people means a stronger economy, but a stronger economy also means healthier people. Those of us who care about both health and prosperity—in the public and private sectors—must recognize this connection and engage on both causes. That is the core insight of this historic publication, *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General*.

This effort emphasizes the inextricable and mutually reinforcing link between physical, mental, and community health and economic prosperity. It calls on private sector businesses, in particular, to engage with and invest in communities to improve health and foster prosperity.

Of the social determinants of health that our department focuses on, one of the greatest is simply access to economic opportunity. We know that economic opportunity—as well as the stable families, healthy environments, and strong communities it supports (what this report calls the “vital conditions”)—is good for health. But too many Americans are born into and grow up in low-opportunity neighborhoods. This creates costs for businesses and for society, as so many Americans never achieve their potential in the workforce, are unable to reach independence, and see their health and the health of their loved ones suffer as a result.

By working together, with deep engagement from the private sector, we can build a healthier society that is rich with opportunity for everyone. This Surgeon General’s report offers a way forward for the United States to recover from the COVID-19 pandemic and to build a healthier, more prosperous future for all Americans.

Acknowledgments

This report was prepared by the U.S. Department of Health and Human Services under the general direction of the Centers for Disease Control and Prevention, Office of the Director, Office of the Associate Director for Policy and Strategy.

Vice Admiral (VADM) Jerome M. Adams, MD, MPH, Surgeon General, U.S. Public Health Service, Office of the Assistant Secretary for Health, Office of the Surgeon General, Office of the Secretary, U.S. Department of Health and Human Services, Washington, DC.

Robert R. Redfield, MD, Director, Centers for Disease Control and Prevention, Atlanta, Georgia.

Robin M. Ikeda, MD, MPH, Associate Director for Policy and Strategy, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Richard W. Puddy, PhD, MPH, Director, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Peter Briss, MD, MPH, Medical Director, Office of Medicine and Science, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

James E. Kucik, PhD, MPH, Deputy Director, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Diane M. Hall, PhD, MEd, Senior Scientist for Policy and Strategy, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Martin J. Vincent, PhD, MBA, Health Scientist and Senior Advisor, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Senior Scientific Editors

Ursula Bauer, PhD, MPH, Senior Advisor, Office of the Deputy Director for Non-Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia.

Greg Fairchild, PhD, MBA, MPhil, Isidore Horween Research Associate Professor of Business Administration, Associate Dean for Washington, DC, Area Initiatives and Academic Director

of Public Policy and Entrepreneurship, University of Virginia Darden School of Business, Charlottesville, Virginia.

Doug Jutte, MD, MPH, Executive Director, Build Healthy Places Network; Associate Professor, University of California, Berkeley, School of Public Health; San Francisco, California.

Contributing Authors

Salma M. Abdalla, MBBS, MPH, Research Fellow, School of Public Health, Boston University, Boston, Massachusetts.

Dolores Acevedo-Garcia, PhD, Professor of Human Development and Social Policy and Director of the Institute for Child, Youth and Family Policy at the Heller School for Social Policy and Management, Brandeis University, Waltham, Massachusetts.

Lawrence Bowdish, PhD, Senior Director, Research and Issue Networks, U.S. Chamber of Commerce Foundation, Washington, DC.

Antony Bugg-Levine, MPA, Chief Executive Officer, Nonprofit Finance Fund, New York, New York.

Laura Choi, MPP, Senior Research Associate, Federal Reserve Bank of San Francisco, San Francisco, California.

Elyse Cohen, MPH, Senior Director of Food, Health, and Wellness Programs, U.S. Chamber of Commerce Foundation, Washington, DC.

Kimberlee Cornett, MA, Director, Impact Investments, Robert Wood Johnson Foundation, Washington, DC.

Marc DeCoursey, Senior Vice President, U.S. Chamber of Commerce Foundation, Washington, DC.

Karen B. DeSalvo, MD, MPH, MSc, Chief Health Officer, Google Health, New Orleans, Louisiana.

Annie Donovan, MBA, Executive Vice President and Chief Operating Officer, Local Initiatives Support Corporation, New York, New York.

Tory Flynn, MA, Vice President of Communications, Athene, West Des Moines, Iowa.

Sandro Galea, MD, MPH, DrPH, Dean, Robert A. Knox Professor, School of Public Health, Boston University, Boston, Massachusetts.

Marcela Hawn, MA, Senior Vice President, Chief Communications Officer, Centene Corporation, St. Louis, Missouri.

Maurice Jones, JD, President and Chief Executive Officer, Local Initiatives Support Corporation, New York, New York.

Sallie Keller, PhD, Director, Social and Decision Analysis, Distinguished Professor, Biocomplexity Institute and Initiative, University of Virginia Darden School of Business, Virginia.

Bobby Milstein, PhD, MPH, Director of System Strategy, ReThink Health, Cambridge, Massachusetts.

Tyler Norris, MDiv, Chief Executive, Well Being Trust, Oakland, California.

Bich Ha Pham, JD, Manager, Communications and Policy, Healthcare Anchor Network/
The Democracy Collaborative, Washington, DC.

Jennifer S. Pitts, Senior Fellow, WE in the World, City of Industry, California.

Mark Rukavina, MBA, Business Development Manager, Center for Consumer Engagement
in Health Innovation, Boston, Massachusetts.

Julia Ryan, MPA, Vice President, Health Initiatives, Local Initiatives Support Corporation,
New York, New York.

Somava Saha, MD, MS, Founder and Executive Lead, Well-being and Equity in the World,
Executive Lead, Well Being In the Nation Network, Lexington, Massachusetts.

Stephanie Shipp, PhD, Deputy Director, Professor, Social and Decision Analytics Division,
Biocomplexity Institute and Initiative, University of Virginia Darden School of Business,
Arlington, Virginia.

Jennifer Talansky, MSc, Managing Director, Knowledge and Impact, Nonprofit Finance Fund,
New York, New York.

Nancy Turnbull, MBA, Senior Lecturer on Health Policy, Senior Associate Dean for Professional
Education, Harvard T. H. Chan School of Public Health, Boston, Massachusetts.

Charlie Vig, Former Chairman of the Board of Directors, Shakopee Mdewakanton Sioux Community,
Prior Lake, Minnesota.

Andrew Wicks, PhD, Ruffin Professor of Business Administration, Director, Olsson Center for
Applied Ethics; Director, Doctoral Program, University of Virginia Darden School of Business,
Charlottesville, Virginia.

Kristin Williams, MA, Director of Community Initiatives, The Sherwood Foundation, Omaha, Nebraska.

Steven Woolf, MD, MPH, Professor, Chair, Director Emeritus, and Senior Advisor, Virginia
Commonwealth University, Richmond, Virginia.

David Zuckerman, MPP, Director, Healthcare Anchor Network/The Democracy Collaborative,
Washington, DC.

Featured Authors

Keith Anderson, Chairman, Shakopee Mdewakanton Sioux Community, Prior Lake, Minnesota.

Carolyn Cawley, President, U.S. Chamber of Commerce Foundation, Washington, DC.

Rebecca Crooks-Stratton, Shakopee Mdewakanton Sioux Community, Prior Lake, Minnesota.

Governor Michael O. Leavitt, Founder, Leavitt Partners, Washington, DC.

Cole Miller, Vice Chairman, Shakopee Mdewakanton Sioux Community, Prior Lake, Minnesota.

Michael Frederic Neidorff, Chairman, President, and Chief Executive Officer, Centene Corporation, St. Louis, Missouri.

Joe Anthony Raver, MBA, Board Member, President, and Chief Executive Officer, Applied Industrial Technologies, Batesville, Indiana.

Reviewers

Lieutenant Dennis Anderson-Villaluz, MBA, RD, LDN, FAND, Special Assistant to the U.S. Surgeon General, Office of the Surgeon General, U.S. Health Service, U.S. Department of Health and Human Services, Washington, DC.

John Auerbach, MBA, President and Chief Executive Officer, Trust for America's Health, Washington, DC.

Catherine M. Baase, MD, FAAFP, FACOEM, Chair, Board of Directors, Michigan Health Improvement Alliance, Bay City, Michigan.

Alina Baciu, PhD, MPH, Roundtable on Population Health Improvement, The National Academies of Sciences, Engineering, and Medicine, Washington, DC.

Katharine Bierce, Senior Lead, Blog & Research Content, Salesforce, San Francisco, California.

Lawrence Bowdish, PhD, Senior Director, Research and Issue Networks, U.S. Chamber of Commerce Foundation, Washington, DC.

Peter Briss, MD, MPH, Medical Director, Office of Medicine and Science, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

Rebecca Bunnell, PhD, MEd, Director, Office of Science, Centers for Disease Control and Prevention, Atlanta, Georgia.

Sajal Chattopadhyay, PhD, Economic Advisor, Community Guide Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Laura Choi, MPP, Senior Research Associate, Federal Reserve Bank of San Francisco, San Francisco, California.

Bechara Choucair, MD, Physician and Chief Community Health Officer, Kaiser Permanente, Oakland, California.

Dan Christenson, MA, Director of Government Relations, Pepsico, Purchase, New York.

Sameera Fazili, JD, Director of Engagement, Community and Economic Development Department, Federal Reserve Bank of Atlanta, Atlanta, Georgia.

Daniel M. Fox, PhD, President Emeritus, Milbank Memorial Fund, New York, New York.

Edward Freeman, PhD, University Professor; Elis and Signe Olsson Professor of Business Administration, University of Virginia Darden School of Business, Charlottesville, Virginia.

Rick Gates, Senior Vice President, Pharmacy and Healthcare, Walgreens Co., Deerfield, Illinois.

Althea M. Grant-Lenzy, PhD, Captain, U.S. Public Health Service, Senior Science Advisor for Deputy Director for Non-Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia.

Scott Grosse, PhD, Research Economist, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, Georgia.

Jeffrey E. Hall, PhD, MA, MSPH, CPH, Deputy Director, Office of Minority Health and Health Equity; Chief, Minority Health and Health Equity Activity, Office of Minority Health and Health Equity, Centers for Disease Control and Prevention, Atlanta, Georgia.

Connie Hallquist, MBA, Corporate Board Member, Medifast, Baltimore, Maryland.

John Iskander, MD, MPH, Captain, U.S. Public Health Service, Senior Medical Advisor, Office of Science, Centers for Disease Control and Prevention, Atlanta, Georgia.

Vikas Kapil, DO, MPH, Chief Medical Officer and Associate Director for Science, Center for Global Health, Centers for Disease Control and Prevention, Atlanta, Georgia.

Pinar Karaca-Mandic, PhD, Director, Medical Industry Leadership Institute, University of Minnesota Carlson School of Management, Minneapolis, Minnesota.

Rachel Kaufmann, MPH, PhD, Associate Director for Science, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

Chinara Kennedy, DrPH, MPH, Senior Health Scientist, National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry, Office of the Director, Office of Science, Centers for Disease Control and Prevention, Atlanta, Georgia.

James E. Kucik, PhD, MPH, Deputy Director, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Paula Lantz, PhD, Associate Dean for Research and Policy Engagement, Professor of Public Policy, Professor of Health Management and Policy, University of Michigan, Ann Arbor, Michigan.

Kimberly Lochner, ScD, Deputy Associate Director for Science, Center for Preparedness and Response, Centers for Disease Control and Prevention, Atlanta, Georgia.

Megan McHugh, PhD, Assistant Professor, Northwestern University, Washington, DC.

Lloyd Michener, MD, Professor, Department of Family Medicine & Community Health, Duke School of Medicine; Clinical Professor, Duke School of Nursing; Adjunct Professor, University of North Carolina Gillings School of Global Public Health, Durham, North Carolina.

Bobby Milstein, PhD, MPH, Director of System Strategy, ReThink Health, Cambridge, Massachusetts.

Karen Minyard, PhD, Executive Director, Georgia Health Policy Center, Atlanta, Georgia.

Karen Mumford, PhD, Deputy Associate Director for Science, Center for State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention, Atlanta, Georgia.

Sarah Norman, MPH, Director of Healthy Homes and Communities, Sheppard Pratt Health System, Baltimore, Maryland.

Regina Pana-Cryan, PhD, Director, Economic Research and Support Office, Co-Manager, Healthy Work Design and Well-Being Cross-Sector Program, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Washington, DC.

Richard W. Puddy, PhD, MPH, Director, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Brian Rahmer, PhD, MS, Vice President, Health and Housing, Enterprise Community Partners, Wilmington, Delaware.

Ela J. Rausch, PhD, MPP, Senior Advisor, Robert Wood Johnson Foundation Interdisciplinary Research Leaders Program, University of Minnesota; Principal and Consulting Scientist, Otto Rausch Consulting, Minneapolis, Minnesota.

Kakoli Roy, PhD, Economic Advisor, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Megan Sandel, MD, MPH, Board of Trustees, Enterprise Community Partners, Boston University School of Medicine, Boston, Massachusetts.

Scott Santibañez, MD, DMin, MPHTM, Captain, U.S. Public Health Service, Associate Director for Science, Division of Preparedness and Emerging Infections, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia.

Laura Seeff, MD, Senior Advisor to the CDC Foundation, Atlanta, Georgia.

Benedict I. Truman, MD, MPH, Associate Director for Science, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia.

Ritu Tuteja, MPH, Epidemiologist, National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland.

Brian Tyler, PhD, Chief Executive Officer, McKesson Corporation, Washington, DC.

Martin J. Vincent, PhD, MBA, Health Scientist and Senior Advisor, Policy Research, Analysis, and Development Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, Atlanta, Georgia.

Kamillah Wood, MD, MPH, Deputy Chief Executive Officer and Chief Medical Officer, Children's Health Fund, New York, New York.

Steven Woolf, MD, MPH, Professor, Chair, Director Emeritus, and Senior Advisor, Virginia Commonwealth University, Richmond, Virginia.

Other Contributors

Susan Armstrong, MPS, Graphic Design Specialist, American Institutes for Research, Washington, DC.

Aynura Berdyeva, Research Assistant, American Institutes for Research, Washington, DC.

Susan Bratten, Senior Editor, American Institutes for Research, Washington, DC.

Brian Calhoun, PhD, ORISE Fellow, Policy Research, Analysis, and Development Office, Centers for Disease Control and Prevention, Atlanta, Georgia.

Melissa Callahan, MSPH, Researcher, American Institutes for Research, Washington, DC.

Suzanne Carmack, PhD, Researcher, American Institutes for Research, Washington, DC.

Nevin Dizdari, Research Assistant, American Institutes for Research, Washington, DC.

Kathleen Edmunds Cyr, Executive Assistant, American Institutes for Research, Washington, DC.

Phil Esra, Editor, American Institutes for Research, Washington, DC.

Jane Garwood, Senior Editor, American Institutes for Research, Washington, DC.

Angela Jehle, Director, Publications & Creative Services, American Institutes for Research, Washington, DC.

Clarence Johnson, Editorial Associate, American Institutes for Research, Washington, DC.

Laura King, Senior Graphic Design Specialist, American Institutes for Research, Washington, DC.

Martha Knuth, MLIS, Stephen B. Thacker CDC Library, Office of Library Science, Office of Science, Centers for Disease Control and Prevention, Atlanta, Georgia.

Anand Kumar, Principal Applications Architect, American Institutes for Research, Washington, DC.

Devon LaPoint, Communications Associate, American Institutes for Research, Washington, DC.

Dara Ledford, Senior Manager, Production Design, American Institutes for Research, Washington, DC.

Katie Mallory, MA, Senior Production Design Specialist, American Institutes for Research, Washington, DC.

Martha Mater, Senior Manager, Creative Services, American Institutes for Research, Washington, DC.

Mari Moorhead, Advisor, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Dave Morton, MA, Editor, American Institutes for Research, Washington, DC.

Don Mullins, MPH, Vice President, American Institutes for Research, Washington, DC.

Stephanie Neuben, Editor, American Institutes for Research, Washington, DC.

Leslie A. Norman, MBA, Public Health Analyst, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia.

Andy Peterman, Senior Editor, American Institutes for Research, Washington, DC.

Shoshana Rabinovsky, Research Associate, American Institutes for Research, Washington, DC.

Sarah Rand, Communications Specialist, American Institutes for Research, Washington, DC.

Jeanine Reed, Graphic Design Specialist, American Institutes for Research, Washington, DC.

Lesla Rowe, Graphic Design Specialist, American Institutes for Research, Washington, DC.

Carolyn Rugamas, Production Design Specialist, American Institutes for Research, Washington, DC.

Elizabeth Scalia, MLIS, Library Specialist, American Institutes for Research, Washington, DC.

Andrew Sell, Associate Director, Research Initiatives, Institute for Business in Society, University of Virginia Darden School of Business, Charlottesville, Virginia.

Veeraj P. Shah, Intern, Office of the Surgeon General, Student, University of Maryland, College Park, Maryland.

Zach Siegel, MA, Writer and Editor, Chicago, Illinois.

Michelle Stergio, Digital and Social Media Strategist, American Institutes for Research, Washington, DC.

Nancy Velasco, MHSA, Senior Technical Assistance Consultant, American Institutes for Research, Washington, DC.

Sharon Wallace, Production Design Specialist, American Institutes for Research, Washington, DC.

Karen Ward, Production Design Specialist, American Institutes for Research, Washington, DC.

Lindsey Willis, Senior Communications Specialist, American Institutes for Research, Washington, DC.

Gerry Yemen, University of Virginia Darden School of Business, Charlottesville, Virginia.

Contributors to the Community Health and Economic Prosperity Initiative

Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General was part of a broader initiative of the Office of the Surgeon General. The Community Health and Economic Prosperity (CHEP) Initiative included two components: (1) convenings of business, community, community development, and public health leaders from across the country who identified and shared examples of businesses that are engaging with communities to improve health and prosperity; and (2) communications and social media outreach that spread the word about the convenings and the topline messages of the CHEP Initiative to a broader audience. The following individuals are acknowledged for their contributions to the CHEP Initiative.

Ursula Bauer, PhD, MPH, Senior Advisor, Office of the Deputy Director for Non-Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia.

Nazleen Bharmal, MD, PhD, MPP, Medical Director, Community Health & Partnerships, Cleveland Clinic, Cleveland, Ohio.

Rafael D. Campos, MPS, Fellow, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Amber N. Channer, MS, Public Affairs Specialist, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Michelle Dennison, PhD, RD/LD, BC-ADM, CDE, Health Policy Liaison, Metabolic Care Center Grants Administrator, Oklahoma City Indian Clinic, Oklahoma City, Oklahoma.

Courtney Emmett Gustin, DrPH, RN, CNM, Lieutenant Commander, U.S. Public Health Service, Office on Women's Health, U.S. Department of Health and Human Services, Washington, DC.

Laurie Konsella, MPA, Regional Health Administrator (Acting), Region VIII, U.S. Department of Health and Human Services, Denver, Colorado.

Ellen T. Kurtzman, PhD, MPH, RN, FAAN, Associate Professor, School of Nursing, The George Washington University, Washington, DC.

Mehran Massoudi, PhD, MPH, Captain, U.S. Public Health Service, Regional Health Administrator, Region VI, U.S. Department of Health and Human Services, Dallas, Texas.

Kate Migliaccio-Grabill, MPH, Commander, U.S. Public Health Service, Director of Public Affairs, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Mari Moorhead, Advisor, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Rochelle Rollins, PhD, MPH, Senior Policy Advisor, Office of Minority Health, U.S. Department of Health and Human Services, Rockville, Maryland.

Jenn Sherman, Director, Reservoir Communications Group, Washington, DC.

Janet Wright, MD, FACC, Director of Science and Policy (Acting), Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, DC.

Conflict of Interest Disclosures: All senior scientific editors completed and submitted conflict of interest disclosure forms. Unless noted below, no potential conflicts of interest were reported. Dr. Doug Jutte (Executive Director, Build Healthy Places Network; Associate Professor, University of California, Berkeley, School of Public Health) reports being a member of (a) the Board of Trustees for Mercy Housing, Inc.; (b) the Board of Trustees for Mercy Community Capital; (c) the Health Advisory Council for Enterprise Community Partners; (d) the New Markets Tax Credit Advisory Board for Primary Care Development Corporation; (e) the Socially Responsible Investing Advisory Group for Trinity Health; and (f) the Community Economic Investing Subcommittee of the Board of Trustees for CommonSpirit Health/Dignity Health.

Report Development

This Surgeon General’s report was prepared by the U.S. Department of Health and Human Services (HHS) under the direction of the Centers for Disease Control and Prevention, Office of the Director, Office of the Associate Director for Policy and Strategy. This report was compiled using a peer-reviewed process designed to safeguard the scientific rigor and practical relevance of the content from influences that could adversely affect impartiality. This process helped to ensure that the report’s recommendations are defined by evidence and practice and not by the opinions of the contributors and editors.

In brief, under the leadership of a senior scientific editorial team, 30 experts wrote the initial drafts of the chapters. The experts were selected for their knowledge of the topics addressed. These contributions, which are included in Chapters 1–7, were evaluated by 22 peer reviewers. After this initial stage of peer review at the chapter level, the draft of the full report was reviewed by 24 peers, experts, and business leaders who examined the entire manuscript for scientific integrity, relevance to the business audience, and coherence. After each round of review, the report’s three senior scientific editors revised each draft based on reviewers’ comments. Chapter 8, which contains the Surgeon General’s recommendations based on the preceding content in the report, was written after the content in Chapters 1–7 completed the peer review process. Subsequently, the report was reviewed by various divisions of HHS. Throughout the review process, the content of each chapter was revised to include information, studies, and relevant context that were not available or had changed from when the chapters were first drafted; updates were made until shortly before the report was submitted for publication.

The statements and recommendations in this report are based on a review of the existing scientific, business, health, and community development literature and practices. Reflecting the evolving nature of the topic and the focus on business, the report cites a range of peer-reviewed journal articles, news articles and releases, industry publications, opinion polls, books, and tools and resources. This report also refers, on occasion, to unpublished work, such as presentations at professional meetings, personal communications from business leaders and practitioners, and information available in various media. These references are used when acknowledged by the editors and reviewers as being a critical addition to the emerging understanding of a topic.

This Surgeon General’s report was written for a business audience. In order to speak to and capture the attention of the business audience and to illustrate the actions that this report seeks to amplify, the report contains (a) examples of business enterprises investing in communities; (b) perspectives written by business leaders on the importance of business engagement with

and investment in communities; and (c) various specific actions taken by named companies to address community health and economic prosperity.

The report contains five invited pieces that were authored by business leaders: an introduction by the president of the U.S. Chamber of Commerce Foundation; three business perspectives authored by the chief executive officers (CEOs) of Centene Corporation and Hillenbrand, Inc., and the business council members of the Shakopee Mdewakanton Sioux Community; and an afterword authored by the president and CEO of Leavitt Partners. These business leaders were asked to bring their unique business perspectives to particular aspects of the report and to share, through their pieces, their knowledge and experience of the work ahead to improve community health and increase economic prosperity.

Additionally, the report contains eight short case studies or “exemplars” that depict a particular company and particular actions taken by the company to solve a business problem while also addressing a societal challenge. These exemplars illustrate ways that businesses can strengthen their business operations while also strengthening communities. The exemplars comprise only a small subset of businesses and practices and are not meant to be a comprehensive or fully representative depiction of all businesses and practices. The business practices featured as exemplars came to the attention of the Surgeon General through engagements with colleagues in academia, business, public health, and other disciplines, as well as through the Surgeon General’s engagements in communities across the United States. Business leaders speaking to business leaders was considered an essential feature of this report. No business featured as an exemplar nominated itself for consideration as an exemplar.

Like most Surgeon General’s reports, this one was written by experts in the field who submitted content for chapters or sections. That content was edited and revised by three senior scientific editors, and then further refined and modified as a result of the extensive peer review and governmental clearance processes. In some instances, company leaders are named as authors in bylines of specific pieces in this report. These authors of the introduction, three business perspectives, and afterword wrote only their respective pieces and did not engage in or influence the writing of the report itself. The pieces submitted by company leaders were only lightly edited and reflect the views and opinions of the authors and do not necessarily reflect the views or opinions of the Surgeon General or HHS.

Executive Summary

The health of Americans is not as good as it could be and is worse than the health of populations of other wealthy nations. America's lower health status, referred to as the U.S. health disadvantage, inflicts costs on individuals, families, businesses, and society. The coronavirus pandemic of 2020 exposed additional costs as the virus claimed more lives among those with certain underlying conditions—such as obesity and diabetes that are found in greater proportion among Americans than among residents of many other wealthy countries—and disrupted the economy to such a grave extent that access to healthcare coverage was diminished, as millions of individuals lost employer-sponsored health insurance, and preventive services were interrupted. For businesses, the U.S. health disadvantage increases healthcare costs, lowers productivity and competitiveness, and compromises business success and growth. This report strives to convince business leaders of the importance of community health to the bottom lines of businesses and to the health of the economy. The report (a) highlights the U.S. health disadvantage and the importance of strengthening communities and improving the health of residents, and (b) offers recommendations for how businesses can address the U.S. health disadvantage by engaging with and investing in communities, while creating value, lowering business costs, and improving the health of employees and other stakeholders. Given the power of business in American society, efforts to improve community health and recover and then extend economic prosperity will be insufficient without actions by business leaders.

The U.S. health disadvantage has its roots in communities where the vital conditions that shape health are unmet. The seven vital conditions that shape health, wealth and, well-being are

- Basic needs for health and safety, such as clean air and water, nutritious food, and a safe environment;
- Meaningful work and wealth, including employment, job training, and financial savings and security;
- Humane housing, such as safe structures; affordable costs; diverse neighborhoods; and proximity to work, school, and recreation;
- Reliable transportation, including efficiencies in time and energy use and opportunities for active transportation;
- A thriving natural world, such as a healthy environment and green spaces, and protections from such threats as heat and wind;

- Life-long learning, including literacy and numeracy skills, quality early child education, elementary and high school education, and access to career and adult education; and
- Belonging and civic muscle, conveying a sense of inclusion and the power to influence the policies and practices that shape the world.

These vital conditions shape health and well-being through biologic and social mechanisms. Low-opportunity neighborhoods that lack some or all of the vital conditions are plentiful across the United States. These neighborhoods exist in every state and are often found very close to high-opportunity neighborhoods. People are more likely to be healthy and skilled and participate in the labor force when they grow up and live in thriving neighborhoods, where the vital conditions are met. Thus, improving the vital conditions, equitably for all Americans, can improve health, wealth, and well-being and contribute to individual, business, and community success. Although people and governments are interested in improving the vital conditions, businesses have a particular interest because doing so promotes a rich local network of businesses, suppliers, employees, colleagues, and clients, and creates (a) healthier employees (and families) with more skills and greater productivity and (b) wealthier, more financially stable consumers with more discretionary income and a greater ability to engage in the marketplace. The community assets that comprise the vital conditions that shape health, wealth, and well-being create an excellent environment for private enterprise. Strengthening these assets promotes a thriving local network of businesses, suppliers, employees, colleagues, customers, and clients.

Unmet vital conditions in communities across the United States harm health and diminish economic opportunity. Economic mobility—the ability to climb the economic ladder and the ability of children to grow up and earn more money than their parents—is lower in the United States than in other wealthy countries. Unmet vital conditions, including lack of economic opportunity, diminish the life chances of Americans who experience them. Improving the vital conditions may be a promising strategy for promoting socioeconomic mobility.

Improving educational opportunities (from early child development to higher education and career development) and economic opportunities (jobs, job skills, career pathways, and family-sustaining incomes) improve health and may also be a promising strategy for promoting socioeconomic mobility. Income inequalities and lack of economic opportunities have been linked to a focus on profits for business at the expense of broader societal value. Restoring economic opportunity and mobility to more Americans results in higher incomes and standards of living, more prepared workers, greater discretionary consumption, and more social cohesion—all of which would have positive implications for communities, businesses, and economic prosperity.

Business has long been a force for good in American society and around the world. Business and society are mutually dependent and best thrive together. Businesses produce wealth,

create value, provide jobs, pay taxes, offer goods and services, and bring innovations to the marketplace. However, some business practices, such as a narrow focus on profit at the expense of health, the environment, and other critical common goods, have harmed both society and business. As a result, the American dream is fading for many Americans—particularly African Americans, Hispanic Americans, American Indians and Alaska Natives, and people with low incomes. Businesses can be a force in reversing this situation.

The growth in transparency, the increased recognition of interdependence between business and society, and consumers' growing attention to values each pose threats and opportunities to a business's reputation, brand, and long-term success. Businesses are looking carefully at these threats and opportunities and increasingly choosing to align business values, policies, investments, and actions with the expectations of consumers and the public. Businesses are undertaking this alignment in ways that solve business problems, create shared value for business and society, and earn profits by meeting the needs of multiple stakeholders, each of which is essential to business success. These stakeholders include employees, suppliers, customers, and communities, as well as investors and shareholders.

A stakeholder approach provides a framework for this alignment. According to stakeholder theory, businesses exist to create value for the groups who make the business “a going concern”—that is, the groups that are part of the cooperative scheme that allows a firm to come into being and to be successful over time. Stakeholder firms (firms that have implemented the principles of stakeholder theory) tend to achieve better business outcomes, including greater innovation and higher profits, than firms that have not embraced a stakeholder approach. Stakeholder theory offers a constructive view of business, and a way of understanding and operating a business by rewarding stakeholders and creating value for people and communities.

Organizations in the field of community development and community finance have been working for decades to bring opportunity to communities. These are mission-driven enterprises that foster vibrant economic, social, and health conditions to increase opportunities for people with low incomes. Businesses can partner with these organizations to address the vital conditions and help meet the need for a healthy, skilled labor force and financially secure workers and consumers. The human capital potential that could be unleashed if *every person* had access to thriving neighborhoods would transform America's communities, businesses, and economy. Such transformation requires investments and partnerships across the public, private, and nonprofit sectors. Community development organizations are prepared to partner on such investments.

Community development and community finance organizations leverage public, private, and philanthropic investments to develop real estate (such as affordable housing), promote small businesses and entrepreneurship, and strengthen human capital (e.g., through early childhood

education and workforce training). Community development actors include community development corporations, affordable housing developers, community development financial institutions (CDFIs), nonprofit service providers, and community members.

CDFIs invest in people and places that lack access to safe, affordable financial products and services. CDFIs are working to close wealth gaps across America by investing in the engines that create mobility from poverty, such as good schools, safe and affordable housing, early childcare and education, access to healthy food, and quality healthcare. Businesses and other investors seeking careful, knowledgeable investors in underserved areas can partner with CDFIs to raise capital for community investments.

The current scale of community development is insufficient to address the many complex causes of poverty and to ensure the vital conditions that shape health, wealth, and well-being are met for all Americans. Addressing poverty and meeting the vital conditions are in the direct interest of stakeholders beyond the field of community development, including government officials, businesses and business owners, educators, and healthcare providers and payers. New business models are needed to closely align the financial interests of those who benefit from a healthier, more productive population and those who create the conditions that promote human flourishing.

In addition to community development actors, businesses that would like to invest in or engage with communities can collaborate with a variety of other partners, including social enterprises, public health departments, philanthropic foundations, and anchor institutions.

- Social enterprises are in the business of knowing communities and effecting change to make them stable and help them thrive, all while operating a successful company. Their goal is to achieve a positive societal impact within the requirements of the market.
- Public health departments collaborate with a variety of organizations to meet shared goals and address the vital conditions that shape health. They can be creative, dependable, and effective partners of businesses.
- Foundations and philanthropies are critical partners at the local, regional, or national levels, bringing rich community knowledge, long-standing relationships, and a range of resources, including investment resources, to achieve shared goals.
- Anchor institutions are place-based economic engines with an embedded social mission that is inextricably linked to the long-term well-being of surrounding communities. Businesses can join with—or become—anchor institutions as they work to increase local hiring and procurement and support equitable economic development.

Data are critical to better understand community needs, begin to address the U.S. health disadvantage, and monitor the impact of business investments. As partners in a data-driven approach to community engagement and investment, businesses can help to identify strategies that create a healthier workforce and more prosperous communities and to monitor their progress in achieving specific outcomes. Data-driven approaches offer businesses and employers a pathway to make broader improvements and measure their contributions and returns in the context of the larger ecosystem of communities and society.

The report concludes that businesses and employers serve communities as one of the many stakeholders whose engagement businesses require for their long-term success, and whose interests stakeholder businesses seek to enhance. Because the vital conditions that all people depend on to reach their potential are not shared equitably and are currently threatened in many U.S. communities, businesses have an opportunity to play a more vigorous role in reversing the U.S. health disadvantage and helping to assure fair opportunities for people and businesses and across society.

Greater engagement with stakeholders; greater investment with community development, community finance, and other partners; and greater attention to aligning private value and public good are required to secure a healthier and more prosperous shared future. Markets often reward products that undermine health and well-being and do not place enough value on the vital conditions that actually enhance feelings of freedom, security, justice, connection, and self-determination. A challenge for business and society is to bring values for health, wealth, and well-being into the marketplace.

The videotaped killing of George Floyd while in the custody of the Minneapolis police on May 25, 2020, and the resulting public protests and social unrest that erupted all over the world underscore the need to ensure that there is not a misperceived optimistic tone regarding this task. This report recognizes that inequality, racism, and discrimination in society, in social institutions, in the criminal justice system—and everywhere—is not a new issue in 2020. The root causes of inequality have been present since the founding of our country. This report asks what businesses and their leaders can do to address the causes and consequences of inequality. This will not be easy or quick.

The future of society holds either greater fragmentation or greater recognition and bolstering of interdependence. Making progress toward a more equitable, just, and prosperous future that is built upon a shared understanding of our interdependence, requires an expanding network of entrepreneurs, business leaders, elected officials, community leaders, developers and changemakers, and everyday people—who act as stakeholders, stewards, and creators of shared value—to push forward a transformation from fragmentation and discord to interdependence

and inclusion. Given the powerful role of business in the United States, even sweeping efforts to strengthen and sustain community health and economic prosperity will not be enough without associated actions by businesses.

Report Recommendations

The Surgeon General recommends the following actions to strengthen community health and economic prosperity, develop a competitive business advantage, and build resilience, for both community and business. These approaches can help companies account for the interdependence between business and society, and between community health and economic prosperity, when making business decisions. These strategies can help address the U.S. health disadvantage and help to ensure that the vital conditions are met for all Americans.

1. Learn More About Your Stakeholders

Valuing the needs and interests of all stakeholders, and avoiding prioritizing one stakeholder at the expense of another, helps ensure success.

- **Fully understand the cost of poor health and other community challenges and the impact of these challenges on your company.** Understanding the world you live in and developing business models that work to enhance that world help make explicit the connections among good business practices, profitability, and responsibility to community and society.
- **Join the dialogue on community health, wealth, and well-being.** Engage in conversations about how to create a more equitable, just, and prosperous society, including addressing health, wealth and well-being gaps across communities. View problems, policy options, and solutions from the perspective of the well-being of others.
- **Meaningfully engage all stakeholders on ways to optimize value.** Meaningfully engaging each stakeholder brings innovative ideas to the fore, increases productivity and commitment to the enterprise, improves business practices, and creates more sustainable operations.
- **Identify the interdependencies between your company and your stakeholders and between your business and society, and work toward ways of operating that benefit these stakeholders and society.** Paying attention to these interdependencies and delivering value to multiple stakeholders can help a business succeed.

2. Foster a Culture of Stewardship

Stewardship refers to a company managing its impact on society. This requires addressing problems at a systems level—through policy, investment, and education, for example.

- **Embrace the positive role of business to strengthen communities.** Businesses are perhaps the most powerful institutions on earth. Wielding that power for good has been a successful strategy for business.
- **Support local, state, and federal policies that meaningfully increase economic opportunities and equitably improve the health of communities, employees, and families.** Businesses have a powerful voice that can shape policy, including spending and implementing policies that have equitable impacts, with the most beneficial impacts on those most in need.
- **Use hiring and procurement tools to strengthen communities and explore opportunities to unleash untapped potential at the local level.** Strengthening local business relationships can help improve hiring and address supply-chain problems while also strengthening communities.
- **Invest business profits in strengthening communities.** Businesses can invest in other businesses, entrepreneurs, community development, and more, while prioritizing investments that meet a community need and support commercial success.

3. Develop Strategic Cross-Sector Partnerships

Most efforts to improve community health, wealth, and well-being involve partnerships that bring a range of expertise and additional resources. Effective partners for business include community development organizations, philanthropic foundations, local government agencies, and other businesses.

- **Collaborate with local, regional, and national partners from across sectors to implement effective solutions.** Complex societal challenges—like opioid misuse, disengaged young people, and even lack of access to broadband Internet in rural areas—demand the resources, know-how, and creativity that multiple organizations working together provide.
- **Partner with community development corporations and community development financial institutions.** Collaborating with these partners brings specialized skills, financial capabilities, and deep community knowledge and trust.

4. Measure Performance Using Meaningful Indicators of Community Health and Well-Being

Many companies have key performance indicators to evaluate performance in major areas of business operations. Consider whether your company's performance metrics can be improved by including community health indicators.

- **Ensure that philanthropic giving strengthens community health and economic prosperity.** Businesses can help to ensure that their charitable contributions benefit the community by focusing their investment portfolios and holding themselves accountable for outcomes.
- **Redefine productivity in the value chain to include the economic costs from societal problems.** Societal problems create economic costs in a company's value chain. Addressing problems in the value chain—for example, by using resources more efficiently or implementing stronger employee health and safety protections—can optimize productivity and benefit both business and society.
- **Align wages, salaries, and benefits with the needs of a healthy, equitable, and prosperous society.** A job can be one of the most fulfilling aspects of life, bringing meaning and purpose to employees and their families. But jobs can also be dangerous, demoralize workers, and keep workers and families in poverty. Improving wages, salaries, benefits, and working conditions can turn an arduous and repetitive job into an opportunity and a livelihood.
- **Create shared value for companies and communities by combining social purpose with business opportunities.** Shared value happens when profitable business strategies produce real societal benefits. Business can uncover these opportunities by choosing to help solve a particular social problem and doing so in a way that creates or augments a business opportunity.

These recommendations offer opportunities for businesses, working together with others, to more purposefully embrace their roles as stakeholders in a society that works for everyone. With growing awareness of interdependence, greater engagement of all stakeholders, and an alignment of business earnings and societal gains, such partnerships and investments can ripen into healthier people and communities, a more equitable and just society, and a sustainably prosperous economy upon which everyone depends.

Foreword From the Surgeon General

This report was largely written in fall 2019, when the economy was booming and unemployment was at an all-time low. Long before then, the United States was struggling with what many call the U.S. health disadvantage—that is, on average, the health of Americans is worse than the health of people in other wealthy countries, even as we spend more on healthcare than any other country. Within the United States, there are also clear differences in health status and access to healthcare across geographic settings and racial and ethnic groups. The original intent and message of our report was to communicate that health and the economy are inextricably linked, meaning we cannot have healthy communities without a prosperous economy, and we cannot have a prosperous economy without healthy communities. Strengthening the health of communities, in turn, requires eliminating the causes of the gaps in health status and gaps in access to care within and across our communities. We focused the report on the role of businesses in contributing to both community health and economic prosperity. We set out to make the case for greater business engagement with and investment in communities—especially those most vulnerable—not just because it is a good thing to do for the sake of others, but also because it is in the self-interest of businesses to do so.

Then the world changed. A novel coronavirus emerged in China and spread rapidly around the world. By early spring 2020, many Americans were staying home, and many nonessential businesses had closed their doors. Infection and death rates climbed, and the economic news turned grim. And yet, the message of our report endures and resonates even more profoundly: Health and the economy are inextricably linked. We cannot have one without the other. This interdependence—between health and the economy, and among all of us who make up society—has been neglected for too long. We now are seeing in very tangible and historic ways that our nation cannot maintain one without the other and cannot maintain either without including all of us.

Two trends characterize health in the United States. First, overall health in the wealthiest country on the planet is far from optimal and in many instances is getting worse, especially among the working-age population. Second, spending on medical care continues to go up. We pay more for healthcare than any other country in the world, but our health outcomes are not commensurate. Indeed, on some measures—like obesity, diabetes, infant mortality, and even life expectancy—outcomes are far worse in the United States than they are in many other nations.

The impetus for this report came from the observation that, even as they create suffering and hardship for individuals and families, the overall health of the U.S. population and the increasing cost of healthcare in the United States are also particularly burdensome to businesses. The success

of businesses depends on a healthy and productive workforce, and businesses pay about 20% of the nation's medical care costs by virtue of providing health insurance to employees and their dependents. Yet all this spending on healthcare by individuals, families, employers, and the government is not resulting in better health or longer life.

I am interested in what businesses can be doing to alter this reality—not just for the sake of improving health and controlling healthcare costs, but for the sake of improving their own long-term economic viability. How can businesses improve the health of their communities—including the health of current and future employees—while trying to control one of their largest business expenses, their growing and unsustainable healthcare costs?

Exploring the role of business in health and society is not a typical topic for a Surgeon General's report or a customary line of inquiry for public health. However, it brings into view a set of practical solutions that businesses can employ to help address the U.S. health disadvantage. This report explores

- The U.S. health disadvantage and the burden it places on our businesses and our economy (in addition to our people and families);
- How communities can become (or improve as) places that nurture health, wealth, and well-being and offer children and families opportunities to thrive; and
- The meaning and role of businesses in the United States, and how businesses can create value for both themselves and their communities by helping to address the conditions that drive poor health and create the conditions that help people thrive.

This report describes the activities of community changemakers who can partner with businesses to engage stakeholders, create shared value, and steward systems that improve community health and increase economic prosperity. Finally, this report offers a vision for the future where businesses that wish to create value, enhance profit, and thrive over the long term, choose to invest in the health, wealth, and well-being of their stakeholders—employees, customers, suppliers, communities, investors, and shareholders—without whom those very businesses could not exist.

Businesses cannot prosper for long when society struggles. Certainly, the coronavirus pandemic of 2020 has made that clear. Businesses have had to adapt; many will recover, but some will not

Health and the economy are inextricably linked. We cannot have one without the other. This interdependence—between health and the economy, and among all of us who make up society—has been neglected for too long. We now are seeing in very tangible and historic ways that our nation cannot maintain one without the other and cannot maintain either without including all of us.

succeed. All should be concerned with strengthening our nation's health and resiliency, so that any future economic downturn resulting from a health threat is less severe.

Some businesses have figured out ways to maintain, and even increase, profits while also addressing community needs and contributing to social progress. To succeed over the long term, businesses and those who invest in them have both a responsibility and a competitive interest to make money in ways that contribute to the health, wealth, and well-being of all. This report seeks to point the way for more businesses to do so, and to shine a light on specific strategies that are already showing results.

By integrating these approaches into business operations, many businesses have succeeded at what is the essence of capitalism—generating a profit while delivering the greatest societal gains—thus creating value for company and community. I believe doubling down on this purpose will improve community health *and* increase economic prosperity for all, help to right the U.S. health disadvantage, and help to control the costs of medical care.

I challenge business leaders and policymakers across the country to work toward ensuring business returns are commensurate with societal gains. That is what we should all envision as capitalism at its best.

Jerome M. Adams, M.D., M.P.H.

Vice Admiral, U.S. Public Health Service
Surgeon General of the United States

Welcome to Community Health and Economic Prosperity

by **Carolyn Cawley, President, U.S. Chamber of Commerce Foundation**

At the U.S. Chamber of Commerce Foundation, we know that a healthy, productive workforce fuels vibrant communities. Businesses have long played an important role in promoting community health by investing in their employees and customers and by creating another essential building block to health: jobs. Healthy communities are essential to a strong economy that creates more opportunities for more people.

Our work with businesses in every corner of the nation confirms we are stronger when we work together—across government, nonprofits, academia, and the private sector. We saw this firsthand when our “Sharing Solutions” initiative took us on a national tour of communities hit hard by the opioid epidemic to host conversations about how employers can be a leading part of the solution. It is also why we have worked with groups like the National Academies of Science, Engineering, and Medicine to better understand businesses’ growing relationship to community health and share the significant return on those investments.

We welcome every opportunity to use our role as conveners of the business community to create solutions—both on the ground and through educational efforts like this Surgeon General’s report.

This report shines a light on the relationship between community health and economic prosperity. It encourages business leaders to continue to prioritize health and well-being as a key tenet of their community engagement. At the same time, it highlights the importance of an environment where businesses and community stakeholders can work together to deliver improved health outcomes.

It also underscores how employers are uniquely positioned to effect lasting change in their community’s health. Over decades, businesses have demonstrated their drive and commitment to fostering a culture of health in America. From using their reach to engage a broader group of citizens, to developing new and innovative strategies to empower healthy employees and customers, this report shows why continuing this momentum is more important than ever.

Whether addressing decades-old challenges or emerging crises, businesses are a vehicle for building healthy, sustainable, and strong communities that maximize everyone’s potential. The U.S. Chamber of Commerce Foundation is pleased to introduce readers to this Surgeon General’s Report on community health and economic prosperity, and we encourage businesses and other private sector leaders to celebrate the important contributions they have made, and find inspiration for the work that is to come.

Contents

CHAPTER 1.	The U.S. Health Disadvantage and Why It Matters to Business	1
	Explains why community health matters to businesses and their bottom lines.	
CHAPTER 2.	How Neighborhoods Shape Health and Opportunity	23
	Identifies the power of healthy neighborhoods to create opportunity for people and business.	
CHAPTER 3.	The Meaning, Purpose, and Opportunity of Business in 21st Century America.	39
	Explains the role of businesses in creating value for themselves and society.	
CHAPTER 4.	Bringing Opportunity to Communities Through Partnerships With Community Development and Community Finance.	59
	Describes the origin of community development in America and how businesses can find the right partners for the right investments.	
CHAPTER 5.	Working With Community Changemakers	85
	Highlights several powerful community actors that work with businesses to improve community health: social enterprises, public health agencies, local and regional foundations and philanthropies, and anchor institutions.	
CHAPTER 6.	Data Steps for Businesses and Partners to Address the U.S. Health Disadvantage and Monitor the Business Impact.	113
	Describes a data-driven approach businesses can use to advance employee and community health, wealth, and well-being.	
CHAPTER 7.	A Way Forward for Community Health and Economic Prosperity . .	129
	Outlines a path toward a well-being economy that can reverse the U.S. health disadvantage, can sustain hard-won economic gains, is built on business engagement with stakeholders, and produces shared value for business and society.	
CHAPTER 8.	Report Recommendations.	151
	Recommends actions that businesses can take to strengthen community health and economic prosperity, develop a competitive business advantage, and build resilience for both community and business.	

Perspectives From Business Leaders	163
Afterword	183
Appendix A. Tools and Resources	191
Appendix B. Environmental Scan of Business Approaches to Improve Health and Well-Being	215
Appendix C. References	231

Exemplars

Belden Inc.: Pathways to Employment	20
Partnership for the Bay’s Future: A High-Impact Model for Investment	36
Hyatt Hotels Corporation: An Opportunity Partnership	56
The Reinvestment Fund: A CDFI Uses Data to Expand Food Retail in Ohio	82
The Chickasaw Nation: Investing in Community	110
Greyston Bakery: Baking With Purpose	126
Bank of America: The Path to Participation	148
Grads of Life: Helping Businesses Build a Talent Pipeline	160



CHAPTER 1.

The U.S. Health Disadvantage and Why It Matters to Business



OVERVIEW

A thriving economy requires a healthy workforce. Ongoing public health threats—like addiction, obesity, and rising midlife mortality among working-age Americans—create obstacles for businesses to have a healthy workforce. This chapter shows how a web of social and economic conditions contributes to poor health and connects the health and prosperity of everyday people to a competitive economy.



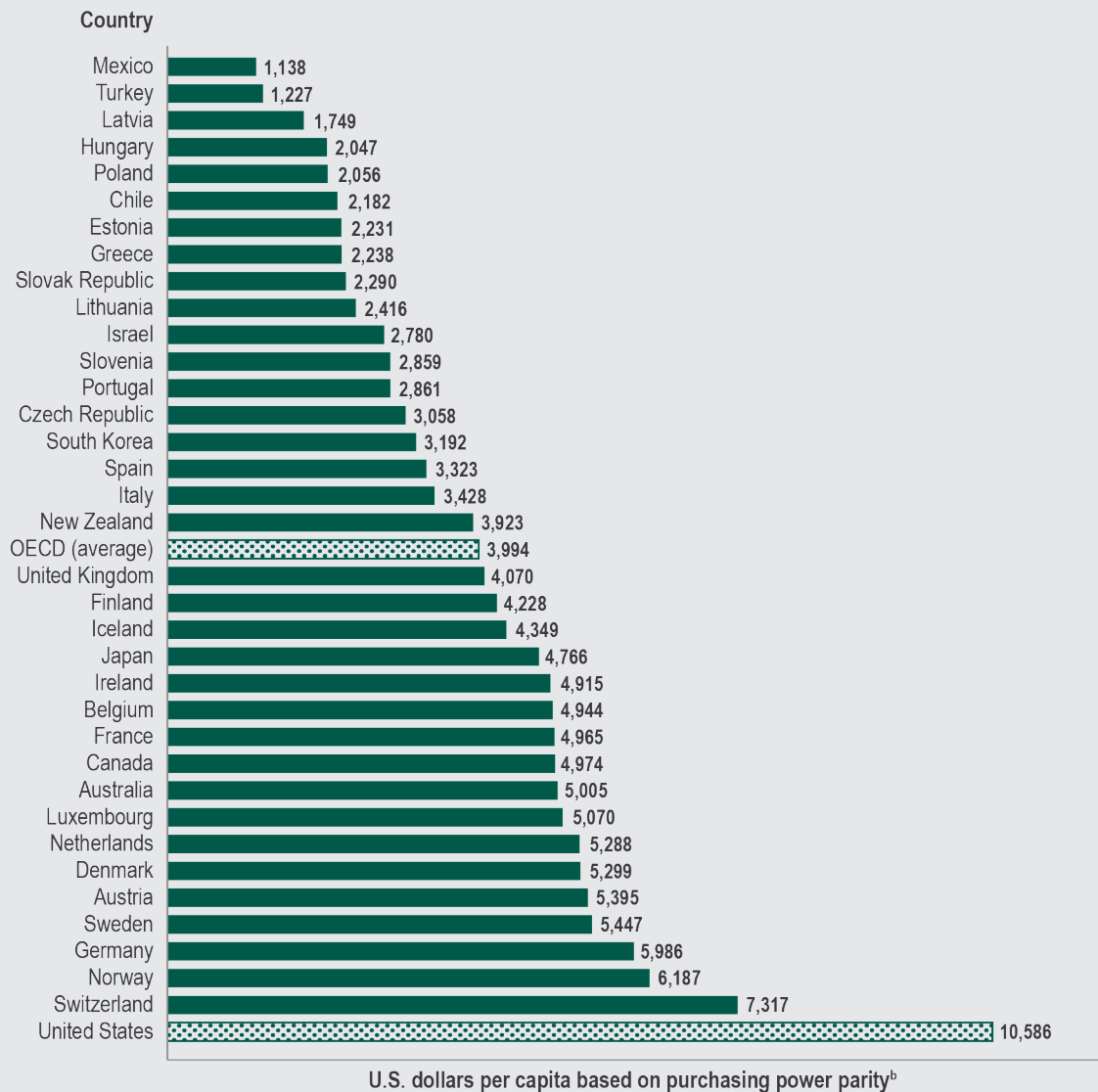
KEY TAKEAWAYS

- The health of Americans is poor relative to residents of other wealthy nations. This is referred to as “the U.S. health disadvantage.”
 - The prevalence of poor health conditions, from diabetes to alcohol-related car crashes, is higher in the United States than in other wealthy countries, which has clear implications for U.S. healthcare costs, labor productivity, and labor availability.
 - On average, people born in the United States have lower life expectancies than those born in other wealthy countries.
 - U.S. workers are less healthy and have less access to and pay more for healthcare than workers in other wealthy countries.
- The U.S. health disadvantage
 - Increases costs for businesses, lowers productivity and competitiveness, and compromises business success and growth; and
 - Has its roots in poor conditions in neighborhoods and communities where the vital conditions that shape health are unmet for some residents.

Introduction

Many Americans believe they enjoy better health than people in other wealthy countries and have access to the best healthcare system in the world. Neither assumption is true. On average, people in the United States have poorer health—shorter lives and more illness—and experience greater *health inequity* (avoidable differences across groups) than their counterparts in other wealthy countries. In the United States, the difference in how long Americans live and how healthy they are, among various groups (such as racial/ethnic or income groups), is greater than that of populations in many other wealthy countries, and that difference is widening with time. Furthermore, many Americans cannot fully access the U.S. healthcare system, including 28.9 million non-elderly Americans who lacked health insurance in 2019. A person's ability to receive quality healthcare in America is not universal, even as the United States spends more on healthcare than any other country. The gap between U.S. spending on healthcare and that of other wealthy nations has widened over time. In 2018, healthcare expenditures were 2.6 times higher in the United States (\$10,586 per person) than the average of healthcare expenditures of member nations of the Organisation for Economic Co-operation and Development (OECD) (\$3,994 per person) (Figure 1.1). The high level of U.S. spending on healthcare is ineffective, inefficient, and costly. OECD countries that spend less on healthcare than the United States have healthier populations and greater life expectancies.

Figure 1.1 Health expenditure^a per capita, 2018 (or nearest year) by country and the OECD average



Note: **OECD** = Organisation for Economic Co-operation and Development.

^a Total health spending is based on the final consumption of healthcare goods and services (i.e., current health expenditure), including personal healthcare (curative care, rehabilitative care, long-term care, ancillary services, and medical goods) and collective services (prevention and public health services, as well as health administration) but excluding spending on investments. Healthcare is financed through a mix of financing arrangements, including government spending and compulsory health insurance, as well as voluntary health insurance and private funds from, for example, households' out-of-pocket payments, nongovernmental organizations, and private corporations.

^b "Purchasing power parity is a conversion rate that shows the ratio of the prices in national currencies of the same basket of goods and services in different countries."

The paradox of poor health in a country that spends far more on healthcare than any other country is partly explained by the lack of access to healthcare, but is more fully explained by the fact that *health is about more than just healthcare*. The conditions that shape health are *outside*

the clinic—where people live, grow, learn, work, and age—and not inside the clinic, where clinicians and staff do their work. In fact, healthcare is estimated to account for only 10–20% of health outcomes. The takeaway for employers is clear: *The health of workers and the costs of their healthcare are shaped by the conditions in which employees live and return to after work—in their homes and neighborhoods.* Today’s business leaders can play a meaningful role in the lives of their employees, consumers, and community members. By investing in the health and well-being of communities across the country, businesses have the potential to change the trajectory of wellness for generations to come.

Health is about more than just healthcare . . . [it’s about] where people live, grow, learn, work, and age.

The health of Americans is vital to individuals, families, communities, businesses, the economy, and national security. U.S. employers depend on a healthy workforce to maximize productivity and minimize healthcare costs. In a global marketplace, an unhealthy workforce and high healthcare costs put U.S. businesses at a competitive disadvantage with businesses located in countries with healthier people. Population health also affects the consumer market, whereby the demand for nonessential products and services suffers when families are struggling with illnesses and much of their disposable income is required for medical expenses.

The U.S. health disadvantage threatens the country’s global competitiveness and national security, as well as the hopes and prospects of future generations.

The term “U.S. health disadvantage” refers to the lower health status of Americans and the uniqueness of the United States among populations of wealthy nations. Although leaders in public health and medicine have been concerned about the consequences of an unhealthy population, the consequences are increasingly drawing the attention of business leaders, economists, and public officials. Today’s business leaders are concerned about the larger economic impacts of a workforce that is dying prematurely, suffering from high rates of disease and disability, and generating high healthcare costs. The U.S. health disadvantage threatens

the country’s global competitiveness and national security, as well as the hopes and prospects of future generations.

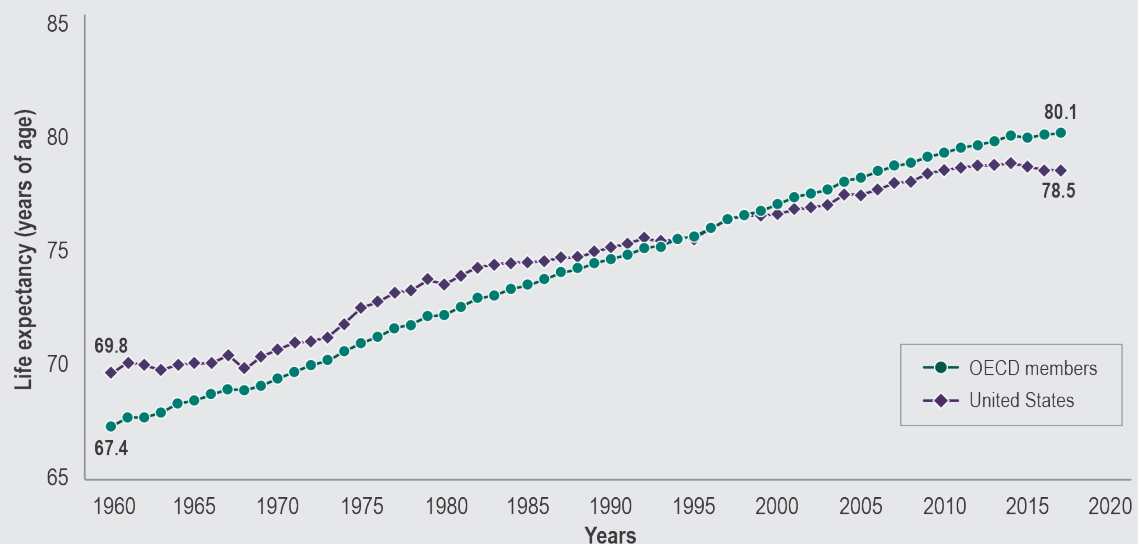
Scope of the U.S. Health Disadvantage

In 2018, news outlets reported that U.S. life expectancy (how long a newborn can expect to live) was decreasing for the first time in generations. The reports grew out of studies from the Centers for Disease Control and Prevention that U.S. life expectancy had decreased for three consecutive

years. This news highlighted the reversal of a longstanding trend of increasing life expectancy for much of the past century¹ due to improvements in the conditions that shape health and to advances in medicine and medical care. However, this is not the news story in other wealthy countries, where life expectancy continues to increase.

- The downturn in the health status of Americans is not new.** For much of the twentieth century, U.S. life expectancy had been among the highest in the world, and for many years exceeded the average life expectancy of people living in other wealthy countries (i.e., member nations of OECD). The U.S. health disadvantage emerged in the 1980s, when the increase in life expectancy in the United States slowed down, increasing more slowly than in other OECD countries (Figure 1.2). By 1998, the increase fell below the OECD average. By 2005, the 15-year survival rate of 45-year-old White women in the United States was lowest among 12 comparison countries. In 2015, U.S. life expectancy ranked last among industrialized nations (Table 1.1), and this trend continues. The recent decline in U.S. life expectancy stems from an increase in deaths among working-age adults (25–64 years of age); the risk of death among this population has generally increased since 2010 (Figure 1.3). U.S. workers are also less healthy and more likely to die earlier than workers in other wealthy countries. Children born in the United States are on course, on average, to die earlier than children born in other wealthy countries.

Figure 1.2 Life expectancy at birth in the United States and member countries of OECD, 1960–2017



Note: OECD = Organisation for Economic Co-operation and Development.

¹ A decrease in life expectancy of this duration has not occurred since the worldwide influenza pandemic of 1917–1918.

Table 1.1 Life expectancy at birth among males and females in 17 high-income countries,^a 2015^b

A. Males

Country	Life expectancy (in years)
Japan	80.8
Switzerland	80.8
Norway	80.5
Australia	80.4
Sweden	80.4
Italy	80.3
Spain	80.1
Netherlands	79.9
Canada	79.9 ^b
France	79.2
United Kingdom	79.2
Austria	78.8
Denmark	78.8
Finland	78.7
Germany	78.3
Portugal	78.1
United States	76.3

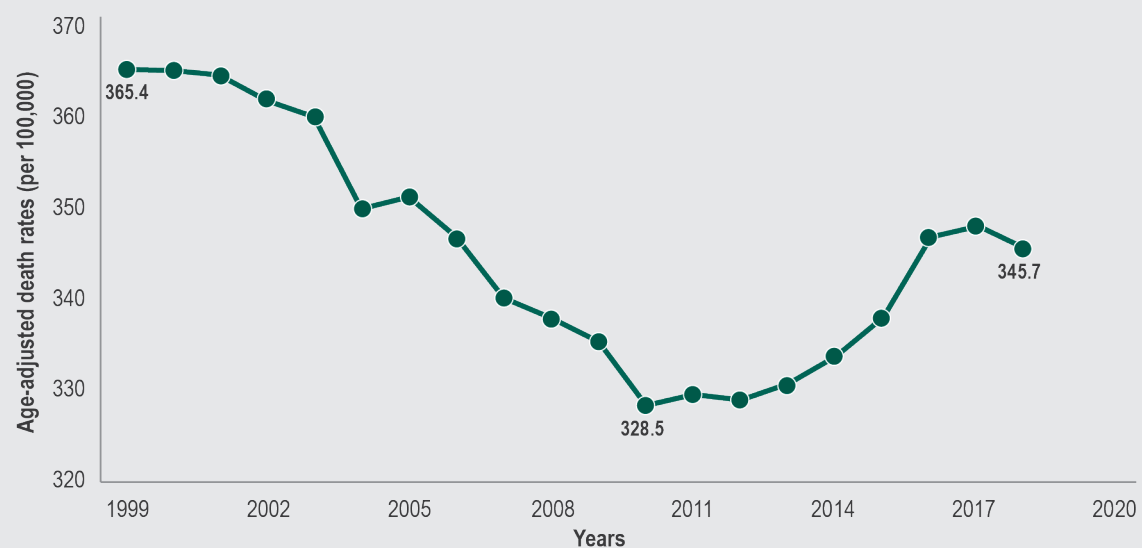
B. Females

Country	Life expectancy (in years)
Japan	87.1
Spain	85.8
France	85.5
Switzerland	85.1
Italy	84.9
Australia	84.5
Finland	84.4
Portugal	84.3
Norway	84.2
Sweden	84.1
Canada	84.0 ^b
Austria	83.7
Netherlands	83.2
Germany	83.1
United Kingdom	82.8
Denmark	82.7
United States	81.1

^a Seventeen high-income countries were selected to replicate the analysis in Woolf and Aron.

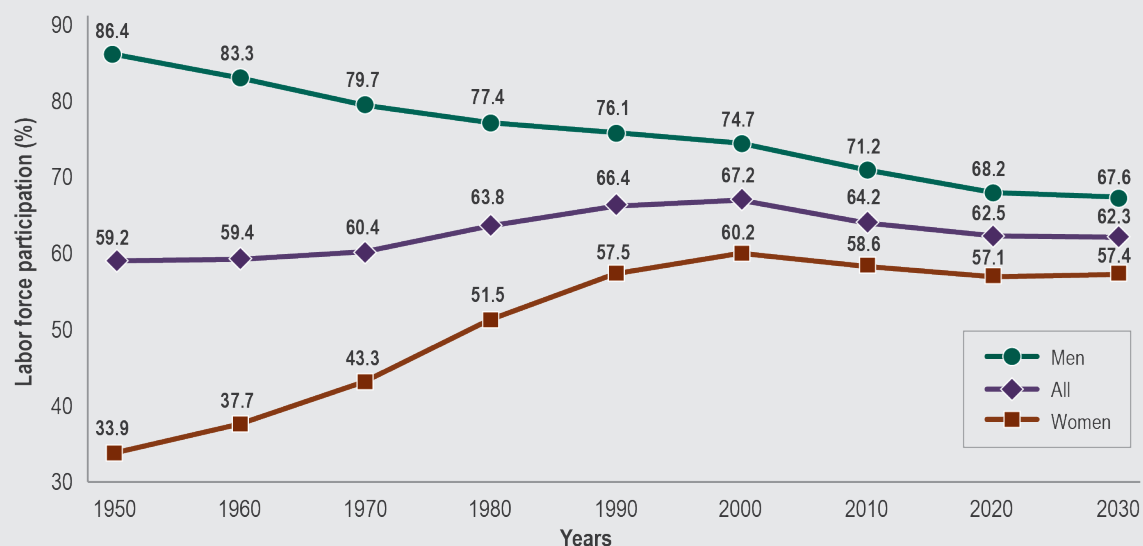
^b As cited in IndexMundi.

Figure 1.3 Death rate among U.S. working-age adults (25–64 years of age), 1999–2018



- The U.S. health disadvantage extends beyond lower life expectancy.** The prevalence of poor health conditions, from diabetes to alcohol-related car crashes, is higher in the United States than in other wealthy countries, which has clear implications for U.S. healthcare costs, labor productivity, and labor availability. Six of 10 Americans have at least one chronic condition and 4 of 10 have two or more chronic conditions, including 18% of Americans 18–44 years of age and 50% of Americans 45–64 years of age. Some studies have reported that Americans are feeling less healthy and are experiencing a decline in mental health and increasing rates of depression (primarily among adolescents and young adults). Meanwhile, participation by U.S. men in the labor force has plummeted from a high of 86.4% in 1950 to an estimated 68.2% in 2020. Although increased participation in the labor force over time by U.S. women has made up for some of the decline in men’s participation, women’s labor force participation has declined from a peak of 60.2% in 2000 to an estimated 57.4% in 2020² (Figure 1.4).

Figure 1.4 U.S. labor force participation, 1950–2010, and projected, 2020–2030



- The U.S. health disadvantage affects much of the population.** The higher (worse) age-specific death rates in the United States drive the shorter (worse) life expectancy. These worse death rates affect young, middle-aged, and older people; males and females from infancy to 75 years of age; and all races and social classes. For example, the death rate among non-Hispanic White Americans is lower (better) than rates among most minority and low-income Americans. However, the death rate of non-Hispanic White Americans is higher (worse) than the death rate of non-Hispanic Whites in other wealthy nations. The

² An estimated 62.5% of men and women combined participated in the labor force in 2020 (Figure 1.4). Actual monthly labor force participation reached a low of 60.2% in April 2020, due to the impact of the coronavirus pandemic, before rebounding slightly to 61.5% in June 2020.

death rate among U.S. White males and females in every age group younger than 55 ranks 16th or 17th (worst) out of 17 peer countries. High-income Americans, people with health insurance, college graduates, and those with healthier behaviors also fare worse than their counterparts in other wealthy countries: These Americans also have higher infant mortality, more chronic diseases, and lower life expectancy.

- **The U.S. health disadvantages are diverse.** Compared with populations in other wealthy countries, Americans across income levels and racial/ethnic groups suffer and die at higher rates from a broad range of diseases and injuries—including heart, lung, and kidney disease; obesity; diabetes; car crashes; drug overdoses; and shootings—and from adverse birth outcomes (e.g., infant mortality), adolescent pregnancy, and HIV and AIDS.

These outcomes persist despite America's large investments in healthcare, which vastly exceed the levels in which other countries invest in their own healthcare systems. Unless circumstances change, estimates suggest that the U.S. health disadvantage will continue to worsen, as it did during the coronavirus pandemic of 2020. The coronavirus was especially dangerous to people with existing chronic conditions and subjected Americans to the health complications from the economic downturn brought on by the pandemic.

Explaining the U.S. Health Disadvantage

The question of *why* Americans live shorter lives and have poorer health than people in other wealthy nations can be explained by how the United States differs from other wealthy countries in five areas:

- **Public policies and spending:** Public policies and spending set the context for the other four differences. Health and quality of life are linked to many U.S. public policies and personal ideologies that influence those policies, including (a) America's approach to governance and the decentralized influence of the states and (b) Americans' unique concerns about the size of government, the amount of regulation, levels of taxation, gun rights, and other issues that affect public policies—specifically, the generosity of social welfare programs and investments in education, housing, and public health and other social needs.
- **Social and economic factors:** Income and education are among the most important social and economic factors related to health. Compared with other wealthy nations, the United States has higher levels of income inequality, poverty, child poverty, single-parent households, divorce, and incarceration. The United States has lost its leadership position in education, ranking 24th in science and reading and 38th in math, behind such countries as Vietnam, Estonia, and Slovenia.

- **Social and physical environments:** The built environment in U.S. cities, suburbs, and rural and tribal areas is designed for automobiles rather than pedestrians, cyclists, and public transit; and Americans are exposed to greater instances of violence and residential segregation than their peers in other wealthy nations.
- **Individual behaviors:** Compared with their peers in other wealthy countries, Americans have lower rates of smoking³ and problem drinking, but they consume more calories per person, are less likely to fasten seat belts in vehicles, have more motor vehicle crashes involving alcohol, are more likely to own firearms, and are more likely to use and misuse drugs.
- **Healthcare:** Unlike other wealthy nations, the United States does not offer universal access to healthcare. The U.S. healthcare system struggles with deficiencies in quality, fragmentation, and poor coordination of care; and it ranks poorly when compared with healthcare systems in other wealthy nations. Finally, health insurance in the United States is often tied to employment. When employment is disrupted, such as that caused by the coronavirus pandemic, many workers lose their health insurance coverage, often at a time of high need.

Lower spending on social services may also contribute to the U.S. health disadvantage. Major investments in social, economic, and environmental development in the 1930s and 1960s have not been replicated in recent decades. Between 1962 and 2017, the share of federal spending on social and economic investments (e.g., in education) decreased by 59%. During the same period, spending on programs that provide direct cash transfer and healthcare-related costs (e.g., Medicare and Medicaid) increased by 162%. Spending more on healthcare does not necessarily lead to better health. In fact, populations in countries that prioritize spending on social services over spending on healthcare have higher life expectancy. The same is true across the United States, where populations in states that dedicate a large proportion of their budgets to social services have higher life expectancy.

More recently, research attention has focused on another component of the explanation. Racism and bias is increasingly identified as an important contributing cause of poor health outcomes for such population groups as people of color in the United States. Structural, cultural, and interpersonal racism and bias have been shown to affect health, wealth, and well-being through socioeconomic, psychosocial, policy, and opportunity pathways, which are often intertwined. For example, residential housing segregation, unequal treatment within the criminal justice system, and lack of access to credit and capital have the effect, individually and together, of concentrating poverty, limiting access to quality education, and limiting employment and economic opportunities. Each of these contributes to poorer health outcomes. Racism and bias in the diagnosis and treatment of disease also contributes to poorer health outcomes.

³ Higher rates of smoking decades ago may also be contributing to currently high U.S. death rates from tobacco-related illnesses.

The relationships among these areas are complex. Although healthcare is important when people are ill, research shows that unhealthy behaviors (e.g., smoking, lack of physical activity) contribute significantly to disease and death. Some studies attribute 40% of U.S. deaths to unhealthy behaviors, which, in turn, are influenced by the physical and social environments. People can make choices from only the options that are available to them; they cannot eat well if healthy foods are not available or walk to the store or park if the neighborhood is not safe. The physical environment—or the built environment—includes parks, housing, and transportation resources. The social environment includes the connections, networks, people, and institutions through which people interact (e.g., schools, employers, banks, libraries, and community centers). These interactions can either promote or damage health. Health-promoting conditions include social support, safety, and social connection. Health-damaging conditions include social isolation, discrimination, segregation, and trauma.

Social and economic factors—such as education, income, and poverty—rank among the most influential drivers of health, because socioeconomic resources enable people to pursue healthy behaviors, live in neighborhoods with desirable physical and social environments, and access healthcare. In an economy that depends on a skilled and knowledgeable workforce, like the United States economy, quality education may be the most important driver of health and economic opportunity.

Decisions on public policies and spending greatly influence the other four areas. Policies (or lack of policies) can determine a person's opportunities and whether gaps in opportunities shrink or grow. Decisions that are made by government and the private sector at the national, state, and local levels determine whether

- The environment is healthy and safe, including clean air and water; a built environment that promotes physical activity; access to healthy foods, quality and affordable housing, reliable transportation to jobs, education, and services; and a social environment that is free of violence, trauma, and discrimination;
- Policies are instituted to encourage healthy behaviors, including avoiding smoking and misuse of alcohol and other drugs;
- People have access to affordable, high-quality healthcare; and
- The social and economic status of American families—such as children's education, access to jobs with a livable wage, and income and savings—allows them to afford the conditions that shape good health.

Many Americans, including those in middle- and low-income households, and especially racial/ethnic minorities, have faced prolonged periods of economic stress, wage stagnation, and decreased social mobility (the inability to climb the economic ladder). These mounting stresses, which can be mitigated by better policies, contribute to poor health. The coronavirus pandemic of 2020 exacerbated and accelerated these economic and social stressors.

Why Does the U.S. Health Disadvantage Matter to Businesses and the Economy?

The U.S. health disadvantage has major implications for businesses and employers due to the adverse effects on the health of workers and their dependents. Employers share the burden as chronic diseases, such as obesity and diabetes, grow in prevalence in the workforce and among dependents. This poor health generates costs for employers, such as greater healthcare expenses; while higher rates of disability (as defined by the Social Security Administration), absences for illness and medical appointments (for themselves and dependent family members), and presenteeism (i.e., working while sick) generate indirect costs that reduce workforce productivity and contribute to declines in labor force participation. For example, the average full-time worker with diabetes misses an estimated 5.5 workdays per year; unplanned absences for this disease cost U.S. employers \$20 billion annually in lost productivity. The indirect costs of diabetes to employers may approach \$90 billion per year (Table 1.2).

Table 1.2 Indirect costs to U.S. employers due to diabetes

Problem	Productivity losses	Costs (\$ billion)
Reduced productivity days among persons not in labor force	14 million days	2.3
Work days absent	14 million days	3.3
Mortality	277,000 deaths	19.9
Reduced performance at work	114 million days	26.9
Reduced labor force participation due to disability	182 million days	37.5
Total	—	89.9

Many American companies are discovering that there are economic benefits in the choice to address the vital conditions required for health (Boxes 1.1a and 1.1b). Poor education, unstable housing, and food insecurity affect the health status of workers and their productivity on the job. In a knowledge-based economy, businesses already understand the value of an educated and skilled workforce, but the larger health benefits of education may not be fully appreciated—nor is the price tag for gaps in education. Workers with less education or income are more likely to have chronic illnesses and complications, higher healthcare costs and more absenteeism and presenteeism. Even the ability to conduct manual labor, such as lifting packages or climbing stairs, varies by level of education (Figure 1.5). Lower income adds to psychological distress, an important consideration

in an era of increasing deaths from drug use, problem alcohol use, and suicide. The opioid epidemic, a phenomenon with far less impact on businesses in other countries,⁴ costs U.S. employers billions of dollars per year in healthcare costs and lost productivity.

BOX 1.1A: WHAT ARE VITAL CONDITIONS FOR HEALTH, WEALTH, AND WELL-BEING?

Our ability to survive and thrive—as individuals, institutions, industries, and even as a nation—depends on having a consistent set of *vital conditions*, such as clean air, fair pay, humane housing, early education, routine healthcare, and other pragmatic necessities (see graphic below). The status and quality of the vital conditions shape each person’s ability to attain his or her best possible health, wealth, and well-being. Everyone—including the public, private, and nonprofit sectors and individuals, families, and communities—has a role to play in assuring the vital conditions, equitably, for all Americans.

When any of the vital conditions is not met, a variety of threats predictably arise. Those threats drive demand for urgent services that people facing adversity might need temporarily to regain their best possible health, wealth, and well-being (Box 1.1b). If services are unavailable or inadequate, the consequences of unmet vital conditions may be devastating to individuals, families and communities, and the costs, which are considerable, are borne by society. Everyone pays.

The changing states of these vital conditions and urgent services shape the prospects for people and places across the United States, now and for generations to come.

People have no say in the vital conditions that they inherit from their predecessors. At the same time, people today can transform current and future vital conditions, for better or for worse.









Note: Belonging and Civic Muscle forms the core of the other elements because it is both a vital condition unto itself and a practical capacity expressed through every other kind of work. Graphic of the seven vital conditions is adapted with permission from WE in the World, on behalf of the WIN Network, Rippel Foundation, and Well Being Trust.



⁴ An increase in opioid prescribing has been observed in other countries (e.g., Australia, Canada, Denmark, Finland, Germany, Sweden, United Kingdom), but no country has experienced an increase in drug overdose deaths comparable to the United States.

BOX 1.1B: A DEEPER LOOK AT THE VITAL CONDITIONS

The vital conditions that shape each person’s ability to attain his or her best possible health, wealth, and well-being are defined in greater detail (in teal). When one or more vital condition is unmet, the demand for urgent services increases (in orange). Unmet vital conditions can be devastating to individuals, families, and communities and generate costs that are borne by all of society. Although the lack of a specific vital condition does not result in a specific urgent need, the adversity that results from one or more vital conditions being unmet can create any number of urgent needs, some of which are illustrated here. Belonging and civic muscle (in blue) is both a vital condition and component of each vital condition. When belonging and civic muscle are strong, assuring the vital conditions becomes easier.

Investments to Assure Vital Conditions Properties of places and institutions that all people need all the time to be healthy and well		Services to Address Urgent Needs Services that anyone under adversity may need temporarily to regain or restore health and well-being	
 <p>Basic Needs for Health and Safety</p>	<p>Basic requirements for health and safety</p> <ul style="list-style-type: none"> • Adequate air and water • Nutritious food • Routine physical activity • Sufficient sleep • Safe, satisfying sexuality and reproduction • Freedom from crime, injury, violence, traumatic stress, and addiction • Routine health care (physical and mental) 	 <p>Acute Care for Illness or Injury</p>	<p>Acute and post-acute care for physical and mental illness</p> <ul style="list-style-type: none"> • Emergency medical services • Acute hospitalization • Trauma-informed care
 <p>Lifelong Learning</p>	<p>Continuous learning, education, and literacy</p> <ul style="list-style-type: none"> • Cognitive, social, and emotional abilities • Early childhood experiences • Elementary and high school • Higher education • Career and adult education 	 <p>Addiction Treatment</p>	<p>Services to stop addictive behavior and begin recovery</p> <ul style="list-style-type: none"> • Substance abuse treatment and support
 <p>Meaningful Work and Wealth</p>	<p>Rewarding work, careers, and standards of living</p> <ul style="list-style-type: none"> • Job training/retraining • Well-paying, fulfilling jobs • Family and community wealth • Savings and limited debt 	 <p>Crime Response</p>	<p>Efforts to fairly adjudicate alleged violations of the law</p> <ul style="list-style-type: none"> • Police, fire, and first responders • Courts • Incarceration
 <p>Humane Housing</p>	<p>Humane, consistent housing</p> <ul style="list-style-type: none"> • Adequate space per person • Safe structure • Affordable costs • Diverse neighborhood (without gentrification, segregation, and concentrated poverty) • Close to work, school, food, and recreation/nature 	 <p>Homeless Services</p>	<p>Short-term housing for people experiencing homelessness</p> <ul style="list-style-type: none"> • Emergency shelters

BOX 1.1B: CONTINUED





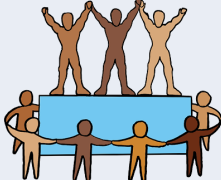
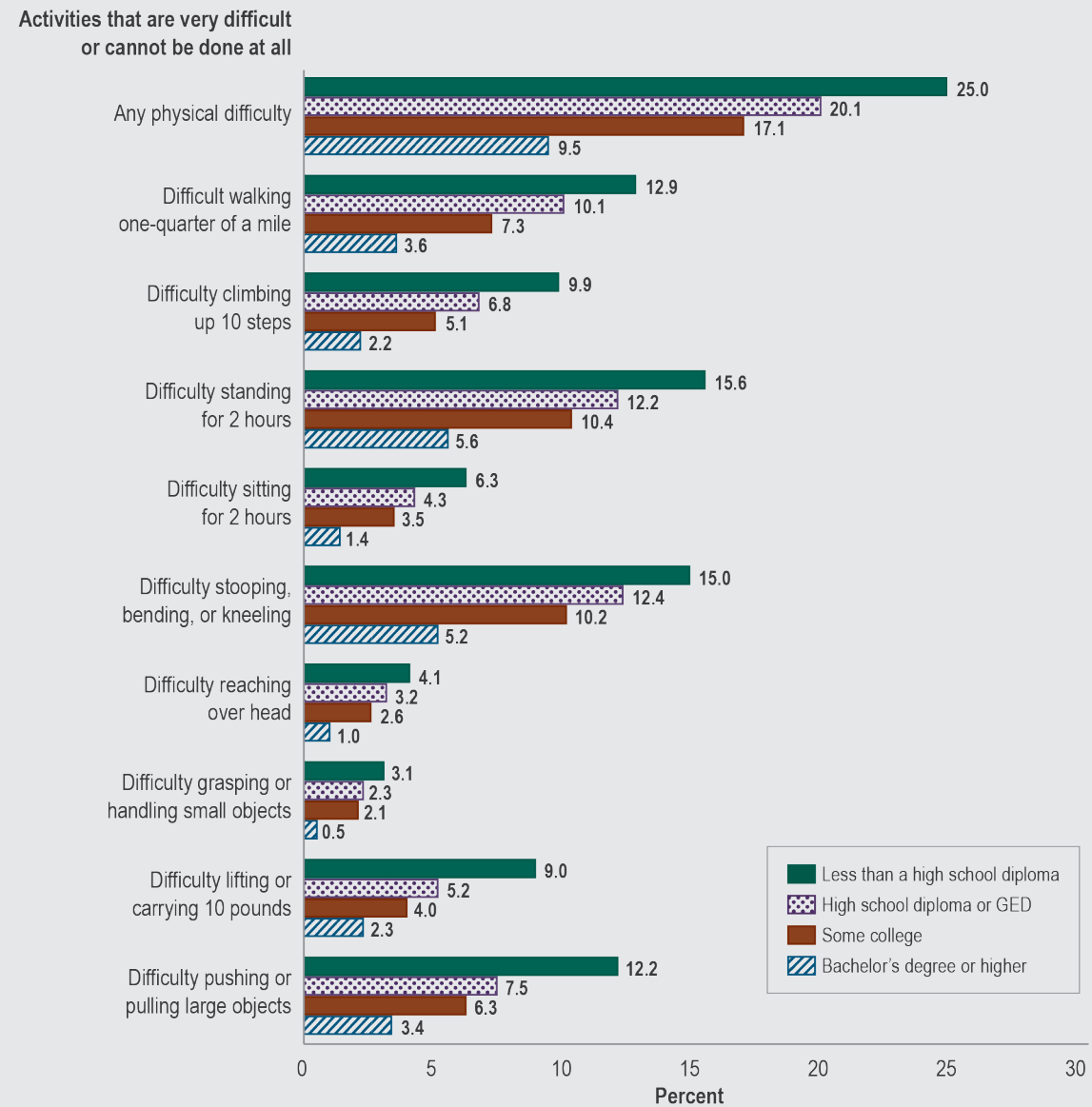
Investments to Assure Vital Conditions Properties of places and institutions that all people need all the time to be healthy and well		Services to Address Urgent Needs Services that anyone under adversity may need temporarily to regain or restore health and well-being	
 <p>Thriving Natural World</p>	<p>Sustainable natural resources and freedom from climate hazards</p> <ul style="list-style-type: none"> • Clean air, water, and soil • Natural spaces • Freedom from extreme heat, flooding, wind, radiation, earthquakes, and pathogens 	 <p>Environmental Clean-Up</p>	<p>Efforts to clean up hazards in air, water, soil, homes, workplaces, and communities</p> <ul style="list-style-type: none"> • Lead abatement • Water treatment • Brownfield decontamination • Disaster response and recovery
 <p>Reliable Transportation</p>	<p>Reliable, safe, and accessible transportation</p> <ul style="list-style-type: none"> • Close to work, school, food, and leisure • Safe transport • Active transport • Efficient energy use • Few environmental hazards 	 <p>Unemployment and Food Assistance</p>	<p>Assistance for those who are disadvantaged, out of work, or disabled</p> <ul style="list-style-type: none"> • Federally supported programs for disadvantaged families (TANF, SNAP, WIC) • Food banks • Energy assistance • Childcare assistance
Efforts to Strengthen Belonging and Civic Muscle Special capacities of people and institutions that convey to all a sense of belonging and power to influence the policies, practices, and programs that shape the world			
		<p>Efforts that strengthen belonging and civic muscle include</p> <ul style="list-style-type: none"> • Arts, culture, and spiritual life • Social support • Freedom from stigma, discrimination, and oppression • Support for civil rights, human rights • Civic agency, engagement (voting, volunteering, public work) • Collective efficacy • Nonprofit organizations • Civic science • Transparency • Communications, information technology, and social networking • Politics and partisan discourse 	

Figure 1.5 Age-adjusted prevalence (%) of difficulties with physical functioning among U.S. adults, 18 years of age and older, by level of education, 2017



Note: GED = General Education Diploma.

Like economic and social status, geography also plays a role in health. Today's business leaders must consider the disparate living and health conditions to which their workers return at the end of their workday. The vital conditions in employees' neighborhoods—from the quality of housing and drinking water to the amount of green space to instances of racial segregation—affect health at the worksite and the cost of healthcare. Different conditions in different neighborhoods mean that two workers at the same company will have different educational and economic opportunities, community supports, health statuses, disease risks, and life expectancies—for themselves and their children.

The bottom line is clear: Businesses have an economic interest in improving the vital conditions in workers' neighborhoods and in working with community partners to maintain or create an environment that is healthy and safe. The same conditions that shape health are also the features that enable employers to attract and retain talented workers. Such conditions include good schools, resources for sports and physical activities (e.g., parks, playgrounds), modern, efficient infrastructure (quality affordable housing, broadband Internet access, transportation), and healthy social environments (e.g., lack of segregation and violence). Businesses have powerful incentives to act to improve the vital conditions that shape health (Box 1.2).

The bottom line is clear:
Businesses have an economic interest in improving the vital conditions in workers' neighborhoods and in working with community partners to maintain or create an environment that is healthy and safe.

BOX 1.2: INCENTIVES FOR BUSINESSES TO IMPROVE THE VITAL CONDITIONS THAT SHAPE HEALTH

The National Business Coalition on Health described the incentives for businesses to invest in building healthy communities:

- “Improve the health status, and therefore the productivity, of an employer’s current and future workforce;
- Control direct (healthcare) and indirect (absenteeism, disability, presenteeism) costs to the employer;
- Create both the image and the reality of a healthy community that may help recruitment and retention of workforce talent in tight labor markets;
- Increase the buying power and consumption level for business products, in particular nonmedical goods and services, by improving the health and wealth of a community;
- Strengthen an employer’s brand and recognition in the community;
- Generate, for individual business leaders, positive feelings of civic pride and responsibility and of being a constructive member of the community;
- Channel corporate philanthropy in a direction that will improve community relations, goodwill, or branding with the potential for a positive return for the business enterprise;
- Help create public and private partnerships and a multistakeholder community leadership team that can become the foundation for collaboration, cooperation, and community-based problem-solving for many other issues affecting the business community, such as economic development and education.”

The decline in U.S. health transcends the business environment and affects the nation’s economy. For example, state and local economies suffer when poor health and living conditions make it difficult to attract new industries or force companies to relocate, taking jobs with them. The same adverse conditions that affect the health of a community also stifle upward mobility and

the well-being of communities, creating conditions for social discord, crime, and violence. Lack of upward mobility and associated income inequality are costly to the economy. The U.S. health disadvantage puts the nation at a competitive disadvantage in the global marketplace, as U.S. companies compete with overseas companies that enjoy a healthier, more productive workforce and lower healthcare costs per capita. The rise in U.S. healthcare costs places unsustainable economic pressures on public payers (e.g., Medicare, Medicaid), employers, and patients who struggle with out-of-pocket expenses, while reductions in the health of the working-age population and reductions in participation in the labor force place economic pressures on businesses themselves. The U.S. health disadvantage has even raised national security concerns, as military leaders encounter a high prevalence of obesity and other health problems in active-duty personnel and future recruits.

Conclusion

The U.S. health disadvantage began to emerge in the 1980s. Although this chapter focuses on the decline in life expectancy as a signal of that disadvantage, the contributors to that decline are powerfully important. Increases in disease (e.g., obesity and diabetes) and substance misuse, which exceed that of peer nations, and substantial disparities in the vital conditions of health (meaningful work, safe environment, quality education, and humane housing) constitute pathways to reduced participation in the labor force, poorer health, and early death. To improve the nation's health, wealth, and well-being, Americans must transform the disadvantaged communities in which too many live, grow, learn, work, and raise families. As demonstrated in the next chapter, health happens in communities and is largely driven by conditions outside the healthcare system that compromise health, limit opportunity, and shorten life. Children pay a particularly high price for these poor conditions, and today's children are tomorrow's workers and national leaders. They are the next generation of teachers, doctors, business leaders, and military personnel. If the U.S. health disadvantage of today is not fixed, by strengthening communities and expanding opportunities, then the future population—and workforce—will almost certainly be burdened with greater sickness, lower productivity, higher costs, and shorter lives. The U.S. health disadvantage is a threat to the business community and the national economy.

APPENDIX A: TOOLS AND RESOURCES

Appendix A identifies tools and resources addressing topics explored in Chapter 1. The tools and resources were created by such businesses and organizations as John Hancock Insurance Company, Organisation of Economic Cooperation and Development, The Kresge Foundation, and others.

BELDEN INC.

Pathways to Employment

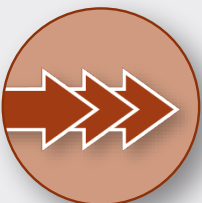


Community Challenge | The staggering levels of drug addiction in local communities across the United States has caused more than a health crisis. The economic impact of treating drug addiction is a burden on families and businesses. For those addicted, the ability to keep a job is difficult and gets harder over time, and those who manage to hold a job are less productive. For Belden, Inc. (Belden) something had to change.



Scenario | Belden has been a member of the Richmond, Indiana, community since 1928. As the second largest employer in Wayne County and a global leader in specialty networking solutions, Belden is a respected American company and proud of its safety record and strong workforce. Belden requires all job applicants have a drug-free background and pass drug screening. If hired, employees must continue to be drug-free.

Belden employed more than 500 people at its Richmond plant. Nearly one-third of these employees were set to retire within 5 years. At the same time, the labor pool for manufacturing workers was declining, just as customer demand was increasing. Where would the new hires come from?



Action Taken | Despite an influx of applications, many potential employees were turned away. “We found the pre-employment drug screen failure rate was steadily increasing—between 10 to 15%,” said Paul Mottershead, vice president Corporate Communications. According to Mottershead, when the data were presented to Belden’s Board of Directors, one member asked Chief Executive Officer John Stroup: “If you’re not going to do something about this, who is?”

With support from top leadership, Belden convened a team to work with community partners to address the drug use problem among its applicant pool. “We are not a healthcare expert and needed to rely on the expertise of [others] to develop, implement, and evolve [a] program,” Mottershead said. Partners included Centerstone Indiana, Meridian Health Services, Ivy Tech Community College, Manpower Richmond, and addiction specialist Dr. Mitch Rosenthal. Together, they built the Pathways to Employment Program, which launched as a pilot in February 2018 and provides 18 months of support to applicants who are hired by Belden.

Through the program, Belden offers rehabilitation *and* a job to applicants who fail the pre-employment drug test but agree to enter the program. In the program, a healthcare provider assesses employees and places them into one of two groups—low risk or high risk for substance use disorder. From there, employees receive personalized, evidence-based rehabilitation treatment, during which they work in such positions as cleaning, inventory, and other roles that do not pose a risk to their safety or the safety of others. Drug tests are conducted almost weekly for the first 8–16 weeks. Employees must remain drug-free to work in higher risk positions, like a machine operator. Employees who fail a drug test are released and provided with community resources to help them with substance misuse. However, if employees are forthright about a relapse before failing a test, they get a second chance.

By 2019, 34 employees had entered the program—12 were in machine operating roles, 12 left the program, and 10 were in lower risk roles. The program costs an average of \$6,000 per low-risk employee and as much as \$26,000 per high-risk employee. The program is also available to current employees who are seeking help with addiction problems. Based on the positive response, Belden developed a blueprint for other organizations to develop similar programs and began offering the program in 2020 at two other U.S. facilities.

Key Takeaway | Belden needed to hire people to produce products to meet business demands and the expectations of shareholders. All groups—business, government, and the healthcare system—worked together to address the need. Having a job is a critical part of maintaining a drug-free lifestyle; filling a job is critical to business success. Belden helped with both and is sharing its learnings with other companies, organizations, and communities.





CHAPTER 2.

How Neighborhoods Shape Health and Opportunity



OVERVIEW

The health of Americans is shaped in neighborhoods and communities outside the healthcare system. This chapter highlights the relationship between health and the communities where people live, grow, learn, work, and age. It presents examples of how public policies and vital conditions—like affordable housing, quality education, and meaningful work—create thriving communities for children and families. Mobilizing resources and investments to create high-opportunity neighborhoods is a winning strategy to fix the U.S. health disadvantage.



KEY TAKEAWAYS

- Low-opportunity neighborhoods are plentiful across the United States and are often found in proximity to high-opportunity neighborhoods.
- Low-opportunity neighborhoods lack the vital conditions necessary for health, wealth, and well-being, and they diminish the life chances of the people who live in them, particularly children.
 - Compared with children in higher opportunity neighborhoods, children in lower opportunity neighborhoods attend preschool and graduate from high school at lower rates, have fewer green spaces, experience more days of extreme heat, and are more likely to lack health insurance and to live in homes with incomes below the federal poverty level.
 - Across the United States, differences in life expectancy between high- and low-opportunity neighborhoods can be as high as 25 years.
- Lack of educational opportunities (from early child development to higher education) and lack of economic opportunities (jobs, job skills, career pathways, and family-sustaining incomes) contribute to the U.S. health disadvantage.
- The intertwined health and economic disadvantages are substantial for business and society.

A Tale of Two Communities

Imagine a community where children have access to a high-quality preschool. When these young children get older, they attend excellent schools in their neighborhood.⁵ Student achievement in reading and math is high in these schools, and superb high school graduation and college enrollment rates signal to youth that education is valued and attainable. The community is home to community centers, parks, and green spaces and offers easy access to healthy food retailers and other resources, such as banks and childcare. The community also enjoys an environment with low levels of pollution, high rates of employment and civic engagement, and low rates of poverty and crime. Parents of these children enjoy good jobs and short commute times to work. Communities with these characteristics are known as high-opportunity neighborhoods.

⁵ The terms *neighborhood* and *community* are used interchangeably in this report.

Compared with families living in lower opportunity communities, families living in high-opportunity neighborhoods have more economic resources and reap significant, but often underappreciated, benefits, such as being able to spend more time raising children and less time commuting to work or working multiple jobs. An advantaged community is not defined only by the above features, but many would agree that such a community offers enhanced opportunities for children to grow and develop into healthy and productive adults. Many high-opportunity neighborhoods exist in the United States, and many children grow up and thrive in these types of communities.

However, many communities across the country look different. If preschools exist, they are poor quality. Student achievement in neighborhood schools is low, and norms and expectations about high school graduation and college attendance are weak. Green spaces and healthy food retailers may not exist or may be rare, and levels of environmental pollution are high. Employment options are few, transportation is unreliable, and the rates of crime and poverty are high. Communities with these characteristics are known as low-opportunity neighborhoods. Children who grow up in low-opportunity neighborhoods often face more challenges than their peers who grow up in high-opportunity neighborhoods. As a result, these children can grow into less healthy, less educated adults.

These descriptions match two actual neighborhoods that are adjacent to each other in a U.S. metropolitan area (see Box 2.1). The differences in the opportunities available to children in these two communities play out in many neighborhoods across the nation, and these differences have serious consequences for the abilities of children to achieve their full potential. Health and life expectancy differences between low-and high-opportunity neighborhoods—even those in close proximity to each other—are stark.

Neighborhood, as an environment, provides a critical context in which children can develop in healthy ways, and it influences the life chances of children as they grow into adults. The family environment imparts another strong influence on the development of children, but families function in a context established by a community's ability (or not) to provide resources and conditions that shape health. Healthy community environments are essential to support the development of human capital. Such environments contribute to a productive workforce and strong local markets.

Healthy community environments are essential to support the development of human capital. Such environments contribute to a productive workforce and strong local markets.

**BOX 2.1: A TALE OF TWO REAL COMMUNITIES LESS THAN 3 MILES APART
(REPRESENTATIVE OF MYRIAD SIMILAR COMMUNITIES ACROSS THE UNITED STATES)**

Neighborhood A (high opportunity)

With two high-quality early childhood education centers nearby, children in Neighborhood A get a jumpstart on the education ladder. Nearly two-thirds of 3- to 4-year-olds attend preschool. Math proficiency is almost universal (95%) among fourth graders. Four of every five adults 25 years of age and older have a college degree. A community rich in highly educated adults may increase expectations among children for their own education and work prospects and may positively influence their attitudes and actions about college attendance.

With so many highly educated adults, the neighborhood's unemployment rate in 2019 (3.8%) is less than half that of the entire metropolitan area (9.8%), and the poverty rate (9.6%) falls considerably below the average (17.1%) for the metropolitan area.

The neighborhood also hosts a variety of healthy resources. For example, several parks and green spaces offer areas in which children can engage in physical activities, which may reduce the chances of obesity and associated health problems. Most of the neighborhood's food establishments are considered healthy food retailers, which increases access to proper nutrition. Healthcare facilities are plentiful and close by. In fact, 178 healthcare facilities are located within 2 miles of Neighborhood A, making it closer in proximity to healthcare resources than 94% of all neighborhoods in the metropolitan area. This proximity to healthcare providers likely reduces travel times for people seeking healthcare, which in turn yields greater utilization of routine healthcare services and lower utilization of emergency room care.

Neighborhood B (low opportunity)

Children in Neighborhood B face a host of obstacles to opportunities and well-being. Only 9% of 3- to 4-year-olds attend preschool, and not one high-quality early childhood education center is nearby. By fourth grade, almost two-thirds of students are not proficient in math, limiting their future math achievement and their subsequent college attendance and labor wages. Among adults 25 years of age and older, only one in five have earned a college degree.

Low levels of education are accompanied by high levels of unemployment and poverty. One-third of adults are unemployed, which may affect youth's expectations of their own employment prospects and result in weaker networks of employed adults who can help young people find jobs. Nearly 60% of residents live below the poverty line, and 92% of students are eligible for free or reduced-price lunch at school. Such concentrated poverty in neighborhoods and schools is associated with poor physical and mental health, as well as low student graduation rates and future earnings.

The physical conditions and resources in Neighborhood B pose further challenges. A staggering 23% of housing units are vacant. High rates of housing vacancy are positively associated with increased crime, risk of fire, and drug use. Housing vacancy also increases property maintenance and decreases home values in nearby areas, thereby reducing household wealth overall.

Food establishments in Neighborhood B are not considered healthy food retailers, which is a source of concern because lack of access to healthy food is associated with health problems and obesity in children. Further, the availability of nearby healthcare facilities ranks in the lowest 25% of all neighborhoods in the metropolitan area.

How Communities Affect Health

The striking contrast between the two communities described in Box 2.1 is a powerful example of the large differences in conditions that promote health across the country, differences that sometimes exist between neighborhoods that are next to each other. Neighborhood features influence health and well-being through biologic and social mechanisms. For example, high levels of pollution may lead to a higher prevalence of childhood asthma, and high levels of crime or disrepair may increase the risk of physical injury and personal stress. On the other hand, the presence of healthy food retailers gives opportunities for residents to consume healthier foods, and green spaces provide opportunities for residents to engage in physical activities and to achieve a greater sense of well-being.

Social and environmental conditions in the neighborhoods in which children live and grow shape their health and affect their life chances. Although families certainly go beyond their neighborhoods to find resources and amenities, their immediate living environment is a powerful influence on children's prospects in adulthood. Children who grow up in high-opportunity neighborhoods, like Neighborhood A in Box 2.1, have better chances of living long, healthy, and productive lives as a result of specific characteristics, such as better schools, positive social networks, safer environments, and less exposure to adverse behaviors. Supportive institutions, such as high-quality early education centers, positively influence child development and parents' abilities to work and their stress levels and parenting behaviors. Children's access to good schools can influence their decisions about the future, such as choosing to pursue higher education and working hard to attain that goal. Social networks, social cohesion, and social control affect health indirectly by influencing social factors that affect health. For instance, peer influences and role models affect youth development and outcomes later in life related to education, employment, and income. Absence of these features diminishes life chances for children who grow up in neighborhoods like Neighborhood B in Box 2.1. Children, families, and neighborhoods win or lose depending on the resources and conditions around them in the community. Society at large and government and businesses also win or lose as access to nearby resources fosters or diminishes opportunities for human potential.

The community level is not immune from outside influences. For instance, economic forces (e.g., regional housing and labor markets) and federal, state, and local policies (e.g., land use zoning, public school funding) that operate above the community level ultimately shape the community's infrastructure and resources. The history of redlining illustrates the potent impact that decisions by public and private actors can have on community investment or disinvestment, and thus on community resources and characteristics (Box 2.2).

BOX 2.2: WHAT WAS REDLINING?

Redlining was a broad and far-reaching legal discriminatory practice that led to negative and long-lasting decisions to underinvest in minority communities. Communities that were redlined experienced decades of disinvestment and neglect. In 1933, in order to avert housing foreclosures during the Great Depression, Congress created the Home Owners' Loan Corporation (HOLC) to refinance mortgages that were in default. In 1935, to develop a national mortgage lending market, which had previously been based entirely on local knowledge and relationships, the Federal Home Loan Bank Board asked HOLC to create “residential security maps” in 239 cities.

The maps indicated various levels of security for real-estate investments. These maps had a large influence on the level of investment in communities. Different colors on the maps reflected the estimated level of risk of making loans in those neighborhoods. Areas colored yellow were characterized by “obsolescence and infiltration of lower grade population,” and areas colored red were considered “hazardous” and described by HOLC as “characterized by detrimental influences to a pronounced degree, undesirable population, or an infiltration of it.” HOLC recommended lenders either not make loans in these areas or grant loans on a very conservative basis. Notably, the risk level of an area closely mirrored the racial composition of its residents, as neighborhoods with predominantly minority, immigrant, or mixed populations universally received higher risk scores. For example, the inhabitants of a “hazardous” D-rated neighborhood in Brooklyn, New York, (colored red in the map) were listed as clerks and laborers with 30% foreign-born of Jewish-Irish predominance. Clarifying remarks about the map stated, “Colored infiltration is a definitely adverse influence on neighborhood desirability although Negroes will buy properties at fair prices and usually rent rooms.” As a result, these scores and descriptions strongly reinforced disinvestment in such communities.

Current geographic patterns of concentrated disadvantage and prevalence of health problems closely follow the redlining maps of the past. Communities that were redlined in the 1930s share many of the same traits as neighborhoods like Neighborhood B around the country today (and would benefit from investment attention).

Today, on average, formerly redlined areas are 28% Black, and 8% of African-Americans live in formerly redlined neighborhoods. Thus, addressing the needs of only the formerly redlined neighborhoods would likely miss many of the people who most directly experienced the decades of disinvestment. Tackling place-based inequities is only one facet of tackling race-based inequities. Finally, many rural and smaller communities (including some that have grown tremendously since the 1930s) were not included in the HOLC maps. Although redlining—based on those HOLC maps—is an important part of the history of neighborhood disinvestment, it is not the whole story.

Redlining is just one example of the serious consequences that policy decisions have on the well-being of communities. Concentrating investments (by businesses and employers, community development corporations, large investment firms, and others) in low-opportunity neighborhoods can help to reverse the long-standing history of discrimination and disinvestment and the resulting economic and health disparities found in low-opportunity neighborhoods. Such investment, this report argues, will improve neighborhood conditions; increase opportunities; and strengthen health, wealth, and well-being for residents and communities.

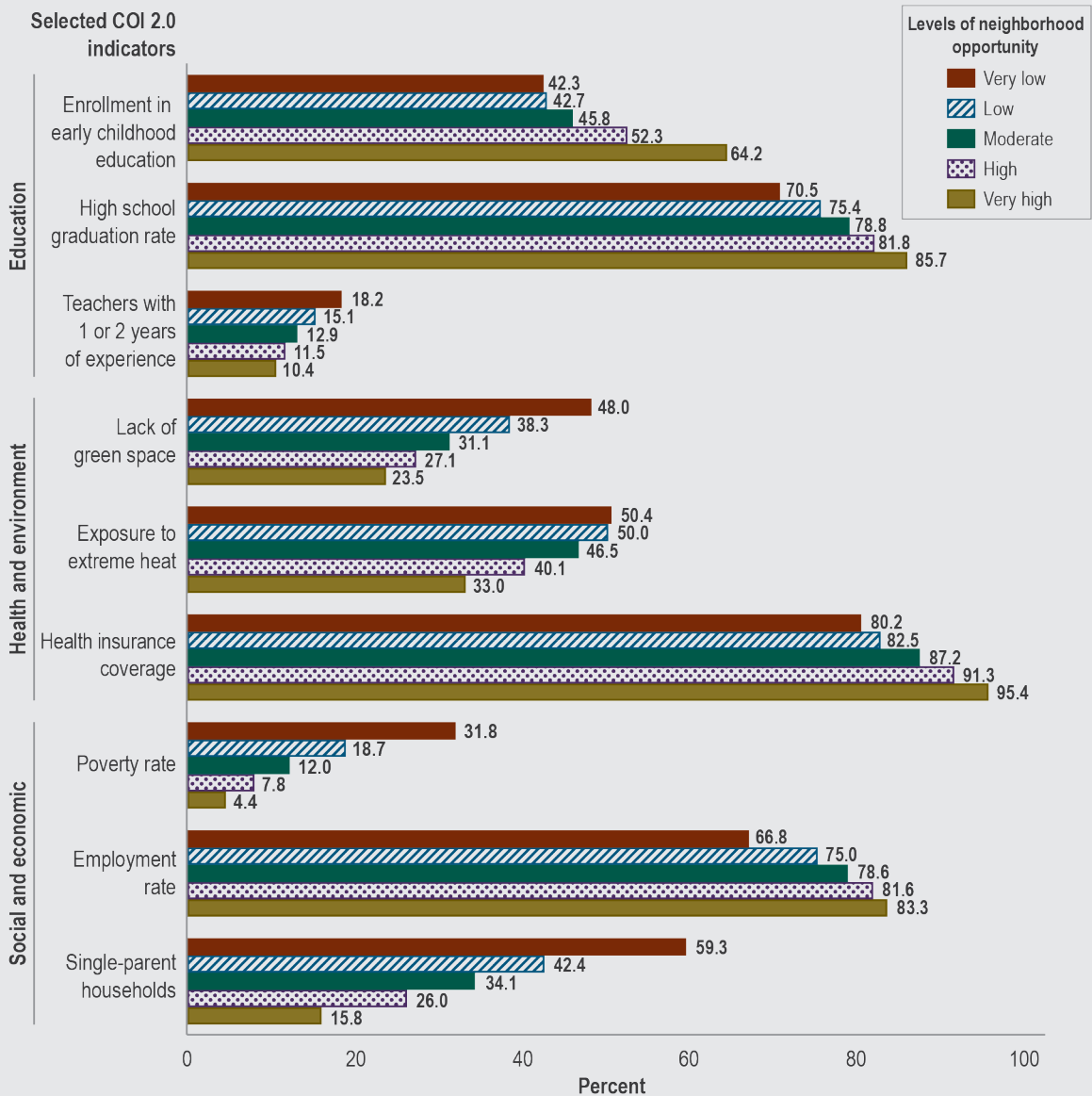
How Health Differs Across Communities

Neighborhood A and Neighborhood B, as detailed in Box 2.1, represent two extremes of the considerable variability in resources and conditions available for healthy living in the United States. These extremes—as well as conditions in the middle—exist in virtually every U.S. city, metropolitan area, suburban area, and rural area. An examination of this variation provides insight into the experiences of people living in different communities and into the costs to society of community environments that do not support healthy living.

One approach to quantifying the enormous variation is the Child Opportunity Index (COI) 2.0, a composite measure of child neighborhood opportunity for virtually all U.S. census tracts including urban, suburban, and rural areas. COI 2.0 combines information on 29 indicators in three domains: Education, Health and Environment, and Social and Economic. The COI was created after ranking all 72,000 neighborhoods in the United States. The neighborhoods were divided into five levels of child neighborhood opportunity: very low, low, moderate, high, and very high.

Figure 2.1 shows selected indicators for children by level of child neighborhood opportunity. The intertwined health and economic disadvantages facing children who grow up in neighborhoods like Neighborhood B across the country are indeed severe.

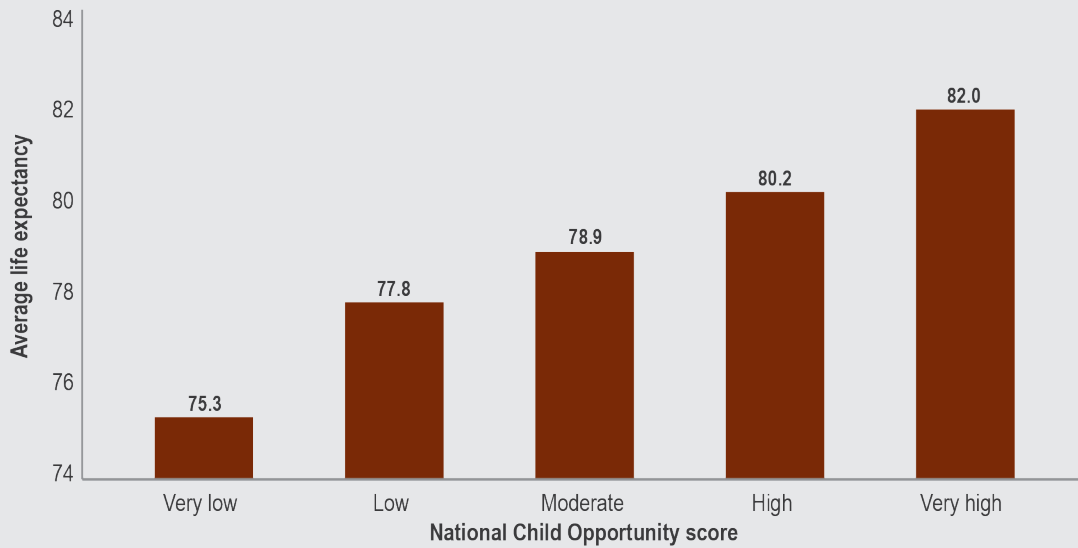
Figure 2.1 Features of neighborhood opportunity for the average child based on selected COI 2.0 indicators for the 100-largest U.S. metropolitan areas



Note: COI = Child Opportunity Index.

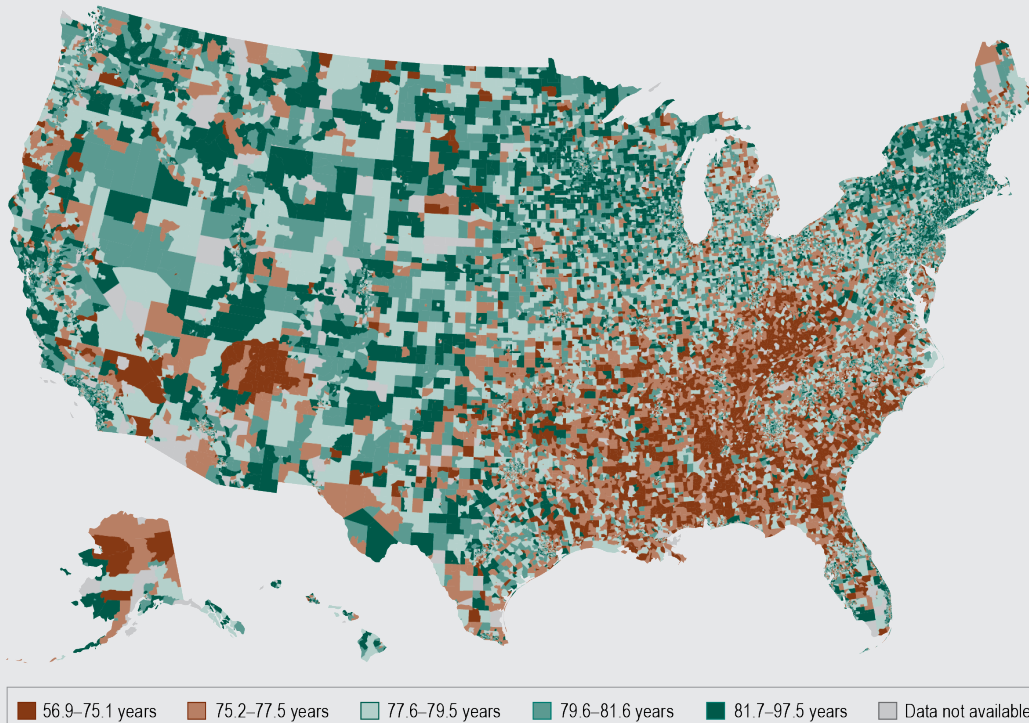
Health and life prospects also differ substantially between residents of very-low and very-high-opportunity neighborhoods. Across the 100-largest U.S. metropolitan areas, life expectancy differs by 7 years between residents in very-low- and very-high-opportunity neighborhoods (75 vs. 82 years life expectancy) (Figure 2.2). Throughout the United States, differences in life expectancy across census tracts, which in some cases are just a few miles apart, can be as high as 25 years (Figure 2.3).

Figure 2.2 Child neighborhood opportunity level and average life expectancy at birth in the 100-largest U.S. metropolitan areas



Notes: Life expectancy is the average number of years a person can expect to live at birth for individuals born in a given neighborhood (Census tract) for the years 2010–2015. Each neighborhood is assigned to one of five opportunity levels (very low, low, moderate, high, or very high) based on its COI 2.0 score. Each opportunity level contains 20% of the U.S. child population. Average life expectancy at birth was calculated across all Census tracts with the same opportunity level weighted by the population of children 0–17 years of age in each tract.

Figure 2.3 Life expectancy at birth for U.S. Census Tracts, 2010–2015



Implications of Health Inequities for Communities

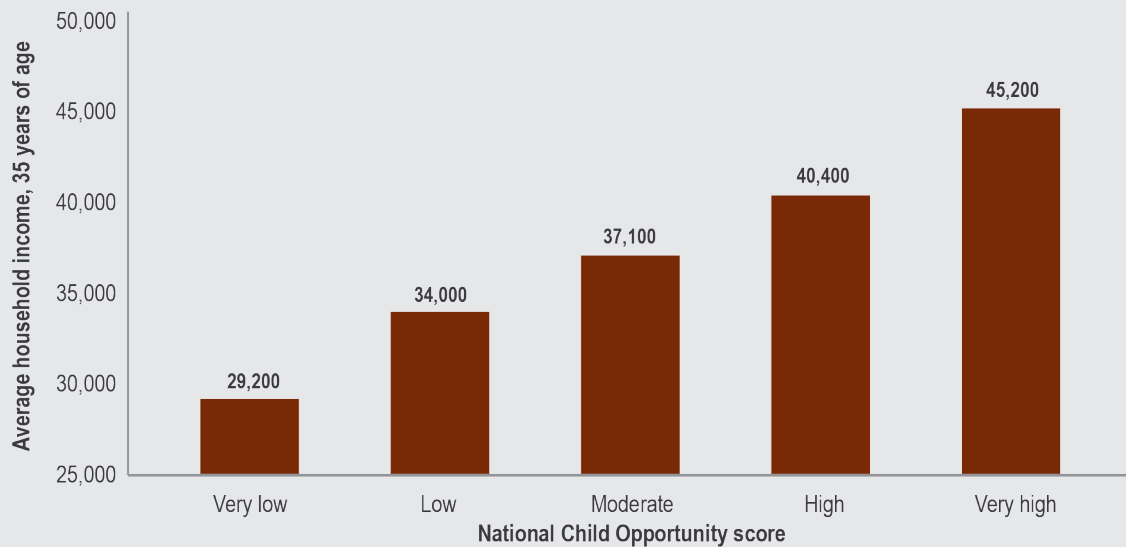
Where people live profoundly shapes their health, opportunities, and longevity. Nearly 10 million children live in very-low-opportunity neighborhoods within the 100-largest U.S. metropolitan areas. The majority of African American (66%) and Hispanic (59%) children live in very-low- or low-opportunity neighborhoods. Conversely, the majority of non-Hispanic White (66%) and Asian (62%) children live in high- or very-high-opportunity neighborhoods, reinforcing racial/ethnic differences in health outcomes and economic opportunities (calculations are based on data from the COI 2.0).

The costs of highly unequal access to neighborhood opportunity include reduced human capital, reduced economic productivity, lower educational achievement, less participation in the labor force, and lower potential for higher incomes as adults. Disparities in educational achievement are linked directly to levels of child neighborhood opportunity. Children with similar family structures, family incomes, and levels of parental education are more likely to drop out of high school and to have a teenage pregnancy if they grow up in high- versus low-poverty neighborhoods. Access to neighborhood opportunity also affects a person's ability to climb the socioeconomic ladder. Socioeconomic mobility refers to the place in the household income distribution that people attain as adults compared with the place in the income distribution that their parents attained. A child growing up in a home at the 25th percentile of parent income in a low-opportunity neighborhood will likely have an annual income at 35 years of age that is \$17,000 less than the income of a child who grew up with similar family characteristics but in a high-opportunity neighborhood (\$29,000 vs. \$46,000 annual income, in 2019 dollars, representing a 37% reduction in annual earnings, with associated implications for consumption of goods and services) (Figure 2.4).

The costs of highly unequal access to neighborhood opportunity include reduced human capital, reduced economic productivity, lower educational achievement, less participation in the labor force, and lower potential for higher incomes as adults.

Socioeconomic mobility in the United States has declined steadily. The proportion of children earning more than their parents fell from 90% for children born around 1940 to 50% for children born around 1980. Restoring economic opportunity for more Americans would result in an increase in those with higher incomes and in higher standards of living, more consumption, and more social cohesion—all of which have enormous implications for economic prosperity. Improving neighborhood opportunity may be a promising strategy for promoting socioeconomic mobility.

Figure 2.4 Child neighborhood opportunity level and socioeconomic mobility by adult household income (U.S. dollars) at 35 years of age among children growing up in households at the 25th percentile of the parent income distribution in the 100-largest U.S. metropolitan areas



Notes: Average household income (2019 U.S. \$) captures the household incomes of 35-year-old persons born between 1978 and 1983 with parents at the 25th percentile of the parent income distribution. Average household income is measured at the census tract level and is based on information of the individual's place of residence during childhood and adolescence. The underlying data are published as average ranks in the household income distribution at 35 years of age, which was cross-walked by the Opportunity Atlas team to the minimum income (in U.S. \$) at each rank. Child neighborhood opportunity levels, measured in 2015, are based on the COI 2.0, a composite index of neighborhood opportunity for virtually all U.S. census tracts. Each neighborhood is assigned to one of five opportunity levels (very low, low, moderate, high, or very high) based on their COI 2.0 score. Each level contains 20% of the child population. Average household income was calculated at 35 years of age by averaging household incomes (in U.S. \$) across all census tracts with the same opportunity level using as weights the population of children 0–17 years of age in each census tract. **COI** = Child Opportunity Index.

Summary

The health and social costs of living in a low-opportunity neighborhood radiate throughout the economy, reducing labor force productivity and availability and limiting consumption. Smart investments by leaders and decisionmakers at the federal, state, and local levels and by businesses and investors hold significant potential for enabling more children to thrive and become healthy and productive adults by both improving conditions in low-opportunity neighborhoods and creating real options for individuals and families who dream of moving to higher opportunity neighborhoods. (Chapter 4 describes examples of such community investment

and introduces the community actors who facilitate such investments.) The payoff of creating or improving access to higher neighborhood opportunity accrues to children and can improve their life prospects as adults, and accrues to society as a whole in the form of improved health status, lower healthcare costs, higher productivity, and greater economic mobility.

Accomplishing these gains will require addressing vast inequities across neighborhoods and investing in the broader conditions of the everyday lives of Americans. Chapter 3 argues why it is part of the purpose of business to do so, while Chapter 4 sets out options for investing in communities for business leaders to consider.

APPENDIX A: TOOLS AND RESOURCES

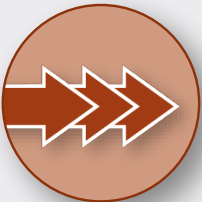
Appendix A identifies tools and resources addressing topics explored in Chapter 2. The tools and resources were created by such businesses and organizations as Aspen Institute, Child Welfare Information Gateway, U.S. Economic Development Administration, and others.

PARTNERSHIP FOR THE BAY'S FUTURE

A High-Impact Model for Investment



Community Challenge | Because of the success of the Bay Area of Northern California as a hub of technological innovation, land and housing costs have risen substantially in Silicon Valley. There, two breadwinners working full-time at \$15 an hour—or \$62,000 a year, which is close to the U.S. median household income—can afford to live in only 5% of Bay Area neighborhoods. This situation strains the health and well-being of lower- and middle-income families; major employers, including the “tech giants,” also feel the pressure. These employers recognize that their operations require a diverse labor market (e.g., maintenance technicians, administrative assistants, food-service workers) and that a community becomes unlivable for everyone when it cannot provide quality affordable housing for teachers, first responders, nursing assistants, transit operators, and others. Because the Bay Area expects nearly 1 million new jobs in the next 20 years, quality affordable housing for people from a variety of incomes is essential to continued growth.



Action Taken | Partnership for the Bay's Future is a novel collaborative that addresses these concerns, beginning with the urgent need for housing. The partnership includes local tech companies Facebook and Genentech, the managed care organization Kaiser Permanente, financial services giant JPMorgan Chase, as well as the San Francisco Foundation, the Ford Foundation, Local Initiatives Support Corporation, and others. With a combination of equity and loans, the partners have capitalized a new investment fund of more than \$300 million, which is attracting additional fund investors with competitive returns.

The goal is to pool \$500 million and, through a variety of new financing products, invest those funds across five Bay Area counties to preserve existing and build new affordable homes, help middle-income workers with housing costs, and fast-track the process of providing safe and stable homes to those experiencing homelessness in the Bay Area.

The fund offers small- and medium-sized community development corporations lines of longer term credit typically available only to large developers. The fund's first transaction offered a revolving line of credit that helped the East Bay Asian Local Development Corporation, a community development corporation with deep roots in the community, quickly buy property for six projects over 5 years.

Key Takeaway |

The Partnership for the Bay's Future illustrates the enormous promise of investment partnerships among public, private, and nonprofit stakeholders. Investment partners need not become developers or housing finance experts. Instead, community development financial institutions bring the infrastructure and know-how to manage the complex investment fund and connect with longtime Bay Area partners to ensure projects reflect the priorities of residents and community leaders. The Partnership also includes a regional policy component where interested businesses bring their power to advocate and to convene stakeholders in the public, private, and nonprofit sectors across municipal boundaries. Their common cause: The need for tens of thousands of preserved, expanded, and newly built affordable homes—the very foundation of health and economic vitality for individuals, families, and communities. While this progress represents only a tiny fraction of the Bay Area's housing need, the Partnership for the Bay's Future is a potential model for corporations and organizations nationwide to preserve and expand affordable housing. Wherever the availability of quality affordable housing is limited, such partnerships can address that lack of availability and be a first, critical step toward enhancing community health and economic prosperity.



Investments to create a robust business environment can powerfully improve the health and well-being of communities and strengthen business opportunities. Likewise, initiatives aiming to improve health can meaningfully contribute to a vibrant local business ecosystem. However, this synergy exposes a lesson and aspiration: Investors, philanthropists, public sector leaders, and communities must work together to realize the greatest return from their investments. Time spent stewarding these collaborations—including aligning goals and establishing mechanisms for coordination and accountability—will yield dividends in the form of stronger and more resilient businesses and communities.



CHAPTER 3.

The Meaning, Purpose, and Opportunity of Business in 21st Century America



OVERVIEW

Perceptions and expectations of businesses in America constantly evolve. This chapter explores new opportunities for engagement by business in society. Theories of management that address societal issues are examined throughout the chapter, which lists five actions that businesses can take to begin to support healthier communities.



KEY TAKEAWAYS

- Business is a force for good in American society and around the world. Business and society are mutually dependent and best thrive together.
- The growth in transparency, the increase in interdependence and mutuality, and the public's attention to values pose potential threats and opportunities to a business's reputation, brand, and long-term success.
- Businesses are looking harder at these threats and opportunities and increasingly choosing to align business values, policies, investments, and actions with the expectations of consumers and the public.
- Stakeholder theory provides a framework for this alignment. According to stakeholder theory, businesses exist to create value for the groups who make the business “a going concern”—that is, groups that are part of the cooperative scheme that allows a firm to come into being and to be successful over time.
- Stakeholder firms are those that have implemented the principles of stakeholder theory. These firms tend to achieve better business outcomes, including greater innovation and higher profits.

Introduction

Business has been, on balance, a force for good in American society and around the world. Business produces wealth, creates value, provides jobs, pays taxes, offers goods and services, and brings innovation to the marketplace.

Business in the United States also reflects American values. To succeed, business depends on the rule of law; respect for individual and property rights; and a government that enforces the law, builds and maintains infrastructure, and strengthens and defends the common good. Of particular importance for business are property rights, the freedom of individuals to negotiate the terms of doing business,

“

“[W]hat improves the circumstances of the greater part can never be regarded as an inconveniency to the whole. No society can surely be flourishing and happy, of which the far greater part of the members are poor and miserable.”

—Adam Smith

and the understanding that a government’s regulation of commerce is limited and fair. Business also encapsulates a uniquely American idea of the “self-made” individual in a “land of opportunity” who rises from humble beginnings through hard work, new ideas, and good business sense to become a prosperous and generous citizen. In short, the story of business in the United States is about more than just wealth—it embodies and perpetuates values that form the core of the American identity.

The story of business in the United States is about more than just wealth—it embodies and perpetuates values that form the core of the American identity.

At the same time, the role of business in society can be contentious. Some business practices have caused (and continue to cause) harm to both business and society, as harmful products are brought to market, and damaging production processes contaminate air, land, and water and harm the environment. The interdependence between business and society has not been fully recognized or embraced. Today, the United States is emerging from several decades during which, for some business leaders, the priority principle for corporations was “shareholder primacy.” This principle asserts that the core—and perhaps sole—responsibility of business is to maximize profits for shareholders.

Increases in returns to shareholders have not been the rising tide to lift all boats, as once expected. From the 1970s to the early 21st century, income inequality increased in the United States as

real incomes for employees stagnated. Some of these trends were facilitated by (or occurred despite) government regulation or deregulation. For example, Fortin and Lemieux analyzed the role of three systemic changes—the decline in the real value of the minimum wage, deunionization, and economic deregulation—on the rise in wage inequality in the United States during the 1980s. They found that about one-third of the increase in wage inequality (for both men and women) can be traced to these system-

“*[T]here is one and only one social responsibility of business—to use its resources and engage in activities designed to increase its profits so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud*”

—Milton Friedman

level changes. These kinds of developments in the United States, along with the widening gap in pay between company leaders and managers and lower-level workers, have caused people to question business-as-usual. In turn, corporations have begun to respond to inside questions and outside pressures and to recognize that their success also depends on engaging all those upon whom the company’s success depends, measuring their quarterly earnings and financial risk and also their impact on society.

A “reversal of fortune” among working Americans is one of many factors at play in the current shift of attitudes and expectations toward corporations in society. The reversal of fortune refers to the adversities—such as a diminished quality of life, environmental impact, and poor health—that are changing the way people think about business and companies think about conducting business in the 21st century. Many businesses have begun to reevaluate their role in society and see opportunities in becoming partners in creating healthy, inclusive, and prosperous communities. Many U.S. communities are facing threats to their health (as described in Chapters 1 and 2) and future from addiction, loneliness, chronic illness, incarceration, gun violence, and more. In public health terms, these issues stem from the fact that for many people living in America today, vital conditions—like housing, education, income, and transportation—are not being met (Box 1.1a, Box 1.1b, and Box 3.1), for example, in low-opportunity neighborhoods (as described in Chapter 2). While some Americans have never been wealthier and healthier, others live in distressed communities with little opportunity and feel a loss of hope when they look toward the future. As depicted in Figure 3.1, the gap in wealth between high-, middle-, and low-income families has increased substantially since the 1980s.

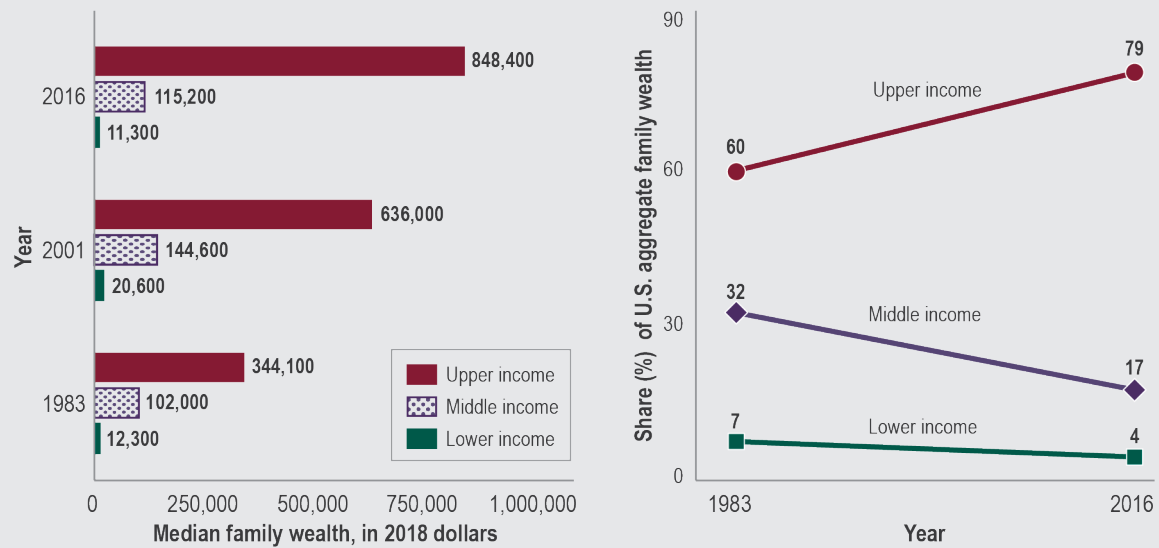
Many businesses have begun to reevaluate their role in society and see opportunities in becoming partners in creating healthy, inclusive, and prosperous communities.

BOX 3.1: THE SEVEN VITAL CONDITIONS

1. Basic requirements for health and safety
2. Continuous learning, education, and literacy
3. Rewarding work, careers, and standards of living
4. Humane, consistent housing
5. Thriving environment
6. Reliable, safe, and accessible transportation
7. Belonging and civic muscle (also see Chapter 1, Box 1.1)

More recently, the recognition that business and society are mutually dependent and best thrive together has generated new ideas about the meaning, purpose, and responsibility of business. Ideas such as conscious capitalism, creative capitalism, stakeholder capitalism, capitalism 2.0, corporate social responsibility, shared value, community investing, and social entrepreneurship have increased expectations—on the part of businesses, investors, consumers, and employees, among others—that businesses will “do well by doing good.” Both scholarly and practical voices have encouraged mutualism between businesses and the communities in which they operate.

Figure 3.1 Gaps in wealth among upper, middle, and lower income families



Note: Families were assigned to income tiers based on their size-adjusted incomes.

In addition, businesses are being asked to take responsibility for the consequences of their actions and to engage valuable stakeholders in their communities, all while maximizing value for the various stakeholders they serve. These multiple stakeholders include customers and

“Companies that fulfill their purpose and responsibilities to stakeholders reap rewards over the long-term. Companies that ignore them stumble and fail. This dynamic is becoming increasingly apparent as the public holds companies to more exacting standards. And it will continue to accelerate as millennials—who today represent 35 percent of the workforce—express new expectations of the companies they work for, buy from, and invest in.”

—Larry Fink

consumers, employees and contractors, vendors and suppliers, neighborhoods and communities, and shareholders and investors. The new expectations have grown out of the recognition of the interdependence between business and society, and a greater availability of information on how businesses operate in the United States and abroad. Consumers and the public have unprecedented access to information about working conditions, hiring practices, environmental impacts, salary and wage structures, and much more. Especially after the global financial crisis of 2008, and particularly among younger consumers and employees, there is a growing focus on values and purpose in business. Business has almost always been about purpose, but consumers,

employees, and the public now are more likely to demand that the values of business align with their own values, and based on that alignment will make decisions about the companies they buy from, work for, and invest in. Employees, consumers, and the public are asking businesses to take into account the best interests of a variety of stakeholders and to create value for society as well as for business.

The American Narrative on Business

Americans have a complex relationship with business and offer several critiques. First, they have long accused businesses of practicing greed. As the narrative goes, some business leaders think only about how their choices benefit themselves (i.e., their financial self-interest) and disregard any harm passed on to others or society. These businesses fail to recognize their dependence on society and its goods and services (such as educated employees, consumers with disposable incomes, and legal systems and protections). Americans have deep reservations about the size, scope, and influence of large, multi-unit firms. For example, a Gallup poll found a majority (63%) of U.S. adults is dissatisfied with the size and influence of major corporations, consistent with other Gallup findings in recent decades. A different Gallup poll showed that 70% of Americans have “a great deal” or “quite a lot” of confidence in small businesses, compared with 21% having confidence in large businesses. These differences are driven by a sense that leaders of large corporations have outsize influence over political processes, are accumulating greater wealth at the expense of wages, are relatively less accountable to the communities in which they operate, and are less likely to create local jobs.

Business operations are often tied to an array of negative externalities, for example, excessive consumption of resources, pollution, deskilled workers, and the creation of unhealthy levels of dependence on particular products and resources. In places where regulations are weak (e.g., minimal environmental protections), businesses may easily reap rewards while leaving significant harms or costs for communities to bear (e.g., contaminated water or soil) with little or no compensation for the externalities. For some stakeholders, the harms created by a given firm may well outweigh the benefits.

In addition to greed and negative externalities, critiques of business also focus on income inequality and lack of economic opportunity, which have been linked to unencumbered markets and government policies that favor business. Those who have power and resources, according to this critique, are more likely to benefit from successful (and even unsuccessful) businesses, while workers, mid-level managers, and even consumers, the public, and communities benefit less. These troubling trends have prompted many leaders—even strong pro-market leaders, including

Jamie Dimon, Warren Buffett, and Larry Fink—to question the sustainability of capitalism, if a more equitable distribution of benefits cannot be implemented. Even those who consider capitalism in the early 21st century to be stronger than ever recognize that the perception (if not the reality) of capitalism in crisis is due to, among other factors, an uneven distribution of gains, with many of the benefits of a thriving capitalism going to the wealthiest individuals.

Equality of economic opportunity is a deeper challenge. Independent of the amount of benefit (or value) produced, a big part of the story of capitalism in the United States is the idea of opportunity—that is, the ability of people to “have a shot,” to improve their lot in life through hard work and creativity, and to become successful regardless of who they are or who they know or where they come from. The core of the American identity is based on social mobility (described in Chapter 2) and economic opportunity. Both are central to the notion of *the American dream*—that is, the notion that a person does not need to be well-born to have a chance to achieve or get ahead in this country. Although the values that support these sentiments are still alive and well and fueled by real-life success stories, the data increasingly suggest that the American dream is becoming harder to obtain for many Americans. In other wealthy nations, meanwhile, opportunities for economic advancement are greater than they are in the United States.

Reinventing Business

Amid this shifting context of American society, some businesses are striving to reinvent themselves and redefine their roles in society. The operations of today’s firms, industries, and entire economies differ notably from those of the past. Three emerging dynamics are largely responsible for changes in the way companies operate their businesses: the growth of transparency, the increase in interdependence, and the focus on values.

First, people in today’s world have unprecedented and instant access to information from around the globe. Online rating systems, consumer-produced videos, and anonymous blog posts have helped to create an environment that makes it difficult for firms to shield activities from consumers, employees, competitors, and the public—even in widely dispersed operations. Access extends to the practices in which businesses engage and the partners that they choose—even in operations conducted in remote parts of the world (e.g., use of child labor, corrupt practices, or environmental damage). In past decades, such practices would become public knowledge mainly through investigations by the media. But with the high-level of transparency in today’s environment, these practices are being reported by people with firsthand knowledge. The rise of transparency has forced companies to be ready to face scrutiny—both at home and worldwide—for their practices and to feel the pressure of accountability.

Second, the recognition of interdependence and mutuality between business and society has increased with increasing healthcare costs, rising rates of obesity and addiction, and most graphically, with the coronavirus pandemic of 2020 that kept workers and customers at home and shuttered many businesses. Two similar themes are emerging in this context: (a) the recognition that the success of a business depends on the success of its stakeholders; and (b) the understanding that when the rewards of an enterprise are distributed among its participants, the enterprise is more likely to be compelling to those participants. This positive reciprocity increases the likelihood that the firm will be successful over time. Interdependence may be a simple relationship—a business creates a job, an employee produces value, and a consumer pays for that value. The recognition of the interdependence leads the company to share the profit when the employee produces exemplary value that consumers reward with purchases and loyalty. Mutuality is more purposeful and intentional and includes the creation of shared value and lasting benefits for those engaged. For example, a company chooses to locate in a particular community and create value for local residents (such as jobs, quality childcare, apprenticeships, and employment pathway programs). Local residents then reward the company with productivity and loyalty, allowing the company to efficiently produce a quality product and earn a robust profit (see Exemplar about Greyston Bakery). Interdependence and mutuality emphasize the relationship between business and society and encourage that relationship to be deeper and richer for the benefit of both society and business.

Third, consumers (and employees) are attentive to the values of a business, as discussed previously. Although ethics have always been integral to the operation of markets, people are becoming more concerned with how a company's values align with their own values. Based on current estimates, \$1 of every \$5 invested in equity markets undergoes some kind of values vetting, and interest in this kind of vetting is growing rapidly. Businesses have always been concerned about reputation and protective of their brands. Transparency, interdependence and mutuality, and values each pose potential threats and opportunities to a business's reputation and brand. Businesses are looking harder at these threats and opportunities and increasingly choosing to align values, policies, investments, and actions with the expectations of consumers and the public, while also solving business problems and meeting the needs of multiple stakeholders. Stakeholder theory provides a framework for understanding and implementing business strategies to effectively serve these needs.

Stakeholder Theory and Practice

New models of capitalism, particularly stakeholder theory, are taking hold that better fit today's trends and expectations of workers, consumers, and members of the public. These approaches support a richer notion of how business relates to stakeholders, including communities.

The concept of *stakeholders* in business emerged in the 1960s and 1970s and gained prominence in the 1980s and 1990s following initial publication in 1984 of *Strategic Management: A Stakeholder Approach* by R. Edward Freeman. Stakeholder theory argues that businesses will be in a stronger position to succeed if they take into account the needs and perspectives of *all* stakeholders, not *only* shareholders (who are one of several stakeholders). Just how many businesses and corporations adhere to a stakeholder approach is unknown. But extensive scholarship has been dedicated to understanding the business impact of engaging multiple stakeholders, and countless tools and resources have been developed to help businesses identify stakeholders and implement stakeholder engagement strategies. Even state legislatures took notice of stakeholder theory in the mid-1980s. Thirty-four states have enacted so-called “constituency” laws that explicitly give standing to core stakeholders (beyond shareholders) in important board-level business governance decisions.

Stakeholder theory begins with a simple premise: Businesses exist to create value for the groups who make the firm a “going concern”—that is, groups that are part of the cooperative scheme that allows a firm to come into being and be successful over time. In this view, core stakeholders include customers, suppliers, employees, the local community, and shareholders. Without the support and involvement of these stakeholders, the firm would not exist, and unless these stakeholders cooperate consistently and well, chances are the firm will not perform optimally. In return for their choice to engage with the firm, the company actively works to create value for each stakeholder, while simultaneously making all stakeholders better off.

Stakeholder theory begins with a simple premise:

Businesses exist to create value for the groups who make the firm a “going concern”—that is, groups that are part of the cooperative scheme that allows a firm to come into being and be successful over time. In this view, core stakeholders include customers, suppliers, employees, the local community, and shareholders. Without the support and involvement of these stakeholders, the firm would not exist, and unless these stakeholders cooperate consistently and well, chances are the firm will not perform optimally. In return for their choice to engage with the firm, the company actively works to create value for each stakeholder, while simultaneously making all stakeholders better off.

Profits (and shareholder returns for publicly traded companies) are vital to business success, and most businesses begin with a purpose beyond just making money. Stakeholder firms also have an animating purpose, something noble and inspiring that is essential to the form of value they create. This commitment to a purpose and to creating value for each stakeholder, the theory holds, makes stakeholder firms more successful and sustainable over time. A small but growing number of studies has demonstrated that firms that consistently implement a stakeholder approach tend to achieve better outcomes, including greater innovation and higher profits over time.

In addition to financial rewards and stronger relationships with stakeholders, adopting a stakeholder approach offers potential benefits in the realm of trust, reciprocity, and understanding. For example, moral psychology research suggests that the logic of stakeholder theory helps to avoid many of the traps that are common to an exclusive focus on profits. For instance, although many people would like more money and more goods, most people care about fairness. Stakeholders who are treated fairly by a business are more likely to reciprocate. This dynamic is known as *positive reciprocity*, and when this dynamic is created across a firm and within stakeholder groups, it can create a virtuous cycle of benefits for business and society. Stakeholders can stop worrying about being taken advantage of and instead act in ways that make the firm and fellow stakeholders better off. On the other hand, the dynamic of *negative reciprocity* can deeply strain and erode the relationship between stakeholders and a firm. It can turn customers and suppliers away, for example, and prompt employees to underperform. A stakeholder approach helps firms to foster positive reciprocity and avoid negative reciprocity.

Firms are increasingly practicing stakeholder theory. They are

- Recognizing primary stakeholder interests as joint and (mostly) aligned with business interests;

“

“The 18 publicly traded companies out of the 28 [identified as the “most conscious” based on stated purpose, generosity of compensation, quality of customer service, investment in their communities, and impact on the environment] outperformed the S&P 500 index by a factor of 10.5 over the years 1996–2011. And why . . . should that be a surprise? Conscious companies treat their stakeholders better. As a consequence, their suppliers are happier to do business with them. Employees are more engaged, productive, and likely to stay. These companies are more welcome in their communities and their customers are more satisfied and loyal. The most conscious companies give more, and they get more in return. The inescapable conclusion: it pays to care, widely and deeply.”

—Tony Schwartz

- Emphasizing a purpose beyond (only) profits, while still caring about financial returns, and
- Investing in stakeholder relationships (e.g., with suppliers, employees, customers, and the local community) with an eye toward strengthening business returns.

A few firms that have embraced this approach (or at least adopted the language and logic of stakeholder theory) include Costco, Eastman Chemical, Google, Salesforce, Starbucks, Unilever, Vanguard, and others. Each of these companies has implemented specific management strategies and practices aligned with the practice of stakeholder theory.

Stakeholders who are treated fairly by a business are more likely to reciprocate.

Stakeholder theory offers a constructive view of business, a way of understanding and operating a business as an institution that exists to serve multiple groups in society and to create value for people and communities. Stakeholders are interdependent, and firms create value through dynamic cooperation with and among these groups. To be successful over time, businesses must nurture these relationships and find ways to create new forms of value so that all stakeholders in the value chain are better off. If this happens, stakeholders will choose to engage with the firm and work to see it succeed. Thus, the theory holds, while firms must care about profits and shareholders to succeed and thrive, they also should serve a larger purpose and recognize that the very foundation of their profits is the stakeholder relationships that enable businesses to generate value for society *and* for themselves.

In practice, the many stakeholders of a business, including shareholders, may not have the same interests (shareholders are stakeholders but not all stakeholders are shareholders; many companies have no shareholders).⁶ Depending on the business, some interests of employees, customers, suppliers, and communities may align and some other interests may compete. The challenge for the business is to avoid tradeoffs among stakeholders and deploy strategies that keep all stakeholders engaged. While employees and suppliers (and sometime customers) may be tied to particular communities, shareholders tend to be physically, geographically, and socially separated from the needs and challenges of particular communities where businesses operate. Part of the challenge in getting those two entities to cooperate is being able to explain to shareholders how investments in communities are critical for making sure that the business can operate and thrive in the long term, even if the investment may not yield the best return on a stock price in the short term. More and more companies are taking this long-term view (Box 3.2), which was also encouraged in Business Roundtable's revised statement on the purpose of a corporation.

⁶ Stakeholder theory applies primarily to publicly traded corporations, as a management strategy. But the theory also applies to any type of business or other organization, including government.

BOX 3.2: SODEXO'S STAKEHOLDER APPROACH

Since its founding in 1966, Sodexo has sought to create value for its multiple stakeholders, including customers, clients, employees, suppliers, communities, and shareholders. From its food services operations that serve private corporations, hospitals, healthcare facilities, schools, colleges and universities, senior living communities, sports and leisure venues, and government agencies to its facilities management, benefit and rewards, and home care operations, Sodexo strives to create value for all of its stakeholders and integrate actions that support health and wellbeing into the core of its business operations.

With its Better Tomorrow 2025 initiative, Sodexo considers environmental, social, and economic impacts as it establishes and implements its business goals, ensuring that Sodexo's growth benefits:

- Employees who work hard every day,
- Clients and suppliers who seek relationships based on shared value,
- Shareholders who want sustained long-term growth, and
- Tens of millions of people served by Sodexo everyday—that is, people who hold the business accountable for having a positive impact on the community.

Sodexo uses data to determine where to focus its efforts and to measure results. Sodexo has had public, measurable, and audited corporate responsibility goals since 2009.

Here are two examples of how Sodexo strives to offer healthy and nourishing lifestyle choices to every one of its consumers every day:

- In collaboration with the Partnership for a Healthier America, Sodexo implements Mindful by Sodexo, a healthy dining program, in 95% of its food service accounts, expanding healthier food choices in at least 25% of its hospitals, offering 17 million more free breakfast meals in primary and secondary schools, and increasing the selection of healthier, more nutritious options in its vending and K–12 lunch programs.
- Sodexo offers healthier children's meals at 40% of its food service accounts with American cultural destinations, such as aquariums, museums, ballparks, and other recreational facilities.

Sodexo also aims to source responsibly and provide management solutions that reduce its carbon emissions. The company focuses on four environmental actions: preventing food waste, promoting plant-based meal options, sourcing responsibly through local and short supply chains; and helping clients to reduce their emissions through better energy and waste management, for example:

- Nearly all Sodexo site managers, chefs, and kitchen staff implement initiatives to cut food waste. Sodexo's WasteWatch powered by Leanpath Program tracks food waste, monitors performance, and takes actions to drive reductions. The program captures data on daily food waste and measures pre- and post-consumer waste. In 2019, Sodexo avoided 584 tons of food waste at its sites, the equivalent of 3,689 metric tons of carbon dioxide.
- Sodexo is committed to increasing food purchased in its clients' communities from local producers and small businesses, contractually requiring its produce vendor partners to source local and seasonal foods whenever possible. Sodexo purchases more than 4 million gallons of locally sourced milk each year. In 2019, Sodexo spent \$1 billion with small- and medium-sized enterprises in the United States.

For Sodexo, growing responsibly is about pursuing and tracking what it can do better, safer, healthier, and more sustainably for people and planet. It's about how Sodexo can improve as a corporate citizen, meeting the needs of and creating value for all its stakeholders.

Ties to Community Health, Wealth, and Well-Being

Challenging a simplistic, shareholder-centric view of business and adopting a stakeholder approach has important implications for community health, wealth, and well-being. Two themes make the connection: (1) creating value for stakeholders and (2) the interdependence and mutuality between business and society, including the interdependence among various stakeholders (including shareholders) and between each stakeholder and the business.

Stakeholders are people with a variety of needs, including access to clean air and water, nutritious food, safe work places and communities, green spaces, family-sustaining careers, education, and economic opportunity—all vital conditions (described in Chapter 1) that shape health, wealth, and well-being. Businesses investing in their employees, suppliers, and communities are already adding value in the form of jobs, income, health insurance (often), and goods and services of use to community members. Stakeholder firms demonstrate that businesses can go further (and get even more in return). Subsequent chapters in this report (Chapters 4 and 5) describe a variety of investments and strategies that businesses can deploy and of ways to partner to help solve some of the pressing community challenges that detract from health, wealth, and well-being—such as poverty, lack of education, lack of affordable housing, income inequality, and lack of economic opportunity. As businesses partner to raise the level of well-being in a community, they create greater business opportunities for themselves and more stakeholders to bring value to the business.

Moreover, stakeholders and businesses are interdependent and linked together in a larger ecosystem. Where people are

healthy and the vital conditions for health are present, businesses have an easier time finding employees who will be productive, miss fewer days of work due to illness, and do more to contribute to the firm. Businesses in this environment also tend to find customers who are more likely to buy their products and investors who are more likely to want to buy their stock.

As businesses partner to raise the level of well-being in a community, they create greater business opportunities for themselves and more stakeholders to bring value to the business.

The Role of Business in Well-Being

Opportunities for businesses to join in creating thriving communities can be divided into three areas: (1) the well-being of people (employee and dependent benefits, workplace policies and environment, customer well-being), (2) the well-being of places (vital conditions of a community, access to opportunity, broader community systems), and (3) equity, ensuring resources are focused on those most in need and everyone has the opportunity to thrive.

Investing in the well-being of employees has long been the purview of business. From providing safe working conditions, health insurance coverage, and paid sick leave to offering workplace health promotion, wellness or well-being programs, family-sustaining compensation, paid maternity leave, and profit sharing, companies that offer these conditions and benefits have seen the value of investing in employees and their dependents. Businesses can continue to strive to ensure these conditions and benefits are met for all employees and dependents.

Companies investing in *place* is less common and occurs most often in communities in which company headquarters are located (see Perspectives From Business Leaders). Companies may establish partnerships to create pathways to employment; build physical infrastructure, including green spaces and grocery stores; and invest in quality education. Companies can continue to make these kinds of improvements and expand opportunities in the communities they serve.

The most advanced businesses invest in people and place with an eye toward improving the lives of those who are not thriving and creating conditions for all people to prosper by adding customized supports for those who are least likely to thrive. Such investments have the potential to improve the health, wealth, and well-being of employees, families and consumers, and future employees and consumers. Some companies are tackling health, wealth, and well-being more broadly—in the context of (a) people in the wider community they may not directly touch and (b) the vital conditions required for all people to thrive in the places in which businesses operate or serve (see, for example, the Exemplar about The Reinvestment Fund's Gem City Market).

These roles are aligned with the purpose and meaning of business. Businesses exist to

- Create sustained, long-term value for all stakeholders;
- Fulfill a larger purpose as a means of making money;
- Recognize the interdependencies between themselves and stakeholders; and
- Seek ways to contribute positively to communities and stakeholders.

Firms take these actions because they help the business succeed, consumers expect them to, and it is the right thing to do. Stakeholder firms see the connection between community health, wealth, and well-being and their own prosperity over time. They also seek ways to improve community health, especially where it is most clearly linked to their stakeholders and the prosperity of the firm.

APPENDIX A: TOOLS AND RESOURCES

Appendix A identifies tools and resources addressing topics explored in Chapter 3. The tools and resources were created by such businesses and organizations as DePaul University, Fisher Investments, U.S. Department of Housing and Urban Development, and others.

HYATT HOTELS CORPORATION

An Opportunity Partnership

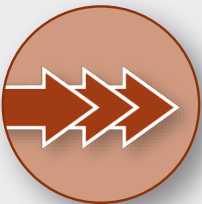


Community Challenge | Even before the coronavirus pandemic devastated the global economy in 2020, a high percentage of young adults (18- to 24-years of age) who were not in school were jobless. Being jobless at such a young age can set the stage for long-term unemployment or for taking fringe jobs that lack benefits or social security. Some young adults can become economically marginalized for the rest of their lives.



Scenario | It started at the top. Mark Hoplamazian, president and chief executive officer of Hyatt Hotels Corporation (Hyatt), saw the issue of young people being left out of the workforce and the economy as a primary driver of the widening skills, income, and wealth gaps. He believes that companies have a responsibility to help address such issues in the communities in which they operate.

Hyatt is a hospitality company that manages hotels and resorts. The company has a clear purpose—to care for people so they can be their best. “Our purpose of care applies to our colleagues, our guests, and our communities,” said Audrey Williams-Lee, senior vice president of Human Resources and Philanthropy. “There is a growing wealth and skills gap, and our [chief executive officer] wanted us to focus on a signature philanthropic cause that both aligned with our values and supported our communities.” Hyatt concluded that addressing the issue of unemployment among young adults who are not in school and not in the workforce (often called “Opportunity Youth”) would accomplish that goal, providing a diverse employment pipeline to spur future growth at Hyatt and to support communities in which Hyatt is located.



Action Taken | Williams-Lee and her team conducted research and interviewed community organizations that worked with youth globally. Hyatt worked with Grads of Life to design the RiseHY program. Launched in 2018, the RiseHY program seeks to hire 10,000 young adults by 2025. In its first year, Hyatt and its hotels had hired more than 16% of its 10,000-hirings goal.

To facilitate the RiseHY program, Hyatt focuses on four areas:

- **Use a majority of the Hyatt Hotels Foundation’s philanthropic giving to fund RiseHY.** “We were able to articulate very clearly who we were giving to,” Williams-Lee said. “And why we were supporting certain organizations.”
- **Develop a network of community organizations focused on training and supporting opportunity youth for job readiness.** The hospitality industry has an abundance of entry-level jobs. With such a network in place, Hyatt began to fill those positions with opportunity youth. Hyatt fosters a workplace where young people without prior experience can create a foundation for a life-long career, gain new skills, and advance in the organization.
- **Use technology to help with hiring.** For example, Hyatt uses a gamified tool (in 18 languages) to match the skills of young workers with the skills needed for potential hospitality roles. Hyatt also uses a virtual reality simulation to capture what life is like in a hotel. “This increases the quality of hires we bring into the program,” Williams-Lee said. “And it helps young people who have never been in a hotel understand what it’s like.” To help applicants decide which job to apply for, the simulation describes the different roles and helps candidates understand the responsibilities of each role.
- **Work with community organizations to identify wraparound services.** Such services can support young people when they are placed in a role in the company, and help managers at Hyatt Hotels understand how to help opportunity youth succeed.

Key Takeaway | Without a job, and with little hope of finding one, the self-worth of out-of-school teenagers and young adults plummets. A lack of confidence quickly translates to being less employable. In the end, unemployed young adults hurt all communities. But opportunity abounds as businesses (a) become more aware of young adults as a potential talent pipeline and (b) foster roles in their organizations for these workers. Several factors are critical to the success of Hyatt’s RiseHY program, including embracing a cause aligned with its purpose, the nature of the hospitality business, and locating its corporate philanthropy within the human resources department. This critical move ensures that corporate philanthropy and business success are aligned and reinforce each other. Together, these factors create opportunities for synergy between doing well and doing good.





CHAPTER 4.

Bringing Opportunity to Communities Through Partnerships With Community Development and Community Finance



OVERVIEW

No single business or sector can create lasting change on its own. This chapter tells the story of community development and how it brings public, private, and nonprofit resources together to fight poverty and advance health. Numerous agencies and approaches that create opportunities and improve quality of life are explored, finding common ground and financial alignments that benefit everyone. Access to capital is the lifeblood of the U.S. economy, and financial resources are essential to the health of communities and the livelihood of families. This chapter gives special attention to community development financial institutions (CDFIs)—which are well positioned to address the lack of available capital, credit, and financing expertise in many communities—and describes “win-win” ventures, such as business investments in affordable housing and creatively financed projects that improve the health of employees and communities.



KEY TAKEAWAYS

- The need for a healthy, skilled labor force remains a top priority for individual businesses and the broader economy. People are more likely to be healthy and skilled and participate in the labor force when they grow up and live in thriving neighborhoods where the vital conditions are met.
- The human capital potential that could be unleashed if *every person* had access to thriving neighborhoods would be transformational for America's communities, businesses, and economy.
- Resource alignment for this transformational work is already underway in the field of community development, a mission-driven enterprise that fosters vibrant economic, social, and health conditions to increase opportunities for people with low incomes.
- Community development
 - Requires investments and partnerships across the public, private, and nonprofit sectors; and
 - Leverages public, private, and philanthropic investments to develop real estate, promote small businesses and entrepreneurs, and strengthen human capital.
- Businesses and other investors seeking careful, knowledgeable investors in underserved areas can partner with community development financial institutions to raise capital for specific community investments.
- The community assets that comprise the vital conditions for health, wealth, and well-being create an excellent environment for private enterprise. Strengthening these assets through community development enables employees to come to work prepared and engaged and promotes a thriving local network of businesses, suppliers, employees, colleagues, customers, and clients.
- Despite sizeable investments, the current scale of community development is not sufficient to address the many complex causes of poverty and the negative impacts of poverty on health, wealth, and well-being.
- New business models are needed to align the financial interests of those who benefit from a healthier, more productive population with those who create the conditions that promote human flourishing.

Introduction

Like any complex system, the U.S. economy evolves in unpredictable ways. Despite these ongoing shifts, the need for a healthy, skilled labor force remains a top priority for individual firms and the broader economy. Chapters 1 and 2 noted the magnitude of the U.S. health disadvantage; the vital conditions that shape the health of Americans (and harm their health, when unmet); and the ways in which neighborhoods and communities expand or limit opportunities for health, wealth, and well-being. People are more likely to be healthy and to prosper when they live in thriving neighborhoods that include high levels of social capital and community cohesion, high-quality and affordable housing, regional connectivity through transit, vibrant educational and workforce opportunities, and access to healthy food and recreation.

The human capital potential that could be unleashed if *every person* had access to this kind of opportunity—regardless of his or her race/ethnicity, disability, or income—would be remarkable: Such access would be transformational for our communities, businesses, and the economy. Because no single sector can realize this vision in isolation, the transformation requires investments and partnerships across the public, private, and nonprofit sectors. Nationwide, this transformative work of aligning financial resources from across organizations to address unmet vital conditions is already underway through the field of “community development.” Actors working in this field are essential partners for businesses seeking to engage with and invest in communities.

What Is Community Development in the United States?

Community development in the United States is a mission-driven enterprise that fosters vibrant economic, social, and health conditions to increase opportunity for people with low incomes. The approach recognizes the inseparable connection between people’s economic (and increasingly, health) outcomes and the opportunities available in the places where they live. Community development leverages public, private, and philanthropic investments to support a variety of activities that strengthen historically marginalized and disinvested communities and expand opportunities at the individual, family, and neighborhood levels, including

- Promoting and bolstering community engagement to identify and address local barriers to opportunity;
- Developing real estate, such as quality, affordable, and accessible housing and community facilities;

- Promoting small business and entrepreneurship;
- Strengthening human capital, from early childhood education to workforce training; and
- Supporting neighborhood residents in the areas of financial health and asset development, such as personal savings and credit repair.

Community development comprises organizations that specialize in real estate, city planning, law, social work, public policy, public health, affordable housing, and finance. The work is inherently interdisciplinary; requires diverse resources and skills; and needs to be deeply informed by local residents and community voices. As a result, successful community development entails strong and collaborative partnerships across multiple stakeholders—from the public, private, and nonprofit sectors to neighborhood residents and local leaders. Box 4.1 presents more information about the history of community development in the United States.

BOX 4.1: THE ORIGINS AND EVOLUTION OF COMMUNITY DEVELOPMENT IN THE UNITED STATES

The modern field of community development in the United States has its historical origins in the *War on Poverty* programs of the 1960s, which introduced a constellation of federal programs designed to provide education and job training to expand employment opportunities, as well as government support for community planning and organizing. In 1966, Senator Robert F. Kennedy and his aides worked with local residents to create the first “community development corporation” (CDC) in the Bedford-Stuyvesant neighborhood in Brooklyn, New York, which combined locally driven community action with the market-based principles of private enterprise.

This first CDC, founded in 1967 as the Bedford Stuyvesant Restoration Corporation, coordinated programs focused on the creation of housing, jobs, health facilities, recreation, and more in the defined geography of the neighborhood, fulfilling Kennedy’s vision for holistic and locally driven approaches for alleviating poverty. “An effort in one problem area is almost worthless,” Kennedy said in a speech announcing the first community development project. “A program for housing, without simultaneous programs for jobs, education, welfare reform, health, and economic development cannot succeed.” This movement spread nationwide, with low-income communities creating the thousands of CDCs that exist nationwide today.

During subsequent decades, major cutbacks in federal funding for housing and other neighborhood investments spurred more innovation at the state and local levels and led to the establishment of new nonprofit entities dedicated to antipoverty work, such as Local Initiatives Support Corporation (LISC) and Enterprise Community Partners, two of the largest community development intermediaries in the United States. Eventually, these networks skillfully organized, became politically active, and lobbied successfully for more federal resources to sustain antipoverty efforts. Today, as an established field with significant technical expertise in a variety of functions, community development serves as critical infrastructure for deploying public and private resources into actions that improve the health and prosperity of low-income communities.

Critical Actors in the Community Development Field

As Robert F. Kennedy suggested in 1966 (Box 4.1), successful community development requires simultaneously addressing the complex web of social and economic factors that underlie poverty. Consequently, a variety of partners have engaged in a range of community development activities. The following sections describe some of the field's essential actors who implement community development activities.

Community Development Corporations

The National Alliance of Community Economic Development Associations describes community development corporations (CDCs) as nonprofit organizations that are typically based in low-income communities and work to improve the future of the neighborhood for the benefit of the people who live there, through such activities as real estate development, economic development, and community organizing. Approximately 4,600 CDCs exist in the United States. The East Bay Asian Local Development Corporation (EBALDC) in Oakland, California, is an example of a CDC that has adopted a “healthy neighborhood approach” to address the interconnected social, economic, and environmental factors that shape neighborhood health and well-being, specifically working to ensure that people of all classes and incomes can live where they work in the Bay Area.

Affordable Housing Developers

Although many CDCs develop affordable housing as part of their suite of local activities, larger regional and national organizations also dedicate their work solely to the development of affordable housing. For example, Stewards of Affordable Housing for the Future (SAHF) is a national network of the 13 largest nonprofit affordable-housing developers, including BRIDGE Housing, Homes for America, Mercy Housing, National Housing Trust, and National Church Residences. SAHF members collectively provide more than 140,000 affordable rental homes nationwide.

Community Development Financial Institutions

Community development financial institutions (CDFIs) are mission-driven financial institutions that provide access to affordable capital and financial services for low-income communities. CDFIs

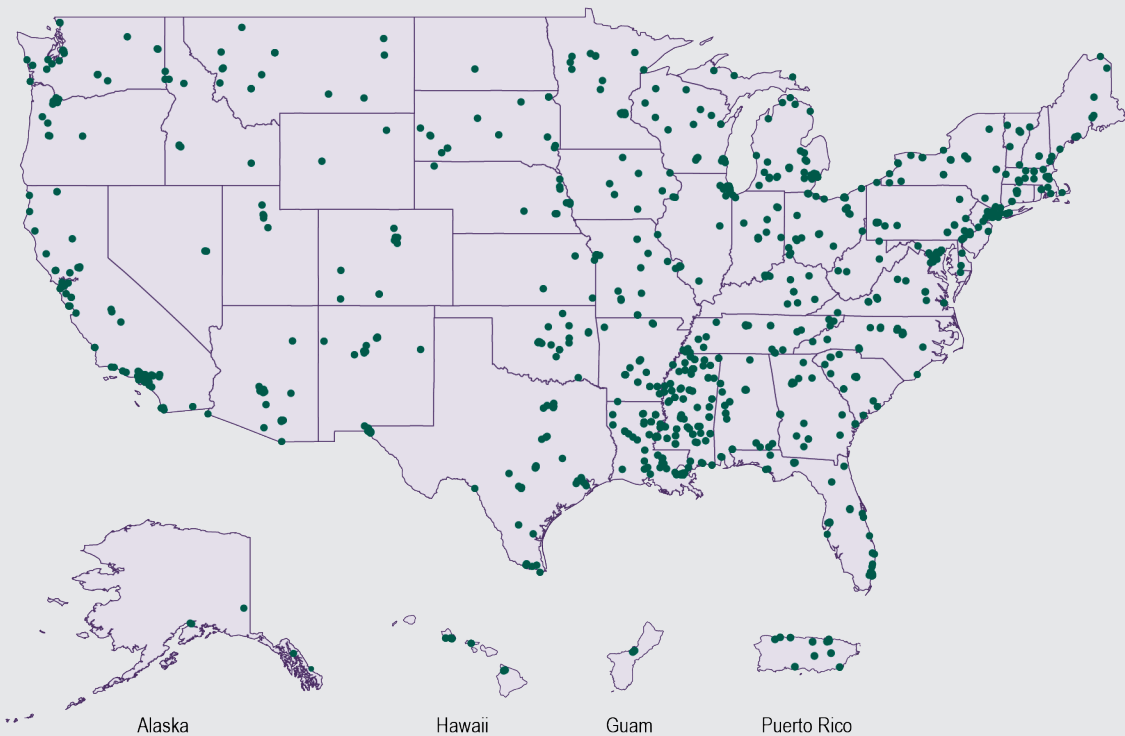
leverage federal resources, awarded through the U.S. Department of the Treasury's Community Development Financial Institutions Fund (CDFI Fund), to attract private sector investment, which they use to provide flexible financing for projects like affordable housing development, small business creation, and community facilities. The CDFI industry manages more than \$150 billion among the more than 1,100 certified CDFIs nationwide (Box 4.2); CDFIs are headquartered in all 50 states, the District of Columbia, Puerto Rico, and Guam (Figure 4.1). Industry performance is strong. In 2017, CDFIs had a net charge-off rate of 0.4%, which was lower than the net charge-off rate of 0.5% among banks insured by the Federal Deposit Insurance Corporation.

BOX 4.2: OVERVIEW OF CDFI CERTIFICATION

CDFI certification ensures that a CDFI:

- "Is a legal entity at the time of Certification application;
- Has a primary mission of promoting community development;
- Is a financing entity;
- Primarily serves one or more target markets;
- Provides development services in conjunction with its financing activities;
- Maintains accountability to its defined target market; and
- Is a nongovernment entity and not under the control of any government entity (Tribal governments excluded)."

Figure 4.1 Locations of certified CDFIs



This combination of solid financial performance and deep commitment to mission enables CDFIs to serve as trusted conduits between traditionally risk-averse sources of capital and impactful projects in low-income communities.

Nonprofit Service Providers

Besides revitalizing low-income neighborhoods through real estate development, the community development field also works to develop human capital. Nonprofit service providers play a critical role in the field by building relationships with and offering direct services to low-income clients, from young children to older adults. These services can be grouped loosely into two types of service activities: (1) providing support to address immediate needs, such as a food bank or homeless shelter, and (2) focusing on longer term development that contributes to economic stability and wealth creation, for example, through activities that target educational readiness, workforce skills, or financial capability. Together, nonprofit service providers across the community development field address the wide range of complex barriers that people with low incomes face in achieving financial well-being.

Community Members

Despite its early origins as a community-based, resident-driven movement, the increasing technical complexity and professionalization of the community development field has made it less accessible to community members and residents. Nonetheless, many community development projects have successfully engaged community members in a variety of ways, including as board members of involved organizations, as members of advisory committees, and through community meetings. Importantly, many CDCs rose from and represent communities through their history and leadership “rooted in and rooting for struggling communities.” Indeed, creating lasting change will require more intentional and meaningful partnerships with community members.

For example, Building Healthy Communities (BHC) is a comprehensive community initiative of The California Endowment, which is one of the country’s largest health-focused philanthropies. BHC is designed to transform communities facing major health inequities into places where all people and neighborhoods thrive. It focuses on decreasing violence, increasing healthcare coverage among children, and improving transportation, among others. BHC takes an inclusive engagement approach that “[strengthens] the fabric of our democracy by investing in the social, economic, and political power of the very residents who have been the targets of exclusion, stigma,

and discrimination.” This movement across the field emphasizes the longer term need to build relationships and support the lasting power in the community as a means of transformative change.

Working With Community Development Financial Institutions

CDFIs are financial institutions concerned with creating an inclusive economy, in which opportunity is widely accessible and prosperity is broadly shared. Because CDFIs recognize that access to capital is the lifeblood of our economy and essential to the economic health of families and communities, their shared mission is investing in people and places that otherwise lack access to safe, affordable financial products and services.

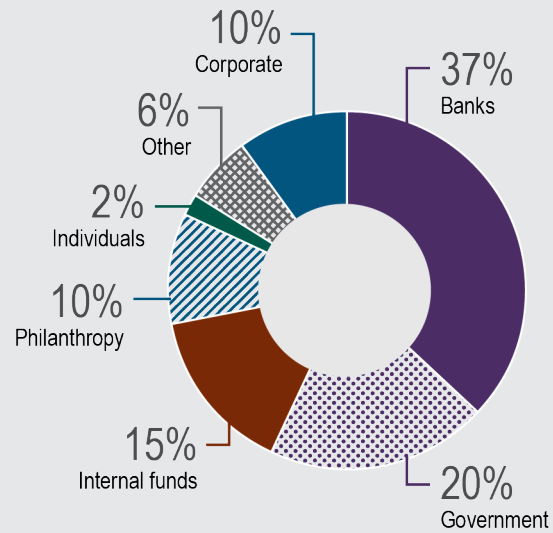
More than 38 million Americans (11.8%) lived below the federal poverty line in 2018. About 6% of Americans—21 million people—lived in counties characterized by persistent poverty, with poverty rates at least 20% for 30 years or more and as high as 32% for minority populations. Although median household income has increased nationally over the past several years, the net worth of the median household is still about 7% lower than it was in 2000. Given the well-documented link between economic distress, especially geographically concentrated poverty, and poorer health, investing in the most under-resourced American communities may help achieve better outcomes overall. CDFIs are experienced in such investments.

In a market economy, investors of capital channel money to where it can secure the highest rate of return for commensurate risks. Communities that are deemed too risky, or not profitable enough, are often bypassed by traditional financial institutions and as a result do not have access to the credit and capital they need to thrive. CDFIs focus on communities that have suffered the long-term effects of chronic and systemic disinvestment, such as urban areas where discriminatory “redlining” was once practiced and still casts a shadow, rural areas experiencing persistent poverty, and tribal communities that are often isolated from local and regional economies. CDFIs also focus on communities experiencing more recent economic stress, such as towns that have lost manufacturing businesses.

CDFIs finance entrepreneurs to develop small businesses; homeownership for first-time buyers; affordable housing for cost-burdened families and individuals; community facilities, such as schools, daycare centers, and health centers; and commercial enterprises, such as healthy food retail and small manufacturing companies. They offer bank accounts to the unbanked and under-banked and technical assistance that boosts families’ financial capability.

The public and private sectors have come to recognize CDFIs as effective and vital intermediaries that function in the spaces between public policy and market forces. In 1994, with bipartisan support, the United States Congress created the CDFI Fund and placed it within the U.S. Department of the Treasury. CDFIs use public resources from federal tax credits (described below) and the CDFI Fund to leverage investments from a variety of private sources, including corporations. Figure 4.2 shows the composition of a balance sheet for a typical community development loan fund organized by a CDFI.

Figure 4.2 Fictional example of typical sources of capital for a CDFI loan fund



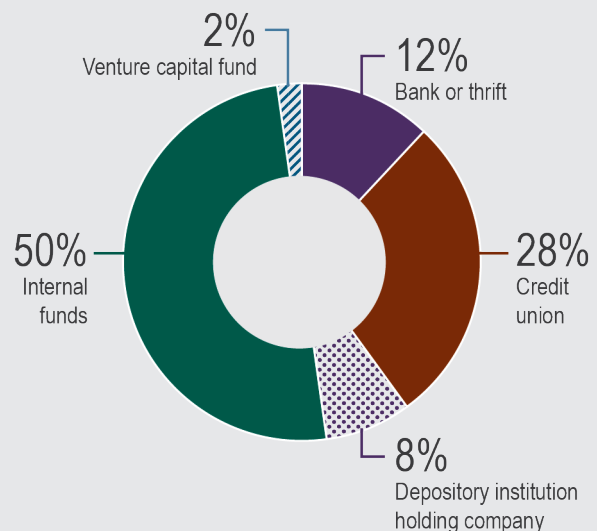
What Businesses Should Know About CDFIs

CDFIs Are Diverse

CDFIs come in many forms, including regulated banks and credit unions as well as unregulated loan funds, microlenders, venture capital funds, and socially responsible financial service firms (Figure 4.3). Some are for-profit, and others are nonprofit. Regardless of their business model, CDFIs share a common mission of reaching the people and places underserved by traditional financial institutions.

CDFIs come in many sizes. The largest CDFIs manage several billion dollars in capital; the assets of small CDFIs may be only a few million dollars. Larger CDFIs tend to have better access to resources and bigger footprints; smaller CDFIs may have deeper local roots and a better understanding of local markets.

Figure 4.3 Types of certified CDFIs (among 1,112 certified CDFIs as of September 30, 2018)



CDFIs Are Businesses

Though CDFIs are mission driven, they must attend to the bottom line. CDFIs manage the tension between earning enough income to cover costs and support growth and innovation while also achieving their mission of providing affordable financial products and services to underserved communities. CDFIs earn income from the fees and interest they charge borrowers. Some earn income from advisory services and contracts. CDFIs also raise grants from a variety of sources, including the CDFI Fund and other government programs, banks, and foundations. For many firms, a CDFI can be a partner with operations in communities and in specific areas, such as health clinics, with which interested businesses may be less familiar.

CDFIs make their business models feasible by raising investment capital from a variety of sources—some at market rates of return and others below market—and blending them together to make their financial products and services affordable. Businesses and other investors seeking careful, knowledgeable investors in underserved areas can partner with CDFIs to raise capital for a particular community investment.

Businesses and other investors seeking careful, knowledgeable investors in underserved areas can partner with CDFIs to raise capital for a particular community investment.

The Impact and Performance of CDFIs

CDFIs have stood the test of time. At the end of 1997, there were 196 certified CDFIs with total assets of \$4 billion. Today, more than 1,100 certified CDFIs hold total assets of over \$150 billion.⁷ Since its establishment, the CDFI Fund has awarded over \$3.3 billion to CDFIs, community development organizations, and financial institutions through its funding programs. In addition, it has allocated \$57.5 billion in tax credits through the New Markets Tax Credit (NMTC, described below) Program and issued guarantees on \$1.51 billion in bonds through the CDFI Bond Guarantee Program. Both programs are public initiatives that incentivize private investment in businesses and large-scale development projects to revitalize distressed communities. Finally, the Healthy Food Financing Initiative (HFFI), administered by the U.S. Department of Agriculture with support from the U.S. Departments of Treasury and Health and Human Services, provides grants and loans to improve access to healthy foods in urban and rural areas of need by financing grocery stores, farmers' markets, co-ops, and other food access businesses. With CDFIs as an intermediary, HFFI has provided more than \$220 million in grants and leveraged an additional

⁷ Except where otherwise noted, figures on CDFI Fund activities are based on CDFI Fund's 2018 annual report and on financial audits for fiscal years 2017 and 2018, using internal data from the Office of Inspector General.

\$1 billion in private financing to nearly 1,000 groceries and healthy food retailers in 35 states (see Exemplar about The Reinvestment Fund).

The CDFI Fund's investments are leveraged many times over. The leverage ratio varies from program to program, but most, like the NMTC, attract about \$8 of private capital for every \$1 of federal spending. This creates a win-win for investors: CDFIs use public resources to mitigate risk for private investors, and the public benefits by achieving social outcomes that exceed the value of its investment. For example, the public may receive a new grocery store that offers food and employment opportunities; or it could get help with affordable housing that allows people to stay close to jobs. By serving as financial intermediaries, CDFIs can connect investors with needs and help improve the conditions that shape health in a community.

CDFIs have a positive impact on communities. For instance, under the Fund's CDFI Program, which gives financial and technical assistance directly to qualifying CDFIs to sustain and expand their work, "award recipients reported originating loans or investments in FY 2018 totaling over \$11 billion, including

- \$2 billion for 19,000 home improvement and purchase loans,
- \$2 billion for 17,963 business and microenterprise loans,
- \$3.4 billion for over 207,000 consumer loans, and
- \$1.3 billion for 2,800 residential real estate transactions."

CDFI Fund award recipients also financed over 33,600 affordable housing units and served more than 343,000 individuals with financial literacy and other training. These products and services are delivered to underserved people and communities and allow struggling individuals and families to afford rent; own or upgrade a home; start a business, grow a business, or gain a job at a local business; establish a credit score; finance a car or an education; and live near employment opportunities, thus contributing to the strengthening of individuals, families, and communities and contributing to health, wealth, and well-being.

CDFIs are reaching hard-to-serve places. CDFI Program award recipients invested over 80% of their assets in low-income communities in 2018. Indeed, CDFIs receiving awards outperform the baseline certification guidelines, which require 60% or more of assets be invested in low-income communities. In the NMTC Program, allocatees (i.e., people and programs that receive funds) exceed the baseline requirement of serving low-income census tracts by driving 75% of transactions to *highly* distressed communities. Another CDFI Fund program, the Bank Enterprise Award, gives monetary awards to banks and thrifts that increase lending and services to communities that need them most. In this program, all transactions are in communities with

poverty rates of 30% or higher and unemployment rates 1.5 times higher than the national average. In communities with these characteristics, the additional support—whether for small business expansion, construction of a federally qualified health center, or investment in job training and skills—can have a lasting impact on quality of life and community health outcomes. Box 4.3 offers examples of the reach of CDFIs.

BOX 4.3: EXAMPLES OF THE REACH OF COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS

- **“Former manufacturing communities.** More than 400 counties are affected by manufacturing job losses, and these counties have simultaneously experienced economic decline and population loss. CDFIs have lent and invested \$2.7 billion through more than 49,000 individual transactions. In addition, over \$5 billion in NMTCs have been invested in these counties.
- **Coal-impacted communities.** CDFIs are working in areas experiencing economic challenges due to contractions in the coal industry. [CDFIs] are supporting economic diversification and community revitalization initiatives. Sixty CDFIs across 14 states have lent or invested more than \$100 million, and 24 community development entities [which are organizations certified by the CDFI Fund] have deployed nearly \$230 million in NMTC investments in nine states.
- **Areas of persistent poverty.** While over 6% of the U.S. population lives in areas of persistent poverty, nearly one-fifth of CDFI investments and transactions and 18% of CDFI headquarters are located in these areas. CDFIs have invested more than \$640 million in persistent poverty counties.
- **Small towns, rural communities, and Native communities.** CDFIs have provided \$6.1 billion in loans and investments in small towns and rural communities and over \$757 million in investments in Native communities.
- **Small business finance.** Financing entrepreneurs and small business owners remains a challenge in America, but CDFIs are making inroads. [In 2018], CDFI Program awardees provided financing to nearly 16,000 businesses nationwide.”

Overall, CDFIs have tremendous impact in some of the hardest to serve places across the country, have lower rates of loan losses, and are more efficient than traditional lenders. According to the Opportunity Finance Network, although CDFI loans have higher delinquency rates than loans by traditional banks, their loss rates are in fact lower (0.65% versus 1.05% in 2001 through 2015). Since lending in distressed communities is their core business, CDFIs are experienced at

managing risk by offering technical and other assistance to borrowers, including individuals and their communities, entrepreneurs and small businesses, and even large institutional actors. An analysis by Fairchild and Jia found that CDFIs perform on par with mainstream banks when it comes to operational efficiency and are at no greater risk of institutional failure.

Options for Working With CDFIs

Businesses can invest in CDFIs in a variety of ways based on the outcomes they are seeking to achieve, such as improving the health, wealth, and well-being of the labor force or ensuring availability of affordable housing in their communities. The following section describes three options frequently used by CDFI investors.

“On Balance Sheet” Investments

Many investors choose to invest in the CDFI rather than directly into a project the CDFI will eventually finance, like affordable housing, a community facility, or a small business. These are referred to as “on balance sheet” investments and can be an effective option for an investor interested in the entire range of activities undertaken by a given CDFI. The investment can be spread across many transactions over a period of time, giving the CDFI maximum flexibility.

Structured Funds

CDFIs often structure special funds for an investor, or investors, interested in more targeted outcomes; for example, making healthy food more accessible in low-income, low-access areas. Structured funds can also be designed to target specific geographic areas. Structured funds are usually set up “off balance sheet,” meaning that investments are made into a separate legal entity created solely for the purpose determined by the investor(s). The CDFI typically plays the role of the fund manager and often invests its own capital as well. A business interested in potentially contributing to community investments can (a) leverage their capital by pooling with other investors and (b) lower their risks by working with institutions that have experience in these types of investments and communities (see, for example, *Funds for kickstarting affordable housing preservation and production: Lessons for new investors* by Elizabeth Mattiuzzi).

Transaction Level

CDFIs are skilled at facilitating project-level investments from investors. If an investor has an interest in a single project, they can invest in that project through the CDFI or together with the CDFI. If a company is planning to invest in or contribute to a project, it should consider working

with a CDFI that can potentially lower risk and attract other market-rate or below-market-rate investments into the project.

CDFIs are working to close wealth gaps across America by investing in the engines that create mobility from poverty, such as good schools, safe and affordable housing, access to healthy food, and quality healthcare. By reducing or closing gaps in wealth and increasing economic opportunity, improvements in health and well-being will be more attainable. Examples in other sections of this report demonstrate tangible ways that the business community is already advancing this work. But more is needed. Businesses can contribute in even greater ways to creating a society in which health and prosperity are more broadly shared. Communities that meet the needs of families—safe neighborhoods, childcare, affordable housing, and good schools—ultimately produce healthier and more productive workers, now and into the future, with attendant returns of value to the business. Partnering with CDFIs to invest in communities is a well-developed strategy for realizing this vision.

Communities that meet the needs of families—safe neighborhoods, childcare, affordable housing, and good schools—ultimately produce healthier and more productive workers, now and into the future, with attendant returns of value to the business. Partnering with CDFIs to invest in communities is a well-developed strategy for realizing this vision.

Main Sources of Community Development Funding

Because of the overall insufficiency of any single funding source dedicated to low-income communities, the practice of community development requires a combination of multiple funding streams from across the public, private, and philanthropic sectors. These varied sources have different motivations for investing in community development efforts. The most common types of funding are described below, but the field is constantly evolving in its ability to connect new sources of capital to efforts that strengthen low-income communities.

The *Community Reinvestment Act*

The *Community Reinvestment Act* (CRA) is a regulatory statute that helps ensure depository banking institutions provide capital and financial services to the low-income communities in which they operate, consistent with safe and sound practices. CRA was enacted in 1977 in response to decades of disinvestment in low-income communities and, most notably, to lend and invest in the communities in which they are chartered. Estimates indicate that CRA-motivated banks made aggregate loans of more than \$400 billion in 2016 to support housing, small businesses and

farms, and community development efforts in lower income communities. Of the multiple sources of community development funding, CRA-motivated bank lending and investment represent the largest share.

Low-Income Housing Tax Credit and New Markets Tax Credit

To incentivize additional private sector actors to invest in low-income communities, the federal government allocates tax credits that can be purchased by private entities to offset their tax liabilities. The largest such program is the Low-Income Housing Tax Credit (LIHTC), which was created in 1986 to encourage private investment in affordable housing. Under the terms of the LIHTC program, states receive an annual allocation of federal tax credits based on population size (nearly \$9 billion in 2017), which are then awarded through a highly competitive process to developers that construct, rehabilitate, or preserve affordable housing. The developer then sells the credits to a corporation that can apply them toward future tax liability, and the proceeds of the sale generate equity for the housing endeavor. Since its inception, LIHTC has financed more than 3 million units and served more than 7 million households, supporting 3.4 million jobs while generating \$323 billion in local income. Congress enacted a related program, NMTC, in 2000 to attract private capital for small businesses and community facilities that operate in low-income communities. Since 2001, the NMTC program has provided \$49 billion in incentives (\$3.5 billion in 2018), creating or retaining nearly 750,000 jobs and supporting the construction of 190 million square feet of manufacturing, office, and retail space.

Public Sector Investments

The public sector also provides significant funding in the form of loans or grants from sources, such as tax revenue and municipal bonds, across all scales of government. At the federal level, the U.S. Department of Housing and Urban Development (HUD) administers multiple grant programs, such as the Community Development Block Grants, from which funds are then allocated at the state and local levels. State and local governments also administer their own funding programs, such as California's Affordable Housing and Sustainable Communities Program, which uses revenue from the proceeds of the state's cap-and-trade program (\$402 million in 2019, more than \$1 billion since 2016) to fund housing, transportation, and land-use projects that reduce greenhouse gas emissions. In addition, multicounty or regional bodies, such as metropolitan planning organizations, also can provide funds to support community development efforts at the regional level. Businesses can tap into some of these resources or join with public-sector partners to lower the costs of their community investments.

Foundations

Charitable foundations are known most widely for their grant-making efforts, which have no expectation of repayment or investment return. Many foundations, however, also make investments from their asset portfolio through “program-related investments” and “mission-related investments” that are designed to further the organization’s social mission while earning some level of financial return. These philanthropic investments can take multiple forms, such as below-market-rate loans, loan guarantees, or equity investments. Philanthropic investment complements grant funding and often provides the flexibility needed to pursue innovative new projects and financial structures. Chapter 5 presents more information about partnering with philanthropy.

Direct Private Sector Investment

Private firms have begun to invest directly in community development efforts, separate from any regulatory requirements or tax credit incentives. For example, technology companies—such as Microsoft, Google, and Facebook—have made commitments to fund affordable housing in the regions in which their offices are located, in response to the growing pressure their presence has created on local housing markets. In addition, health systems—such as UnitedHealthcare, ProMedica, Bon Secours Mercy Health, Nationwide Children’s Hospital, and Kaiser Permanente—have also invested directly in community development efforts, recognizing that such issues as housing stability and access to healthy foods improve health outcomes.

Putting It All Together: The Practice of Community Development

The same community assets that boost population health also create an excellent environment for private enterprise. The combination of these assets and their ongoing development and enhancement in the community through the practice of community development (a) helps employees across a variety of skill levels; (b) enables employees to come to work prepared and engaged; and (c) promotes a thriving local network of businesses, suppliers, colleagues, customers, and clients. The assets of a healthy community ecosystem help underserved and disadvantaged populations realize economic prosperity, which in turn promotes their engagement as consumers. Indeed, communities enriched with the vital conditions for health, wealth, and well-being are economically resilient—that is, they are better able to withstand the blow of a recession without spiraling into depopulation, blight, and crime and to build wealth broadly in times of plenty.

A “one-size-fits all” approach to the practice of community development does not exist, and the range of actors, activities, and funding sources varies depending on the local context. Community development approaches, however, traditionally have fallen into two categories—“people” and “place”—defined by the scale of the intervention. Effective community development addresses people and place simultaneously; the work must be grounded in the lived experience of people with low incomes, which cannot be separated from the places in which they live. Thus, community development is not a singular exercise carried out by any one organization. Instead, community development is a collective effort to harness resources and strengths across multiple organizations and sectors, including the private sector.

People: Improving Economic Outcomes for People With Low Incomes

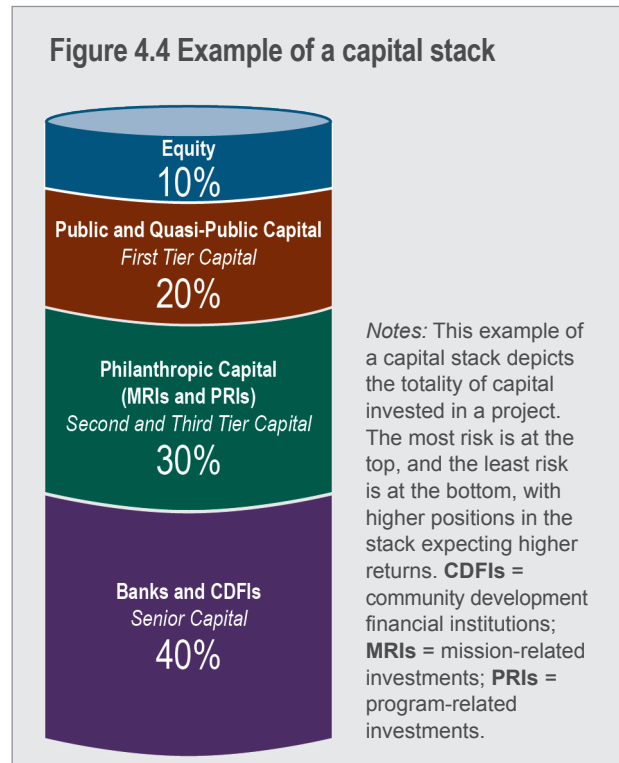
Improving economic outcomes for people with low incomes involves the expansion of skills and assets at the “person level,” such as job training, savings programs, and youth development. These approaches are designed to improve household financial health, which in turn positively affects physical and mental health, labor force attachment, and educational attainment. For example, children’s savings accounts—often implemented through partnerships involving the public, private, and nonprofit sectors—are long-term savings accounts that help families with low incomes build savings for postsecondary education. Even small amounts of savings can affect a child’s life trajectory. Children who live in families with low- and moderate-level incomes and have savings designated for college (even less than \$500) are three times more likely to enroll in and four times more likely to graduate from postsecondary school or from a certificate program than children with no savings account. Another approach is the bundling of multiple services into a single program, such as Financial Opportunity Centers (FOCs), which integrate job training for workers with low incomes with financial coaching and connections to income supports. FOCs provide employment counseling, one-on-one financial coaching, and low-cost financial products that help build credit, savings, and assets. FOCs also connect clients to food assistance, utilities assistance, and affordable health insurance. Compared with people in programs offering employment assistance alone, members of FOCs are more likely to be employed year-round, reduce consumer debt, and build positive credit histories.

Children’s savings accounts, FOCs, and other services are not structured to provide financial returns to investors, and thus rely heavily on grant funding. One exception is “social enterprise,” which is a business model that generates revenue while fulfilling a social mission. (Social enterprise is described fully in Chapter 5.) A growing movement in the community development field seeks to expand the availability of capital beyond grant funding for strategies that improve person-based outcomes. This shift toward “outcomes-based financing” aims to help coordinate

the financial interests of multiple stakeholders into integrated interventions that focus on the whole person, recognizing that “[o]utcomes arise from complex interactions that can never be under the control of any one organization.” Businesses can participate in these efforts by providing grants and capital for loans that generate a return while producing an outcome.

Place: Fostering Investment in Low-Income Neighborhoods

Increasing investment and resources in a specific neighborhood generally includes improvements to the built environment or the physical structures and amenities present within a community, and involves real estate development projects—such as affordable housing, health clinics, charter schools, or community centers—that are designed to serve people with low incomes. Funding for these projects is scarce and requires community developers to form diverse partnerships across the public, private, and nonprofit sectors. The project developer, often a nonprofit CDC, works with a financial institution, typically a CDFI, to layer multiple sources of debt and equity financing into a single structure known as the “capital stack” (Figure 4.4). Each layer in the stack reflects a different type of capital that assumes a different level of risk and return. As a helpful conceptual framework, the capital stack lays out how different partners with different incentives and levels of risk tolerance can be brought into a shared purpose, ultimately for the benefit of low-income communities. CDFIs often pool capital from a range of partners into a single loan fund that invests in multiple projects, “providing the nimble, patient [i.e., long-term] financing” that is especially crucial in the early stages of development (Box 4.4).



Investing to ensure an adequate supply of quality affordable homes in residential neighborhoods with access to businesses and employment is critical to building healthy and well employees, families, and communities. Historically, businesses and residential neighborhoods have developed in tandem, simply because employers need access to a stable labor pool, and workers need access to their jobsites. When the local housing market changes and employees can no longer afford to live near employers, both the community and the businesses suffer (Box 4.5).

BOX 4.4: EXAMPLES OF CAPITAL POOLING

- **Local Initiatives Support Corporation (LISC)** partnered with Morgan Stanley and The Kresge Foundation to create the \$200-million Healthy Futures Fund (HFF). The Fund supports financing of community health centers and affordable housing in underserved areas. HFF combines tax credit equity, loan guarantees, debt, and grants into a single fund that finances a variety of projects. So Others Might Eat (SOME), a nonprofit community development corporation, accessed funds from HFF to develop the Conway Center in Washington, DC, which serves formerly homeless families with affordable housing, a health center, and job training—all adjacent to a transit station.
- **Enterprise Community Partners** worked with a range of public, private, and philanthropic partners to launch the Denver Regional Transit-Oriented Development Fund. The fund provides financing to create and preserve affordable housing along transit corridors in the Denver area, helping to ensure that residents with lower incomes have access to transit for employment opportunities across the region. To date, the fund has made 16 loans, which have created or preserved more than 1,300 affordable apartments, a new public library, and more than 100,000 square feet of commercial and nonprofit space—all near public transit.
- **Public transit and family-friendly communal spaces**, such as libraries, are essential ingredients of thriving, high-opportunity neighborhoods that foster economic mobility.
- **Partnership for the Bay's Future: A High-Impact Model for Investment** (see Exemplar).

BOX 4.5: IMPACT OF HIGH COST OF HOUSING ON BUSINESSES AND EMPLOYEES

In a survey of employers in the Greater Boston area, nearly half of the respondents said they had failed to recruit or retain employees because of the high cost of local housing. About 40% said they had to increase salaries or benefits to account for rising housing costs.

In another survey of employers, nearly three-quarters of 14 major employers representing 200,000 jobs in Los Angeles affirmed that they face challenges retaining workers because of high housing costs, and most employers said that more than one-quarter of their workers faced one-way commutes of at least 45 minutes. These employers cited certain categories of employees—including single-earner families, part-time and lower wage workers, and those planning to buy a home—as being particularly vulnerable to the lack of quality affordable homes in the local housing market.

This presents an opportunity for local companies. A variety of businesses can step into this breach by investing in their own neighborhoods to tackle specific housing and health priorities that affect their communities. To facilitate these investments, emerging creative funding models layer public and philanthropic dollars with for-profit and mission-driven investments at various rates of return. Fine-tuning a fund's capital stack (Figure 4.4) enables local companies to attract more capital and to deploy those resources in ways that adjust flexibly to current needs.

A Caution: Improving Neighborhoods While Preserving Affordability

Investing in or adding amenities to historically disinvested neighborhoods can offer valuable benefits to residents. Improvements, however, raise the risk of gentrification, a process of neighborhood change that includes economic shifts, such as real estate investment and new residents with higher incomes moving in, as well as demographic shifts, such as changes in the racial composition and education level of residents. Gentrification results in the involuntary displacement of long-time residents, particularly people with low incomes and people of color, who cannot afford to stay and do not benefit from new investments into the area. The newly developed “606” recreational trail in Chicago is an example. Here, a historically low-income neighborhood sits on the west side of the trail, but within 3 years of breaking ground on the linear park, home prices in the neighborhood increased 48%, more than double the rate for the entire city. Local community development groups, such as Latin United Community Housing Association, are responding to the housing market pressures by working with partners to add to the stock of new affordable housing units and advocating for city ordinances to increase funding for affordable housing.

The availability of affordable housing is critical to preventing displacement. The community development field is deeply engaged in affordable housing strategies to address displacement through an approach widely referred to as the “Three P’s”:

- **Protection** for current tenants, such as policies related to rent control and evictions;
- **Preservation** of existing affordable units (e.g., a nonprofit could acquire and rehabilitate an older apartment building to take it off the speculative market and keep rents permanently affordable); and
- **Production** of new affordable units, such as a new LIHTC development that would add rent-restricted affordable units to the existing stock of housing.

Preventing displacement due to gentrification requires proactive policies, innovative development practices, and deep community engagement and empowerment. Community partners need to plan and take preventive measures to preserve affordability well before gentrification begins.

Early strategies for promoting affordability can include coalition building, community land trusts, and inclusionary zoning policies. Such strategies as employer-assisted housing programs and affordable housing trust funds can also help communities in later stages of gentrification. Groups like EBALDC also provide a model for community development that aims to ensure affordable housing while preventing displacement.

Looking to the Future

From its origins in the federal *War on Poverty* in the 1960s, to its modern multisector networked approach, the community development field has evolved as a mature industry that is highly skilled in connecting low-income communities to the capital and resources necessary for expanding economic opportunities. However, despite the sizeable investments that flow through public and private channels, the current scale of the field is not sufficient to address the many complex causes of poverty and the negative impacts on health, wealth, and well-being.

Addressing poverty is in the direct interest of many more stakeholders beyond community development, including government, businesses and business owners, educators, and healthcare providers and payers. The challenges ahead require rigorously pursuing a new business model that more closely aligns the financial interests of those who stand to benefit from a healthier, more productive population with the capacities of those who create the conditions that promote human flourishing. A wide range of actors across all sectors must be committed to increasing the productive capacity of every person in the United States—that begins with robust and strategic investments in community health and economic prosperity. Our shared future as a nation depends on it.

APPENDIX A: TOOLS AND RESOURCES

Appendix A identifies tools and resources addressing topics explored in Chapter 4. The tools and resources were created by such businesses and organizations as Bank of America, The Brookings Institution, Opportunity Finance Network, U.S. Department of the Treasury, and others.

THE REINVESTMENT FUND

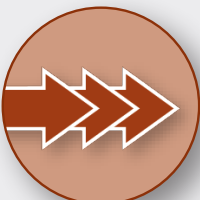
A CDFI Uses Data to Expand Food Retail in Ohio



Community Challenge | Despite gains over the past decade, limited access to healthy food continues to affect residents of urban and rural communities across the United States. The Reinvestment Fund's Limited Supermarket Access (LSA) analysis estimates that 17.6 million people live in communities without easy access to healthy, nutritious food options. This analysis goes beyond simply identifying areas with limited access; it also measures the extent to which LSA areas can support new or expanded food retail.



Scenario | Dayton, Ohio, ranks in the worst quartile of cities in the nation for rates of food hardship in households with children. The Salem Avenue corridor in Dayton is an LSA area with limited healthy food access. Approximately one-third of households in this area receive benefits from the Supplemental Nutrition Assistance Program. The neighborhood has several dollar stores and only two grocery stores—neither of which serves the community adequately. Market analysis reveals that the area is “understored” with less grocery square footage than the Ohio and national averages. As a result, residents spend their grocery dollars in pharmacies, convenience stores, and dollar stores in the local area, or they are travelling to suburban areas to shop at larger stores, like Aldi and Meijer.



Action Taken | Since 2015, members of the Dayton community have worked to improve local access to food. They started with a community needs assessment, which resulted in a steering committee led by community residents. Thanks to their work, the community is opening a worker- and member-owned grocery store. The Gem City Market will be a full-service store focusing on affordable products and will also include a teaching kitchen, space for nutrition classes and wellness programming, a mini-clinic, cafe, and community room. The project brings together Greater Dayton Union Cooperative Initiative; Miami Valley Community Action Partnership, a long-standing nonprofit in the region; and Greater Dayton Premier Management, an arm of the Dayton city government. The Reinvestment Fund, along with Dayton Regional New Markets Tax Credit Fund and PNC Bank, are providing financing for the project.

The store will be open to everyone; shoppers do not need to have a membership. The cooperative is designed to serve its community with traditional grocery products; discounted pricing for consumer-owners with lower incomes; and an employee equity program. Residents with low incomes can become consumer-owners at discounted rates. More than 2,400 Daytonians have already purchased memberships. Gem City Market will also be owned by its employees, improving the (a) quality of the work above industry standards and (b) outcomes for the store by educating employees in business finance and operations and giving them an equity stake.

Key Takeaway | Aside from data, community need and support are critical to driving investment and developing viable solutions. Although business engagement can be critical to success, sometimes the solution is just creating a business.





CHAPTER 5.

Working With Community Changemakers



OVERVIEW

This chapter introduces four community changemakers with which businesses can partner to improve community health, wealth, and well-being. Stories describe effective partnerships and unique ways that businesses can create healthier, stronger communities. Examples in this chapter show how partnerships with businesses can solve both business and community problems and create opportunities for business in communities.



KEY TAKEAWAYS

- In addition to community development actors, businesses that would like to invest in or engage with their communities might also collaborate with social enterprises, public health departments, foundations and philanthropies, and anchor institutions.
- Social enterprises are in the business of knowing communities and effecting change to make them stable and help them thrive, all while operating a successful company.
- Public health departments collaborate with a variety of organizations to meet shared goals and address the vital conditions that shape health. These departments can be creative, dependable, and effective partners of businesses.
- Foundations and philanthropies are critical partners at the local, regional, and national levels. These entities bring rich community knowledge, long-standing relationships, and a range of resources, including investment resources, to achieve shared goals.
- Anchor institutions are place-based economic engines with an embedded social mission inextricably linked to the long-term, well-being of the surrounding communities. Businesses can join with—or become—anchor institutions as they work to increase local hiring and procurement and support equitable economic development.

Introduction

Businesses seeking to invest in or engage with their communities may join with many partner organizations that are already working to improve community health and increase economic prosperity. As described previously, actors within the community development field, including community development financial institutions (CDFIs) and community development corporations, are proven partners for capital and service investments to improve the vital conditions that shape health, wealth, and well-being. This chapter briefly introduces four additional partners, with complementary strengths and skills.

- **Social enterprises** are companies with socially driven missions that have discovered ways to align their profits with improving health, wealth, and well-being. These businesses meet a need in the community, such as preventing evictions and providing jobs, and meet the business imperative of being profitable.
- **Public health agencies** provide critical services and infrastructure to protect and improve the health of people in communities. Partnerships between public health departments and

local businesses address such issues as healthy behaviors, worker safety, food and nutrition, neighborhood livability, and criminal justice reform. Public health departments can serve as chief health strategists in their communities.

- **Foundations and philanthropies** harness the power of wealth to tackle entrenched health and social problems. Business and foundation/philanthropic partnerships can spread prosperity and opportunity in struggling communities through programs, grants, and capital investments.
- **Anchor institutions** are economic engines that power sustainability and long-term well-being in their communities. Businesses can partner with—or become—anchor institutions to strengthen and expand an inclusive local economy. Hospitals and universities are prime examples of anchor institutions that leverage their own assets to create economic opportunities for individuals, businesses, and communities.

Social Enterprises

Many factors combine to make a business successful: a company's strong, competitive products and services; market demand; a compelling brand and reputation; and well-trained staff and able leadership. Providing investments and services that make people and communities healthy, vibrant, strong, and resilient generally is viewed as a job for others and not part of a company's core work. But an array of enterprises *are* in that business, including social enterprises. Companies can partner with social enterprises, whose core business is knowing communities and effecting change to make them stable and help them thrive, all while operating a successful business. Social enterprises are a hybrid of sorts; they

- Are mission driven with an identified social issue they have set out to address,
- Are commercial businesses (either nonprofit or for-profit) invested in addressing that issue,
- Balance their goals of achieving societal impacts within the requirements of the market, and
- Can be effective partners for businesses that similarly want both social and financial returns on their investments.

This approach has been termed “impact investing.”

Companies in the “business of doing good” are forging innovative partnerships with other businesses to create positive results for all parties, recognizing that health and prosperity are inextricably linked for both business and communities. Two examples describe how business and community organizations can partner to meet their goals for mutual benefit.

A Real Estate Company and a Nonprofit Organization Build a Partnership

Beacon Communities, a privately owned real estate firm (<https://www.beaconcommunitiesllc.com/>), develops, invests in, owns, and manages multifamily housing properties, approximately 22,000 apartments—including affordable-, market rate-, and mixed income-housing—in the Northeast and Mid-Atlantic regions of the United States.

Beacon Communities' renters are primarily people and families with lower incomes. A review of evictions for nonpayment of rent found above-average eviction rates in some of Beacon Communities' developments. Evictions were bad for Beacon Communities' business. Costs included lost income through vacancies, legal expenses tied to the eviction process, and negative effects on the morale of property managers charged with evicting families. Evictions were also bad for Beacon Communities' goal of contributing to building stable communities for their residents. Beacon Communities reduced its eviction rate when it began working with HomeStart.

HomeStart, a nonprofit organization (<https://www.homestart.org/>), works to end homelessness in the Greater Boston, Massachusetts, area by helping individuals obtain housing and settle into the community. HomeStart observed that evictions for nonpayment are a primary driver of homelessness and that eviction is associated with a cascade of long-term consequences. Once evicted, a family's credit is ruined, they lose their possessions, they plunge into debt, their employment becomes unstable, and family cohesion often dissolves.

HomeStart was historically a U.S. Department of Housing and Urban Development (HUD)-supported program to assist people experiencing homelessness in their search for housing. Frequently, people came to HomeStart with an eviction notice, seeking help with a housing search. HomeStart endeavors to prevent homelessness before it starts, so the organization began to test a new program. HomeStart would meet a family appearing in housing court for nonpayment of rent, and make a small payment to the property owner to prevent the eviction and buy time. Then HomeStart would work with the family to identify the causes of the eviction notice, help the family repay any debt, and develop a plan to cover the family's rent. After 12 months, 97% of the families supported through this process by HomeStart could maintain housing on their own.

Because of HomeStart's assistance, (a) families could avoid the long-term consequences of eviction; (b) housing owners could avoid costly evictions; and (c) employers could retain stable employees.

To quantify the impact of its efforts, HomeStart worked with the Boston Housing Authority (BHA) (<http://www.bostonhousing.org/en/Home.aspx>) to establish the costs of evicting a family and evaluate the efficacy of its program. The analysis was compelling: BHA's cost to evict a family was about \$10,000, but HomeStart's cost was only \$2,000 to prevent the eviction. HomeStart and BHA tracked 300 households that HomeStart had supported. After 48 months, only 5% of those families had been evicted for nonpayment. Based on these positive long-term social and financial results, HomeStart created the first-ever per-intervention reimbursement rate contract with BHA. BHA now pays HomeStart to *prevent* families from being evicted, which saves the city the costs of eviction and provides a lifeline to struggling families. HomeStart receives 75% of the payment upfront for each household supported and the remaining 25% at the end of 12 months, if families remain stably housed. Through this partnership, HomeStart helps BHA mitigate the government's financial risk and negative social outcomes, and in 2017 alone, saved BHA more than \$1,000,000 in eviction-related costs.

Based on HomeStart's experience with BHA, Beacon Communities, the private firm trying to stem evictions, quickly agreed to HomeStart's reimbursement rates and began a partnership to reduce evictions. Beacon Communities' evictions have been dropping ever since, and Beacon Communities has initiated conversations to roll out the HomeStart partnership to other properties, reaching thousands of individuals and families.

Beacon Communities' partnership with HomeStart is an example of marrying good business with community impact—for all residents and property managers—and serves as a model of how private industry can accelerate a positive, social impact.



“Our partnership with HomeStart is changing the trajectory of the lives of our residents while simultaneously reducing the number of families that experience homelessness. The value of this partnership goes beyond dollars and cents; it is change management at its core. It is the right thing to do, and the successful outcomes underscore the importance of this program.”

—Dara Kovel, CEO, Beacon Communities

Corporations, Investors, and a Nonprofit Social Enterprise Do Business Together

In 2018, First Step Staffing (FSS) (<https://firststepstaffing.com/>) expanded operations from its Atlanta, Georgia, home to Philadelphia, Pennsylvania, replicating a successful model of purchasing a for-profit staffing agency and converting it into a workforce social enterprise—that is,

an organization that helps people overcome barriers to employment and find and succeed in jobs. In its first year in Philadelphia, FSS retained 100% of the prior for-profit agency's corporate clients and added 14 new clients.

FSS provides employment services for people transitioning from homelessness, including veterans, formerly incarcerated individuals, and others with barriers to employment. As an alternative staffing agency, FSS places men and women into temporary and temp-to-hire positions with local businesses, and provides supports, including job coaching and transportation to and from work, to make its employees successful. As a nonprofit social enterprise, FSS offers the support services at no additional cost to corporate clients. Rather, the organization reinvests the profits from the staffing agency into these services and obtains additional grant funding to cover the costs.

FSS serves both the business client that is paying for reliable and well-supported staff and the staff who are reentering the workforce and need support to succeed in the workplace and address other challenges, such as unstable housing, health issues, a criminal record, or other obstacles to employment. FSS makes several promises to its business clients:

- Guaranteed on-time employees by providing transportation when needed and incentives for employees who consistently come to work on time and prepared;
- Skills-matching, specialized training, life coaching, and extended job training hours for employees; and
- Competitive pricing with all profits reinvested in the program, services, and people.

FSS also makes the case that working with people transitioning out of homelessness is beneficial to the entire community and local economy. FSS (a) helps people achieve the first step toward economic self-sufficiency and earning power sufficient to maintain stable housing; (b) pays wages to workers whose purchasing power will in turn support local businesses; and (c) potentially reduces the need for costly government services, creates employees who may become tax payers, and supports making the community a more attractive place for new business and investments.

Besides being a client of FSS staffing services, a business can invest in FSS through debt and philanthropic equity. For example, Nonprofit Finance Fund, a New York-based national CDFI, provided loans to support FSS' expansion into Philadelphia. Additional investments and resources came from other CDFIs, philanthropy, the City of Philadelphia, and social investment funds. Opportunities for other businesses and individuals to invest will continue as FSS expands to other cities, as it recently did to Los Angeles, California.

How Businesses Find Partners

Business partnerships with community organizations are good business. But how do businesses identify community partners and make collaborative arrangements? Various paths exist. Some partnerships come from a business's deep knowledge of the local community and its relationships there. Others can be identified through such resources as the Build Healthy Places Network's Partner Finder tool (<http://www.buildhealthyplaces.org/partners/>). This tool contains directories of many national networks of community development organizations, including the National Alliance of Community Economic Development Associations, the National Association of Latino Community Asset Builder, the National Coalition for Asian Pacific American Community Development, NeighborWorks America, and Opportunity Finance Network. The Democracy Collaborative also has an informative toolkit (<https://hospitaltoolkits.org/investment/>) for place-based investing. Although the toolkit focuses on healthcare partnerships, it provides several resources that are relevant to all types of businesses. Businesses that invest in people and communities will reap both social and financial rewards most readily when they invest in partnerships with community organizations and social enterprises whose businesses *are* the social good.

Public Health

Collaborations often form when problems are complex, affect multiple stakeholders, and require shared, sometimes risky solutions. Individual organizations may not know where to start, may chip away at the edges of a larger structural problem, or may turn to other mitigation strategies (like relocation) that leave the problem either unaddressed or worse than before. Taking effective action to address longstanding and complex social problems requires multiple partners with a variety of perspectives and a host of tools, strategies, and know-how to drive solutions. Loose collaborations that share a clear vision and can operationalize a plan, with each partner contributing to the whole based on their specific strengths, connections, and opportunities, may be the most efficient approach. Such successful collaborations deploy an asset-based approach where community partners contribute their own micro assets to achieve macro solutions that are coordinated and more effective than the component parts. Public health departments are often at the heart of these community collaborations.

Public health departments collaborate with a variety of organizations to meet shared goals and address the conditions that shape health. They can be creative, dependable, and effective partners of businesses seeking to improve the health of employees (including future employees),

families, and communities. Companies seeking to engage their communities and take actions to improve community health, wealth, and well-being can look to their local public health departments as effective partners.

As a part of city, county, or state governments, public health departments are tasked with an enormous responsibility: protecting the health of the people they serve. They do this by collecting and analyzing data to understand the health threats to a population and where diseases occur in a community. They provide tools and resources and broadcast critical messages to the public that help communities take precautions against a wide range of infectious diseases such as coronavirus, measles, influenza, HIV, and viral hepatitis. Public health departments also collaborate with the communities they serve to develop strategies for preventing and managing chronic conditions; adopting healthy behaviors; and even preparing for weather emergencies, such as hurricanes, tornados, and snowstorms.

Staff of public health departments are well aware of the vital conditions that contribute to favorable health outcomes and have long worked to increase access to community and clinical preventive services. Examples of community preventive services include smokefree air policies, active transportation, and supportive housing; and examples of clinical preventive services include immunizations, cancer screenings, and management of diabetes and hypertension. In addition to providing this technical expertise, public health departments often are well integrated into and respected by the community. In fact, one of the roles of the public health department in the 21st century is to be the chief health strategist of a community, joining with and at times leading community members and stakeholders to solve critical community problems.

Delivering on that role may be a challenge for health departments facing budget constraints, inability to hire critical talent, and the weight of bureaucratic demands. However, when public health departments successfully address community problems and improve community health, it is often because of strong leadership, a creative and talented workforce, essential infrastructure to meet community needs, and strategic partnerships with businesses and other community organizations, including healthcare delivery and academic institutions. The tools used to protect the public's health are also used by businesses, such as robust data analytic capabilities and clear metrics to monitor progress. Flexible and sustained funding and a talented workforce are necessities to support effective public health initiatives. In short, the kinds of supports that foster success for health departments are familiar to every organization or business tackling high-stakes projects.

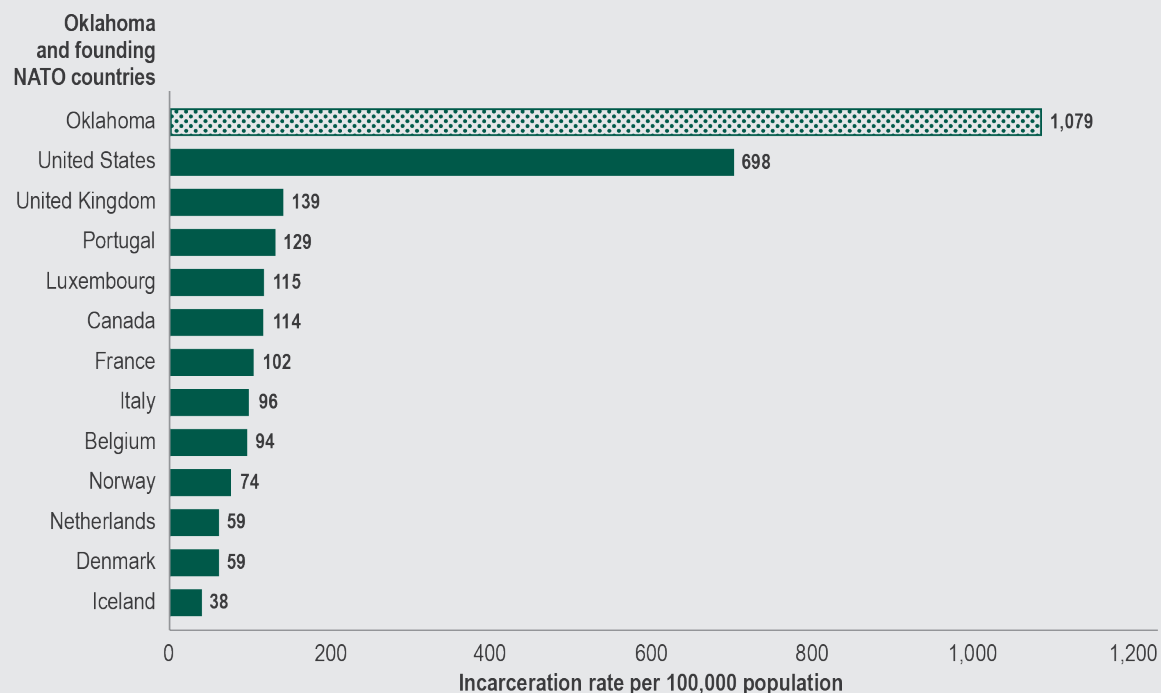
The following example from Oklahoma City, Oklahoma, highlights how public health departments and business leaders worked alongside mission-driven nonprofit organizations to address a complex community problem of critical importance to all.

Criminal Justice Reform in Oklahoma City

The Oklahoma City County Health Department is recognized by peers and colleagues across the state as a “go-to” leader and partner to help solve a range of community challenges. The health department’s multi-agency data sharing framework provides a holistic understanding of a range of community issues, and its collective impact model to better serve the community’s most needy citizens had already caught the attention of area business leaders. When concern developed in the business community about overcrowding at the Oklahoma County Jail, attendant health and safety issues, and potential federal intervention, the local chamber of commerce approached the challenge as a business problem to solve, and the local health department brought its resources and expertise to bear on finding a solution.

Criminal justice reform may not seem like the obvious challenge to bring together business and health leaders. However, leaders in the business community were concerned about the image of having the highest incarceration rate in the nation (Figure 5.1) created for the city, as well as the moral issues around maintaining an overcrowded jail. For its part, the public health department was concerned about getting residents with mental health or substance use conditions into treatment (rather than jail), keeping families intact, and preventing seemingly modest violations, like a broken taillight, from derailing employment and landing a family in poverty.

Figure 5.1 Incarceration rates in Oklahoma and founding NATO countries



Incarceration negatively affects the broader labor market by creating barriers to current and future employment, and is associated with high rates of death from drug overdose, lower median household incomes, and poor health outcomes. Incarceration also has long-term implications for families and children; even a few days in jail can result in the loss of a job, disrupt childcare arrangements, and affect school attendance and performance. In addition, children of incarcerated parents are six times more likely to become incarcerated themselves.

For businesses in Oklahoma City, cycling thousands of city and county residents through the jail was a workforce issue. For community members, the overcrowded jail reflected poorly on the city and county they called home and did not align with the future they were trying to build. Oklahoma City leaders recognized the business, community, and social dimensions at stake and the health, wealth, and well-being implications for the city and county.

Understanding why so many people were in jail in the first place led business, community, and health leaders to see the problems at the jail as a community-wide issue and both a symptom of and contributor to community concerns like workforce, education, safety, quality of life, civil rights, and justice. Although criminal justice issues are not typically considered health or business issues, business, health, and community leaders could see the connections between (a) pathways to jail, jail overcrowding, and disparities in treatment at the jail and (b) community health, wealth, and well-being and the potential to thrive. As business leaders weighed in on the levels of incarceration, other concerns became evident. H. E. “Gene” Rainbolt, founder of BancFirst said, “We’re running a felony factory. It requires so much state appropriation it takes money away from things that really make a difference such as education, mental health, rehabilitation, and family structure.”

The Greater Oklahoma City Chamber of Commerce convened the Oklahoma County Criminal Justice Reform Task Force and brought in the Vera Institute of Justice to help assess the problem. Findings from the analysis opened the community’s eyes to solutions beyond increasing jail capacity. For example, many incarcerated individuals would be better served, at lower cost, by other city and county programs; and most people in jail had not yet been found guilty of a crime. They were in the pretrial phase and unable to post bail. With a better understanding of how the justice system worked (or did not work) in Oklahoma City and County, community stakeholders, under the chamber’s leadership, turned their attention to reform. They worked with elected leaders; business, health, and education leaders; judges, prosecutors, and attorneys; law enforcement officials; and the public to change practices from the point of citing someone for a violation through jail admission and the court process. Judges started assessing offenders’ abilities to pay before imposing bail and fines. Law enforcement officers were offered alternatives

to arresting low-level offenders. State laws were changed so that law enforcement and justice professionals could work with mental health professionals to provide alternatives to jail for those with mental health disorders. Within 14 months, the jail's population had declined by one-third. By 2017, the number of people in jail fell below 2,000 for the first time in years. Studies suggest community members will be safer and healthier as a result, and crime rates trended down from historical highs in 2008 to 2010 and leveled off through 2017.

With local businesses and the public health department working together, along with other partners, under the auspices of the Greater Oklahoma City Chamber of Commerce, the City and County were able to address a real and perceived blight to the city's image and the future it wants to create, in a way that builds value for people and place and increases opportunity for greater community health, wealth, and well-being.

A Promising Partnership

While collaboration can be challenging and time-consuming, addressing entrenched community problems requires cooperation among stakeholders who may have limited experience working together and, in some cases, may represent competing interests. Including a range of stakeholders, however, brings more assets and greater “buy-in” to address the problem in the first place and to implement the identified solution in a sustainable manner. Public health departments, given their interdisciplinary nature and their broad mandate of protecting the public's health, are a flexible and effective partner for businesses. With expertise in population health and health promotion, trusted relationships with the community and community organizations; knowledge of pathways to make policy- and system-level improvements; and expertise in data collection, analytics, and interpretation, public health departments can bring rich resources to the table.

Strengthening the vital conditions that produce health is a shared responsibility. Forming local collaborations and alliances that bring in the leadership, assets, financial resources, strategic thinking, and know-how from multiple entities and organizations in the public, private and nonprofit sectors is necessary to improve community health and increase economic prosperity.

With expertise in population health and health promotion, trusted relationships with the community and community organizations; knowledge of pathways to make policy- and system-level improvements; and expertise in data collection, analytics, and interpretation, public health departments can bring rich resources to the table.

Philanthropy

Partnerships across sectors, including public, private, and nonprofit sectors, have traditionally been viewed as reserved for large capital campaigns (as described in Chapter 4). However, with increasing frequency, communities turn to these partnerships, on behalf of a variety of issues—including health, poverty, and child development—and do so in ways that advance community health, wealth, and well-being. Foundations and philanthropies can be critical additions to these partnerships. Whether operating at the local, regional, or national levels, foundations and philanthropies are often effective partners that increase impact, contribute innovative strategies, and help align investments. They can bring rich community knowledge, long-standing relationships, and a range of resources, including investment resources, to the table to achieve shared goals.

Working with foundations and philanthropies, as with any partnership, takes a commitment and can be challenging, even for business partners. Each foundation works differently and has its own set of guidelines and funding priorities. Expectations for open communication, follow through, and strategy alignment can become mired in stifling processes that slow progress. Successful partnerships with philanthropy require leaders who are aligned with each other, understand their shared goals, and have a clear understanding of how the assembled organizations can work together.

When aligned and focused on impact, philanthropies, like businesses and nonprofit organizations, invest to achieve efficient, effective actions that address societal problems and achieve shared goals. Indeed, partnerships and collaborations make success more likely. Philanthropies bring resources to the table, including funding, flexibility, adaptability, skills and experience, particular expertise (such as working with media) and high expectations. Additionally, philanthropies often have powerful networks and connections with donors, elected representatives, and community leaders that can contribute to the success of an investment.

Philanthropies operate in three ways to pursue goals and create value for the purpose of furthering a social change agenda aimed at improving communities:

1. **Organization funders** seek to nurture and drive additional funding toward specific grantee organizations that have high-performing leaders and can execute on business and philanthropic investments.

“Successful companies are asking themselves not whether charity donations would build their reputation but how they can make a lasting difference in the world.”

—Waterford.org

2. **Field builders** seek to grow community capacity to address community problems and focus on making that capacity resilient, sustainable, and effective.
3. **Goal aligners** are more loosely collaborative, identifying strategic overlap among philanthropic, corporate, and governmental goals and seeking to coordinate grants and investments that foster consistent progress toward an overarching goal.

Understanding which of these purposes the partnership is engaged in is essential to working effectively together, as is being clear about the value each partner brings to the table and expects to produce as a result of the partnership.

Effective partnerships and collaborations, especially in the service of complex community projects, almost always require a backbone organization to help maintain focus and provide essential convening functions, such as strategy sessions, administrative and office support, and fundraising for community programming. Overhead is essential to maintaining these kinds of routine but critical supports for community change efforts. When grantwriting to foundations or inviting foundations to the table, asking for 15–25% overhead on program grants can help to fund the administrative and office supports required to get these efforts off the ground and functioning well. Alternatively, businesses and philanthropies might step forward to serve in the backbone role or provide funding or offer space, staff, resources, and knowledge to ensure the backbone functions are delivered.

The Collaborative Model

Collaborative philanthropy, also known as impact philanthropy (Box 5.1), involves working together with other funders, businesses, nonprofit organizations, and even investors to accomplish what none of the entities might be able to accomplish on their own. By pooling together financial, technical, and knowledge resources; time; and staff, these collaborations can chart a path to solve thorny societal problems. Especially when social initiatives are embedded in a foundation's or company's long-term strategy and core operations, the organization's success may depend on the value the collaboration is able to deliver to society.

Value for businesses that engage in philanthropic collaborations can include improved employee morale, enhanced brand loyalty, expanded product reach, and financial returns on business investments, especially if the problem is addressed by way of a profitable venture. Philanthropies and nonprofit organizations accrue value as well, including greater resources for social innovation, mission fulfillment, strengthened reputation, and even strategic enhancements gleaned from business partners. For all collaborators, the achievement of the sought-after community improvement is the major value.

BOX 5.1: THE COLLABORATIVE MODEL IN ACTION

“Blue Meridian Partners [<https://www.emcf.org/our-strategies/blue-meridian-partners/>], launched in 2016, has raised more than \$1.7 billion in investment capital from 14 funding partners and has approved a total of \$350 million for its first nine recipients. ‘We are trying to identify the most promising strategies, with an evidence base, that can potentially move the needle for the most disadvantaged kids in poverty in the United States,’ said Nancy Roob, president and CEO [chief executive officer] of the Edna McConnell Clark Foundation and Blue Meridian Partners’ founding CEO. ‘We seek out leaders who have a vision for solving a national problem and help them achieve that goal by reaching the national scale required. So we measure our progress on whether or not our investments help leaders achieve that objective. And each one is different.’ Blue Meridian Partners grantees work to create large-scale change in a range of fields—including healthcare, child welfare, and criminal justice.”

“The core funder value proposition . . . includes surfacing promising investment opportunities, conducting due diligence, and, in many cases, building grantee capacity and monitoring grantee performance. Blue Meridian Partners, for example, supports its grantees to develop detailed scaling plans and uses these plans as a way to measure progress. George Pavlov, who directs philanthropic giving for the Sergey Brin Family Foundation and participates as a general partner in Blue Meridian Partners, explained that there is ‘no way we could build the same capability for our share of the annual expenses. [Being part of this collaborative] gives us best-in-class capabilities and flexibility.’”

Financial investments are a critical part of collaborative philanthropy (Box 5.2), but much more than grantmaking and gift-giving is required to achieve the desired impact (also see Chapter 3). Thus, while collaborative philanthropy demands more of the collaborators—more than just money—it is the collaboration among participants that helps to ensure the additional contributions of time, knowledge, strategic thinking, accountability, and support are spread across the participants who can remain focused on their main priority of running a business (corporate, philanthropic, nonprofit, or otherwise).

BOX 5.2: REJUVENATION OF THE HIGHLANDER NEIGHBORHOOD: A PHILANTHROPY-LED PARTNERSHIP

Highlander neighborhood is situated on 34-acres just north of downtown Omaha, Nebraska. The neighborhood, a former public housing site, consistently experienced the highest rates of crime in the state. The local housing authority partnered with Seventy Five North to redevelop the area into a mixed-income neighborhood, tying it to the turnaround of nearby Howard Kennedy Elementary School. Seventy Five North is a nonprofit organization established by The Sherwood Foundation, an Omaha-based private foundation, for the purpose of redeveloping the neighborhood. Highlander neighborhood is bordered by a local federally qualified health center and the Urban League of Nebraska, setting the stage for a rich collaboration to strengthen the neighborhood.

An award-winning community accelerator forms the heart of the revitalized Highlander neighborhood. Community accelerators are convening places for people and organizations to find project support, build networks, and develop collaborations. The accelerator hosts several amenities for residents and surrounding neighborhoods. The local private college and the community college hold courses, from basic literacy to computer science, at the accelerator. A technology center gives students and residents access to wi-fi and shared working space.

During the summer months, the Highlander neighborhood is filled with public markets, movie nights, and weddings at the event hall. Three restaurants and a bar have also opened. As a result of the evident progress, the U.S. Department of Housing and Urban Development awarded Seventy Five North and the City of Omaha a \$25 million Choice Neighborhood Implementation Grant to redevelop another public housing site nearby. To date, the local philanthropic partners have committed more than \$35 million to these associated redevelopment efforts, adding their funding to government funding to help produce the best possible outcomes. In addition to the capital expenses, foundation support includes program grants to a variety of local nonprofit organizations that focus on food security, education, child welfare, financial wellbeing, arts, health, and mental health.

Omaha's corporate community contributed time, expertise, and financial resources to redevelop the Highlander neighborhood. For example, a local restaurateur advised on the design and management of the restaurants at the accelerator; a senior vice president from a local business served on the board of directors of Seventy Five North; and an area developer assisted with contract negotiations for the project.

Although many foundations and philanthropies were established by business leaders, corporate philanthropy is a subset of philanthropy overall. Corporate philanthropy continues to evolve as the practice becomes more focused, more outcomes-oriented, more specifically aligned with business strategies and goals, and more deeply integrated into business operations. As part of this evolution, businesses are responding to the demands of customers while employees and shareholders are (a) seeking a competitive advantage, greater reach, and richer brand loyalty and (b) recognizing the need to share the benefits of the company—the value created—with the communities they call home or service. The rich partnerships forged through collaborative philanthropy can create success in each of these areas, for all collaborators. Philanthropy is almost always an exceptional partner when contemplating efforts to help a community thrive, to increase economic opportunity, and to unleash human potential.

Anchor Institutions

Healthcare systems and educational institutions are some of the largest employers in many states and regions of the United States. These businesses spend more than \$1 trillion a year on employees and goods and services, have endowments in excess of \$750 billion, and employ 8% of the U.S. labor force. These businesses have significant effects on local economies and are powerfully positioned to improve the health and economic ecosystems of the communities in which they reside.

Anchor institutions are place-based economic engines with an embedded social mission that is inextricably linked to the long-term well-being of their surrounding communities. They can be public, private, or nonprofit businesses and employers. Hospitals and universities are leading examples of anchor institutions and can play critical roles in strengthening the communities they serve by better aligning institutional resources with the needs of those communities.

An anchor mission framework is a systems approach whereby institutions use their resources—like hiring, purchasing, and investing—to intentionally improve the financial security of area residents, strengthen the local economic ecosystem by making it more economically and racially equitable, and address the community conditions that shape health. The anchor mission framework strives to build wealth for the community and meaningfully address the vital conditions of health in a community.

For example, the University of Massachusetts Memorial Health Care (UMMHC) is an anchor institution that implements the anchor mission framework. In 2017, executives at UMMHC noted the significant toll of poor social and economic conditions on community health outcomes.

UMMHC embraced the anchor framework to tackle poverty and unemployment, poor housing, lack of access to care, food insecurity, safety and violence, and other problems. After thoroughly assessing the impact of adopting and implementing the anchor mission framework, UMMHC's board of directors voted to proceed with several anchor mission strategies:

- Allocate 1% of its investment portfolio to targeted community investments with an expected return;
- Provide targeted technical training for entry-level positions for current and prospective employees;
- Intentionally recruit trainees from targeted neighborhoods; and
- Build an effective system for local purchasing.

With these strategies for anchor institutions in place, UMMHC implements best practices for sustained community impact.

The following section explore several strategies for anchor institutions and include examples from healthcare, higher education, and other businesses.

Inclusive Local Sourcing

To increase the income and economic health of local neighborhoods, anchor institutions seek to do more business with local businesses. Hospital systems nationwide spend \$472 billion on goods and services annually, and institutions of higher education spend more than \$43 billion annually on goods and services. Shifting even a small fraction of this spending to local, minority-owned, women-owned, or employee-owned businesses is a powerful way to improve community health and address racial, social, and economic inequities.

- **Cleveland Clinic**, located in Cleveland, Ohio, is increasing its procurement and construction purchasing from minority- and women-owned businesses and facilitating a mentor–protégé program to build the capacity of those businesses. Cleveland Clinic supports the Evergreen Cooperative, a network of start-up, worker-owned businesses in the community. Through this support, the Cooperative expanded the capacity of its laundry services business, creating 100 local jobs and building community wealth by allowing employees to share business ownership in the hospital's supply chain.

- **Metropolitan State University** in Minnesota is a member of the Central Corridor Anchor Partnership, a group of education and medical institutions aggregating demand to support local suppliers in low-wealth neighborhoods along Metro Transit's Green Line between Minneapolis and Saint Paul. The university implemented a pilot program to connect farmers in the Hmong American Farmers Association (HAFA) with the university's catering vendors. HAFA is a cooperative in Minnesota that promotes locally produced foods. A local healthcare anchor, Fairview Health East, also has a partnership with HAFA for Community Supported Agriculture programs to increase access to healthy, affordable produce for patients at several of its clinics.
- **Virginia Commonwealth University (VCU)** is committed to diversifying its procurement supply chain as part of the Commonwealth of Virginia's Small, Women- and Minority-owned Businesses (SWaM) Procurement Initiative. VCU solicits diverse businesses to participate in its procurement and encourages contractors to look for opportunities to engage SWaM firms as subcontractors. To track and assess progress on the SWaM goals, VCU maintains a public dashboard that documents outreach and participation.

Inclusive Local Hiring

To increase the income of neighborhood residents, anchor institutions often hire local employees and create pathways to turn entry-level jobs into careers, especially for those with barriers to employment and advancement. These are ways through which anchor institutions create economic opportunities for the communities they serve.

- **RWJBarnabas Health**, a network of independent healthcare providers in New Jersey, is a founding member of the Newark Anchor Collaborative. The collaborative seeks to grow economic opportunities and well-being in the City of Newark. For example, the Newark 2020 initiative aims to hire 2,020 additional Newark residents by 2020. By January 2020, RWJBarnabas Health had hired 466 residents of Newark, exceeding its goal of 350 hires.
- **Fairview Health Services** in Minnesota has an internal workforce development team to develop hiring pipelines and career pathways for employees, students, and community residents. Fairview Health Services has funded apprenticeships, on-the-job training, and tuition support for 4-year degrees and other credentials for 220 nurses and healthcare workers, including recruitment of women and members of minority groups. In addition, Fairview Health Services sponsors 200 paid internships and career pathways annually. As a result of the developmental work of Fairview Health Services, 43 residents have been

hired through the Cedar Riverside Opportunity Center, 75 students have been hired through the Central Corridor College Fellows program, and 99% of participants in the work-learn program have been retained for work.

- **Rutgers University–Newark’s (RU–N’s)** anchor mission is one of the highest priorities of its strategic plan launched in 2014. The plan calls for RU–N to invest in kindergarten through high school, associate, bachelor, and graduate degree educational pipelines and pathways; strong, healthy, and safe neighborhoods; arts and cultural districts and initiatives; regional economic development; and science and the urban environment. RU–N has partnered with the City of Newark and other local anchor institutions, like RWJBarnabas Health, on Hire.Buy.Live.Newark initiative to reduce poverty and unemployment and strengthen the city’s economy.

Equitable Economic Development and Place-Based Investing

Anchor institutions, particularly healthcare anchors, play a unique role as place-based investors—using their long-term financial reserves locally and strategically tapping underutilized assets to fill market gaps in lending and investment. By allocating a portion of their investment portfolios to projects and aligning them with other discretionary funds, investors can combine stable returns with social impact and create long-term solutions.

- **CommonSpirit Health (legacy Dignity Health)** has an organizational policy to allocate up to 5% of its investment portfolio for low-interest loans to nonprofit organizations that are supporting community health and well-being. In 2016, CommonSpirit Health provided a \$3.1-million loan to support the construction of a transit-oriented complex in central Los Angeles. The complex includes 50 permanent and 450 transitional housing units for more than 500 people experiencing homelessness.
- **Bon Secours Mercy Health** is investing up to 5% of its long-term reserve fund in community development financial institutions that serve low- and moderate-income communities. (Chapter 4 provides more details about community development financial institutions.) Bon Secours Mercy Health has worked toward achieving this target by annually increasing its asset allocation by approximately \$3 million. Since instituting this policy in 2008, the health system has shifted \$34 million, or about 3% of its \$1.1 billion long-term reserve fund, to support affordable housing, economic development, community facilities, and other projects that benefit the health and well-being of members in the communities it serves.

Inclusive planning can improve the development of workforce pipelines and strengthen local and diverse business development. Collaborating with community residents helps to build trust with community members, allows for deeper partnerships, and shifts the anchor institution from “doing for” to “doing with” the community.

- **University Hospitals Rainbow Center for Women and Children** in Cleveland, Ohio, is a 40,000-square-foot, three-story facility designed with the help of a community advisory board to better meet the needs of the community. The board comprised about 60 members of the community, including neighborhood residents and individuals working in areas connected to community health and well-being, such as public health, education, and employment. Because of the community advisory board, a significant design element was added that provides residents with a one-stop center for their essential needs: co-locating multiple services, including health services; legal services; Women, Infants, and Children (WIC) Program office; and a pharmacy.

A Role for Businesses

Businesses of all types can serve important roles as anchor institutions, as investors, and as part of anchor collaboratives to support locally targeted job training and hiring, local procurement, and equitable development. Like health systems and universities, other businesses have relationships with the communities in which they operate, understand the reciprocal nature of healthy environments (i.e., when the community thrives, businesses thrive), and are often committed to supporting their communities. However, many businesses have not yet learned about the anchor mission framework and how they can be more socially engaged and intentionally align their resources to strengthen neighborhoods to be healthy and wealthy for the long term.

Other businesses have already engaged as anchor institutions (or joined with anchor institutions) to be part of the solution.

- **Quicken Loans**, the nation’s largest mortgage lender, took an all-in stance in its headquarters in Detroit, Michigan, and found new life. In 2011, the company moved its entire Michigan workforce to downtown Detroit, including some 17,000 employees of Quicken and related companies. In the neighborhoods, Quicken’s philanthropic arm has initiatives to prevent foreclosures and rehabilitate blighted homes, seed new businesses, and prepare workers to take part in the growth of specific industries.

■ **Prudential Financial** is deeply rooted in the community, having conducted business for more than 140 years in Newark, New Jersey. Prudential Financial is one of several partnering organizations in Hire.Buy.Live.Newark and Newark 2020—both of which are part of an economic development vision designed to connect city residents to job opportunities. Prudential Financial is a founding member of the Newark Anchor Collaborative, which launched in 2018 to grow economic opportunities and well-being for the City of Newark. Other founding institutions include Audible.com, RWJBarnabas Health, New Jersey Institute of Technology, New Jersey Performing Arts Center, RU–N, and Rutgers Biomedical and Health Sciences. By working with diverse and committed partners to do more purchasing, hiring, and investing at the local level, more resources can be leveraged for the benefit of the local community.

■ **New Orleans Business Alliance (NOLABA)** provides another model of private sector involvement and engagement with anchor institutions. NOLABA oversees the city’s strategic plan for economic growth. Industry councils and working groups implement many of NOLABA’s recommendations. NOLABA strives “to unite a diverse community of stakeholders to catalyze job growth, create wealth, and build an equitable and sustainable economic future for New Orleans.” LCMC Health; such corporations as JPMorgan Chase, Entergy Corporation, Harrah’s New Orleans Hotel & Casino, and Shell Oil Company; and such foundations as Surdna Foundation and W.K. Kellogg Foundation have invested in the strategic plan.



“Anchor institutions are unique in the strength that they bring to the city where they’re housed, whether it’s our purchasing power, the power of our employees, or the resources that we have at our disposal. This three-pronged approach is a very comprehensive way of using what’s best about our institutions to create good by helping to drive inclusive economic growth for Newark’s residents. Hire local—how do we think about training and employing Newark residents? Live local—how do we think about encouraging and incentivizing our employees and associates to live in the city where they’re working? And buy local—how do we direct our dollars to support local businesses, which in turn are hiring local residents?”

—Lata Reddy, Head of the Office of Corporate Social Responsibility at Prudential Financial

Finally, new models of business enterprise are emerging that support community health, wealth and well-being through other frameworks and mechanisms, including employee ownership (Box 5.3).

BOX 5.3: AN EMERGING MODEL OF THE BUSINESS ENTERPRISE IN COMMUNITIES

Some mission-led, employee-owned private companies are taking other approaches to help strengthen their communities and employees. This emerging model embodies a powerful enterprise design: businesses that benefit society and larger living systems of the earth. The Democracy Collaborative calls these firms “next-generation enterprises.” More than 50 of these companies operated in the United States in 2019. Employee ownership of these firms takes one of many forms, such as Employee Stock Ownership Plans (or ESOPs), worker cooperatives, or employee ownership trusts. The common best practice is that employees own at least a 30% stake in the company. These companies often have a clear and authentic mission to benefit the public, which often includes environmental and social benefits.

Next-generation enterprises range in size from only a few employees to thousands of employees. Recology, a San Francisco-based waste management and recycling firm with revenues of \$1.2 billion, has 3,500 employees and is 100% employee owned. Next-generation enterprises operate across a variety of industries and include such nationally known brands as Eileen Fisher and the King Arthur Flour Company, as well as lesser known companies.

“Many CEOs of these firms are leaders in sustainability and workplace democracy. All of these companies are experimenting with multiple approaches—participatory management, multi-stakeholder governance, alternative leadership models—to create businesses that are good for employees, good for the environment, grounded in the community, and governed by a mission.”

This new mission-led, employee-owned business model promotes environmental sustainability and social equity, providing a glimpse into how businesses might operate in an economy that truly embodies the values of equity, sustainability, and community.

Anchor institutions are some of the largest employers and businesses in their areas. As significant economic engines, they play an important role in catalyzing local economies and building community wealth that, in turn, improves health and economic opportunities for residents. For-profit businesses can help to build the economic ecosystems of their surrounding neighborhoods by becoming anchor institutions or supporting anchor mission strategies and engaging with anchor institutions and anchor-involved collaboratives. This is an opportunity for companies to align their values, corporate culture, staff volunteerism, and customer and community expectations with strategies that build healthy, sustainable, and thriving communities.

APPENDIX A: TOOLS AND RESOURCES

Appendix A identifies tools and resources addressing topics explored in Chapter 5. The tools and resources were created by such businesses and organizations as American Institute of Certified Public Accountants; Centers for Disease Control and Prevention; The Democracy Collaborative; Public-Private-Partnership Legal Resource Center, World Bank Group; and others.

THE CHICKASAW NATION

Investing in Community

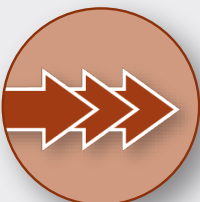


Community Challenge | Imagine living in an area described as a severely distressed census tract—meaning few jobs, plenty of high school dropouts, poor housing options, high rates of incarceration, large swaths of prime-age adults not working, and a poverty rate greater than 31%. The struggle to achieve a satisfactory quality of life can be overwhelming in such a place.

Now, imagine being a part of the Chickasaw Nation, which has made extraordinary progress to lift its people out of poverty and improve opportunities in severely distressed communities. Leaders of the Chickasaw Nation have created businesses to support the tribal government and offer opportunities to tribal citizens and community members. Despite such success, the lack of broadband Internet access limits opportunities for members of the Chickasaw Nation and the larger community.



Scenario | As a sovereign nation, the Chickasaw Nation has built a broad portfolio of businesses to generate revenues that support tribal programs and services. These economic development efforts have accelerated dramatically under the leadership of Bill Anoatubby, governor of the Chickasaw Nation since 1987, with the development of a number of businesses across several industries, including technology, entertainment, hospitality, media, and health. With a reliable revenue stream, the Chickasaw Nation began to diversify its business and social program portfolios. However, strengthening economic development, education, and healthcare throughout the Chickasaw Nation depended on reliable broadband Internet connectivity.



Action Taken | More than 60% of people who live in the Chickasaw Nation's 13-county service area in Oklahoma did not have access to broadband Internet service. Recognizing the need to address the poor infrastructure for quality Internet service, the Chickasaw Nation Secretary of Commerce, Bill Lance, requested \$14–\$20 million from Governor Anoatubby to install a 250-mile fiber optic cable that would encircle the Chickasaw Nation's territorial boundaries. "To ensure we would be able to meet demand for future

generations,” the Chickasaw Nation Deputy Secretary Dakota Cole said, “the decision was made to install three pieces of conduit to supply three times our estimated long-term needs.”

With the governor’s support, Trace Fiber Networks, LLC, launched in 2016. The name pays homage to Natchez Trace—a forest trail and trade route in Chickasaw’s historic homeland in Mississippi and Tennessee. With the limited liability company, the Chickasaw Nation worked with financial institutions, undertook competitive bidding for contracts, developed a team of contracting partners, and began conversations with stakeholders. The State of Oklahoma assisted with gaining rights of way and other technical aspects of the project. The Chickasaw Nation bartered with the Oklahoma Community Anchor Network, which already had 1,000 miles of high-speed fiber across Oklahoma, to swap out fiber in places with redundancies, and learned that the Federal Communication Commission had given tribal entities the right to claim, free of charge, whitespace spectrum for high-speed Internet access. As a result, the Chickasaw Nation expected to (a) provide more than 180 locations with high-speed Internet connectivity by the end of 2020 and (b) obtain a return on investment within 7 years.

“This is just as much a story of equity as it is a story of connectivity. You can’t begin to level the playing field if you don’t have access to the same information,” the Chickasaw Nation Undersecretary of Technology & Innovation Commerce Chris Shilling said. “This will provide a transformative opportunity for the group of citizens and individuals in rural Oklahoma that will chip away at capital inequity and education inequity that we see across the country.”

Key Takeaway | For the Chickasaw Nation to succeed, its businesses have to succeed. In today’s economy, a gap in broadband services can leave people behind. Leaders of the Chickasaw Nation are determined to close that divide. “Access to broadband Internet is becoming increasingly essential . . . to enhance education, economic development, housing, and career opportunities of the Chickasaw people,” said Governor Anoatubby. “Enhancing these opportunities builds a foundation of prosperity that plays an important role in promoting community health.”




CHAPTER 6.

Data Steps for Businesses and Partners to Address the U.S. Health Disadvantage and Monitor the Business Impact




OVERVIEW

Businesses can use a data-driven approach to improve health and economic prosperity among employees and broader communities. Based on an environmental scan of validated outcome measures, this chapter explores processes and measurements that help businesses develop programs and policies to foster health and prosperity, with a focus on those most in need.



KEY TAKEAWAYS

- Businesses use data for their operations but often overlook the use of data to understand the impact of their business on the health, wealth, and well-being of employees, customers, and communities.
- A data-driven approach to community engagement and investment
 - Can help businesses identify strategies that (a) create a healthier workforce and more prosperous communities and (b) monitor their progress in achieving specific outcomes; and
 - Offers businesses and employers a pathway to make broader improvements and measure their contributions and returns in the context of the larger ecosystem of communities and society.

Introduction

As the coronavirus pandemic of 2020 has made abundantly clear in the United States, business-as-usual is no longer an option. The solution to the U.S. health disadvantage—a disadvantage exemplified by the spread and lethality of the virus and exacerbated by unprecedented job losses (and the loss of employer-provided health insurance)—lies in expanding equitable health, wealth, and well-being for all people and places across America. Although some people were averse to the idea of shutting down parts of the economy in order to protect health, others saw an opportunity to strengthen health and the economy together. For businesses that are ready to invest in communities, this report recommends a data-driven course of action to rebuild community health and economic prosperity in the United States in ways that are good for business and good for the whole of society.

Although businesses are used to using data to inform and track their operations, they often overlook the use of data to better understand the impact of their business on the health, wealth, and well-being of their employees, customers, and communities and fail to use data to identify the best opportunities and strategies and to monitor their progress. Box 6.1 provides an example of using data to identify supply and demand for early child education, by neighborhood, to best seize business opportunities and meet consumer demand.

BOX 6.1: USING DATA TO EXPAND HIGH-QUALITY EARLY CHILDHOOD EDUCATION

Fund for Quality (FFQ) was launched in Philadelphia as an effort to expand quality childcare options in areas that are undersupplied. FFQ is a partnership between The Reinvestment Fund and Public Health Management Corporation (PHMC) with support from the William Penn Foundation and the Vanguard Strong Start for Kids Program™. FFQ works to ensure that every child—no matter what neighborhood they live in or where their family works—has access to the best possible start in life through a high-quality early childhood education.

FFQ's strategy is to invest in projects that increase the availability of high-quality childcare in the areas of the city where data show it is most needed. FFQ offers business planning support and facilities-related funding for the renovation of existing centers or expansion to new facilities. The high-impact investments are based on a neighborhood-level analysis developed by The Reinvestment Fund. The analysis identifies the gaps between the supply and demand, neighborhood by neighborhood. FFQ then targets investments that give more children the opportunity to get the high-quality early childhood education needed for a strong start. FFQ's strategy is driven by accurate information about unmet need in the community. The Reinvestment Fund is replicating this model in Atlanta.

With additional support from the Vanguard Strong Start for Kids Program and Public Citizens for Children and Youth, The Reinvestment Fund is expanding its analysis to provide more granularity on infant and toddler care—the time when important brain development takes place. Vanguard, an investment advisor based in Malvern, Pennsylvania, is increasing its childcare support by working with The Reinvestment Fund and PHMC to create financial tools and resources for early childhood education providers to improve their financial stability and guide business decision making. Known as the Early Childhood Education Fiscal Hub, the program allows providers to compare themselves to their high-performing, high-quality peers and to use those benchmarks for their own operations planning and budgeting decisions. Thanks to this robust collaboration, more children in Philadelphia will get the safe, healthy, and engaging care they need and deserve during the most critical stage of their lives.

Businesses generally have not adopted a consistent process to integrate health measures into their core planning processes. Some possible reasons include a lack of consensus about what to measure and how to measure it, and whether investing in health, wealth, and well-being improves the bottom line and leads to a return of value. What does help: simplicity, connection, and rigor in the data businesses collect and the outcomes they choose to measure. A data-driven approach can help businesses identify strategies that create a healthier workforce and more prosperous communities and to monitor their progress in achieving specific outcomes.

Businesses are already using data to identify the needs and best interventions to improve employee (people) and community (place) health and well-being, and to monitor progress in doing so. Common uses of data by businesses include (a) understanding the health and well-being of people an employer is associated with (e.g., using Health Risk Assessments for employees and their families, and mapping data to understand the communities in which they do business); (b) selecting populations to work with or health conditions to address to improve employee health (e.g., mental health); (c) establishing measures to assess short-term impacts of improvement initiatives (including anecdotal evidence and quantitative measures); and (d) measuring system, workplace policy, and culture changes (e.g., HERO Scorecard and the WELCOA Checklist).



“What a society chooses to measure will in turn influence the things that it seeks. If a society takes great effort to measure productivity, people in the society are likely to focus more on it and sometimes even to the detriment of other values. If a society regularly assesses well-being, people will give it their attention and learn more about its causes.”

—Centre for Bhutan & GNH Studies

Several organizations help businesses analyze data in a place-based way (e.g., Geographic Information System [GIS] mapping and HERO Culture of Health). Businesses are using these data to

- Map the value chain and understand total value or total return on investment of a set of initiatives (e.g., Shared Value Initiative, and Sustainability and Health Initiative for NetPositive Enterprise);
- Develop a balanced portfolio of strategies to improve employee, community, and system well-being (e.g., Pathways to Population Health);
- Measure impact over the short-, medium-, and long-terms using process outcomes related to specific initiatives (e.g., 100 Million Healthier Lives); and
- Understand the overall impact on population health and well-being across people and places (e.g., Well Being In the Nation measures).

These emerging strategies expand the playbook for action to align with a broader array of core business practices and extend beyond employee benefits, which have been the historical provenance of wellness programs. One such strategy, the Shared Value Initiative, focuses on the following:

- **“Reconceiving products and markets:** Meeting societal needs through products and addressing unserved or underserved customers

- **Redefining productivity in the value chain:** Changing practices in the value chain to drive productivity through more efficient use of resources, employees, and business partners
- **Enabling local cluster development:** Improving the available skills and supplier base and supporting institutions in communities where a company operates to boost productivity, innovation, and growth.”

Pathways to Population Health (P2PH), developed through 100 Million Healthier Lives and adapted as part of Well Being In the Nation for Business, brings these three types of action together in a connected strategic approach to improving the well-being of people and place, with a focus on those most in need. This framework supports employers to improve the health and well-being of people they directly reach (customers and employees) by improving their mental, physical, social, and spiritual well-being and the well-being of places the business relates to (in terms of location, operations, and customer base) through focused action addressing vital conditions. Importantly, P2PH focuses on ensuring resources are mobilized for those who aren't thriving, both as a priority for businesses and an opportunity to unlock human, community, and economic potential.

The Well Being In the Nation or “WIN” framework, which was released in 2019, and its associated measures, which were developed with support from the National Committee on Vital and Health Statistics with more than 100 organizations, businesses, and communities, is organized around nine core measures related to people and place and focused on those who are not thriving. The P2PH and WIN frameworks offer businesses new opportunities and strategies to enhance their impact using levers already available to them. (See Appendix B for more information on these frameworks.)

Five Steps to Identify Measures That Matter

Below is an implementation strategy for businesses seeking to create a practical and strategic measurement plan to identify and understand the impact of initiatives focused on improving community health, wealth, and well-being.

- 1. Develop a process for identifying measures that matter** together with employees, customers, community partners, and people in places that are not thriving. The process of looking at one's data, understanding the stories of people in the workforce or communities who are not thriving, and developing plans together with them can offer a powerful way to improve well-being and engage with the lives of employees and communities. Change efforts that do this are far more likely to achieve sustainable impact.

- 2. Choose a balanced set of process and outcome measures** that change over the short, medium, and long term. Short-term process measures and intermediate outcome measures are essential for driving improvement cycles and better align with business operations. Longer term measures are essential for knowing whether there is progress over time by focusing on long-term change, not just quick wins. Box 6.2 presents additional criteria for selecting measures that might be relevant to businesses.

BOX 6.2: CRITERIA FOR SELECTING A MEASURE

“Overall (basic information for all nominated metrics):

- Domain
- Subdomain
- Proposed metric
- Source of metric
- Link to website for more information
- Level of data available (national, state, county, subcounty, ZIP code, community, etc.)

Important

- Potential to drive improvement in health
- Potential to drive improvement in social drivers of well-being
- Potential to drive improvement in equity
- Aligned with major national/global strategy
- Potential to develop new knowledge about what creates well-being

Objective and effective

- Strong evidence that this improves health, well-being, and equity
- Valid
- Reliable
- Benchmarking available

Feasible

- Data already collected, analyzed, and reported
- Cost of additional collection/availability of resources to support collection
- Burden of collection and reporting
- Groups ready to adopt

Usable and useful

- Timeframe data changes within (rating: 3 if less than quarterly, 2 if less than yearly, 1 if yearly, 0 if more than yearly)
- Timeliness of data availability (rating: 3 if less than quarterly, 2 if less than yearly, 1 if yearly, 0 if more than yearly)
- Usefulness to communities
- Usefulness to researchers/national stakeholders
- Meaningfulness to people with lived experience
- Currently used by/could be used by? (Name initiatives/organizations actively using)
- Level of data availability”

- 3. Choose outcome measures that matter** to a wide range of stakeholders and apply across initiatives (this step is also known as a materiality assessment). The WIN measures offer a great place to start (see Box 6.3 for an example). In addition to being helpful in supporting collaboration across sectors, WIN heavily emphasizes the relationship between economic prosperity and health and well-being throughout the framework, considering the well-being of both people and place.

BOX 6.3: A MEASURE OF WELL-BEING OF PEOPLE

One scale, Cantril's Ladder, asks people to rate their well-being by marking an "X" on a simple drawing of a ladder, where the bottom rung is their worst possible life and the top rung is their best possible life, today and 5 years from now. This measure has been tested for use by businesses via the Gallup-Sharecare Well-Being Index; has reliable, publicly available benchmark data by place in more than 150 countries and many counties in the United States; correlates to business outcomes that matter, such as workforce productivity; and also correlates with major population health outcomes, such as morbidity, mortality, and cost.

- 4. Identify process and intermediate outcome measures** aligned with a balanced portfolio of initiatives and measures related to improving the well-being of people and places, especially for those most in need. The environmental scan (Appendix B) identifies ways businesses are working to improve each of these three areas. Process and intermediate outcome measures should be tied to the specific strategies and initiatives.
 - For example, suppose AnyBusiness, Inc., has, after conversations with employees and the community, identified access to safe and affordable housing as an urgent need in the community. AnyBusiness might consider a range of strategies to address the need, along with associated process and intermediate outcome measures.
 - Investing directly in affordable housing developments or providing rental subsidies to employees.
 - ▶ *Example process measure:* Number of employees living in affordable housing or using a company subsidy.
 - ▶ *Example outcome measure:* Percent of employee households paying 30% or more of their income on housing.
 - Offering wages to employees that are commensurate with the cost of safe, quality housing in the area and encouraging other businesses to do the same.
 - ▶ *Example process measure:* Number of businesses offering commensurate wages.
 - ▶ *Example outcome measure:* Percent of employees earning commensurate wages or higher (compared with baseline).

- Investing in outdoor lighting and neighborhood peer safety groups in areas of the community (if residents have identified this as a potential solution)
 - ▶ *Example process measure:* Number of outdoor lights installed.
 - ▶ *Example outcome measure:* Percent of residents who feel safe walking in their neighborhoods after sunset.
- Supporting afterschool leadership and job training programs for youth or other initiatives that help to build hope, community resilience, and belonging, such as the development and funding of neighborhood councils.
 - ▶ *Example process measures:* Number of youth engaged in afterschool programming, number of neighborhood councils funded, or number of community-generated solutions implemented.
 - ▶ *Example outcome measures:* Percent of community members responding “yes” to, “People around here are willing to help their neighbors,” and scores on a youth well-being scale.
- Joining community revitalization efforts that preserve mixed-income and affordable housing.
 - ▶ *Example process measures:* Number of affordable housing units created or preserved.
 - ▶ *Example outcome measures:* Educational outcomes (e.g., high school graduation).
- Hiring people from the community.
 - ▶ *Example process measure:* Number of jobs and internships filled by people who live in particular neighborhoods.
 - ▶ *Example outcome measure:* Total income created in the community.
- Total return on investment, which calculates the overall impact on health, wealth, and well-being of interventions for both people and communities, offers another strategy for businesses to assess their progress over the course of their investment. Methods for valuing the well-being created by different initiatives and for modeling return over time are available. Using these methods to estimate total return on investment can help companies to select affordable strategies. Consideration should be given to investments that can leverage the contributions of others—to help drive collaboration and increase impact.

5. Prepare a measurement and learning system:

- Identify a measurement and improvement team, and together with community partners, develop a strategy map, including a theory of change and a theory of implementation based on data about the well-being of people and communities. Baseline data on measures can be found in a wide array of places. Look to prior employee surveys and culture surveys for employees’ baselines. Most core measures and leading indicators in WIN are available online (<http://www.winmeasures.org>). The

WIN Measurement Framework presents a wide range of measures related to the well-being of people and places for each of the vital conditions.

- Set aims for major outcome and process measures and gather baseline data.
- Decide what measures will be collected or obtained, and for each one, with what frequency, who will do the collection/gathering, and how often the data will be analyzed together with stakeholders.
- Develop and implement a set of initiatives (small or large) to improve these goals.
- Bring together stakeholders within the business and community to engage in collaborative sensemaking at least twice a year—that is, to look at the data, understand the stories behind the data, reflect, and generate insight. Be sure to include employees and community residents most affected by inequities.
- Plan a path forward and reassess regularly. Leading organizations will set improvement goals within each quarter toward the longer term aim and reassess at least quarterly.

Box 6.4 describes the five steps applied to one company’s journey to live out its mission and benefit a community in need.

BOX 6.4: FIVE STEPS APPLIED TO THE JOURNEY OF NEHEMIAH MANUFACTURING CO.

The Nehemiah Manufacturing Company in Cincinnati, Ohio, was founded in 2009 with the mission to “build brands, create jobs, and change lives” (<https://www.nehemiahmfg.com/>). The for-profit company owns several brands of its own and also manufactures products for other companies. Nehemiah planned at the outset that it would contribute to the community and thrive as a business. The company focuses on hiring “hard to hire” people. Nehemiah’s journey is marked by each of the five steps to identify measures that matter.

Step 1. Develop a Process Together: Nehemiah partnered with the city of Cincinnati, community leaders, and social service organizations to select a neighborhood with people who most needed jobs and hope. They chose the West End and Over-the-Rhine areas of Cincinnati, which experienced high unemployment and few entry-level jobs.

Step 2. Choose a Balanced Set of Measures: The partners identified initial process and outcome measures that focused on manufacturing outputs, creating jobs, and hiring and retaining people from minority and low-income neighborhoods in West End and Over-the-Rhine.

Step 3. Choose Outcome Measures That Matter: As Nehemiah collaborated with local partners, it began to understand that chronic unemployment stemmed from structural and systemic inequities in people’s lives. One of the greatest barriers to employment was a history of incarceration. Nehemiah decided to focus on hiring people who had a prison record or a history of drug or alcohol misuse. Nehemiah refined its goals to recruiting, hiring, and retaining “second chance” workers and ensuring they comprised the majority of the company’s workforce.

BOX 6.4: CONTINUED

Step 4. Identify Process and Intermediate Outcome Measures: Nehemiah's first challenge was to identify a hiring supply chain. Nehemiah partnered with several nonprofit organizations—CityLink, St. Vincent DePaul, Jobs Plus, Beacon of Hope, and City Gospel Mission—to identify and develop potential workers with a special focus on creating supportive pathways for people to succeed. Nehemiah and its partners integrated social workers into the hiring process; created a weeklong training to help new hires get ready for work; and established biweekly check-ins with newly hired workers to build relationships and trust and to make sure the workers had the support they needed to be successful. Breaking down the steps and identifying specific process and intermediate measures showed the partnership exactly *how* they would accomplish the hiring goal. Nehemiah's process measures include the number of nonprofits supported and the number of people placed in supportive housing or treatment for substance misuse.

Step 5. Prepare a Measurement and Learning System: Nehemiah and its partners learned much about change in the community:

- Drug addiction is difficult to beat. With guidance from workers, the partners created a policy and allocated funds to support treatment and provide other types of support for workers who disclosed a relapse into drug or alcohol misuse.
- Bad credit and poor financial decisions cause substantial stress. The partners established programs to help workers resolve financial issues.
- Housing is not affordable. The partners worked with developers to build affordable housing for workers near their places of work.
- Unresolved legal issues prevent people from attending work fully. The partners collaborated with legal service firms to offer legal support to workers who needed it.

As a result of these learnings and actions, Nehemiah has given people jobs and the support they need to succeed, and has created a stable workforce with an enviable 90% retention rate. All but 10 of 179 jobs have been filled by second chance workers. By providing these jobs and the associated support, Nehemiah helps to restore dignity, hope, and well-being to people in the community who need a second chance. Nehemiah describes its workforce as one of the hardest working and most loyal in the country.

Nehemiah has combined the well-being of its business with the well-being of the community and has partnered with investors who understand that Nehemiah's mission is more than making money with a great bottom line. In addition, Nehemiah pursues its mission to impart an even stronger topline of impact on society. This combination of governance, community partnership, and continuous learning leads to a healthy business that is on the leading edge of creating well-being in the world.

Conclusions

Businesses are essential to the lifeblood of communities. This chapter offers actions, measures, and frameworks for companies seeking to do more to improve the well-being of the people they reach and the places they serve. Businesses that engage in this kind of stewardship, using data to identify the people and places to engage, the best interventions to deploy, and the sharpest measures to assess impact, have the opportunity to be leaders and influencers improving the health of employees, families, and communities and influencing broader societal conditions in a community, region, and whole country. Data-driven approaches offer businesses and employers a pathway to make broader improvements and measure their contributions to that improvement, while understanding their current engagement in the context of an even larger ecosystem of communities and society.

Appendix A: Tools and Resources

Appendix A identifies tools and resources addressing topics explored in Chapter 6. The tools and resources were created by such businesses and organizations as Health Enhancement Research Organization, Intel, Well Being In the Nation (WIN) Network, and others.

GREYSTON BAKERY

Baking With Purpose



Community Challenge | Communities are healthier when people have jobs and steady income. Healthy communities enjoy less violence and substance misuse, more family stability, and better education for their children. Tax bases increase, civic participation grows, and the very people given a chance to work at a quality job tend to give back to the community and to others. But all too often, preconceived notions and rote hiring rules leave too many people without an opportunity to gain employment.



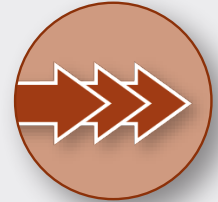
Scenario | Zen Master Bernie Glassman noticed the number of unemployed people in the Bronx and Yonkers (New York). Job prospects were thin because of limited education, work experience, and individuals' past records of incarceration or substance misuse. In the early days of Greyston Bakery, Glassman literally pulled people off the street to help him bake cakes. When he later met and partnered with Ben Cohen and Jerry Greenfield of Ben & Jerry's Ice Cream, Greyston bakers began to provide baked goods for two of the top five flavors of Unilever's Ben & Jerry's Ice Cream.

Greyston has more than 400 people on its waiting list to become bakers. With Greyston's Open Hiring process, anyone who walks through the door can fill out a one-page questionnaire with their name, address, and phone number; affirm their willingness to work 12-hour shifts and lift 50-pound bags of flour and sugar; and confirm their eligibility to work in the United States. Applications sit on the waiting list for an average of 6 months. Once called, the new hire's first day includes an orientation and full pay and benefits. Next, he or she is offered an apprenticeship that lasts 6–9 months. Upon completion, bakers have access to union membership. "We don't care about folks' past, we want to invest in their future," said Joseph Kenner, president and CEO of Greyston.

The Open Hiring framework has been refined over time. For example, if an employee does not show up on time or stops showing up altogether, there is likely a reason—perhaps childcare issues, domestic violence, or housing eviction. Working with Westchester Jewish Community Services, Greyston created an Employment PathMaker position to provide support services to bakers. Thanks to this support, the turnover rate at Greyston was two points better than the industry average in 2019.

The Open Hiring concept pioneered by Greyston has benefited members of the southwest Yonkers community, and Greyston now wants to take this hiring approach to other businesses, with the goal of helping them make their hiring practices more inclusive.

Action Taken | Greyston launched the Center for Open Hiring in June 2018 to train and provide tools to businesses. Business leaders cite liability insurance and fears of violence among the most frequent barriers to adopting an open hiring concept. “Our premiums and liability rates are no different from any other manufacturer,” Kenner said. “It’s not total chaos at the bakery!” Another hurdle for businesses is the belief that the hiring practice hurts turnover rates. “Yet these very same managers will go through extensive interviews and costly background checks and some people don’t work out either,” said Kenner. “Wouldn’t it be better to invest in helping people succeed instead of keeping people out?” As a measure of early success, a 3,000-store beauty retailer adopted Open Hiring at its North American distribution center, generating a 60% reduction in employee turnover.



Key Takeaway | If given an opportunity and the training, large segments of the unemployed population will succeed in the workplace. But many of them are excluded because of their backgrounds or other factors that say nothing about their abilities to be successful on the job. “If you make these types of investments, you are going to learn new things about your employees,” Kenner said. “Folks want to feel like someone is invested in them, and that’s a huge piece of what open hiring is—everybody has a place.” Companies can start by Open Hiring one person for an entry-level position.





CHAPTER 7.

A Way Forward for Community Health and Economic Prosperity



OVERVIEW

The health status of American workers and participation in the labor force have been declining for decades. Businesses can play an important role to reverse this trend by simultaneously expanding community health and economic prosperity. This chapter outlines a path toward a well-being economy that can reverse poor health outcomes and sustain hard-won gains. The path is built on business engagement with stakeholders to produce shared value, working together as stewards of health, wealth, and well-being in a common world.



KEY TAKEAWAYS

- Businesses and employers are stakeholders in their communities, and communities are stakeholders in businesses.
- To enhance community health and economic prosperity over the long term, businesses may choose to
 - Produce goods and services and operate in ways that expand the vital conditions that all people and communities require;
 - Create shared value for companies and communities by combining social purpose with business opportunities; and
 - Engage all stakeholders to achieve the best long-term value for those upon whom business success depends (i.e., stakeholders).
- Businesses of all types and sizes can execute one or more of seven concrete business strategies in the short term to engage with and invest in communities. Businesses may select the engagement and investment options that best suit the needs of their stakeholders and their business.
- Given the powerful role of business in the United States, even sweeping efforts to strengthen and sustain community health and economic prosperity will not be sufficient without associated actions by business.

Introduction

To begin to address the U.S. health disadvantage (Chapter 1) and to strengthen communities to support vibrant employees, families, and residents (Chapter 2), businesses and employers must act to ensure a sustainable and equitable capitalist democratic future for themselves and for society.

Businesses and employers are stakeholders in their communities and also serve communities as one of the many stakeholders whose interests they seek to enhance as they strive to prosper (Chapter 3). In collaboration with community changemakers (Chapters 4–5), businesses have opportunities and responsibilities to create shared value (i.e., value for the business and the community), join with others to effectively steward systems (e.g., healthcare systems, service delivery systems, governmental policy making systems, tax and regulatory systems, banking and financial systems, ecological systems) in the interest of thriving communities and people and to

produce prosperous business environments. Businesses have opportunities and responsibilities to do well by doing good, and to nurture systems to better align private value and public good to the benefit of all.

Americans know a great deal about what it takes to expand health, wealth, and well-being on a massive scale. Across the country and around the world, modern innovations have done more to add years of healthy life and lift millions of families out of poverty over the past two centuries than in the previous 19 centuries combined. But even after such impressive progress, all is not well. Past advances are insufficient, and many problems are getting worse. Hard-won gains remain fragile or are reversing; whole groups of people have been harmed or left behind while others have benefitted (see Box 7.1); and responses are slow to an increasingly complex set of intertwined threats that endanger both people and planet—and therefore, profit. As noted in Chapter 1, life expectancy in the United States is barely recovering from a downturn not seen since World War I, and for the first time in U.S. history, members of today’s youngest generation may not live longer, more prosperous lives than their parents.

BOX 7.1: LEGACIES OF UNTAPPED POTENTIAL

Most modern achievements have not benefitted everyone in the United States. Many advantages have been systematically denied to certain groups. For example, while racial segregation has been illegal for 65 years, America’s public education system continues to produce substantial disparities in educational achievement, largely driven by residential segregation and racial/ethnic differences in family socioeconomic resources. Such differences leave harmful effects on health and prosperity over generations.

Virtually every achievement in the modern era has been diminished by stark differences between those who benefit and those who do not. For example, although women make up an increasing share of the labor force and a majority of college graduates, they are underpaid, underrepresented in senior-level positions, and less likely to be members of boards of directors relative to men overall and men with similar education, experience, and work performance. African Americans, Hispanics, American Indians, and Alaska Natives of both sexes are underrepresented and undervalued in the workforce to an even greater degree relative to White men. Times have changed for many people, but a vast amount of human potential remains untapped that could contribute to full and fair inclusion for everyone in America.

Businesses as Creators of Sustained Value

All people depend on vital conditions to reach their potential for health, wealth, and well-being (see Chapter 1, Box 1.1 and Table 7.1). However, these vital conditions are not shared equitably and are currently under threat in many communities across the country, as well as for future generations. Businesses, in partnership with others, can play a profound role in securing these vital conditions, which in turn would reverse the U.S. health disadvantage and help to ensure the fair opportunities that businesses and society need to survive and thrive. Businesses can (a) produce goods and services and operate in ways that expand the vital conditions that all people and communities require; (b) create shared value for companies and communities by combining social purpose with business opportunities; and (c) engage all stakeholders to achieve the greatest long-term value for all those upon whom business success depends. Each of these, alone and together, would enhance community health and economic prosperity. Businesses can integrate these activities into their business operations. Doing so, this report argues, will help businesses compete more effectively and generate value for businesses and society.

Table 7.1 Outstanding threats to health, wealth, and well-being that require combined efforts to resolve (2020–future)

Vital conditions	Outstanding threats ^a
Basic needs for health and safety	<ul style="list-style-type: none"> ■ Aging population, caregiver strain ■ Addiction (tobacco, alcohol, opiates) ■ Adverse childhood experiences ■ Antibiotic resistance ■ Hunger, food insecurity, junk food ■ Physical inactivity ■ Gun violence ■ Severe physical illness (heart disease, stroke, cancer, chronic obstructive pulmonary disease, diabetes, obesity, asthma) ■ Severe mental illness (anxiety, depression, dementia, trauma, toxic stress) ■ Emerging infectious diseases, pandemics, genetically engineered pathogens ■ Lack of health insurance, inadequate care
Life-long learning	<ul style="list-style-type: none"> ■ Illiteracy ■ Failing schools, high school dropout ■ Unaffordable college tuition ■ Mismatched skills vs. new kinds of work ■ Inadequate early childhood development ■ School-to-prison pipeline ■ Disinformation, pseudoscience

Table 7.1 Continued

Vital conditions	Outstanding threats ^a
Meaningful work and wealth	<ul style="list-style-type: none"> ■ Economic inequity, concentrated wealth ■ Low wages, unfair pay, multiple jobs ■ Unemployment, underemployment ■ Poverty ■ Household debt ■ Insecure retirement ■ Workforce automation
Humane housing	<ul style="list-style-type: none"> ■ Homelessness, unaffordable housing ■ Residential segregation ■ Displacement, gentrification
Thriving natural world	<ul style="list-style-type: none"> ■ Climate catastrophes (flood, fire, wind, drought, heat, cold, species extinction) ■ Pollution (air, water, soil) ■ Unsustainable energy, natural resource depletion ■ Disconnection from nature
Reliable transportation	<ul style="list-style-type: none"> ■ Aging infrastructure ■ Automobile-centric design ■ Traffic congestion, long commute time ■ Hazards for health, safety, environment
Belonging and civic muscle	<ul style="list-style-type: none"> ■ Modern slavery, human trafficking ■ Racism, sexism, classism ■ Authoritarianism, fascism, anarchy, lawlessness ■ Refugee crises, immigration ■ Violence, especially against vulnerable persons (women, people of color, poor, youth, elderly, immigrants, LGBTQ+, etc.) ■ Loneliness, isolation, distrust, disconnection ■ Suicide ■ Bullying, hate crimes ■ Mass incarceration ■ Invasion of privacy ■ Low voter turnout ■ Government and corporate fraud, ethics violations ■ War, terrorism

Note: **LGBTQ+** = lesbian, gay, bisexual, transgender, and all-encompassing representation of sexual orientations and gender identities.


^a Many threats are intertwined, and different people experience different threats in different regions. While they undermine health, wealth, and well-being for everyone over time, the threats almost always inflict greater harm on the most vulnerable groups (e.g., people of color, people in poverty, women, immigrants, and other disadvantaged groups).

Recognizing that “a thriving company requires thriving communities” and that businesses play an important role in addressing shared societal challenges, businesses acting as stewards, creating shared value, and engaging stakeholders can be rewarded with a range of benefits or types of value, including

- Healthier workers and lower healthcare costs,
 - For example, annual healthcare costs to employers for employees with diabetes are more than \$4,000 higher than for employees without diabetes;
- More productive on-the-job employees,
 - For example, workers who live in healthier communities are more likely to arrive at work on time and have fewer unplanned absences than workers who live in less healthy communities;
- Greater ability to recruit and retain talent,
 - For example, four business exemplars described in this report (Belden, Inc., Greyston Bakery, Bank of America, and Hyatt Hotels) point to specific community-strengthening strategies that substantially reduce recruitment costs and increase retention rates;
- Greater brand recognition and more loyal customers,
 - For example, in a Nielsen survey, 66% of respondents said they are willing to pay more for products and services from companies committed to positive social and environmental action; According to a Cone/Porter Novelli study, 88% of consumers would buy from and 66% would switch purchases to a purpose-driven company;
- Greater profitability,
 - For example, according to one analysis, publicly traded companies with a stated purpose, generous compensation, and quality customer service that invest in their communities and minimize their adverse impact on the environment outperform less values-focused companies by a factor of 10.

Beyond the value that accrues to a company, the societal value, as business investment and engagement become more widely practiced, has the potential to advance the United States closer toward its founding ideals as a land of equality and opportunity. Unlike conventional leaders, those who choose to nurture healthy and inclusive systems—as “system stewards”—tend to think about purpose, power, and resources in distinctive ways:

- **Purpose** is larger than oneself or one’s own organization;
- **Power** is built and distributed with others, not consolidated; and
- **Resources** are invested, not withheld, to create long-term value and to alleviate urgent needs.



Any person or organization can be a steward if they are willing to work with others to create conditions that expand health, wealth, and well-being. In a country as vast and diverse as the United States, stewards work through a mosaic of cultures, corporate climates, and local circumstances that stretch across boundaries and spheres of influence. Leaders and changemakers in business and society work across differences and collaborate with others, including other stewards, to build thriving communities and vibrant economies.

The belief that corporations have no inherent social responsibilities, popularized 50 years ago by Milton Friedman, has since broken down (as noted in Chapter 3), as approaches like social investing and corporate social responsibility emerged in the 1970s and 1980s and as companies became more attentive to metrics and rating systems focused on the environmental, social, and governance aspects of corporate performance. Environmental, social, and governance metrics are becoming more widely reported and examined by investors, consumers, and employees. As illustrated by several exemplars in this report, some businesses recognize—in their role as members of society and as stakeholders in communities—that their own success depends on strengthening the vital conditions on which businesses, employees, customers, and consumers all depend.

In fact, a broad coalition of the world’s largest companies, asset holders, and asset managers (together controlling more than \$30 trillion) has publicly declared that all companies must show how they contribute to larger social goals, or risk losing financial support. As the flaws in Friedman’s logic become increasingly obvious, business leaders are repositioning their firms to compete on the basis of how well they generate sustained value for all stakeholders, not just a small group of shareholders. These business leaders could join together to become some of the strongest system stewards, advancing societal good, creating shared value, and meeting the needs of stakeholders.

Some companies are embracing the concept of creating shared value—that is, value gained by the company while serving a community need or solving a community problem (as described in Chapter 6). Specifically, creative and innovative business leaders are seeing business opportunities in achieving social goals and are solving social problems as a means of making money. Whether investing in local entrepreneurs to strengthen and increase efficiencies in local supply chains (thus creating local jobs and strengthening the local economy); establishing pathways to employment for the homeless, the formerly incarcerated, or those without a high school diploma (thus filling critical entry-level positions with career ladders less expensively and with less turnover); or developing a product that meets a community need and earns a profit, some companies are discovering shared value is a win for both business and community.

Although stakeholder theory (described in Chapter 3) is not new, it has sometimes been managed as not much more than a risk mitigation exercise. More recently, companies are recognizing that successful businesses tend to be those that (a) engage with all stakeholders required for the business to exist—employees, customers, vendors and suppliers, the communities in which they reside or conduct business, investors and shareholders, and others—and (b) ensure value for each stakeholder (e.g., Box 7.2). These are companies that integrate stakeholder engagement into business operations and company strategies, ensuring that relevant stakeholders provide input and feedback across all aspects of the delivery of goods and services. Although the goal may be to build a stronger, more successful, and more resilient business, the outcome may be progress toward a more equitable society.

As with system stewardship and shared value, stakeholder engagement contributes to a more collaborative, networked, and strategic business enterprise and more inclusive, resilient, and sustainable communities, where the interdependence between business and society is embraced and strengthened to mutual advantage.

BOX 7.2: PROFILE OF JUST CAPITAL

To build a more just marketplace that better reflects the priorities of the American people, JUST Capital

- **Asks** people how they want companies to behave,
- **Rates and ranks** firms to show how well they meet expectations, and
- **Offers investments** in the most just companies.

Just companies not only make more money (about 6% higher return on equity), they also pay workers better, have safer workplaces, create more U.S. jobs, give more to charity, produce less waste, and yield other benefits.

Advancing Business Goals by Meeting Stakeholder Needs and Creating Shared Value

Business have taken a variety of actions to improve community health and increase economic prosperity for their own benefit and the benefit of their stakeholders and society at large. This section provides nearly a dozen examples of businesses and the actions they have taken to meet stakeholder needs and create shared value while solving a business problem or securing a return of value to the business.

A common strategy is to consider the needs of the community when solving business problems and choosing and implementing solutions that also strengthen the community. Belden Inc., Greyston Bakery, and Bank of America have taken this approach as they sought to fill job vacancies

with dependable employees and discovered a talented source of workers who thrived with an investment of support (see detailed Exemplars about each company elsewhere in this report).

Investing business profits in ways that strengthen communities is a similar strategy. Many communities need affordable housing for employees and families, retirees, and the unemployed; affordable care and learning facilities for young children; and grocery stores.

- **UnitedHealthcare** provided a \$22-million, low-interest loan to the nonprofit Chicanos Por La Causa to acquire nearly 500 units of rental housing in the Maryvale neighborhood of Phoenix, Arizona. Up to 100 units are set aside for UHC clients at reduced rents and will include vital supportive services. In addition to loan repayment with interest, UHC already sees improvements in client health. Joe Guadio, chief executive office of UnitedHealthcare, said, “We’ve seen emergency department visits reduce considerably. We’ve seen inpatient rates reduce considerably, which is what we’d expect to see. In the aggregate, we’re looking at healthcare costs being reduced by over 50 percent when you compare their cost pre-housing versus post-housing.”

A job can be one of the most fulfilling aspects of life, bringing meaning and purpose to employees and their families. But jobs can also be dangerous; demoralize workers; keep workers and families in poverty; and offer few, if any, opportunities. Improving wages, salaries, and benefits can turn even an arduous and repetitive job into an opportunity and a livelihood. Businesses are using this strategy to align business success with the needs of a healthy and prosperous society.

- **The Wonderful Company**, an agricultural company based in California, sought an effective intervention to improve the lives and health of its employees and their families. Their solution:

“*This substantial investment [in wage structure] in our workers will have an immediate and meaningful impact on their lives. In addition to providing our Central Valley employees and their families free healthcare and education, we are now able to help them achieve a significantly improved standard of living.*”

—Lynda Resnick, Vice Chairperson and Co-Owner
of The Wonderful Company

a \$15 minimum wage. The company implemented this wage increase for all employees earning less than \$15 per hour and created tiered increases for those making more than \$15 per hour. By instituting a wage structure that helps workers and their families to meet basic needs for housing, healthy food, transportation, quality childcare, and recreation, The Wonderful Company anticipates healthier workers, lower turnover, and stronger communities.


- **American Express**, with a workforce about two-thirds younger than 35 years of age and about two-thirds female, knew it would have to strengthen its benefits package to attract and retain the best workers. The company implemented a policy that includes 6–8 weeks of maternity leave and 20 weeks of parental leave, adding up to about 6 months of paid leave for a new mother. American Express expects this benefit to improve its abilities to recruit and retain talented employees. Through this policy, American Express is also investing in the next generation of employees.
- **Patagonia**[®], a maker of outdoor gear, provides on-site child development centers (and subsidizes tuition for parents who are employees) at its headquarters in Ventura, California, and distribution center in Reno, Nevada. For children, quality early childcare can have positive social and health impacts that last into adulthood; parents can work and earn wages knowing their children are in good care. Patagonia calculates that, although expensive, this investment is almost fully recouped through federal tax benefits and higher employee retention and engagement. Caring for its employees in this way promotes better health in the long run—a win for the company, employees, and families.

Businesses can strengthen communities in need by supporting vendors and suppliers from local and distressed communities. Focusing on the needs of local communities and investing in small businesses and entrepreneurs who may have difficulty accessing capital, can help businesses solve supply-chain problems while helping to create jobs, build wealth, and support businesses locally.

- **Prudential Financial** takes its community stakeholder role seriously in its hometown of Newark, New Jersey. The company more than doubled its purchasing from local businesses; built a new headquarters in Newark; kept 5,400 jobs in the city; and invested in pathways to employment for young people in the community. Prudential Financial is committed to “spreading economic and social opportunity across the city, creating meaningful and lasting change.”

Businesses may choose from a variety of enterprise design options, from for-profit and nonprofit corporations and limited liability companies to cooperatives and employee ownership structures. Some structures can be more beneficial to stakeholders and communities than others.

- **King Arthur Flour**, founded in 1790, before Employee Stock Ownership Plans (or ESOPs) and B Corporations existed, has always been committed to stewardship, community, and its employees. As the fifth-generation owners considered how to sustain the company’s quality, mission, and values over time, selling the company to employees was an obvious solution. Employee ownership confers value to society, ensuring the company remains invested in its community and broadening and deepening local prosperity by sharing wealth with those who help create it.



Many businesses engage in philanthropy as a way to strengthen communities and strengthen business–community relationships. But not all businesses expect their philanthropic investments to deliver outcomes in the same way as they expect their business investments to do so. Businesses can help to ensure that their charitable contributions benefit the community by focusing their investment portfolios and holding themselves accountable for outcomes.

- **JPMorgan Chase** aligns its philanthropic and business goals to deliver both community value and business opportunity. Its \$500 million investment in Detroit and other distressed cities is half philanthropy and half low-cost lending, with a goal of enhancing inclusive growth (i.e., equitable growth across all races/ethnicities and income levels) for the business and the community. The philanthropy focuses on building jobs, skills, and financial health for workers; expanding small businesses; and revitalizing neighborhoods, and the bank develops and serves new markets in need of banking services, including the new Entrepreneurs of Color Fund, which provides low-cost loans to minority-owned business and start-ups.

Businesses are stakeholders in their communities and states and in the nation. As stakeholders, they are powerful advocates for advancing business interests. By turning their attention to advancing the laws, policies, and practices that strengthen vital conditions and expand health, wealth, and well-being for all, businesses can reinforce their roles as stewards and stakeholders and contribute to the improvement of community health and economic prosperity.

- **Greater Kansas City Chamber of Commerce** coordinated activities across numerous local businesses in the Kansas City metro area in support of “Tobacco 21,” an initiative to raise the minimum age for purchase of tobacco products from 18 years of age to 21 years of age. Because of the coordinated approach, the policy was enacted in 22 jurisdictions in the metro area at the same time, which facilitated effective enforcement and promises to contribute to reductions in tobacco use across the metro area over time. Business engagement was based on the recognition that tobacco use among employees and families is a leading driver of healthcare costs and contributes to lower productivity on the job.

In these and other ways, businesses have acted to meaningfully increase economic opportunity and equitably improve the health, wealth, and well-being of communities, employees, and families.

Unlocking America’s Full Potential

Individuals and families must always make personal choices about health, wealth, and well-being. These decisions are based on personal and familial motivations and on the options available in the surrounding community. Those options, in turn, are shaped by the combined activities and influences of government, business enterprise, and the community. That is why efforts to expand health, wealth, and well-being require collaboration and every stakeholder doing their part.

Given the central role and resources of business in the United States, even sweeping efforts to reframe narratives, redefine rules, redirect resources, and implement new public policies and practices may not be enough to create social change without associated changes in business. The kind of large-scale socioeconomic change needed to address the U.S. health disadvantage requires the support and collaboration of business. The business sector offers a powerful route to social change.

Toward a Well-Being Economy

Despite an expansion of the modern American economy, happiness has remained flat or eroded. The problem is that markets often reward products that undermine health and well-being and do not place enough value on the vital conditions that actually enhance feelings of freedom, security, justice, connection, and self-determination. To get those benefits, values for health, wealth, and well-being must be brought into the market.

Other nations have reached a similar conclusion and are transitioning toward a “well-being economy.” For example, in 2018, New Zealand introduced the world’s first national well-being budget backed by a detailed living standards dashboard.

Focused on advancing the health and life satisfaction of its citizens, in addition to economic growth, the Government of New Zealand expects to use these tools to more effectively address the needs of the country’s citizens.

Some businesses, corporations, and capital markets are beginning to work more purposefully for the well-being of people and planet (as a way to enhance their own profit). In conventional competitive capitalism, corporate executives are caught in constant tension. They must make as much money as possible—as quickly as possible—for shareholders (who are often mistakenly

— “ “ —
“. . . [A well] run, values-centered businesses can contribute to humankind in more tangible ways than any other organization in society.”

—John Mackey

portrayed as the only true obligation for companies), while also satisfying the interests of other stakeholders (including customers, employees, supply chain partners, communities, and even the natural environment) whose cooperation they require to be successful.

“
Regarding the new
corporate imperative,
“[p]rofits are in no
way inconsistent with
purpose—in fact, profits
and purpose are
inextricably linked.”

—Larry Fink, CEO, Blackrock

That balancing act can feel impossible, but it becomes irrelevant when a business’s or corporation’s purpose is to generate sustained value for all stakeholders over time. Under that theory (Chapter 3), the most competitive companies are those that deliver the best long-term value for their stakeholders. Shareholders profit when a company consistently meets the goals and needs of all those with whom it does business and on whom the business depends. In other words, “investing is for people in place, with profit the result, not the primary aim.” Balancing people, place, and profit is a tilt toward a well-being economy.

A list of people’s goals and needs might begin with the vital conditions. All people and organizations have vested interests in expanding the vital conditions because lives, livelihoods, and a sustainable and equitable prosperity depend on them. The achievements in Figure 7.1 affirm the possibility of making gains in every area; and the threats in Table 7.1 make clear that such gains are fragile and not universally distributed.

Each vital condition requires care to be sustained for current and future generations. If success in business depends on fulfilling an important social purpose and requires inputs of labor, talent, and supplies and of customers to purchase goods and services, then companies everywhere would be wise to channel their ingenuity and investments toward expanding one or more of the vital conditions, without excluding anyone. Any shortfall represents untapped human and economic value (Table 7.2). The best companies would devote themselves to this work as if their survival as a business—and ours as a people—depend on it.

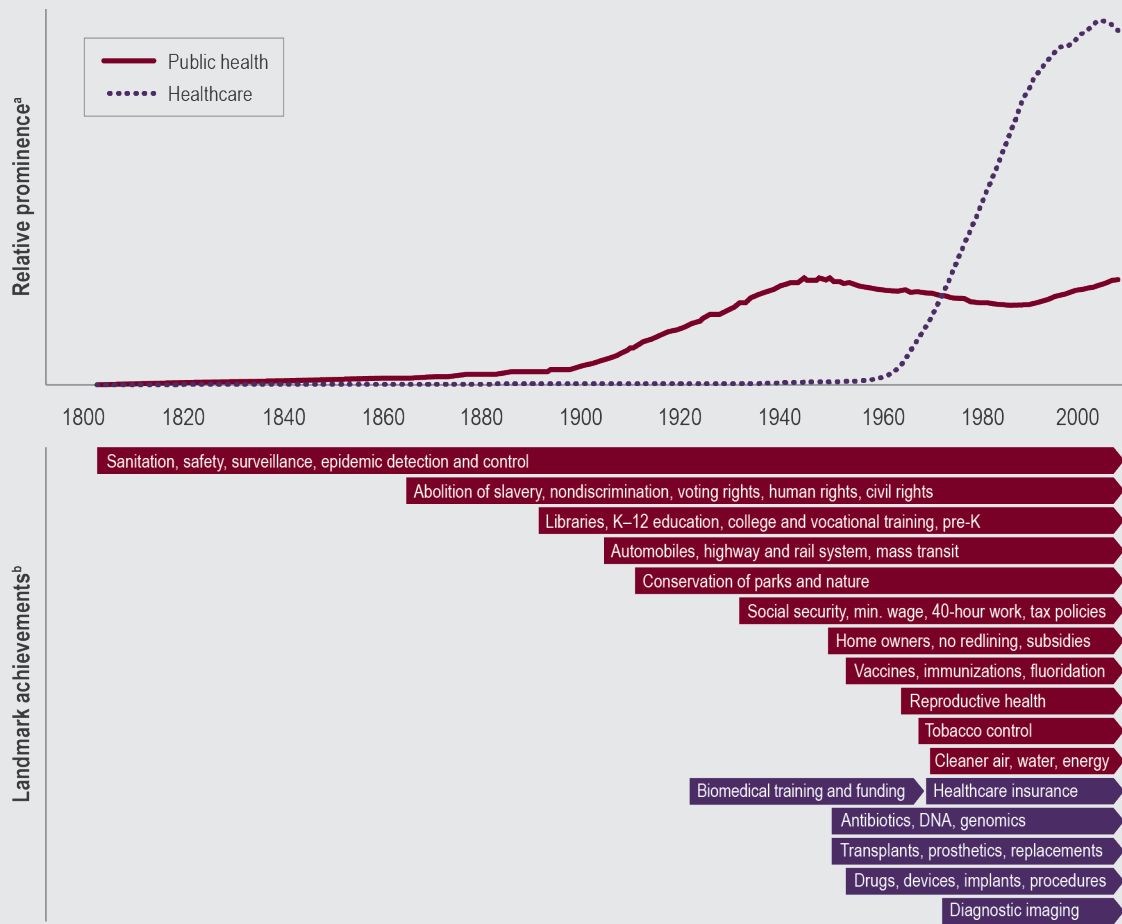
The Future in Three Possibilities

America’s future holds both promise and uncertainty. Figure 7.2 shows the relative trajectory of three possibilities (or pathways) that could play out over time. Each possibility has different near- and long-term consequences. Table 7.3 summarizes the main features of each.

Table 7.2 Businesses can benefit from strengthening vital conditions for all

Business priorities	Benefits from expanding vital conditions
Just behavior and sustained long-term value	<ul style="list-style-type: none"> ■ Greater ability to generate long-term value; less short-termism ■ Greater ability to meet public expectations and accountabilities (i.e., practices related to workers, customers, products, environment, jobs, communities, company leadership, and shareholders)
Profitability	<ul style="list-style-type: none"> ■ Higher demand for healthier products and services ■ Greater productivity from a healthier workforce and customers ■ Lower absenteeism, presenteeism ■ Less stress and addiction ■ Greater funding for research, innovation, research and development ■ Lower direct and indirect expenses (due to less demand for acute care for illness and injury, addiction treatment, criminal justice, environmental cleanup, homeless support, unemployment, and food assistance)
Safety	<ul style="list-style-type: none"> ■ Safer products and services ■ Fewer workplace injuries, disabilities, and worker compensation claims ■ Fewer lawsuits and liability expenses
Human capital	<ul style="list-style-type: none"> ■ More talented, literate, and resilient workers (current and future) ■ Competitive advantages from workplace equity, diversity, and inclusion ■ Greater employee ownership and equity stake in business success ■ Higher morale, job satisfaction, retention, and promotion ■ Better match between jobs and skills (especially science, technology, engineering, arts, and mathematics), and greater flexibility to changing circumstances ■ More stable succession planning, leadership transitions ■ Lower costs for recruitment, retraining ■ Greater retirement security
Sustainability	<ul style="list-style-type: none"> ■ Less waste ■ Less costly, more reliable sources of renewable energy and other resources ■ More efficient movement of goods and services ■ Safer, more dependable transportation infrastructure ■ Closer proximity between jobs, housing, food, transportation, and recreation ■ Fewer violations of environmental protections
Reputation	<ul style="list-style-type: none"> ■ Stronger sense of community and connection as good corporate citizens ■ Stronger network of supply chain partners ■ Greater transparency, trust, and confidence in corporate governance ■ Fewer scandals, less risk to intangible assets ■ Greater potential to negotiate and resolve policy disputes ■ Greater potential for public-private partnerships

Figure 7.1 Shifting prominence and landmark achievements in public health and healthcare, 1800–2008

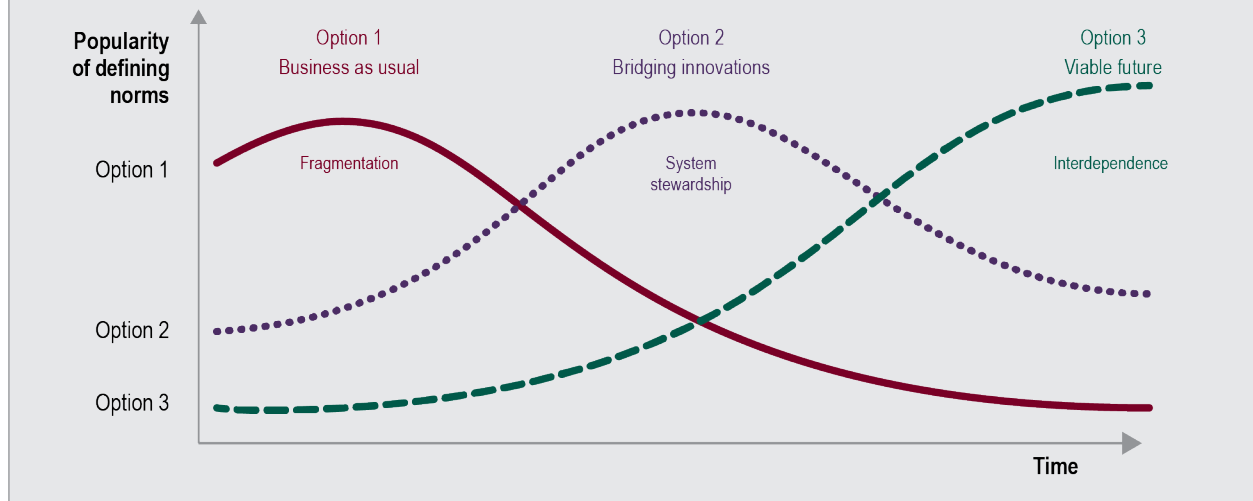


^a Relative prominence reflects the frequency that each term appears in writing over time.

^b Many of the landmark achievements are not unqualified goods but entail risks or tradeoffs of their own.

The first possibility continues the status quo by focusing on discrete problems and short-term gains and managing immediate obligations. The third possibility requires embracing new ways of doing business in pursuit of a visionary future that will take decades to emerge. The middle (or second) option moves away from the fragmented, transactional, and divisive conditions of today and moves closer to the equitable, productive, and just possibility in the future. This second possibility is both attainable and transformative. It focuses on improving the health of communities and increasing economic prosperity—equitably, commensurately, and inclusively.

Figure 7.2 Three options for expanding health, wealth, and well-being



As the coronavirus pandemic of 2020 has demonstrated, threats to health are threats to the economy. The two are highly interdependent, and both must thrive together if either is to be strong. The current state is ineffective, inequitable, and inefficient for all parties. To move beyond the status quo requires stepping up to the second option as engaged stewards to expand health, wealth, and well-being together. In this possibility, a widening network of entrepreneurs, elected officials, community leaders, developers and changemakers, business leaders, and everyday people devise new ways to expand the vital conditions, especially among people and places that have been left out and are suffering, thus reversing the U.S. health disadvantage. As these endeavors become more common, the complexion of the U.S. economy and democracy changes such that everyone belongs and can contribute, and the interdependence of business and society is embraced.

More work, stronger partnerships, and greater collaboration across the public, private, and nonprofit sectors would be needed, over generations, to achieve the third possibility, where self-destructive struggles over who gets how much of a fixed pie finally give way to productive working relationships that simultaneously grow the pie and give everyone a fair chance to participate in a thriving commonwealth.

Table 7.3 Features of the three options for expanding health, wealth, and well-being

Features	Option 1: Fragmentation	Option 2: System stewardship	Option 3: Interdependence
Focus	Separate problems (diseases, body parts, issues, industries)	Connect clusters (community health and prosperity)	Underlying ambitions (equitable health, wealth, and well-being)
Objective	Short-term gain	Long-term value	Directed futures
Forum	Marketplace	Networks	Commonwealth
Investments	Uncoordinated, underfunded programs	Sound strategy and integrative activities	Next system design ^a
Exchanges	Transactional	Transformative	Adaptive
Politics	Divisive	Inclusive	Productive
Equity	Haves and have-nots	Belonging and civic muscle	Fair and just inclusion

^a For more information about next system design, see The Next System Project.

The examples of companies and communities presented in this chapter and throughout this report describe discrete actions to move beyond the status quo of Option 1 and through the intermediate improvements of Option 2, en route to a future state of interdependence and mutuality (Option 3) where everyone has a fair chance to participate and thrive. Chapter 4 presented rich examples of businesses and organizations—public, private, and nonprofit—working with community development and community finance to invest in and develop people and communities, especially those that are not thriving, using concrete policies, tools, and know-how to help solve some of the barriers and challenges that hold back people and communities. Although the work is inspiring and the tools are effective, the scale is too modest to transform our world and launch us into a fully inclusive and prosperous future (as noted in Chapter 4). Add in the enhanced power of business to nurture and strengthen people and communities they themselves depend on to thrive over the longer term, and the pathway to a healthier, wealthier, and more prosperous future—together—comes into view. Adopting new models of business enterprise, designed for the 21st century, including stakeholder engagement, shared value initiatives, and system stewardship, can help tackle the problems that current enterprise models have fostered, such as income and wealth inequality, environmental harm, and the U.S. health disadvantage. Current models reinforce the status quo and stand in the way of community health and economic prosperity.

“*We earn our profits from society and they should go back into society.*”

—Shubhro Sen

Conclusions

Three pathways present alternative futures that carry high stakes—for us, our children, our businesses, and our world. The choices are stark, but no one needs to act alone or start from scratch. No matter the situation, there are opportunities to rethink past practices and connect with others who are ready to do business differently—together. Innovators and changemakers today can write the next chapter in American history by dispelling illusions of separateness and replacing them with experiences of interdependence. That shift alone could help to unlock health, wealth, and well-being on a greater scale.

To harness those opportunities, governments cannot dictate the way; doctors cannot prescribe a quick fix; and businesses cannot stand on the sidelines or engage only in philanthropy. All efforts—as individuals, institutions, and industries—must combine in new ways if society wants to survive and thrive in a rapidly changing world. Fortunately, even amid despair and division, leaders across the country are stepping up as engaged stewards and forming new partnerships with stakeholders and changemakers, precisely because they want to accomplish results that cannot be accomplished alone and that produce benefits across people and communities. This trend is relatively young, and many partnerships are not yet as mature as they need to be. With a growing awareness of interdependence, greater engagement of all stakeholders, and stronger alignment of business earnings and societal gains, such partnerships and investments can ripen into healthy communities and a more sustainably prosperous economy, upon which all people depend.

When faced with uncertain futures, business leaders and community changemakers of today may be best poised to rely on a proud tradition of American pragmatism—knowing that the best way to predict the future is to create it, together.

APPENDIX A: TOOLS AND RESOURCES

Appendix A identifies tools and resources addressing topics explored in Chapter 7. The tools and resources were created by such businesses and organizations as Business for Social Responsibility, Harvard Business School, Institute for Local Self-Reliance, Massachusetts Institute of Technology, and others.

BANK OF AMERICA

The Path to Participation



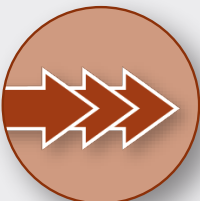
Community Challenge | Companies need employees who understand their customers, but competition for talent is steep. How can companies recruit and retain employees who can effectively serve their customers?



Scenario | Headquartered in Charlotte, North Carolina, Bank of America (BOA) is a financial institution that serves individual consumers, small- and middle-market businesses, and large corporations. Many BOA financial centers conduct business in low- and moderate-income communities.

As demographics change in communities across the country, BOA wants to ensure that its labor force remains responsive to the needs of low-income communities. BOA builds its business on client relationships, so it needs employees who understand the financial challenges customers face. “BOA is keenly focused on recruiting, developing, and retaining talent,” said Jennifer Andrew, senior vice president of The Academy.⁸ “Not just hiring but seeking talent for meaningful and sustainable long-term careers.”

As the United States climbed out of the Great Recession, BOA’s leadership grew concerned about future hiring and the prospect of losing employees in a tight labor market. There is a cost to hire and retain employees. BOA was an active recruiter at colleges and universities, but many employment opportunities were not being filled. How could BOA find good employees?



Action Taken | Looking for answers in early 2018, BOA managers started digging through data around open positions and applications. They discovered they were often not recruiting from the communities where jobs were available, and many positions at BOA did not require a college degree.

“We began reaching out to community partners to provide better perspective on the opportunities BOA offered and the skills we are seeking,” Andrew said. “We wanted people to realize that Bank of America has job opportunities for people with all different educational backgrounds.”

⁸ The Academy is BOA’s coaching and development organization dedicated to the success of every employee.

Andrew and her team at BOA launched the Pathways Program in 2018. Through this program, BOA is committed to hiring 10,000 people from low- to moderate-income neighborhoods by 2023. “As part of Pathways, we increased our recruiting from nonprofit partners who provide professional skills training,” Abigail Hollingsworth, senior vice president, BOA Foundation, said. “We found that nonprofits differ from one market to another, so we have to take a very localized approach to find organizations that are preparing talent for the jobs we have available.”

By the end of 2019, BOA employed 80% of new employees hired through the Pathways Program, and some of them had even been promoted. BOA also learned a lot about low- to middle-income workers. These learnings made BOA a better employer of all employees and prepared managers to be sensitive to the many hurdles employees face every day (e.g., problems finding professional attire, care for children, and transportation to and from work). Managers were given the flexibility to remove obstacles to successful employment. In 2020, BOA increased its minimum wage to \$20 per hour. As a result, entry-level employees have more financial security than employees in similar roles at other companies. “By hiring from the communities we serve and helping our teammates develop their careers at the bank, we are helping our clients—and employees—lead better financial lives,” Andrew said.

Key Takeaway | By thinking differently about where to recruit talent, BOA discovered a group of potential employees capable of working in the financial industry. BOA now provides livable wages and financial literacy to employees who in turn can teach better money habits to their friends and neighbors in the communities in which they live and work.





CHAPTER 8.

Report Recommendations



OVERVIEW

This chapter recommends actions that businesses can take to strengthen community health and economic prosperity, develop a competitive business advantage, and build resilience for both community and business.



Report Recommendations

The Surgeon General recommends the following actions to strengthen community health and economic prosperity, develop a competitive business advantage, and build resilience for both community and business. These approaches can help solve the U.S. health disadvantage and help companies account for the interdependence between business and society, and between community health and economic prosperity, when making business decisions. These strategies can help address the U.S. health disadvantage and help to ensure that the vital conditions are met for all Americans.

The Surgeon General notes that this is not an exhaustive list of all possible positive actions that businesses can take to strengthen community health and economic prosperity. Instead, this set of actions comprises a solid starting point based on real-world examples. Businesses will continue to innovate and collaborate together across sectors to discover, develop, and test ways to strengthen capitalism in the United States to the benefit of business and society, and community health and economic prosperity.

1. Learn More About Your Stakeholders

Stakeholders are all those who participate in a business and are essential to its success—including everyone from employees to suppliers to investors. Valuing the needs and interests of all stakeholders, and avoiding prioritizing one stakeholder at the expense of another, helps ensure success.

- **Fully understand the cost of poor health and other community challenges and the impact of these challenges on your company.** Addressing challenging conditions in communities can improve opportunities for businesses, employees, customers, suppliers and other stakeholders and help create a thriving environment. Understanding the broader community you live in and developing business models that work to enhance that world help make explicit the connections among good business practices, profitability, and responsibility to community and society.

Example—Businesses can help meet stakeholders' needs through investments in quality affordable housing and education, by providing meaningful work and wealth, and by restoring or sustaining a thriving natural world. Box 4.5 in this report describes the negative impact of high housing costs on businesses' ability to recruit, hire and retain employees. This creates an opportunity for business investment in affordable housing.

- **Join the dialogue on community health, wealth, and well-being.** As this report goes to press, community dialogue abounds on bending the COVID-19 curve and addressing the

impact of racism on health, wealth, and well-being. Even before the events of 2020, communities, businesses, and leaders were engaged in conversations about how to create a more equitable, just, and prosperous society—including addressing health, wealth, and well-being gaps across communities. A critical component of effective dialogue is viewing problems, policy options, and solutions from the perspective of the well-being of others.

Example—Hillenbrand, Inc., established such a dialogue in their community of Batesville, Indiana. The Hillenbrand Community Leadership Series annually assembles 20 people from the company and community to engage in strategic discussions with business and civic leaders. The group is often used as a “think tank” for the community, studying and solving large issues facing the community, including diversity and inclusion, workforce skills, and the development of a vibrant downtown to build Batesville and Southeastern Indiana into attractive places to live and work.

- **Meaningfully engage all stakeholders on ways to optimize value.** Many companies recognize the value that each stakeholder brings to the business enterprise. Meaningfully engaging each stakeholder—employees, customers, suppliers, communities, investors, and shareholders—brings innovative ideas to the fore, increases productivity and commitment to the enterprise, improves business practices, and creates more sustainable operations.

Example—Sodexo creates value for its stakeholders by integrating actions that support health and wellbeing into the core of its business operations. By creating value for all of its stakeholders, Sodexo can grow in a way that is better, safer, healthier, and more sustainable for people and the planet.

- **Identify the interdependencies between your company and your stakeholders and between your business and society, and work toward ways of operating that benefit these stakeholders and society.** Businesses depend on their stakeholders in order to exist and earn a profit. Businesses depend on society for essential infrastructure, such as a skilled workforce; a fair, transparent, and well-functioning legal system; education and training of the labor pool; community services like libraries and parks; and transportation and delivery infrastructure. Society and stakeholders likewise depend on businesses—for jobs, goods and services, and tax revenue and to bring innovations to the market. Paying attention to these interdependencies and delivering value to multiple stakeholders can help a business succeed.

Example—BSR identified several trends and their implications for business’s engagement with stakeholders, including the growing expectation that business (a) has a role in driving an inclusive economy and reducing inequality; (b) should prioritize investment in ecosystems and deep local engagement; and (c) should develop collaborative solutions to systemic challenges.

2. Foster a Culture of Stewardship

Stewardship refers to a company managing its impact on society. System stewardship is the role of enterprises and organizations in solving problems that government alone cannot solve. The U.S. health disadvantage is such a problem, with roots in community conditions, inequality, and opportunity gaps. Stewards of systems will address these causes at a systems level: policy, taxation, investment, education, environment, healthcare, and more.

- **Embrace the positive role of business to strengthen communities.** Businesses are perhaps the most powerful institutions on earth. Wielding that power for good has been a successful strategy for business.

Example—Businesses have invested in programs to create local jobs (e.g., Starbucks) and in efforts to strengthen educational outcomes (e.g., Visa) and expand access to early childcare and education (e.g., Patagonia), all of which strengthen communities, especially when targeted to communities that are not thriving.

- **Support local, state, and federal policies that meaningfully increase economic opportunities and equitably improve the health of communities, employees, and families.** Government policies (including spending) have the potential to strengthen communities, reduce inequality, and expand opportunity. Businesses have a powerful voice that can shape policy, including spending and implementing policies that have equitable impacts, with the most beneficial impacts on those most in need.

Example—Health policies like smokefree air and community water fluoridation; tax policies that strengthen opportunity for all and reduce income and wealth gaps; and regulatory policies that optimize outcomes for the greatest number of stakeholders are some of the many ways in which businesses can advocate for outcomes that meet the needs of all stakeholders.

- **Use hiring and procurement tools to strengthen communities and explore opportunities to unleash untapped potential at the local level.** Most businesses have relationships with other businesses, as suppliers and customers. Emphasizing local businesses in these relationships can help strengthen struggling communities and expand opportunities. By focusing on the needs of local communities and underserved populations and by investing in small businesses and entrepreneurs that may have difficulty accessing capital, businesses can solve hiring and supply-chain problems while strengthening communities. Disadvantaged communities and people with low incomes represent untapped potential to improve equitable access to the conditions that shape health, wealth, and well-being.

Example—This report highlights several businesses (e.g., Greyston Bakery, Belden Inc., Bank of America, and Hyatt Hotels) that specifically hire individuals who may be passed over by other employers due to such barriers as lack of education, previous incarceration, and substance misuse. As these companies have discovered, such employees often prove to be highly effective, productive, dedicated, and loyal; and having jobs and incomes increase their potential as consumers.

- **Invest business profits in strengthening communities.** Increasingly, both for-profit and nonprofit businesses are recognizing the potential to improve community conditions, especially affordable housing, while also receiving a financial return. Businesses can invest in other businesses, entrepreneurs, community development, and more while prioritizing investments that meet a community need and support commercial success.

Example—UnitedHealthcare, a large for-profit health insurance company, provided a low-interest loan to a nonprofit partner to acquire nearly 500 units of rental housing. Up to 100 units are set aside for UnitedHealthcare clients at reduced rents and will include vital supportive services. In addition to loan repayment with interest, UnitedHealthcare already sees improvements in client health and associated cost reductions.

3. Develop Strategic Cross-Sector Partnerships

Businesses that wish to engage with and invest in communities need not go it alone or figure out what to do from scratch. Indeed, most efforts to improve community health, wealth, and well-being involve partnerships that bring a range of expertise and additional resources. Effective partners for business include community development organizations, philanthropic foundations, government agencies (including public health), and other businesses (including social enterprises).

- **Collaborate with local, regional, and national partners from across sectors to implement effective solutions.** It is no coincidence that each of the exemplars presented in this report addressed a community problem while seeking a solution to a business problem—and did so in collaboration with local, regional, or national partners. That is because complex societal challenges—like opioid misuse, disengaged young people, and even lack of access to broadband Internet in rural areas—demand resources, know-how, and creativity that multiple organizations working together provide.

| **Example**—See Exemplars after each chapter in this report.

- **Partner with community development corporations (CDCs) and community development financial institutions (CDFIs).** CDCs and CDFIs have long been in the business of community building and providing financial and other services and supports to those most in need—both communities and people. Collaborating with these

partners accelerates the work of increasing opportunity and brings specialized skills, financial expertise and resources, and deep community knowledge and trust.

Example—Morgan Stanley, an investment bank and financial services company, partnered with Local Initiatives Support Corporation (LISC), a national CDFI, and the Kresge Foundation to create the \$200-million Healthy Futures Fund (HFF), which supports financing of community health centers and affordable housing in underserved areas. So Others Might Eat (SOME), a nonprofit community development corporation, used funds from HFF to develop the Conway Center in Washington, DC, which provides homeless families with affordable housing, a health center, and job training—all adjacent to a transit station.

4. Measure Performance Using Meaningful Indicators of Community Health and Well-Being

Many companies have key performance indicators to evaluate performance in major areas of business operations. Consider whether your company's performance metrics can be improved by including community health indicators.

- **Ensure that philanthropic giving strengthens community health and economic prosperity.**

Businesses can help to ensure that their charitable contributions benefit the community by focusing their investment portfolios and holding themselves accountable for outcomes.

Example—To spur job creation in struggling communities after the Great Recession, Starbucks collaborated with the Opportunity Finance Network on an initiative called, “Create Jobs for the USA.” By carefully measuring and reporting loans made and jobs created or retained, Starbucks was able to assess the impact of its investment on communities.

- **Redefine productivity in the value chain to include the economic costs from societal problems.** Societal problems create economic costs in a company's value chain. Addressing problems in the value chain—for example, by using resources more efficiently or implementing stronger employee health and safety protections—can optimize productivity and benefit both business and society.

Example—Hyatt Hotels and Bank of America each recognized the costly societal issue of young people being disconnected from education and employment. To successfully transition to employment, these individuals required additional training and support. By refocusing HR resources and supports and partnering with a nonprofit organization, both businesses were able to recruit and retain this untapped young talent. Monitoring inputs, outputs, and outcomes over time demonstrated the return on investment to the companies and the potential societal impact.

- **Align wages, salaries, and benefits with the needs of a healthy, equitable, and prosperous society.** A job can be one of the most fulfilling aspects of life, bringing meaning and purpose to employees and their families. But jobs can also be dangerous, demoralize workers, and keep workers and families in poverty. Improving wages, salaries, benefits, and working conditions can turn an arduous and repetitive job into an opportunity and a livelihood.

Example—The Wonderful Company, an agricultural company, recognized the value to people, community, and company of providing a \$15 minimum wage to its farm workers. The more robust wage structure helps workers and their families meet basic needs for housing, healthy food, transportation, and quality childcare.

- **Create shared value for companies and communities by combining social purpose with business opportunities.** Shared value happens when profitable business strategies produce real societal benefits. Business can uncover these opportunities by choosing to help solve a particular social problem and doing so in a way that creates or augments a business opportunity.

Example—First Step Staffing is a social enterprise providing employment services for people transitioning from homelessness, including veterans and formerly incarcerated individuals. It serves business clients in need of reliable staff, is itself a successful business, and welcomes investments from other businesses as it grows. A more diffuse example is Intel's investment in education, especially building the computer and technology skills of students and teachers across the country and around the globe, which further develops the market for Intel products.

As a powerful force for good, businesses have multiple opportunities to increase the health, wealth, and well-being of people and places, especially those that are not thriving; to expand business opportunity; and to increase business and societal value. These recommendations offer opportunities for business, working together with others, to more purposefully embrace their role as stakeholders in a society that works for everyone. With growing awareness of interdependence, greater engagement of all stakeholders, and an alignment of business earnings and societal gains, such partnerships and investments can ripen into healthier people and communities, a more equitable and just society, and a sustainably prosperous economy upon which everyone depends.

GRADS OF LIFE

Helping Businesses Build a Talent Pipeline



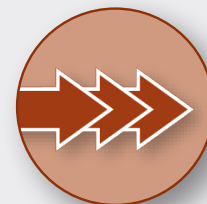
Community Challenge | Before the coronavirus outbreak in spring 2020, an estimated 3 million young people (7.6%), 16- to 24-years of age, were not working and not in school. Known as “opportunity youth,” these young people are driven, motivated, and ready to work. But they often juggle many responsibilities, lack access to professional networks and higher education, and may be overlooked by traditional hiring methods. Although opportunity youth are an untapped talent pool of young adults, business managers must manage differently to attract and support the success of opportunity youth. Grads of Life helps managers seize these opportunities.



Scenario | Elyse Rosenblum has been in the business world long enough to know that many people equate a college degree with having credible skills for employment. She also knows that young adults without college degrees have tough times landing good jobs. Rosenblum founded Grads of Life, a national organization based in Boston, Massachusetts, to close this opportunity divide. Grads of Life works with employers and businesses to hire young adults without postsecondary credentials. “We bucket our work into two big categories,” Rosenblum said. “One is changing how employers think about opportunity youth and young adults without 4-year degrees as a valuable source of talent, and the other is changing their business practices to reflect that.” Rosenblum and her team designed a process that helps employers diagnose barriers to hiring and develop and deliver scalable and sustainable solutions to recruit, hire, and retain opportunity youth.

Small and large businesses are interested in opportunity youth as potential employees, but the reality is that frontline managers often fall short when working with this group of youth. “You can have a great initiative and successfully roll it out,” said Rosenblum. “But if the person interfacing with the talent is not prepared and supported in understanding how to retain and advance people who may not have been in that work environment, things tend to go awry.” This is one of many hiring difficulties that Grads of Life addresses for employers.

Action Taken | Recognizing patterns where the employment journey falls apart for opportunity youth, Grads of Life developed tools and made them widely available to employers. Grads of Life codified principles and practices around what it means to be a good opportunity employer, and then launched Opportunity Navigator (OPT-N). Built around five principles, OPT-N provides individualized recruitment, hiring, and retention blueprints for employers.



The first two principles of OPT-N set the stage for employers to organize their own internal affairs: articulating a commitment to inclusion and respect and having a data-driven opportunity employment strategy. “Employers may try innovative practices and pilots,” Rosenblum said. “But they are not necessarily tracking the pilot data to their norm to know whether they are getting a return on their investment.” Often the problem is that pilot champions do not have access to human resources data.

The third principle of OPT-N focuses on being proactive and intentional around the recruitment of opportunity youth. This means partnering with community organizations to source talent and offer work experiences, such as apprenticeships. Additionally, removing the requirement of a 4-year degree for entry-level and middle-skilled jobs also removes barriers to employment. The fourth and fifth principles of OPT-N focus on practices for employers after they have opened the door to opportunity youth: providing livable wages and benefits and offering career development to grow in the job.

Key Takeaway | Opportunity youth are an available, capable, and motivated pool of talent that is often overlooked in the workforce. Companies can leverage the talent of opportunity youth by implementing hiring strategies that create diverse and inclusive talent pipelines. Grads of Life continues to develop innovative tools and resources that help companies meet their hiring needs and remove employment barriers for opportunity youth. By investing time and resources to hire, develop, and retain talent from the communities they serve, companies can increase their community engagement and enhance their bottom line.





Perspectives From Business Leaders



OVERVIEW

This section presents perspectives from business leaders who describe multifaceted investments in communities. They explain what was done and why it was done, the impact on community health and economic prosperity, and the value for business.

Read about their principles, the importance of childcare and families for the future, and how to build lasting collaborations that strengthen health and prosperity. Perspectives from three organizations are presented: Centene Corporation; Hillenbrand, Inc.; and Shakopee Mdewakanton Sioux Community.



Centene Corporation Perspective

by Michael F. Neidorff, Chairman, President, and CEO, Centene Corporation

The Power of Community

At Centene Corporation (Centene), we believe that economic prosperity relies on investment. When Betty Brinn started Family Hospital Physician Associates (FHPA) in 1984, some 19 million people were eligible for Medicaid across the United States. Once a child in the foster care system and later a mother of four, Brinn was determined to make quality healthcare available to those in need. In her 8 years of pursuing that mission, Brinn grew FHPA from a pilot, nonprofit, Medicaid-managed care plan, housed in the basement of a hospital in Milwaukee, Wisconsin, to a \$40-million, for-profit company with 40,000 members.

This purpose and growth attracted me to join the company as chief executive officer in 1996, renaming it Centene in 1997. I appreciated the values of Brinn's organization and shared her belief that every person is entitled to quality healthcare delivered with dignity. From this point, I set out to bring the company's managed care services to as many people as possible. Prior to joining Centene, I had learned to harness the power of local brands. Having spent years in the consumer products industry, I brought these lessons to Centene and believed the company could grow by tailoring healthcare to specific community needs and allowing bold, independent health plan leaders to retain authority and accountability in their local markets. This approach became the foundation of Centene's business model and culture.

Today, Centene has become the largest Medicaid managed care organization (by membership) in the United States, a national leader in managed long-term services and supports, and the top insurer in the nation on the Health Insurance Marketplace. Annual revenues exceeded \$74 billion in 2019. Centene goes beyond traditional healthcare by partnering with states and other stakeholders to offer programs and services that address the health and social needs of the country's most vulnerable populations. Centene provides healthcare coverage to approximately 1 in 15 individuals across the nation.

Headquartered in St. Louis, Missouri, Centene employs more than 69,000 people. Centene's presence in the St. Louis area is evident across the city's landscape, from its global headquarters in downtown Clayton to its \$35-million service center in Ferguson. The service center exemplifies Centene's commitment to the region.

In August 2014, the world focused on the St. Louis suburb of Ferguson as protesters and police violently clashed following the shooting death of 18-year old Michael Brown, Jr., by a Ferguson police officer. The city's businesses and residents were besieged by fires, vandalism, and riots, and the future of this small community hung in the balance. Ferguson's problems were not unique to Missouri and could have taken place in any community in the United States.

Centene was among the first of many corporations in St. Louis to see the importance of supporting the community of Ferguson. Plans for a new facility in Ferguson moved quickly; fewer than 18 months elapsed between the site announcement and the grand opening. The new facility, named the Centene Service Center, opened in Ferguson in April 2016 and provides many amenities for employees and the community, including a community education center, internship programs, and an early childhood development center. It also brought 250 new jobs. Reaching young people in Ferguson and surrounding communities became part of Centene's strategy to help Ferguson move forward. Centene partnered with Normandy High School to connect students in the Ferguson area with a mentor and an internship at the service center. Dr. Charles Pearson, superintendent of the Normandy Schools Collaborative, said the partnership with Centene, "is another way to help our students make the connection between what they're learning in the classroom and how it can have a positive impact on their futures."

Centene also partnered with the Greater St. Louis Boys and Girls Club to launch Ferguson's first Boys and Girls Clubs in two of the city's elementary schools, paving the way for 400 children to enroll in the club's summer and afterschool programs. Additionally, Centene partnered with the Urban League of Metropolitan St. Louis to build a new job training center on the site of the former QuikTrip location that was destroyed during the protests.

Centene is an important partner in the St. Louis region and in Missouri. Centene's Missouri subsidiary, Home State Health, is also headquartered in the St. Louis area and serves families enrolled in the state's Medicaid program. Since 2012, Home State has partnered with local and statewide physicians, hospitals, and other providers to care for more than 315,000 members across Missouri.

External Influences on Well-Being

We at Centene recognize the vital conditions that influence community health. Coincidentally, these conditions align with our company's industry sector and underscore the scope of our impact: Centene can successfully provide for the health of its members only if we address the underlying conditions that often stand in the way of members achieving health in the first place.

Through our health plans, Centene has piloted several programs that address areas of influence over health (housing, food, education, employment and transportation), for example:

- **Transportation.** Rideshare pilot programs demonstrate improvement in quality of service and reduction in cost across several populations—that is, a 16-percentage point increase in on-time arrivals to appointments (from 83% to 99%) and a 15–18% reduction in cost for non-emergency medical transportation.
- **Community navigation.** Social prescribing services assess support needs and connect individuals with local resources. A partnership between a health plan and community hub provides navigators who help families access local services and provides interpersonal support. For those engaged, birth outcomes improved for high-risk members, demonstrating a 136% return on investment (\$2.36 for every \$1 invested).
- **Housing.** Participating in a continuum of care, which uses homelessness data from the U.S. Department of Housing and Urban Development to ensure coordinated entry for members experiencing homelessness, resulted in improved health outcomes and costs, including a 9% reduction in inpatient behavioral health visits per month.

Experimentation and Investments to Transform the Status Quo

The path to these programs requires a recognition of the importance of complex systems; the challenges are too large and complex to be solved by a single organization or industry. There is a discernable need to transform the healthcare industry from a series of single-actor silos to cross-sector partners.

Our approach contributes to operational practices and data analytic capabilities. We initially test our pilot initiatives through health plans in individual states, and when appropriate, bring our work to the national conversation. Below are a few ways in which we continue to experiment and invest in serving the health and social needs of our country's most vulnerable populations.

- Centene's Social Determinants of Health Innovation team leverages our local and national relationships to advance the healthcare industry's approach to addressing the barriers that keep members from achieving optimal health. Across multiple states, our health plans have implemented community-integrated social services technology platforms to connect members with community benefit organizations. For example, Buckeye Health Plan, Centene's subsidiary in Ohio, participates in the Pathways Community Hub partnership to identify and address barriers to care for vulnerable persons. By connecting members to community supports and resources via the Hub, Buckeye Health Plan has significantly

(a) improved birth outcomes for women who are most at risk of low birthweight deliveries and (b) reduced admissions to neonatal intensive care units.

- Through a partnership among Centene, Washington University in St. Louis, and Duke University, the Centene Center for Health Transformation fosters research collaborations, demonstrates thought leadership, and initiates innovative new programs. For example, a study of the Centene Center for Health Transformation indicated that interventions to help identify and manage unmet social needs may improve health by lowering stress levels and increasing positive health behaviors. In addition, the Centene Center is currently working with Centene's health plans in Louisiana, Missouri, and Florida to evaluate the impact of peer coaches on reducing childhood obesity, specifically through dietary and activity habits.
- Centene's Social Health Bridge™ Trust is designed to bring data-driven and evidence-based approaches to such entities as physicians, hospital systems, Accountable Care Organizations, payers, and health departments to address conditions that shape the health of individuals and communities.

Investing in Alliances

Firms operate in social and political contexts. The importance of strong relationships with states and local communities should not be underestimated. Strengthening relationships is not easy and takes time. Even in this domain, we've embraced a longtime mantra of mine: "We have to be different. Be first."

This means that, as with our business approach, we make thoughtful investments into communities that may not pay off for years. Also, because scientific research is not always available, we must experiment, test, verify, and expand, often while leading others. We do this because the fate of our business units is inextricably tied to our communities.

In recent years, we have expanded our presence in several cities, with an eye to increasing the economic health and development of these areas, including Sacramento, California and Farmington, Missouri. We have many instrumental partners who have enabled our economic, civic, healthcare, and educational involvement at the local level—all of which contribute to an enriched environment that empowers healthier decisions to create more vibrant families and communities.

[W]ith our business approach, we make thoughtful investments into communities that may not pay off for years.

On February 21, 2019, Centene dedicated the cornerstone of a new 68-acre campus in the North Natomas region of Sacramento, California. The facility represents the biggest private sector job recruitment in the modern history of Sacramento. Construction is underway, and the campus will serve as a regional hub for Centene. Sacramento Mayor Darrell Steinberg recognized the power of Centene's presence in California: "We are welcoming a new community leader to Sacramento. Centene and Health Net are at the forefront of serving some of the community's most vulnerable people." Health Net, Centene's health plan in California, is a wholly owned subsidiary of Centene that was acquired in 2016.

Centene's expansion was noted as a victory for Sacramento. Mayor Steinberg praised Centene's partnership with Sacramento on this effort: "The way this all came together says a lot about both Sacramento and Centene. When a growing city and a great company are serious about creating jobs and real opportunity for people, we can both move mountains. The Centene agreement may not be the exception; in fact, it's the model of where the public sector and the private sector coming together is both a big winner for the city and for the company."

— “ “ —


“When a growing city and a great company are serious about creating jobs and real opportunity for people, we can both move mountains.”

—Darrell Steinberg

Strategic Growth and Continued Partnerships

While Centene believes that businesses have opportunities to address social and economic disparities through investments and creativity, we also recognize that state and federal governments play a role in aligning incentives and supporting provisions for these services. We support policies that enable innovation, such as (a) state Medicaid actions to include any nonemergency medical transportation benefits in their Medicaid managed care programs and (b) removing regulatory barriers to health plans developing innovative ridesharing programs.

We also support policies that increase financial support to pay for these services through public programs, such as Medicare Advantage policies that encourage health plans to innovate. For example, some health plans now offer supplemental benefits and other demonstration programs that can test the effectiveness of these investments. More can be done to allow states and localities to combine and utilize all relevant public funding streams to better target and develop a full suite of services to facilitate whole-person care.



We must develop new products and partnerships to better serve the needs of the community. Sustaining growth requires increased differentiation from competitors. Centene realizes that setting the terms of competition by being the first to enter a market or by using a particular strategy, such as having affiliated in-house companies provide a seamless whole-person approach to care, positions the company for continued success. Success also requires a measured appetite for risk, an ability to act quickly, and a foundation of patience and disciplined investment to build relationships in each new market and to design products that meet the changing needs of local communities.

With continued investments in communities and a steadfast commitment to the guiding principles of the enterprise, Centene strives to improve the health of its members; works to combat health inequities; and returns value to our shareholders, our partners, and, most importantly, the communities we serve.

Hillenbrand, Inc. Perspective

by Joe Raver, President and CEO, Hillenbrand, Inc.

Hillenbrand Today

Hillenbrand, Inc. (Hillenbrand) is a global diversified industrial company headquartered in Batesville, Indiana. We employ more than 12,000 people worldwide at multiple leading brands that serve a wide variety of industries. The company is also an anchor institution in the Batesville area.

Our portfolio includes companies that design, develop, manufacture, and service highly engineered industrial equipment, and Hillenbrand's legacy company, Batesville, is a recognized leader in the death care industry in North America.

Hillenbrand strives to provide superior return for shareholders, exceptional value for customers, and great professional opportunities for employees and to be responsible to our communities.

Hillenbrand's Roots

Despite operations in more than 40 countries, we remain headquartered in the heart of the United States. Batesville is a small city in Southeastern Indiana, nestled halfway between Indianapolis and Cincinnati (Ohio). The relationships between this community of 6,000 people and the company are deep and resilient.

John A. Hillenbrand planted the company's roots in Batesville in 1906 when he rescued a small, struggling casket company. Since then, the company has recognized the importance of the relationship between an anchor institution and a community and the value that keeping innovation and continuous improvement in focus brings to both.

The company was then, and is today, a true community partner, employing hundreds of the city's residents and helping to fuel growth in education, the arts, and the economy.

Challenges in Small, Rural Communities

Remaining headquartered in a rural community in the United States poses several challenges that require partnerships to develop practical solutions. We have learned this about being an anchor institution and community partner: No institution can single-handedly overcome challenges or create and sustain solutions on its own.

No institution can single-handedly overcome challenges or create and sustain solutions on its own.

Consider the challenge of rural population growth: it is flat at best and in decline at worst.

While Hillenbrand continues to grow, the population of our hometown and surrounding rural communities is dwindling, posing a serious challenge for Hillenbrand and other companies seeking qualified workers. Students are leaving for college and not returning to the local workforce; the birth rate is declining as the existing population ages; and immigrants and their families are settling in larger cities. These trends leave companies like Hillenbrand facing a steady decline of available working-age employees and a gap in skills needed to perform critical jobs.

- To help rural communities thrive, policymakers, business leaders, and educational institutions must work together to reduce the population decline, address the skills gap, and attract and retain new workers. For example, rural communities need quality healthcare with nearby access to obstetric and gynecologic (OB-GYN) services so young families can grow without having to drive 2 hours to an OB-GYN appointment; and
- Formal programs are needed to close gaps in skills and provide talent pipelines to sustain and grow local businesses.

Each of these is a long-term investment that might not yield immediate dividends, but they are important to the vitality of the community and the company. Hillenbrand has focused on these and other efforts to foster a talent ecosystem that attracts and retains the next generation of workers and creates sustainable communities.

The Unique Role of Anchor Institutions

Students, graduates, and young families are opting first for quality of place. They are moving, with or without a job or income, to interesting locations with the amenities they seek. Because rural communities often do not have these amenities—such as diversity, arts, and cultural experiences—rural communities develop quality of place for themselves.

To better understand and address the various challenges facing rural communities, Indiana's Task Force on Rural Affairs built a coalition of rural business and thought leaders, including representatives of Hillenbrand, from across the state for a year. The task force discovered that quality of place for rural communities hinges on the presence of quality education and industry (business and employment), an anchor institution, and a hospital or healthcare facility with an obstetric practice. The lack of public transportation in rural communities means these essentials must exist within 30 miles of a city's center.

With these insights, Hillenbrand joined with others to make hospital services in Batesville a priority, and to focus philanthropic, workforce, and community relations efforts on education, industry, and healthcare. These community assets will determine the vitality and sustainability of our rural communities for years to come.

Building Regional Capacity

Building on the successes of similar programs, the Hillenbrand Community Leadership Series (HICLS) annually assembles 20 people from the company and community to engage in strategic discussions with business and civic leaders. The group is often used as a “think tank” for the community, studying and solving large issues facing the community, including diversity and inclusion, workforce skills, and the development of a vibrant downtown to build Batesville and Southeastern Indiana into attractive places to live and work. Indeed, quality of place featured prominently in a 2015 HICLS survey showing that a lack of entertainment, dining, and shopping are among the top reasons people who work in Batesville chose to live elsewhere.

Indianapolis, just 50 miles northwest of Batesville, is home to a world-renowned symphony orchestra. People looking to enjoy this level of art and culture were not finding it in or around Batesville. Hillenbrand worked with the Batesville Area Arts Council to create a 3-year strategic partnership with the Indianapolis Symphony Orchestra (ISO). The partnership coordinates the Star-Spangled Symphony. ISO transports a stage and its musicians to Batesville for a concert. The performance is accompanied by fireworks, bringing to Batesville a patriotic event that most area residents would have to travel a significant distance to see otherwise. A network of regional sponsors helps to make the event successful, including financial and volunteer support from Hillenbrand, the Batesville Area Arts Council, the City of Batesville, and across Southeastern Indiana. But the partnership does not focus only on the concert; to support programming leading up to the concert, ISO’s musicians engage with area schools and community leaders to promote the arts.

Events like the Star-Spangled Symphony benefit more than the arts. They enhance economic development by enabling smaller businesses to cross-sell to new groups of consumers who travel to communities to attend events. Arts act as a type of tourism department that most smaller communities cannot afford.

The Interdependent Economy: Donations and Talent

In 2015, Hillenbrand launched One Campaign, a corporate initiative around four concepts to improve the communities where Hillenbrand operates: 1 day of service, 1 week of community partnership, 1 month of educational awareness, and 1 year of significant corporate contributions. As One Campaign grows, its focus has evolved from one-and-done volunteer projects to a platform linking business strategies with communities and aligning strategies with the United Nations Global Compact's Sustainable Development Goals. In 2019, the company's initiatives focused on quality education and helping employees foster educational partnerships in communities.

Employees at Hillenbrand in Batesville volunteer as tutors in a summer camp that teaches students about science, technology, engineering, arts, and mathematics—or STEAM. The camp serves students in kindergarten through sixth grade and links to Hillenbrand's workforce talent pipeline.

We also provide opportunities for students in seventh through ninth grades to further their interest in manufacturing. For example, in Manufacturing Camp, a project that benefits a local not-for-profit organization, seventh graders provide backpacks full of school supplies to children in need across Southeastern Indiana. With oversight from company volunteers, students design a production line to fill backpacks with supplies. In doing so, they apply critical thinking to overcome everyday business obstacles, such as power outages, supply shortages, and tariffs. The students assemble 800–1,000 backpacks that are delivered to families in need in 16 counties surrounding Hillenbrand's headquarters.

Donations of time and talent are important components of workforce-related programming and activities, but ultimately, they come with a price tag. Financial contributions or expenditures are often necessary to drive meaningful change, but if these are not strategic, a company risks sponsoring events with no meaningful link to the company's strategic community and workforce initiatives.

Hillenbrand's financial contributions align with the company's values to pursue growth in the organization and to increase value for the community. We look for opportunities that are community-focused, mutually beneficial, and support growth through engagement.

Hillenbrand's contributions are often mutualistic, benefitting both the company and the community. Consider how Manufacturing Camp works: Hillenbrand donates money to a not-for-profit organization working in the community, and then contributes time and volunteer talent to execute the task of filling and distributing the backpacks. Filled backpacks make their way to students in need in the region, who take their backpacks to area schools, where Hillenbrand recruits future employees.

The Opioid Crisis and Rural Communities

Unfortunately, many communities are grappling with the opioid crisis. Through our partnership in legislative affairs with the local hospital, we found additional needs and startling statistics related to the opioid crisis and health, recovery, and housing in rural communities. Hillenbrand partnered with Margaret Mary Health in Batesville to determine how, as an anchor institution, Hillenbrand could join the conversation and play a role in leading solutions.

Clinicians in the hospital's Addiction Services Program determined that while treating addiction is important, long-term success is rooted in improvements outside the clinical setting. The conditions that shape health—such as access to healthy food, housing, clothing, and often income—must be met to achieve long-term sustained changes in health behavior and are often difficult for a local company to address.

The hospital's Addiction Services Program helps patients find employment, but many patients also experience housing insecurity. Lack of sober living facilities and homeless shelters and limited or nonexistent public transportation in rural communities are barriers to success.

Hillenbrand worked with the hospital to identify community stakeholders who could look for short- and long-term solutions to the barriers, and then hosted a roundtable conversation to gather different perspectives. The establishment of sober living facilities and additional housing for this population is still in its early stages, but sometimes having these challenging conversations in a rural community is the most difficult first step. Hillenbrand often serves as a convener for broader conversations in the community.

Closing Skills Gaps

The challenges inherent in the location of Hillenbrand's headquarters in rural Batesville are not unique to communities in the United States. Companies like Hillenbrand must think differently about how to attract and retain employees at home and abroad. We realize that developing and maintaining global partnerships to address changing workforce demographics will fuel business and community success.

Hillenbrand is partnering with Batesville High School and a school in Germany near one of our manufacturing sites, and creating opportunities for students in both countries to travel to each other's sites, learn about the company, gain exposure to manufacturing facilities, and consider possible careers. Hillenbrand hopes ongoing collaboratives and hands-on activities will foster interest in manufacturing careers in the United States and abroad.

Building a Sustainable Future

Since the early 1900s, Hillenbrand has embraced its role as an anchor institution in Batesville and in the communities it serves around the world. As an anchor, Hillenbrand has a responsibility and opportunity to strategically invest in communities to provide increased access to education and workforce training, hospitals and health and wellness programs, and cultural opportunities.

In July 2019, Hillenbrand announced its intent to acquire a similar-sized company based in nearby Cincinnati. Shortly after the news of the acquisition was released, community leaders were all asking one question: “Where will your headquarters be?” They were expecting Cincinnati. But we have not moved from Batesville.

For years, Hillenbrand has invested money, time, talent, and leadership to improve Batesville, Indiana, and surrounding communities, as well as all of the communities in which we operate abroad.

We have learned that no single effort will overcome the challenges that rural communities face in terms of workforce, education, and health. But having a strong community strategy and building rich relationships have helped Hillenbrand create a talent pipeline, build regional capacity, infuse arts and culture into everyday life, and improve the health of the people who live in the region. As CEO, I am pleased to share our commitment to help meet the needs of the present while making improvements for future generations. We believe the positive impacts of our people, products, and partnerships will help to enhance the environments in which we operate.

Shakopee Mdewakanton Sioux Community Perspective

by Chairman Keith Anderson, Vice-Chairman Cole Miller, and Secretary/Treasurer Rebecca Crooks-Stratton, Shakopee Mdewakanton Sioux Community

Ancient Values and Business Success Spur Community Health and Economic Prosperity

Shakopee Mdewakanton Sioux Community (SMSC) is a federally recognized, sovereign Dakota tribal government located just southwest of Minneapolis–St. Paul, Minnesota. Our sovereign nation existed before the formation of the United States. Our ancestors have resided in this region for centuries.

Our tribe owns several businesses, or enterprises, first opening a tiny bingo hall in the 1980s that later became Little Six Casino. In 1992, our tribe opened Mystic Lake Casino Hotel, the premier gaming facility in the Midwest. SMSC enterprises have continued to grow and diversify over the years. Our tribe's more than 15 enterprises include a fitness club and natural food market on the reservation, a nearby biomass energy facility, and a luxury hotel located adjacent to the Mall of America in Bloomington, Minnesota.

With more than 4,100 employees and nearly \$177 million in annual payroll, our tribe is now the largest employer in Scott County, Minnesota. We also work with more than 2,000 vendors in a 25-mile radius and pay \$300 million to vendors annually.

Like every responsible government, we provide for the well-being of our residents and employees and maintain important services and infrastructure, including roads, water and sewer systems, parks and green spaces, and emergency services. Unlike other governments, we fund these essential services with earnings generated from our enterprises. We do not have property, income, sales, or other tax revenue to sustain and grow our community and ensure that our community members are healthy and have opportunities to thrive.

Supporting the growth of our enterprises is very important to our tribe. As our enterprises have grown over the years, we have seen that our business success is closely tied to the success of neighboring communities and the wider region. When neighboring businesses and communities grow and thrive, so do our enterprises and our community. Therefore, we invest time and earnings back into the region and into other Native communities. We focus our investments on three strategic areas: our region and partners, our employees and community, and Indian Country.

Our Values

Investing our business earnings into our communities to ensure that we all succeed, grow, and thrive together keeps both our enterprises and our communities strong. Our decisions are led by a commitment to our citizens, our culture, and our heritage.

Tribal Sovereignty: The Inherent Right of Tribes to Self-Governance and Self-Determination

The Dakota people have lived in the Minnesota and Mississippi River Valleys for thousands of years. The sovereignty of tribal governments predates—and is affirmed by—the U.S. Constitution and U.S. Supreme Court.

“The Congress shall have the power to . . . regulate commerce with foreign nations, and among the several states, and with the Indian tribes” (Article 1, Section 8, U.S. Constitution).

As sovereign nations, federally recognized tribes maintain a government-to-government relationship with all levels of government. Tribal members are citizens of their tribe, state, and the United States.

“Wo’ okiye” is the Dakota word for generosity and helping others. The Dakota people have a longstanding tradition of partnership and sharing resources, which we honor through our business practices; community investments in the region; a \$500-million loan program across Indian Country; and our philanthropy program that has provided more than \$350 million to other tribes, local governments, and nonprofit organizations.

The Dakota tradition of planning seven generations ahead also shapes our business and community decisions. We constantly consider how our decisions will impact people seven generations from now. This imperative influences our enterprise ventures and our stewardship of the environment.

Investing in Our Region and Partners

SMSC partners with neighboring governments and organizations to benefit the region by addressing shared priorities, such as public safety, natural resources and the environment.

For example, SMSC partnered with Rahr Malting in 2007 to create a sustainable energy plant called Koda Energy. This combined heat and power plant is the only facility in the United States that burns exclusively natural, non-manmade materials. Using a suspension boiler for maximum efficiency to burn only renewable products, its rate of heat conversion is approximately 87%, which is substantially higher than that of coal (63%). This renewable and sustainable source of energy produces electricity and other forms of power.

The jointly owned facility continues the tribe's tradition of stewarding the environment and earning revenue from selling excess energy.

Clean water is essential to our communities. SMSC and the City of Prior Lake worked together to build a water treatment plant for both communities, treating up to 3.5-million gallons of water per day for use by the tribe and the city. SMSC provided \$22.5 million for the project, and the city invested \$2.2 million for the equipment necessary to deliver treated water now and in the future. The plant is designed for future expansion as each community grows. By sharing the facility, we reduce redundancies and achieve significant savings for both communities.

Our tribal government is also committed to collaborating and communicating with neighboring governments in Scott County. For example, the Scott County Association for Leadership and Efficiency (SCALE), developed in 2003, is an award-winning local government collaboration between SMSC; Scott County; and the cities, schools, and townships in Scott County. SCALE welcomes entities as equal and voluntary partners who work together to serve the region's growing population more efficiently and effectively. SCALE's initiatives and projects have benefited SMSC and the region, saving all entities money by pooling resources and avoiding redundancies.

Following the success of SCALE, SMSC and its neighbors in Scott County and the Cities of Prior Lake and Shakopee formed the Intergovernmental Working Group (IWG) in 2012. IWG focuses on specific issues, such as land development rights. Like SCALE, IWG provides a forum for governments to come together and find solutions to shared challenges.

Investing in Our Employees and Community

The success of our enterprises is the result of contributions made by many people. Our tribe recognizes the importance of our people, including employees; we take pride in being a good employer that employees are proud to work for.

Governance Structure

We are charged with promoting the health, education, and welfare of our tribal members now and for generations to come. This includes making decisions that shape SMSC's role as an employer and member of the broader community.

The highest governing body of SMSC is the General Council, comprised of all enrolled members of our tribe 18 years of age and older. This council meets monthly to discuss important issues, make decisions and set policies, and approve the annual budget of our community. The General Council also elects three members of the Business Council (chair, vice-chair, and secretary/treasurer) and members of other governing bodies.

The Business Council is responsible for running the day-to-day operations of the tribe and implementing the decisions of the General Council.

SMSC demonstrates its values and its appreciation for members and employees by providing them with a comprehensive benefits package and a wide range of services. Employees receive medical and dental insurance and a health flex spending account. They have access to the on-site Mystic Clinic and Shakopee Dakota Clinic, as well as to the tribe's vision and dental clinics. Employees receive discounts at our fitness center, Dakotah! Sport and Fitness, and our natural food market. Beyond health benefits, team members have access to a 401(k) retirement plan, tuition reimbursement, life and disability insurance, weekly pay, free beverages while working, and free uniforms and laundering. Employees at SMSC and its enterprises receive a 50% discount at Playworks, an on-site childcare and early childhood education facility. Many employees also receive access to free transportation to and from work through a variety of options, including a partnership with the Metro Valley Transit Authority.

Part-time employees receive medical insurance for those working an average of 30 or more hours per week, a 401(k) retirement plan, discounts on health risk assessments and health education, and a discount on membership at Dakotah! Sport and Fitness.

Our employees are some of our biggest advocates, and many stay with us for a long time. The average tenure for SMSC employees is 8 years, which is twice the national average.

Investing in Indian Country

As a Native American tribe, SMSC places particular importance on collaborating with and supporting other tribes and Native American communities. Our investments aim to strengthen individual tribal communities and all of Indian Country.

Many tribes struggle economically; solutions, such as building and maintaining enterprises, are expensive. A lack of economic development means many Native American communities are deemed high risk from a loan perspective, and tribal governments have difficulty obtaining bank loans to cover such investments. To help meet this need, SMSC's loan program has provided more than \$500 million to help spur economic development across Indian Country. The loans help tribes start up and expand enterprises that provide jobs and income for their citizens and enhance their region's economy. The loans also provide interest return for our own tribal community. For example, SMSC funded Red Lake Nation's casino and hotel in

As our enterprises have grown over the years, we've seen that our business success is closely tied to the success of the wider region. When neighboring businesses and communities grow and thrive, so do our enterprises and our own community. Therefore, we invest time and earnings back into the region. . . .

Warroad, Minnesota, with a \$27 million loan. The facility opened in 2014 with a state-of-the-art gaming floor and hotel, drawing in new visitors to their reservation and providing about 100 new jobs for tribal and nontribal members in the Warroad area.

The loss of traditional foods and extreme poverty have caused many Native Americans to suffer from poor or inadequate diets. This has led to obesity, diabetes, and other health problems. In fact, Native Americans are twice as likely as the rest of the U.S. population to have nutrition-related health problems.

To improve nutrition and restore healthful diets among Native Americans in our community and nationally, we established an organic garden and natural food market and launched Seeds of Native Health, a \$10-million national philanthropic campaign including grantmaking, advocacy, and research. For example, we contributed \$80,000 toward the implementation of the Navajo Nation's "junk food" tax, which leveraged an additional \$262,000 from three other funders. The Seeds of Native Health campaign collaborated with MAZON: A Jewish Response to Hunger, to jointly fund the Indigenous Food and Agriculture Initiative's model tribal agriculture and food code project. The partnership made the policy research project possible and involved a new organization in efforts to improve Native dietary health.

Building a Sustainable Future

Our tribe has forged many relationships, strengthened partnerships, and made investments with the goals of serving our citizens and our Dakota values and of helping the broader community reach their goals. By investing in our region, partners, employees, and community and in other sovereign Native nations, we strengthen our own enterprises and strengthen our people and communities.

Our traditions of "wo' okiye," or helpfulness, and of planning seven generations ahead inform our decisions and contribute to the success of our region and of Indian Country as a whole. Not only are these important values, but our tribal community and enterprises have succeeded thanks in part to these traditions. As a tribal government and an owner and operator of many successful enterprises, we have seen firsthand how investing in the broader community benefits our own community and enterprises, which—like many businesses—brings value to our region. Our success is interconnected and shared.

We have seen this interconnection and shared values when building partnerships with competitors, providing high-quality employee benefits and training programs, and helping other Native communities access capital for community development. Our story underscores how putting values into action and building up other governments, businesses, and communities can help everyone achieve great things.



Afterword





Afterword to the Surgeon General's Report

by Mike Leavitt, Founder and Chair of Leavitt Partners, 14th Governor of Utah, Administrator of the Environmental Protection Agency (2003–2005), and Secretary of the U.S. Department of Health and Human Services (2005–2009)

I have long been passionate about finding ways to better our country through the creativity and innovation that results from the public and private sectors working together toward a common good. I am pleased that the Surgeon General is, through this report, exploring the important role that the business community plays in improving our country's health, and demonstrating so clearly the inextricable link between community health and economic prosperity.

As I pen this, we are at an unparalleled moment in our nation's history because of the wide-ranging impacts resulting from the arrival of COVID-19 on our shores. Of course, this Surgeon General's Report was conceived quite some time ago, when the next pandemic was only theoretical and far from top of mind for most Americans. COVID-19 presents a formidable challenge to the world and to the United States. Because of COVID-19, we have lost loved ones and colleagues, families have endured difficult economic circumstances like job loss, our daily lives have been disrupted, and our perspectives on health and the economy have been altered.

Our national focus on responding to this public health emergency does not take away from the important messages in this report. In fact, it now seems prescient and highly relevant that the Surgeon General chose to focus on the connections between community health and economic prosperity and the role of business, particularly investing in one to achieve the other. The inextricable link between the health of businesses and the health of communities has never been more apparent. From employees and customers to suppliers and service providers, it is strikingly obvious how interconnected and interdependent we are today.

I would like to reflect on the impacts of this pandemic and some of the truths it has revealed. To address this public health emergency, federal, state, and local governments have had to make difficult decisions, including temporarily suspending activities to create the physical distancing needed to flatten the curve. The phrase *flattening the curve* was foreign to all but public health officials at the beginning of 2020, but that phrase is now common parlance as everyone's cooperation is needed to address the COVID-19 pandemic.

The private sector has also made tough choices, including voluntarily adapting on short notice to working remotely, canceling long-planned conferences and business travel, suspending sports leagues, and altering operations or even closing businesses for periods of time to keep employees and customers safe. These choices have affected nearly all business settings, from office jobs and restaurants to manufacturing, packaging, and retail operations.

Through this pandemic, company leaders have stepped up to take actions in the public interest despite the effects those actions have on their bottom lines. There is no doubt that these decisions are hard on businesses. From one-person start-ups to major multinational corporations, nearly all have felt the pain of the slowdown in business and the impacts on revenue. But ultimately, these dramatic actions are needed to protect the health of the American public, our businesses, our economy, and our future.

But the story does not stop at the health and economic devastation resulting from this pandemic. A broader lens reveals how we can use this experience to ultimately improve our health and our economy and prevent similar devastation from a future threat. While our battle against COVID-19 is not yet over, I am eager to begin documenting our collective observations, perspectives, and lessons learned from confronting this challenge. It may be too early at this point to draw definitive conclusions, but I am certain that we must begin this work now, before too much time passes and we have moved on to other concerns or forgotten what we saw in the first half of 2020. Next, I will share some of my reflections about the underlying problems this pandemic has spotlighted and how our systems can adapt to meet the needs of our population.

First, in addition to showing the clear link between business and health, this pandemic has revealed, sometimes in stark terms, how social and economic stressors influence health. I cofounded the National Alliance to Impact the Social Determinants of Health (NASDOH), partly out of recognition that we need to engage the business community to articulate the whole-of-society value proposition for addressing the social determinants of health—or what this report refers to as the vital conditions that shape health, wealth, and well-being. NASDOH encourages public and private sector leaders to work together to address the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life outcomes and risks.

In past emergencies like natural disasters, we have seen that some communities are particularly vulnerable to the health and economic effects stemming from such tragedies. With the spread of COVID-19, we have seen that racial and ethnic minorities, older individuals, and those with underlying health conditions—such as obesity, diabetes, and hypertension—are particularly

NATIONAL ALLIANCE TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH

NASDOH is a multisector group of stakeholders that works to systematically and pragmatically build a common understanding of the importance of addressing social needs and determinants as part of an overall approach to improve health. NASDOH focuses on advancing public and private sector policy environments to support the development of the evidence base upon which work in the field can build, innovate, and be sustained.

at risk of complications and death from the virus. As a result, individuals with these conditions have had poorer outcomes than those without such underlying circumstances. The fact that these conditions are so common in America has created additional demands on the healthcare delivery system.

Now we can see that we would be better off if we had invested more to prevent the development of chronic conditions in these higher risk communities and to better manage the conditions once they are diagnosed. As this report discusses, business plays a critically important role in promoting community health—to both business and community—and we should work together to help position ourselves better before the next emergency. Many of the actions that will ease the impact of an emergency like COVID-19 can also help to address the conditions that cause premature death every day in America. This report highlights several of these actions, including (a) helping more Americans to become financially secure and gain the skills and support they need to be successful on the job and (b) increasing access to quality affordable housing and safe green spaces, quality early childcare and development programs, and reliable transportation. These efforts will remain public health urgencies long after COVID-19 is a memory.

The economic disruptions caused by COVID-19 have hit Americans hard, particularly vulnerable communities. Unemployment and food insecurity have skyrocketed, and many workers have lost their healthcare coverage. Many people who work in the service sector, the “gig work” economy, and other customer-facing jobs have not transitioned easily to working remotely, resulting in tens of millions of furloughs and job losses. Workers deemed “essential”—such as grocery store and food service employees, bus drivers, home health aides, convenience store workers, and first responders—have retained their jobs but at the cost of being far more likely to be exposed to the virus. Financial insecurity and a lack of paid sick leave meant staying home from work when ill was not a viable option for most of these lower-wage workers.

Second, when we look back at the country’s response to this pandemic, I think it is important to remember all it took to fight COVID-19. The immediate response to this crisis required testing capacity, personal protective equipment to protect our healthcare work force, medicines and equipment to treat those who were sick, and vaccine development to protect the population as a whole. But medical care for individual patients is only part of the story. We also needed public health functions, like contact tracing; social services, like food pantries for the food insecure and meal delivery for the homebound; and childcare supports and transportation options to help essential workers report to their jobs. And we had to work together to make and support decisions that benefit all of us, not just one sector, population group, or location.

Our healthcare workers on the frontlines of the pandemic face immense challenges just to keep up with the demands and changes in practices to ensure that patients and staff are safe. Our social care systems are also strained, having to adapt and create new ways of delivering services amidst the demands and challenges from the pandemic.

When we think in the future about the infrastructure and personnel that our country needs to support health, I hope we will remember the importance of

- Hospital beds, equipment, and frontline healthcare providers;
- Public health and social services programs, personnel, and systems;
- Community cohesion and neighborhood resources; and
- The vital conditions that shape health, wealth, and well-being, which are missing from too many American communities.

Moving forward, we must address all the factors that contribute to worse health and economic outcomes and higher risk for so many Americans, so that next time we can reduce (a) the economic impact and the burden of disease on those individuals and (b) the overall burden on healthcare delivery.

Finally, the COVID-19 pandemic has showed to us the broad view needed to restore health and economic prosperity across sectors and to better strengthen and prepare resilient communities, so we can sustain health and economic prosperity for all our neighbors. The actions we'll need to take to recover and rebuild from the pandemic will challenge us all to play a part—as individuals, families and communities, as well as the public, private, and nonprofit sectors.

This report recognizes that business plays an important role in strengthening communities, creating value, and building shared prosperity. Business can also be an important partner to public health departments, social services systems and enterprises, and community development organizations that have proven so vital in this pandemic and in the decades-long efforts to build healthy and resilient communities and expand opportunities for more Americans. Let us not waste this opportunity to learn from what we have been through and to challenge businesses to engage with communities and serve as leaders in improving health for all.

As this report so eloquently demonstrates, business can and should play a role in improving community health and economic prosperity for all. Now, more than ever, we need the business community's commitment, energy, and devotion to do so. To make the biggest impact and do the most good as we emerge from this pandemic, business leaders should listen to their communities about their unique needs. The challenges in each community varied before this crisis, and

communities will emerge from it with different needs as well. I believe we serve best when we listen and learn first, and all of us, including the business community, should rise to the challenge with this spirit in mind.

I will leave you with a final thought. In time, COVID-19 will be conquered by human ingenuity. Until then, it is a problem that must be managed daily. The virus presents a new set of risks that we must learn to navigate together. Although the sense of suffering the pandemic brings is most unwelcome, it will also bring renewal. Hardships like this have a way of renewing our collaborative spirit, inspiring innovation, breaking down bureaucratic obstacles, and scrapping away hubris. We can endure this and become better people and a stronger nation.



APPENDIX A. Tools and Resources





Table A.1 Multiple chapters: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Asset-Based Community Development Institute (DePaul University)	https://resources.depaul.edu/abcd-institute/resources/Pages/tool-kit.aspx	Repository of community development tools	This toolkit contains a collection of tools and resources and was created by faculty members of the Asset-Based Community Development (ABCD) Institute, as well as by individuals and organizations that embody in their work the principles of the ABCD Institute. The tools are arranged into three general categories: ABCD Talking Point Tools, Asset Mapping Tools, and Facilitating Tools.
Build Healthy Places Network	https://buildhealthyplaces.org/measureup/mapping-tools/	Repository of community health and development mapping tools	This collection of maps and mapping tools for community health and development helps users identify disparities, examine baseline data, document trends, and much more. Featured tools include The Opportunity Atlas, the California Health Places Index, and the Distressed Communities Index.
Build Healthy Places Network	https://buildhealthyplaces.org/measureup/measurement-tools/	Repository of community health and development measurement tools	This collection of measurement tools for community health and development provides users with instruments to measure impact and allows them to compare and contrast tools to help them find the ones that best fit their needs. Featured tools include Enterprise Community Partners' Healthy Housing Outcomes Survey, the St. Louis Federal Reserve's Community Investment Explorer, and a city health dashboard.
Build Initiative	https://www.buildinitiative.org/CSDToolkit	Community systems development toolkit	This toolkit, which is tailored to the needs of community-based collaboration and organized in systems change theory, is designed to provide accessible, comprehensive resources that support the changing stages and needs of communities engaged in collaborative work. Tools include forms, examples of community level strategies, questions, guidance, samples, processes, and articles.
Centers for Disease Control and Prevention	https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html	Resource about mental health disorders and stress that affect working-age Americans	Website offers strategies for managing mental health and stress in the workplace, along with business success stories and solutions.
Collaborative Toolbox	https://www.collaborativetoolbox.ca/strengthening-communities	Collection of resources on strengthening communities	This collection of resources helps to guide communities in fostering caring relationships, which can make a difference in the life trajectory of a child or youth. Resources include community plans and profiles, reports on specific topics, and press releases, among other types of resources.

Organization	Link	Type of tool or resource	Description ^a
Community Tool Box (University of Kansas)	https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources	Collection of resources on assessing community needs and resources	This chapter of the Community Tool Box includes an array of resources on assessing community needs and resources. Twenty-four sections in the chapter cover such topics as conducting needs assessment surveys, using tools for community mapping, and using small area analysis to uncover disparities. The broader Community Tool Box resource is also useful for community-building skills.
Community Tool Box (University of Kansas)	https://ctb.ku.edu/en/toolkits	Repository of community development tools	This collection of toolkits from the University of Kansas's Community Tool Box helps users get a quick start on essential activities in community work. The toolkit covers such topics as creating and maintaining coalitions and partnerships, assessing community needs and resources, developing a framework or model of change, enhancing cultural competence, influencing policy development, and applying for grants, among others.
Federal Reserve Bank of Atlanta	https://www.frbatlanta.org/cweo/data-tools/opportunity-occupations-monitor.aspx	Opportunity employment tool	The Opportunity Occupations Monitor displays opportunity employment and its prevalence across labor markets. Opportunity employment is an estimate of the number and share of jobs accessible to workers without a bachelor's degree that pay more than the national median wage.
National Institute for Occupational Safety and Health	https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html	Tools for a workplace-supported recovery program	Workplaces are a critical point of contact for Americans struggling with or recovering from a substance use disorder. Ideally, workplaces provide individual-, family-, and community-level support and improve the well-being of workers. Workplaces should create work environments that proactively prevent substance misuse, reduce stigma, and encourage treatment and sustained recovery.
National Safety Council	https://nsc.org/drugsatwork	A substance use cost-calculator for employers	The National Safety Council collaborated with NORC at the University of Chicago, an independent research institution, to update The Real Cost of Substance Use to Employers tool, which was originally developed in 2017 with national nonprofit Shatterproof. This cost calculator is an easy-to-use tool that provides business leaders with specific information about the cost of substance use (including prescription drug use and misuse, alcohol use and misuse, opioid and heroin addiction, and use of other illicit drugs and cannabis) in their workplace based on size of employee base, industry, and state.

Organization	Link	Type of tool or resource	Description ^a
Organisation for Economic Cooperation and Development (OECD)	https://www.oecd-ilibrary.org/economics/measuring-the-impact-of-businesses-on-people-s-well-being-and-sustainability_51837366-en	Selected papers on measuring the impacts of business on well-being and sustainability	The OECD Statistics Working Paper Series offers a collection of publications about measuring or reporting on business' impact, or certain aspects of it. In particular, this paper (<i>Measuring the impact of businesses on people's well-being and sustainability: Taking stock of existing frameworks and initiatives</i> by Michal Shinwelli and Efrat Shamiri) shows that despite the proliferation of information and frameworks to measure these impacts, there is currently no common understanding and practice on how to assess the performance of businesses in different social and environmental areas. Building on OECD's work on measuring well-being at the national level, the paper aims at better understanding how businesses can impact people's well-being and sustainability. It contributes to, and complements, other initiatives undertaken by OECD on responsible business conduct and inclusive growth. This analysis is a first attempt at extending to businesses the approach used by OECD to assess and benchmark the well-being performance of countries and subnational regions, in view of creating a common language and improving the quality, comparability, and coherence of information on the impact of businesses on societal progress and people's life.
The Rippel Foundation, with support from the Robert Wood Johnson Foundation	https://www.rethinkhealth.org/wp-content/uploads/2018/10/RTH-WellBeingPortfolio_InstructionsSummary_10222018.pdf	Well-being portfolio tool	The Negotiating a Well-Being Portfolio exercise is designed to help regional leaders explore how to create a balanced and impactful set of policies, programs, and practices that will transform the system that produces health and well-being in a region. The exercise consists of 12 different portfolio options, each representing a category of policies, programs, and practices that address either urgent needs or vital conditions. This exercise is most effective if users are able to gather major stakeholders from across their region. This exercise assumes that users have developed a shared vision or value proposition for regional transformation.
Santa Cruz County (California) Business Council	https://sccbussinescouncil.com/wp-content/uploads/2019/03/Rapid-Re-Housing-Brief.pdf	Rapid Rehousing brief	This brief describes rapid rehousing intervention and its core components, target populations, and effectiveness. The brief also lists some practical considerations, important questions to consider when implementing rapid rehousing, and useful external resources.

Organization	Link	Type of tool or resource	Description ^a
Substance Abuse and Mental Health Services Administration	https://www.samhsa.gov/workplace/toolkit	Information to help employers develop and sustain successful drug-free workplace programs	The Drug-Free Workplace Toolkit supports workplace health and safety by creating and maintaining drug-free workplace policies and programs. The policies and programs may include preventing the misuse and abuse of alcohol, tobacco, and other drugs; addressing substance misuse within the context of workplace health and wellness programs; and providing intervention services for employees and their families.
The White House	https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Housing_Development_Toolkit%20f.2.pdf	Housing development toolkit	This toolkit highlights actions that states and local jurisdictions have taken to promote healthy, responsive, affordable, high-opportunity housing markets. These actions include establishing by-right development, taxing vacant land or donating it to nonprofit developers, streamlining or shortening permitting processes and timelines, eliminating off-street parking requirements, allowing accessory dwelling units, establishing density bonuses, enacting high-density and multifamily zoning, employing inclusionary zoning, establishing development tax or value capture incentives, and using property tax abatements.
U.S. Chamber of Commerce Foundation	https://www.uschamberfoundation.org/quick-guides	Tools that help local chambers of commerce and local businesses prepare for and recover from disasters	Created by the U.S. Chamber of Commerce Foundation Corporate Citizenship Center, the Disaster Preparedness and Recovery Quick Guides provide local chambers and small businesses with practical tools and resources to become better prepared for disasters and to better understand what steps to take after such an event occurs.
U.S. Economic Development Administration (EDA)	https://eda.gov/tools/	Repository of tools and resources for economic development	This is a collection of tools and resources from EDA, which partners with entities to develop and disseminate tools on new and emerging economic development concepts that practitioners and policymakers can utilize to make more informed development decisions. This collection includes two tools designed to help practitioners better identify their cluster assets and an investment analysis tool that helps practitioners prioritize projects. It also includes a tool that provides EDA stakeholders who are interested in measuring distress with an efficient way to calculate whether a county, region, or neighborhood may meet EDA eligibility thresholds for unemployment and income.

Organization	Link	Type of tool or resource	Description ^a
University of California, Berkeley, Labor Center	https://laborcenter.berkeley.edu/topic/low-wage-work/labor-standards/minimum-wage/	Repository of resources and tools on minimum wage and living wage	This website includes several tools and resources focused on minimum and living wages, including a living wage calculator and a basic family budget calculator. It also contains resources on other topics, such as minimum wage ordinances.
United States Interagency Council on Homelessness	https://www.usich.gov/tools-for-action/	Collection of tools for action to address homelessness and related issues	This database of resources on homelessness includes a variety of resources, including briefs, fact sheets, reports, tools, and webinars. Users can filter search results by several different parameters. This database was created and is managed by the U.S. government.
Well Being In the Nation (WIN)	https://www.winmeasures.org/statistics/winmeasures	Website with measures of community well-being	This website describes the WIN measures, which show connections between social conditions, health, community, and well-being. It gives an overview of core measures of the well-being of people, the well-being of places, and equity, and it highlights leading indicators of well-being in such domains as economics, housing, and education.
Well Being In the Nation (WIN) Network	https://winnetwork.org/vital-conditions	Website with a collection of resources on vital conditions	The WIN Network presents an overview of the Vital Conditions for Well-Being framework and offers separate resources for each vital condition. The vital conditions included in the framework are basic needs for health and safety, life-long learning, meaningful work and health, humane housing, reliable transportation, and a thriving natural world.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.2 Chapter 1: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Center for American Progress	https://www.americanprogress.org/issues/poverty/reports/2015/03/23/109460/expanding-opportunities-in-americas-urban-areas/	Article on expanding opportunities in America's urban areas	This article frames the conversation on expanding opportunities in urban areas, and presents five policy strategies that outline specific ways to address some of the challenges facing urban areas. It also includes a subsection of related resources for each of the five policy strategies.
John Hancock Insurance Company	https://www.johnhancockinsurance.com/life-expectancy-calculator.html	Life expectancy calculator	This tool allows users to predict the number of years they can expect to live based on information they input for certain health and behavioral parameters. This tool was developed by an insurance company, and it is primarily intended for individuals who are interested in learning about how life insurance can help them plan for today and the future.
National Safety Council (NSC), Shatterproof, and NORC at the University of Chicago	https://www.nsc.org/forms/substance-use-employer-calculator	Substance use cost calculator	This tool provides business leaders with specific information about the cost of substance use (including prescription drug use and misuse, alcohol use and misuse, opioid and heroin addiction, and use of other illicit drugs and marijuana) in their workplace based on the size of their employee base, industry, and state.
The Kresge Foundation	https://kresge.org/resources and https://kresge.org/resource/lessons-from-the-healthy-futures-fund	Website with information about expanding opportunities in America's cities	Developed by The Kresge Foundation, The Opportunity Fund is a portfolio of investments that promotes fairness and equity, justice, and opportunity through efforts to protect and strengthen democratic institutions, advance civil rights, counteract hate and racism, support immigrant and refugee communities, and provide legal supports to underserved communities.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.3 Chapter 2: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Aspen Institute	https://www.aspeninstitute.org/programs/economic-opportunities-program/	Website on The Aspen Institute's Economic Opportunities Program	This website provides information and resources about the Economic Opportunities Program (EOP), which advances strategies, policies, and ideas to help low- and moderate-income people thrive in a changing economy. This program recognizes that race, gender, and place intersect with and intensify the challenge of economic inequality, and it addresses these dynamics by advancing an inclusive vision of economic justice.
Child Welfare Information Gateway	https://www.childwelfare.gov/topics/systemwide/youth/development/promoting/	Collection of resources for promoting positive youth development	This collection of resources focuses on positive youth development. It includes a video on how caring adults promote positive youth development, a curriculum for youth work professionals, and a youth leadership toolkit. This set of resources is intended to help state and local organizations develop and sustain positive youth development programs in their communities.
Opportunity Nation	https://opportunitynation.org/	Interactive economic mobility mapping tool	The Opportunity Index is an interactive tool designed to measure opportunity by connecting multiple economic, educational, and civic factors. It allows users to learn about the economic mobility of their county and state, as well as national trends. The tool was developed by Opportunity Nation, a bipartisan, cross-sector, national campaign to expand economic mobility and restore the American dream.
U.S. Census Bureau, Harvard University, and Brown University	https://opportunityatlas.org/	Economic mobility mapping tool	The Opportunity Atlas allows users to trace the roots of today's affluence and poverty back to the neighborhoods where people grew up based on anonymous data following approximately 20 million Americans from childhood to their mid-30s. This tool enables users to see which neighborhoods in America offer children the best chance to rise out of poverty and to see where and for whom opportunity has been missing. It is intended to inform the development of local solutions to help more children rise out of poverty.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.4 Chapter 3: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
American Public Transportation Association	http://www.publictransportation.org/tools-calculators/	Tools and resources for public transportation	This collection of tools and resources includes a Public Transit in Your Community Tool that allows users to search local transit systems across the country, a Fuel Savings Calculator that helps users discover the cost saving benefits of taking public transportation, a Carbon Savings Calculator that calculates the carbon dioxide emissions saved by switching to public transportation, and a Transit Savings Report that shows annual and monthly savings incurred by switching from a car to public transit.
Centers for Medicare & Medicaid Services	https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicaid_State	Medicaid state opioid prescribing mapping tool	The Medicaid opioid prescribing mapping tool is an interactive tool that shows state-level geographic comparisons of de-identified Medicaid opioid prescriptions filled in the United States. The mapping tool presents Medicaid opioid prescribing rates for 2017, as well as the change in opioid prescribing rates from 2013 to 2017. The mapping tool allows users to see the number and percentage of opioid prescriptions in order to better understand how this critical issue impacts states nationwide.
Conscious Capitalism	https://www.consciouscapitalism.org/learn-what-we-do	Brief resource about conscious capitalism	This resource defines conscious capitalism and its four tenets, and it explains why there is a need for capitalism to be conscious.
Fisher Investments	https://www.fisher401k.com/plan-options/profit-sharing-plan	Brief overview of 401k profit sharing plans	This webpage offers a brief explanation of 401k profit sharing plans, distinguishes between the different types of plans, and lists benefits of such plans.
Ohio Housing Finance Agency/ Ohio Preservation Compact	http://gis5.oit.ohio.gov/housing/	Affordable housing mapping tool	This affordable housing mapping tool includes information about the demographic characteristics, amenities, and health-related factors in Ohio's neighborhoods. The tool is intended to inform affordable housing policies. It maps only counties, ZIP codes, and cities in Ohio.
Teachers Credit Union	https://www.tcunet.com/Plan/Calculators/Planning-Calculators/401k-Profit-Sharing-Calculator	401k profit sharing calculator	This 401k profit sharing calculator allows users to enter information on a several personal finance-related parameters and helps users figure out how much of their salary they might want to set aside for retirement, how fast that money is likely to grow at certain rates of return, and the benefits provided by employer contributions.

Organization	Link	Type of tool or resource	Description ^a
U.S. Department of Housing and Urban Development (HUD)	https://egis.hud.gov/affht/	Affordable housing assessment tool	This affordable housing assessment tool provides users with maps of affordable housing in a specific locality and maps showing how such housing differs by demographic characteristics, job proximity, school proficiency, disability, and other variables. HUD created this tool for Public Housing Agencies to use in conducting and submitting an Assessment of Fair Housing.
U.S. Department of Labor	https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/profit-sharing-plans-for-small-businesses.pdf	Booklet on profit sharing plans for small businesses	This booklet highlights some of the advantages of profit sharing plans and some of the options and responsibilities that employers operating such a plan have. The booklet also includes a profit sharing plan checklist and a list of other potentially useful resources.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.5 Chapter 4: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Bank of America	https://about.bankofamerica.com/en-us/partnering-locally/cdfi-list.html#fbid=7icjo-DigzF	Community development financial institution (CDFI) locator tool	This search tool can be used to find a CDFI in a certain area or to learn more about how Bank of America is investing in local economies. Users can filter results by loan amount and location.
Columbia University's Teachers College	https://www.tc.columbia.edu/articles/2019/august/getting-low-income-families-to-higher-opportunity-neighborhoods/	Article on housing choice vouchers (Section 8)	This article summarizes empirical research showing unprecedented gains from an intervention that reduces common barriers to using housing choice vouchers and helps move low-income families to “higher-opportunity” neighborhoods.
Congressional Research Service	https://fas.org/sgp/crs/misc/RS22389.pdf	Research report on the Low-Income Housing Tax Credit (LIHTC) program	This report provides an overview of the LIHTC program, including the types of credits, the allocation process, and recent legislative developments. It also offers an example to help readers help understand how the LIHTC program is intended to encourage affordable housing development.
Local Initiatives Support Corporation (LISC)	https://www.lisc.org/our-initiatives/financial-stability/bridge-programs/	Information about LISC's Bridges to Career Opportunities program	This website delivers a brief overview of LISC's Bridges to Career Opportunities program and discusses how Citi Foundation has invested in this program.
National Association of Counties	https://www.naco.org/resources/featured/affordable-housing-toolkit-counties	Affordable housing toolkit for counties	This affordable housing toolkit is designed for counties, and it covers such topics as inter-jurisdictional partnerships, funding and financing, planning and zoning, and advocacy resources. It also contains an appendix with information on measuring housing affordability and additional resources on affordable housing development.
National Multifamily Housing Council	https://housingtoolkit.nmhc.org/	Affordable housing toolkit	This affordable housing toolkit is designed to help policymakers understand the dynamics of the housing market, what drives housing costs up, how state and local policies impact affordability, and what solutions might work in their specific jurisdiction. It is also intended to be used to educate all stakeholders—policymakers, community advocates, urban planners, business groups and more—and to provide apartment firms with the information they need to help advocate effective local housing policies.

Organization	Link	Type of tool or resource	Description ^a
New Markets Tax Credit Program	https://www.cdfifund.gov/Pages/mapping-system.aspx	Community development financial institution (CDFI) information mapping system tool	This mapping tool—CDFI Information Mapping System v.3 (CIMS3)—helps users geocode addresses, map census tracts and counties, and determine the eligibility of census tracts and counties under the CDFI Fund's various program distress criteria. Users of CIMS3 can create and save maps and reports, including Target Market worksheets, and submit saved maps and reports for online applications and other uses. CIMS3 is available in two versions: a limited public-use version and a full version accessed through an organization's Awards Management Information System account.
Novogradac	https://www.novoco.com/resource-centers/affordable-housing-tax-credits/data-tools/lihtc-mapping-tool	Low-Income Housing Tax Credit (LIHTC) mapping tool	This LIHTC mapping tool helps users find LIHTCs in their area. The tool includes project address, number of units and low-income units, number of bedrooms, year the credit was allocated, year the project was placed in service, whether the project was new construction or rehab, type of credit provided, and other sources of project financing. The information is based on the U.S. Department of Housing and Urban Development's LIHTC Database, which was last revised as of May 2019. The LIHTC database, created by HUD and available to the public since 1997, contains information on 47,511 properties and almost 3.13 million housing units placed in service between 1987 and 2017.
Novogradac	https://www.novoco.com/resource-centers/new-markets-tax-credits/data-tools/nmtc-mapping-tool	New Markets Tax Credit mapping tool	This mapping tool shows a location's eligibility for a New Market Tax Credit, as well as the percentage of residents living in poverty, the population, median family income, and other information.
Opportunity Finance Network	https://ofn.org/cdfi-locator	Community development financial institution (CDFI) locator tool	This CDFI locator tool allows users to find an Opportunity Finance Network Member CDFI in their state. The tool allows users to filter CDFIs by organization, areas served, organization type, and lending type.
The Brookings Institution	https://www.brookings.edu/policy2020/bigideas/to-improve-housing-affordability-we-need-better-alignment-of-zoning-taxes-and-subsidies/	Policy brief on housing policies	This report discusses the importance of better aligning three types of housing policies and addresses challenges related to implementation. The policies are reforming land use regulation to allow smaller, more compact housing; increasing taxes on expensive, underused land; and expanding housing subsidies to low-income households.

Organization	Link	Type of tool or resource	Description ^a
U.S. Department of Health and Human Services	https://www.acf.hhs.gov/sites/default/files/fysb/youth_homelessness.pdf	Federal report to Congress about on ending youth homelessness	This report to Congress summarizes the problem of youth homelessness, offers some theoretical perspectives on homelessness, identifies interventions to prevent and ameliorate homelessness, and discusses implications for policy and program development.
U.S. Department of the Treasury	https://www.cdfifund.gov/Pages/default.aspx	Website with a brief overview of the CDFI Fund	This website gives a brief overview of the U.S. Department of Treasury's CDFI Fund. It discusses what the CDFI Fund does, its program areas, and the impact it makes. The website also includes a few CDFI Fund-related resources and tools, such as compliance and performance reporting resources and a CDFI Information Mapping System (CIMS).
Urban Institute	https://www.urban.org/sites/default/files/publication/98758/lithc_how_it_works_and_who_it_serves_final_2.pdf	Research report on the Low-Income Housing Tax Credit (LIHTC) program	This report outlines the basics of the LIHTC program, including how it works, the various partners involved, how financing is structured, how investors benefit from the program, and who lives in the LIHTC properties. The report also highlights successes of the program and examines the challenges it faces.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.6 Chapter 5: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
American Cancer Society	https://www.fightcancer.org/policy-resources/smoke-free-policies-good-business	Brief about the benefits of smokefree policies for businesses	This brief discusses several ways in which smokefree policies are good for businesses. Some of the points discussed are based on empirical research.
American Cancer Society	https://www.cancer.org/healthy/stay-away-from-tobacco/smoke-free-communities/create-smoke-free-workplace/smoking-in-the-workplace-a-model-policy.html	Website on smoke-free policies	This website offers a brief overview of the benefits of smokefree policies for both employees and employers. It also includes a model smokefree policy.
American Institute of Certified Public Accountants (AICPA) National Commission on Diversity and Inclusion	https://www.aicpa.org/career/diversityinitiatives/downloadabledocuments/recruitment-retention-toolkit.pdf	Recruitment and retention toolkit	This toolkit was written to help leaders understand how recruiting and retaining a diverse workforce can help them better achieve their companies' overall talent recruitment and retention goals. It is also meant to provide support on how to integrate diversity recruiting and retention techniques into broader day-to-day business and personal activities. This toolkit is aimed at human resource leaders, practice leaders, and others charged with attracting, recruiting, and retaining a diverse workforce in their organization.
American Nonsmokers' Rights Foundation	https://no-smoke.org/wp-content/uploads/pdf/business-costs-in-smoke-filled-environments.pdf	Resource on business costs in smoke-filled environments	This resource from the American Nonsmokers' Rights Foundation highlights the costs of doing business in smoke-filled environments. It discusses the effects that smoke-filled workplaces have on profitability, absenteeism and productivity, maintenance, and insurance rates.
Annie E. Casey Foundation	https://www.aecf.org/m/resourcedoc/AECF-ReentryAndBarrierstoEmp-2016.pdf	Report on reentry and barriers to employment for previously incarcerated persons	This report summarizes some of the lessons the Annie E. Casey Foundation learned from its reentry and employment efforts, with insights from dozens of reports and resources on incarceration and reentry, as well as interviews with Casey staff members who worked directly on these investments. It is intended to help inform practitioners, funders, and policymakers who are pursuing strategies that connect formerly incarcerated individuals with employment.
Associated Black Charities	http://www.abc-md.org/new-page	Website on equitable hiring practices	This resource presents questions whose consideration are intended to help everyone in Baltimore's regional economy start from the same place in their quests to earn a livable wage, raise a stable family, and build wealth for future generations.

Organization	Link	Type of tool or resource	Description ^a
Build Health Places Network	https://www.buildhealthyplaces.org/partners/	Partner finder tool	Partner Finder is a collection of 13 directories intended to help users find community development and health organizations/partners near to them.
Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/partners/index.html	Collection of tools and resources for public-private partnerships	This CDC website on public-private partnerships is intended to educate users about how they can participate in protecting the health of their organization, their workforce, and the nation. It includes information on partnering with CDC and a collection of tools and resources on public-private partnerships.
Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm#by-topic	Collection of smoking-related fact sheets	This collection of fast facts and fact sheets from CDC includes information on cessation, secondhand smoke, smokeless tobacco, the health effects of cigarette smoke, and tobacco marketing, among others. This site is part of CDC's larger website on smoking and tobacco, which includes a link to the Office on Smoking and Health and a collection of multimedia resources and tools.
City of Minneapolis (Minnesota)	http://www.minneapolismn.gov/www/groups/public/@cped/documents/webcontent/wcmsp-179539.pdf	Guide to inclusive hiring	This guide to inclusive hiring answers such questions as why prioritize inclusive hiring, where can I get assistance, what are the recent trends in recruitment, and how do I know where to start? The guide includes content on framing the business case for inclusion, 10 inclusive hiring principles and practices, and a tool for readers to evaluate their recruiting process.
County of Marin (California) Department of Human Resources	https://www.marincountyhr.org/find-employee-tools/diversitykmain	Diversity hiring toolkit	This diversity hiring toolkit is intended to provide users with information, tools, and resources to recruit—in partnership with human resources—for employment vacancies, with a focus on building a high-quality and diverse applicant pool and a more inclusive hiring process. It walks users through four steps of the hiring process and includes a collection of additional resources.
de Beaumont	https://www.debeaumont.org/news/2019/new-practical-playbook-provides-roadmap-to-improve-population-health/	Website for book on building multisector partnerships that work	This website allows interested readers to purchase <i>The Practical Playbook II: Building Multisector Partnerships That Work</i> , which provides a concise set of tools, methods, and examples to support partnerships to improve population health. The playbook is written in practical terms for readers from any background or sector, and it draws from successful partnerships in public health, healthcare, housing, transportation, business, and the faith community—providing practical tips from conception to execution to policy change.

Organization	Link	Type of tool or resource	Description ^a
Democracy Collaborative	https://democracycollaborative.org/sites/default/files/downloads/Anchor%2520Collaboratives%2520Report%2520-%2520FINAL-updated.pdf	Report on collaboration with anchor institutions	This report presents information and examples to show the current state of the field of anchor institutions. It discusses anchor collaboratives and their importance, how anchor institutions can be drivers for community development, the regular players in anchor collaboratives, among other topics.
Fidelity Charitable	https://www.fidelitycharitable.org/guidance/philanthropy/impact-investing.html	Website with overview of impact investing	This website provides a quick overview of impact investing, and discusses the types and benefits of impact investing and how to participate in impact investing.
Global Impact Investing Network	https://thegiin.org/impact-investing/need-to-know/	Website with overview of impact investing	This website gives an overview of impact investing. It discusses the core characteristics of impact investing, who makes impact investments, the results that these investments can achieve, and more. A version of this primer, answering many of the most frequently asked questions about impact investing, is available for download.
National Association of Counties	https://www.naco.org/resources/featured/affordable-housing-toolkit-counties	Affordable housing toolkit for counties	This toolkit on affordable housing is designed for counties, and it covers such topics as interjurisdictional partnerships, funding and financing, planning and zoning, and advocacy resources. It also contains an appendix with information about measuring housing affordability and with additional resources on affordable housing development.
National Multifamily Housing Council	https://housingtoolkit.nmhc.org/	Affordable housing toolkit	This toolkit on affordable housing is designed to help policymakers understand the dynamics of the housing market, what drives housing costs up, how state and local policies impact affordability, and what solutions might work in their specific jurisdiction. It is also intended to educate all stakeholders—policymakers, community advocates, urban planners, business groups, and more—and to provide apartment firms with the information they need to help advocate effective local housing policies.

Organization	Link	Type of tool or resource	Description ^a
Netter Center for Community Partnerships at The University of Pennsylvania	https://www.nettercenter.upenn.edu/sites/default/files/Anchor_Toolkit6_09.pdf	Anchor institutions toolkit	This toolkit is intended as a guide for anchor institutions to rebuild, revitalize, strengthen, and improve their local communities. Each of the tools in this kit was developed and implemented by the University of Pennsylvania, working with stakeholders of West Philadelphia—the university’s local geographic community—including neighborhood associations, city officials and city agencies, local businesses, nonprofit organizations, and institutions of higher education, as appropriate. This toolkit is designed to help anchor institutions formulate the right questions and seek effective answers that will lead to collaborative actions that benefit both institutions and communities.
Public-Private-Partnership Legal Resource Center, World Bank Group	https://ppp.worldbank.org/public-private-partnership/overview/practical-tools	Repository of tools and resources for public–private partnerships	This website offers practical guidance for structuring a public-private partnership project and developing bidding documents, from hiring advisors to toolkits and checklists and procurement processes. It also includes links to several tools and resources. The tools and resources are mostly targeted toward infrastructure, so they may be most useful for private entities interested in the social determinants of health rather than health outcomes directly.
Raikes Foundation	https://raikesfoundation.org/impact-driven-philanthropy	Collection of resources on impact philanthropy	This website gives an overview of impact-driven philanthropy and the Raikes Foundation approach to it. The website also provides resources for recommended readings and some illustrative grants.
Social Entrepreneurship Support Network of the Baltic Sea Region	http://www.socialenterprisebsr.net/2016/04/5-toolkits-for-social-enterprise/	Collection of social enterprise toolkits	Produced by the Social Entrepreneurship Support Network of the Baltic Sea Region and co-financed by the European Union, these five social enterprise toolkits for social enterprise are intended to help users with feasibility studies, market assessment, financial forecasting, intellectual property rights, and payroll management for a social enterprise. Some of these toolkits include templates and downloadable Excel files to help users execute their ideas.
Teachers College, Columbia University	https://www.tc.columbia.edu/articles/2019/august/getting-low-income-families-to-higher-opportunity-neighborhoods/	Article on housing choice vouchers (Section 8)	This article summarizes empirical research showing unprecedented gains from an intervention that reduces common barriers to using housing choice vouchers and helps move low-income families to “higher-opportunity” neighborhoods.

Organization	Link	Type of tool or resource	Description ^a
The Case Foundation	https://casefoundation.org/wp-content/uploads/2014/09/Short-Guide-Oct2015-Digital-FINAL.pdf	Guide to impact investing	This guide is a basic primer to help individuals better understand how business can drive social change and create social impact. It is designed to help high net worth individuals, family offices, and others to know some of the questions, if not the answers, to determine what's right for them and what to do next to move toward meaningful, measurable impact. The guide includes a flexible framework and a simple taxonomy to help people understand impact investing.
The Democracy Collaborative	https://hospitaltoolkits.org/workforce/	Inclusive local hiring toolkit	This inclusive local hiring toolkit is designed to help health systems establish a local and inclusive hiring strategy that allows them to invest in an ecosystem of success that lifts up local residents; helps create career pathways for low-income, minority, and hard-to-employ populations; and begins to transform neighborhoods. This toolkit includes case studies, strategies, and information on return on investment.
The Democracy Collaborative	https://hospitaltoolkits.org/investment/	Place-based investing toolkit	This place-based investing toolkit outlines a range of strategies for how health systems are using their investment assets to help address the resource gaps that keep communities from achieving better health and well-being. The toolkit includes case studies, information to help users implement projects that may have big impacts, and resources on measuring performance and impact.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.

Table A.7 Chapter 6: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Centers for Disease Control and Prevention	https://www.cdc.gov/workplacehealthpromotion/index.html	Tools on workplace health promotion, including the Worksite Health Scorecard to assess effectiveness of health promotion interventions, and the Workplace Health Resource Center's compilation of tools from public, private, and nonprofit groups.	This website teaches visitors about workplace health promotion and how to design, implement, and evaluate effective workplace health programs. It includes a description of the workplace health model, a resource center, information on the Work@Health training program, and the Worksite Health Scorecard.
Centers for Disease Control and Prevention	https://www.cdc.gov/physicalactivity/walking/call-to-action/pdf/employers.pdf	Walkability resource for employers	Fact sheet from the U.S. Surgeon General offers guidance on how businesses can educate and promote worksite programs and policies that support walking and walkability.
Centers for Disease Control and Prevention and Office of the Surgeon General	https://phgkb.cdc.gov/FHH/html/index.html	Family health history collection tool	With this health history collection tool, users can enter their family health history to learn about their risk for health conditions that may run in their families. Users can print their family health history to share it with family members and healthcare providers. Family health histories can be saved so that they can be updated over time.
Employer Assistance and Resource Network on Disability Inclusion	https://askearn.org/mentalhealth/	Mental health toolkit	This toolkit delivers background information, tools, and resources that can help employers learn more about mental health issues and cultivate a welcoming and supportive work environment for employees who may be facing mental health issues. It also presents a framework for fostering a mental health-friendly workplace, all built around the "4 A's": Awareness, Accommodations, Assistance, and Access.
Health Enhancement Research Organization	https://hero-health.org/hero-scorecard/	Workplace health and well-being tool	This free, web-based tool is designed to help employers, providers, and other stakeholders identify and learn about best practices related to workplace health and well-being. The scorecard has been subjected to validation studies aligning higher scores with better health risk trends, medical cost trends, and stock performance, and a new study links specific practices to higher participation rates, health impact, cost impact, and employee perceptions of organizational support.

Organization	Link	Type of tool or resource	Description ^a
Intel	https://www.intel.com/content/www/us/en/big-data/building-a-data-driven-business.html	Article on building a data-driven business	This articles gives a brief overview of how to build a data-driven business and is part of a series titled, “From Data to Action.” It discusses the importance of using data to drive decisionmaking and provides some examples from Chevron and Booz-Allen Hamilton.
National Alliance on Mental Illness-New York City Metro and others	http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-well-toolkit.pdf?lang=en-US	Toolkit for leading a mentally healthy business	This toolkit provides human resource professionals and business leaders with practical information and strategies, assessment tools, mental health programs, and case studies to educate employers about current best practices to create supportive workplace environments. The goal of the toolkit is to build a strong team of working professionals who are cognizant of available support services for mental health and well-being. The toolkit is not an exhaustive list of strategies. Instead, it serves as a starting place for the journey toward eradicating mental health stigma in the workplace.
Penn Medicine	https://www.pennmedicine.org/updates/health-risk-assessment-tools	Set of health risk assessment tools	This set of risk assessments helps users compare their risks to the average person’s risks based on age and ethnicity. These tools can also be used to help users identify any risk factors they may have for a number of health conditions. Assessments cover risks for breast cancer, diabetes, and joint health, among others.
Utah Department of Health, Bureau of Health Promotion	http://choosehealth.utah.gov/documents/pdfs/ACA_Booklet.pdf	Guide on worksite wellness policy ideas and resources	This guide describes the importance of workplace wellness and offers policy ideas and examples of workplace wellness policies, tools and resources, and policy templates.
World Health Organization	https://www.who.int/mental_health/in_the_workplace/en/	Information sheet on mental health in the workplace	This information sheet delivers a quick overview of the importance of addressing mental health in the workplace, discusses work-related risk factors for poor health, offers tips for creating a mentally healthy workplace, and includes links to other helpful resources.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization’s website.

Table A.8 Chapter 7: Tools and resources

Organization	Link	Type of tool or resource	Description ^a
Arizona State University	https://www.azfoundation.org/Portals/0/Uploads/Documents/Centers/Pakis_Report.pdf	Report on the business case for corporate philanthropy	This study, the first of a two part study examining the business case for corporate philanthropy, identifies findings in the literature relating to the motivations for corporate philanthropy, potential benefits for implementing firms, and examples of societal impacts.
Association for Project Management	https://www.apm.org.uk/resources/find-a-resource/stakeholder-engagement/key-principles/	Key principles of stakeholder engagement	This website serves as a gateway to a collection of resources—including case studies, patterns, tools, bibliography, presentations, and videos—on 10 principles of stakeholder engagement. Each principle has its own set of resources.
Business for Social Responsibility	https://www.bsr.org/en/our-insights/blog-view/a-guide-to-stakeholder-engagement-for-healthier-communities	Guide to stakeholder engagement for healthier communities	This brief guide includes information on stakeholder engagement and links to others tools and resources. The guide is intended to help companies manage the stakeholder engagement process more effectively and outlines three steps for companies to consider, including aligning on objectives and benefits, determining who and how to engage, and integrating learning from stakeholder engagement.
Business for Social Responsibility	https://www.bsr.org/reports/BSR_Future_of_Stakeholder_Engagement_Report.pdf	Report on the future of stakeholder engagement	This report presents a view of how companies can transform their stakeholder engagement approaches by moving from consultation of stakeholder groups toward more collaborative, inclusive, and strategic engagement. Case examples and references to relevant academic and business sources are also included.
Centers for Disease Control and Prevention	https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf	Workbook on community needs assessment	This workbook is designed to educate readers about conducting a community needs assessment.
Chartered Institute of Procurement & Supply (CIPS)	https://www.cips.org/Documents/Resources/Knowledge%20Summary/Using%20Local%20Suppliers.pdf	Resource on using local suppliers	This resource provides an overview of the benefits of using local suppliers. It also includes strategies for implementing the use of local suppliers and a practical example.

Organization	Link	Type of tool or resource	Description ^a
Community Planning Toolkit	https://www.communityplanningtoolkit.org/sites/default/files/Engagement.pdf	Community engagement resource and tool	This toolkit introduces readers to the concept of community engagement and educates them about a variety of issues related to improving community engagement. It also presents links to several other resources and tools.
Council on Foundations	https://www.cof.org/sites/default/files/documents/files/CorporateGuide.pdf	Guide to leading corporate philanthropy	This guide lays out an ambitious agenda to redefine the purpose and value of corporate foundations and giving programs so that they can meet the challenges of corporate citizenship. It seeks to engage the corporate philanthropy community in discussion so that it can continue to increase its impact as a significant contributor to society and enhance its value to the companies they represent.
Harvard Business School	https://www.isc.hbs.edu/creating-shared-value/csv-explained/pages/default.aspx	Website about creating shared value	This website gives a brief overview of creating shared value and describes some of its main concepts. It also provides links to resources that address how to create shared value and discuss new roles and relationships for government and nongovernmental organizations.
Institute for Local Self-Reliance	https://ilsr.org/wp-content/uploads/2018/07/ILSR_LocalPolicyGuideToolkit.pdf	Local policy action toolkit	This toolkit has several parts. The first section offers tips for independent business owners on how to engage with city officials and persuade them to adopt policies to strengthen and grow local businesses. The remainder of the toolkit consists of a two-part guide that can be shared with city officials. The first part of the guide gives an overview of why local, independent businesses matter to a city's well-being and vitality. The second part outlines nine policies that local governments can implement to support independent businesses.
International Finance Corporation	https://www.ifc.org/wps/wcm/connect/da7fbf72-e4d9-4334-955f-671a104877a7/201911-A-guide-for-employer-supported-childcare.pdf?MOD=AJPERES&CVID=mVHadh3	Guide for employer-sponsored childcare	This guide was developed to support employers' implementation of childcare solutions that benefit working parents and their children. For employers who are interested, or already engaged, in the delivery of workplace childcare solutions, this guide can serve as a tool to further expand their knowledge, advance their interest, and explore multiple options, and improve their current offerings or introduce new or expand already established family-friendly benefits. It provides practical guidance on how to select and implement an employer-supported childcare program that meets the needs of employees, business, and communities.

Organization	Link	Type of tool or resource	Description ^a
Massachusetts Institute of Technology	https://livingwage.mit.edu/	Living wage calculator	This living wage calculator can be used to estimate the cost of living in one's community or region based on typical expenses. It may help individuals, communities, and employers determine a local wage rate that allows residents to meet minimum standards of living.
Santa Rosa (California) Metro Chamber	https://www.santarosametrochamber.com/clientuploads/PDF/2019/ESCC.pdf	Resource on the importance of childcare for business	This brief resource explains why childcare matters to business and offers background on the current and future workforce and why investing in childcare matters. It also describes what the Santa Rosa Metro Chamber is doing to help businesses invest in or think about investing in childcare.
The ESOP Association	https://esopassociation.org/resources	Collection of resources on employee stock ownership plans (ESOPs)	These resources are designed to expand knowledge of employee ownership, boost the ownership culture, fine tune ESOP administration, and enhance ESOPs overall.
University of Wisconsin	https://sustain.wisconsin.edu/sustainability/corporate-social-responsibility/	Website on corporate social responsibility	This website presents a brief overview of corporate social responsibility. It also describes five reasons why corporate social responsibility is important: minimized risk; constant innovation; cost savings; investor and consumer loyalty; and happier, more productive employees.

^a Descriptions are used in full or adapted from content in the respective tool or resource or from content on the respective organization's website.



APPENDIX B. Environmental Scan of Business Approaches to Improve Health and Well-Being





Table B.1 Environmental scan of business approaches to improve health and well-being

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Business for Social Responsibility https://www.bsr.org/en/	<ul style="list-style-type: none"> A global nonprofit organization that works with its network of more than 250 member companies and other partners to build a just and sustainable world Published <i>Healthy Business Metrics Guide</i> to help organizations select the guiding metrics for building evidence-based healthy business programs 	<ul style="list-style-type: none"> Defines a healthy business as “a management approach that seeks to create value and optimize performance by improving the health of consumers, employees, and communities” Healthy Business Coalition companies set a Healthy Business Strategy that identifies priority health issues on which to invest and design breakthrough programs and partnerships to pilot new solutions and scale through partnerships 	<p>Takes a broad perspective on health that includes:</p> <ul style="list-style-type: none"> Access to care Near-term outcomes: Demonstrated changes in awareness of, and access to, positive health drivers, demonstrated changes in individuals’ healthy behaviors and actions Long-term impacts: Measurable changes in population health and community conditions 	An international nonprofit organization that provides consulting to the member organizations of its Healthy Business Coalition.	X	X	X	X		

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Business Group on Health https://www.businessgrouphealth.org/	A national member-based nonprofit organization that convenes a Well-being and Workforce Strategy Institute whose mission is to “deploy the healthiest, most productive, engaged and competitive workforce possible to boost business performance and empower great people and communities”	Objectives of the Well-being and Workforce Strategy Institute include: <ul style="list-style-type: none"> Identify high-impact holistic well-being strategies Promote strategic leave, flexibilities, and work-life solutions Realize the value of cross-functional collaboration with teams, including real estate and facilities, safety, diversity and inclusion, corporate social responsibility, and learning and development to advance well-being in all policies; and Identify and share ways to infuse well-being throughout the organization and compel leaders to embrace a well-being culture and mindset 	<ul style="list-style-type: none"> Recognizes five dimensions of well-being, including social connectedness, emotional health, physical health, financial security, and job satisfaction Connects employee well-being to business performance metrics such as talent attraction, engagement and retention, customer satisfaction and loyalty, profitability, safety performance, and industry-specific measures 	<ul style="list-style-type: none"> Business Group on Health is a national coalition of large employer organizations Holds an annual national conference 	X	X				

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
<p>Global Reporting Initiative (GRI) https://www.globalreporting.org</p>	<p>Phase I of GRI's Culture of Health for Business Project, in collaboration with Robert Wood Johnson Foundation (RWJF), sets out "to understand the scientific and technical basis for attributing positive health and business outcomes to an array of business practices—internal programs, policies, benefits, community partnerships, initiatives and the like—that may or may not be primarily directed toward improvements in population health (i.e., Culture of Health Business Practices, or COHBPs).</p> <p>The project identifies suitable health measures for businesses and investors to use within those COHBPs and contextualizes these measures to promote understanding and use (i.e., the Culture of Health Business Principles). Surveys of corporate health disclosures and of health measures in existing [environmental, social and governance] reporting frameworks and research methodologies provide reference points for this work."</p>	<p>The GRI Standards are "a powerful tool for the private sector to accrue, track and report environmental, social and governance issues including health-related topics."</p> <p>Health determinants:</p> <ul style="list-style-type: none"> Individual behavior Social environment Biology and genetics Health services Physical environment <p>COHBPs:</p> <ul style="list-style-type: none"> Strategy—health culture, responsible corporate political activity, and responsible marketing practices Policy and benefits—health promotion and wellness; paid family and medical leave; health insurance; equality, diversity, and impartiality; and financial literacy Workforce and operations—work time, job security, pay practices, occupational health and safety, and physical environment Community—community environmental impacts, social capital and cohesion, and community involvement. 	<p>The GRI standards outline recommended health outcomes, including:</p> <ul style="list-style-type: none"> Social well-being Mental health and well-being Birth outcomes Cancer Other chronic diseases Health behaviors Obesity Cardiovascular Mortality <p>Business outcomes:</p> <ul style="list-style-type: none"> Economic societal costs Financial performance Brand management Talent management Productivity Health and safety 	<ul style="list-style-type: none"> An independent international organization that has pioneered sustainability reporting since 1997 GRI and RWJF have extended their partnership for the follow-on project "Promoting sustainability reporting to create a Culture of Health for Business in the United States" that seeks to "further promote and increase the uptake of sustainability reporting among US-based organizations and through this, create a Culture of Health for Business" 	X	X		X	X	

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Health Enhancement Research Organization (HERO) https://hero-health.org/	A nonprofit member-based organization that conducts research on workplace health-promotion practices, including environmental scans on the role of business in impacting social determinants of health, and cultures of health in organizations and communities.	Offers the HERO Health and Well-Being Best Practices Scorecard in Collaboration with Mercer to provide guidance on employee health and well-being best practices. The HERO Scorecard measures the following practices: <ul style="list-style-type: none"> Strategic planning Organizational and cultural support Programs Program integration Participation strategies Program measurement and evaluation 	The HERO Scorecard measures the following outcomes: <ul style="list-style-type: none"> Physical health (biometrics such as blood pressure, height, weight, etc., and existence of chronic conditions) Mental/emotional health Health behaviors Health status HERO published the <i>Program Measurement and Evaluation Guide: Core Metrics for Employee Health Management</i> that lists well-being as a leading and lagging indicator for health risk and financial outcomes and references the Gallup-Sharecare Well-Being Index elements.	<ul style="list-style-type: none"> Strong focus on conducting and disseminating findings from research. Offers the online HERO Scorecard as an open-source tool. Convenes annual think tank gatherings of member organizations and holds an annual forum open to the public. 	X	X		X		

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People		Places		Equity	
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
National Alliance for Healthcare Benefit Coalitions (National Alliance) https://connect.nationalalliancehealth.org/home	A national nonprofit coalition of regional business groups Offers several types of membership: <ul style="list-style-type: none"> Coalition membership Affiliate vendor membership The National Health Leadership Council (NHLC) membership The National Wellbeing Initiative is one of many National Alliance initiatives.	Identifies six core areas of leverage that employer organizations can use to create comprehensive and strategic approaches to supporting employee mental health and well-being Developed a Mental Health and Wellbeing Integration Maturity Model. Levers include: <ul style="list-style-type: none"> Culture Leadership Operations Connections Places Metrics 	Recognizes several domains of well-being, including physical, mental, social, spiritual, and financial	<ul style="list-style-type: none"> The only nonprofit purchaser-led organization with a national and regional structure dedicated to driving health and healthcare value across the country Holds an annual conference and leadership summits 	X	X		X		

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
<p>National Institute for Occupational Safety and Health (NIOSH) https://www.cdc.gov/niosh/</p> <p>The Centers for Disease Control and Prevention (CDC) https://www.cdc.gov</p>	<p>NIOSH Total Worker Health® (TWH) is defined as “policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.”</p> <p>The CDC Worksite Health ScoreCard is an assessment tool “designed and validated to help employers assess the extent to which they have implemented evidence-based health-promotion interventions or strategies at their worksites to improve the health and wellbeing of their employees.”</p>	<p>The CDC Worksite Health ScoreCard measures:</p> <ul style="list-style-type: none"> Organizational supports Occupational health and safety Maternal health and lactation support Support for healthy behaviors Support for health conditions 	<p>According to the CDC, “there is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.”</p>	<ul style="list-style-type: none"> Under the jurisdiction of the U.S. Department of Health and Human Services The leading U.S. public health institution 	X	X				
<p>National Wellness Institute (NWI) https://www.nationalwellness.org/</p>	<p>Provides worksite wellness certification for wellness professionals, including a Multicultural Competency in Wellness certificate</p>	<p>NWI’s Multicultural Competency in Wellness framework includes:</p> <ul style="list-style-type: none"> Personal & family support Supporting underserved communities and minimizing healthcare disparities Worksite wellness, including worksite diversity and inclusiveness initiatives and work/life balance components 	<ul style="list-style-type: none"> Defines wellness as “an active process through which people become aware of, and make choices toward, a more successful existence” Recognizes six dimensions of well-being, including physical, social, intellectual, emotional, occupational, and spiritual 	<ul style="list-style-type: none"> Offers student, individual, and organizational memberships Holds an annual National Wellness Conference 	X	X				

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Pathways to Population Health http://www.ihl.org/p2ph	<ul style="list-style-type: none"> Supports businesses to equitably improve the health and well-being of their employees and their communities Offers a framework and compass to self-assess and take action and a library of associated tools and resources 	Offers four interconnected portfolios of population health improvement that are addressed with an equity lens: <p>People</p> <ul style="list-style-type: none"> Improved mental and physical health Improved social (work environment, financial security, social connection, social determinants) and spiritual (sense of purpose and meaning) well-being <p>Places</p> <ul style="list-style-type: none"> Community health and well-being (focused cross-sector efforts to improve health and well-being) Communities of solutions—addressing root causes of inequitable outcomes, growing leadership of those affected by inequities <p>Equity</p> <ul style="list-style-type: none"> Strategies to take an equity lens overall and by portfolio Key levers for action include shared stewardship, equity, payment, and data and measurement 	Mental, physical, social (both social determinants and social connection) and spiritual (sense of purpose and meaning) Applies these to the well-being of people and places	<ul style="list-style-type: none"> Tested as applicable across sectors, has engaged 250+ healthcare organizations as businesses in the journey as well as a number of non-healthcare businesses Useful for development of a strategic portfolio 	X	X	X	X	X	X

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Robert Wood Johnson Foundation https://www.rwjf.org	Works collaboratively to build a national Culture of Health where everyone has the opportunity to live a healthier life RWJF Action Framework focuses on how companies influence the health of employees, their families, and communities and how they can contribute to a Culture of Health	<p>Outlines three pre-conditions to harness the power of the private sector:</p> <ol style="list-style-type: none"> 1. Recognition of the diverse means by which business influences health, well-being, and health equity 2. New measures need to characterize the breadth of business-related health outcomes and represent the many positive correlations with important measures of business performance 3. A shift in investment is needed toward those business practices and policies that promote health to reflect both the hidden costs to business of poor population health and opportunities to create business value by treating health as a strategic priority 	Includes people's physical, mental, and social health and the opportunities they have to create meaningful futures; considers basic needs like food, housing, education, employment, and income	Has supported many of the efforts of other organizations and initiatives represented in this table	X	X	X	X	X	X

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Shared Value Initiative https://www.sharedvalue.org/about-shared-value	Creating shared value, a concept currently associated with the work of Michael Porter and Mark Kramer and described as “corporate policies and practices that enhance the competitive advantage and profitability of the company while advancing social and economic conditions in the communities in which it sells and operates.”	<ul style="list-style-type: none"> Reconceiving products and markets: Meeting societal needs through products and addressing unserved or underserved customers Redefining productivity in the value chain: Changing practices in the value chain to drive productivity through better utilizing resources, employees, and business partners Enabling local cluster development: Improving the available skills, supplier base, and supporting institutions in the communities where a company operates to boost productivity, innovation, and growth 	Health and well-being are core to the creation of shared value: “When someone has strong health they are able to be educated, work, raise families, and be productive. When health is lacking, people become burdens to themselves, their families and societies. Good health is a prerequisite for sustainable development.”	Focus on the broad value proposition that organizations bring to communities and society	X	X	X	X	X	

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Sustainability and Health Initiative for NetPositive Enterprise (SHINE) https://shine.sph.harvard.edu/	<ul style="list-style-type: none"> Combines academic research with powerful tools to guide corporate responsibility, sustainability, and health and well-being practices across the globe. Mission is to conduct applied research to inspire positive change in business around the health and well-being of workers all over the world, no matter their occupation 	<p>Acknowledges well-being drivers that include:</p> <ul style="list-style-type: none"> Meaning and purpose Learning and challenge Autonomy and ability to make choices about how to live, work, and play (freedom from excessive demands and pressure, including financial worry) Progress and recognition Social connectedness Trust Respect Fairness (including gender equality), safety and security Physical and mental health 	<p>Created an instrument that measures several domains of well-being, including:</p> <ul style="list-style-type: none"> Mental and physical health Meaning and purpose Character Close social relationships Financial stability <p>Recommends business metrics such as retention, absenteeism, productivity, and performance</p>	<ul style="list-style-type: none"> Collaborates with large organizations to help them create comprehensive approaches that encourage corporate responsibility for worker well-being across the entire supply chain Works with member organization to conduct research Holds an annual summit 	X	X	X	X	X	X

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Well Being In the Nation (WIN) Measurement Framework https://www.winmeasures.org	A multisector, nationally vetted measurement framework that supports businesses to measure a wide range of initiatives while identifying common outcome measures of well-being across initiatives.	<ul style="list-style-type: none"> ■ Uses core measures, leading indicators, and learning measures that drive population health and well-being improvement across sectors ■ Recommends adoption of a balanced portfolio of outcome and process measures that captures the well-being of people, the well-being of places, and equity 	<ul style="list-style-type: none"> ■ Organized around the well-being of people and places (related to a community index with 12 domains and associated subdomains in housing, transportation, health, community vitality, economy, etc.) ■ Includes common measures of the well-being of people, places, and equity that are useful across sectors ■ Balances leading and lagging indicators ■ Offers measures of equity as its own category and in an integrated way 	<ul style="list-style-type: none"> ■ Advances people-reported outcome measures as core measures that have been tried in business and related to morbidity, mortality, cost, and worker productivity ■ Has adoption across thousands of organizations across sectors ■ Offers common methods for measuring the well-being of people, places, and equity 	X	X	X	X	X	X

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Well Being In the Nation (WIN) Network https://www.winnetwork.org	<ul style="list-style-type: none"> Brings together 6 interconnected cooperatives with 150+ participating organizations, including strong business representation Builds on the WIN measures to consider how legacies of trauma and exclusion can be shifted to legacies of inclusion, how the vital conditions everyone needs to succeed can be ensured through shared stewardship, and how the country might shift from an adversity economy to a well-being economy 	<ul style="list-style-type: none"> Aligns with the WIN measures Addresses seven vital conditions, or properties of places and institutions needed to participate, prosper, and reach their full potential (basic needs for health and safety, belonging and civic muscle, thriving natural world, humane housing, life-long learning, meaningful work and health, and reliable transportation) Recommends an approach to address policies and investments, stories and dialogue, and narrative change as it relates to the drivers of well-being and equity across sectors Recommends a balanced portfolio of efforts and associated measures related to the well-being of people, places, and equity as well as to policy and investment and narrative change needed to achieve these 	<ul style="list-style-type: none"> Uses the WIN measures as a basis, particularly Cantril's ladder Recommends a balanced portfolio of measures related to the well-being of people, places, and equity as well as to policy and investment and narrative change needed to achieve these 	<ul style="list-style-type: none"> Includes a WIN for Business cooperative made up of organizations speaking to hundreds of businesses Designed as a development and implementation cooperative 	X	X	X	X	X	X

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People		Places		Equity	
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
Wellness Councils of America (WELCOA) https://www.welcoa.org/	<ul style="list-style-type: none"> A member-based organization that offers The Well Workplace Checklist and administers its Well Workplace Awards designed to showcase organizations that are taking a high-impact and innovative approach to improving the health and well-being of their employees Provides free employer resources and members-only certification courses to help develop wellness professionals Holds an annual summit 	<p>The Well Workplace Checklist measures the following practices:</p> <ul style="list-style-type: none"> Committed and aligned leadership Collaboration in support of wellness Collecting meaningful data to evolve a wellness strategy Crafting an operating plan Choosing initiatives that support the whole employee Supportive, health-promoting environments, policies, and practices Conducting evaluation, communicating, celebrating, and iterating 	<p>The checklist and overall approach are grounded in a needs-based definition of wellness with the following domains:</p> <ul style="list-style-type: none"> Physical and mental health Meaning Safety Connection Achievement Growth Resiliency 	<ul style="list-style-type: none"> Offers the online Well Workplace Checklist as an open-source tool Approach focuses on training and tools to help wellness and human resources professionals, benefits consultants, and brokers increase engagement, contain costs, and improve the lives of employees 	X	X				

Organization/ Framework/ Initiative	Approach/ Role for Business	Recommended Practices/ Process Measures	How Are Health and Well-Being and Other Outcomes Defined/Measured?	Key Distinguishing Features	Impact on...					
					People			Places		Equity
					Employee Benefits	Work Environment	Customer Well-Being	Focused Community Impact	Broader Community and System Impact	People/Places not Currently Thriving
World Health Organization https://www.who.int	Healthy Workplaces: A Model for Action from WHO represents “a comprehensive way of thinking and acting that addresses work-related physical and psychosocial risks; promotion and support of healthy behaviors; broader social and environmental determinants.”	Defines a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace by considering the following, based on identified needs,” including: <ul style="list-style-type: none"> Health and safety concerns in the physical and psychosocial work environments Personal health resources in the workplace Ways of participating in the community to improve the health of workers, their families, and members of the community 	Defines health as “the state of complete physical, mental, and social well-being, and not merely the absence of disease.”	<ul style="list-style-type: none"> A specialized agency within the United Nations, which gives it global reach and positions it well to contribute to systems-level transformation Works with a diverse group of global stakeholders including Ministries of Health, government agencies, and other government departments at the national level Also works with influencers: health partnerships, foundations, intragovernmental and nongovernmental organizations, civil society, media, professional associations, and WHO collaborating centers 	X	X		X	X	



APPENDIX C. References





Message From Alex M. Azar II

p. iii: Low-income Americans continue to suffer more severe illness from COVID-19. Koma, W., Artiga, S., Neuman, T., Claxton, G., Rae, M., Kates, J., & Michaud, J. (2020, May 7). Low-income and communities of color at higher risk of serious illness if infected with coronavirus. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/>

Foreword From the Surgeon General

p. xxvii: The success of businesses depends on a healthy and productive workforce, and businesses pay about 20% of the nation's medical care costs. Centers for Medicare & Medicaid Services. (n.d.). *National health expenditures 2017 highlights*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>

Chapter 1. The U.S. Health Disadvantage and Why It Matters to Business

p. 3: Americans' assumptions about health and healthcare. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325; Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the U.S.A. *Lancet*, 389(10077), 1431–1441; Global Burden of Disease 2017 Mortality Collaborators. (2018). Global, regional, and national age-sex-specific mortality and life expectancy, 1950–2017: A systematic analysis for the Global Burden of Disease Study 2017. *Lancet*, 392(10159), 1684–1735; Mossialos, E., Djordjevic, A., Osborn, R., & Sarnak, D. (Eds.). (2017). *International profiles of health care systems*. New York, NY: The Commonwealth Fund; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 3: People in the United States have poorer health and experience greater health inequity. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325; Global Burden of Disease 2017 Mortality Collaborators. (2018). Global, regional, and national age-sex-specific mortality and life expectancy, 1950–2017: A systematic analysis for the Global Burden of Disease Study 2017. *Lancet*, 392(10159), 1684–1735; Muennig, P. A., Reynolds, M., Fink, D. S., Zafari, Z., & Geronimus, A. T. (2018). America's declining well-being, health, and life expectancy: Not just a White problem. *American Journal of Public Health*, 108(12), 1626–1631; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 3: Difference in how long Americans live and how healthy they are. Avendano, M., Kok, R., Glymour, M., Berkman, L., Kawachi, I., Kunst, A., & Mackenbach, J. (2010). Do Americans have higher mortality than Europeans at all levels of the education distribution?: A comparison of the United States and 14 European countries. In E. M. Crimmins, S. H. Preston, & B. Cohen (Eds.), *International differences in mortality at older ages: Dimensions and sources* (pp. 313–332). Washington, DC: National Academies Press.

p. 3: Americans cannot fully access the U.S. healthcare system. Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the U.S.A. *Lancet*, 389(10077), 1431–1441; and Mossialos, E., Djordjevic, A., Osborn, R., & Sarnak, D. (Eds.). (2017). *International profiles of health care systems*. New York, NY: The Commonwealth Fund.

p. 3: 28.9 million non-elderly Americans lacked health insurance in 2018. Tolbert, J., Orgera, K., & Damico, A. (2020, November). *Key facts about the uninsured population*. Retrieved from <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

p. 3: A person's ability to receive quality healthcare in America is not universal. Davis, K., & Ballreich, J. (2014). Equitable access to care—How the United States ranks internationally. *New England Journal of Medicine*, 371(17),

1567–1570; and Osborn, R., Squires, D., Doty, M. M., Sarnak, D. P., & Schneider, E. C. (2016, November 16). In new survey of 11 countries, U.S. adults still struggle with access to and affordability of health care. Retrieved from <https://www.commonwealthfund.org/publications/journal-article/2016/nov/new-survey-11-countries-us-adults-still-struggle-access-and>

p. 3: Healthcare expenditures in the United States vs. the average healthcare expenditures of member nations of OECD. Organisation for Economic Co-operation and Development. (2019). *Health at a glance 2019: OECD indicators*. Paris, France: OECD Publishing. Retrieved from <https://doi.org/10.1787/4dd50c09-en>

pp. 3–4: OECD countries spend less on healthcare than the United States but have healthier populations and greater life expectancies; and the paradox. Papanicolas, I., Woskie, L. R., & Jha, A. K. (2018). Health care spending in the United States and other high-income countries. *JAMA*, 319(10), 1024–1039.

p. 4: Figure 1.1. Source: Adapted from page 151 of Organisation for Economic Co-operation and Development. (2019). *Health at a glance 2019: OECD indicators*. Paris, France: OECD Publishing. Retrieved from <https://doi.org/10.1787/4dd50c09-en>. Note B: Page 154 in Organisation for Economic Co-operation and Development. (2019). *Health at a glance 2019: OECD indicators*. Paris, France: OECD Publishing. Retrieved from <https://doi.org/10.1787/4dd50c09-en>

pp. 4–5: Conditions that shape health are outside the clinic. Braveman, P., & Egerter, S. (2008). *Overcoming obstacles to health*. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America; Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved from https://www.who.int/social_determinants/the_commission/finalreport/en/; and Woolf, S. H., & Schoomaker, H. (2019). Life expectancy and mortality rates in the United States, 1959–2017. *JAMA*, 322(20), 1996–2016.

p. 5: Healthcare is estimated to account for only 10–20% of health outcomes. Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135.

p. 5: U.S. life expectancy is decreasing for the first time in generations. Bernstein, L. (2018, November 21). U.S. life expectancy declines again, a dismal trend not seen since World War I. *Washington Post*. Retrieved from https://www.washingtonpost.com/national/health-science/us-life-expectancy-declines-again-a-dismal-trend-not-seen-since-world-war-i/2018/11/28/ae58bc8c-f28c-11e8-bc79-68604ed88993_story.html; and McKay, B. (2018, November 29). U.S. life expectancy falls further. *Wall Street Journal*. Retrieved from <https://www.wsj.com/articles/u-s-life-expectancy-falls-further-1543467660>

pp. 5–6: U.S. life expectancy decreased for three consecutive years. Murphy, S. L., Xu, J. Q., Kochanek, K. D., & Arias, E. (2018). Mortality in the United States, 2017. *NCHS Data Brief*, 1–8; and National Center for Health Statistics. (2018). *Health, United States, 2017: With special feature on mortality*. Hyattsville, MD: National Center for Health Statistics.

p. 6: Life expectancy continues to increase in other wealthy countries. Acciai, F., & Firebaugh, G. (2017). Why did life expectancy decline in the United States in 2015? A gender-specific analysis. *Social Science and Medicine*, 190, 174–180; Ho, J. Y., & Hendi, A. S. (2018). Recent trends in life expectancy across high income countries: Retrospective observational study. *BMJ*, 362, k2562; Murphy, S. L., Xu, J. Q., Kochanek, K. D., & Arias, E. (2018). Mortality in the United States, 2017. *NCHS Data Brief*, 328, 1–8; and National Center for Health Statistics. (2018). *Health, United States, 2017: With special feature on mortality*. Hyattsville, MD: National Center for Health Statistics.

p. 6: The downturn in the health status of Americans is not new. Global Burden of Disease 2017 Mortality Collaborators. (2018). Global, regional, and national age-sex-specific mortality and life expectancy, 1950–2017: A systematic analysis for the Global Burden of Disease Study 2017. *Lancet*, 392(10159), 1684–1735; Muennig, P. A., & Glied, S. A. (2010). What changes in survival rates tell us about U.S. health care. *Health Affairs*, 29(11), 2105–2113; Raleigh, V. S. (2019). *Trends in life expectancy in EU and other OECD countries: Why are improvements slowing?* (OECD Working Paper No. 108). Retrieved from https://www.oecd-ilibrary.org/social-issues-migration-health/trends-in-life-expectancy-in-eu-and-other-oecd-countries_223159ab-en; Woolf, S. H., & Aron, L. (2013). The U.S. health disadvantage relative to other high-income countries: Findings from a National Research Council/Institute of Medicine report. *JAMA*, 309(8), 771–772; and Woolf, S. H., & Aron, L. (2018). Failing health of the United States. *BMJ*, 360, k496.

p. 6: Figure 1.2. Source: Data obtained from The World Bank. (n.d.). Life expectancy at birth, total (years). Retrieved from <https://data.worldbank.org/indicator/sp.dyn.le00.in>

p. 7: Table 1.1. Source: Table 14 in Organisation for Economic Co-operation and Development. (2018). Health, United States, 2017—Data finder. Retrieved from <https://www.cdc.gov/nchs/hus/contents2017.htm#014>. Note A: Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press. Note B: IndexMundi. (n.d.). Canada—life expectancy at birth. Retrieved from <https://www.indexmundi.com/facts/canada/life-expectancy-at-birth>

p. 7: Figure 1.3. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). Underlying cause of death 1999–2018 (from the multiple cause of death files, 1999–2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program). Retrieved from <http://wonder.cdc.gov/ucd-icd10.html>

p. 8: The U.S. health disadvantage extends beyond lower life expectancy. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325; Butterff, C., Ruder, T., & Bauman, M. (2017). *Multiple chronic conditions in the United States*. Retrieved from http://www.fightchronicdisease.org/sites/default/files/TL221_final.pdf; Goldman, N., Gleib, D. A., & Weinstein, M. (2018). Declining mental health among disadvantaged Americans. *Proceedings of the National Academy of Sciences of the United States of America*, 115(28), 7290–7295; Salomon, J. A., Nordhagen, S., Oza, S., & Murray, C. J. (2009). Are Americans feeling less healthy? The puzzle of trends in self-rated health. *American Journal of Epidemiology*, 170(3), 343–351; Toossi, M. (2002). A century of change: the U.S. labor force, 1950–2050. *Monthly Labor Review*, 15–28; Toossi, M. (2012). Employment outlook: 2010–2020. Labor force projection to 2020: a more slowly growing workforce. *Monthly Labor Review*, 43–64; Weinberger, A. H., Gbedemah, M., Martinez, A. M., Nash, D., Galea, S., & Goodwin, R. D. (2018). Trends in depression prevalence in the U.S.A. from 2005 to 2015: Widening disparities in vulnerable groups. *Psychological Medicine*, 48(8), 1308–1315; Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press; and Zack, M. M., Moriarty, D. G., Stroup, D. F., Ford, E. S., & Mokdad, A. H. (2004). Worsening trends in adult health-related quality of life and self-rated health—United States, 1993–2001. *Public Health Reports*, 119(5), 493–505.

p. 8: Footnote. Labor participation in 2020: Chart 2 in U.S. Bureau of Labor Statistics. (2020, July 2). Charting the labor market: Data from the Current Population Survey (CPS). Retrieved from https://www.bls.gov/web/empsit/cps_charts.pdf

p. 8: Figure 1.4. Source: Table 4 in Toossi, M. (2002). A century of change: the U.S. labor force, 1950–2050. *Monthly Labor Review*, 15–28; and Table 3 in Toossi, M. (2012). Employment outlook: 2010–2020. Labor force projection to 2020: a more slowly growing workforce. *Monthly Labor Review*, 43–64.

pp. 8–9: The U.S. health disadvantage affects much of the population. Crimmins, E. M., Preston, S. H., & Cohen, B. (Eds.). (2011). *Explaining divergent levels of longevity in high-income countries*. Washington, DC: National Academies Press; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 9: The U.S. health disadvantages are diverse. Woolf, S. H., & Aron, L. (2013). The U.S. health disadvantage relative to other high-income countries: Findings from a National Research Council/Institute of Medicine report. *JAMA*, 309(8), 771–772.

p. 9: Outcomes from health disadvantages persist despite America's large investments in healthcare. Papanicolas, I., Woskie, L. R., & Jha, A. K. (2018). Health care spending in the United States and other high-income countries. *JAMA*, 319(10), 1024–1039.

p. 9: Estimates suggest that the U.S. health disadvantage will continue to worsen. Kontis, V., Bennett, J. E., Mathers, C. D., Li, G., Foreman, K., & Ezzati, M. (2017). Future life expectancy in 35 industrialised countries: Projections with a Bayesian model ensemble. *Lancet*, 389(10076), 1323–1335.

p. 9: The United States differs from other wealthy countries in five areas. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325; Crimmins, E. M., Preston, S. H., & Cohen, B. (Eds.). (2011). *Explaining divergent levels of longevity in high-income countries*. Washington, DC: National Academies Press; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 9: Social and economic factors. Desilver, D. (2017). U.S. students' academic achievement still lags that of their peers in many other countries. Retrieved from <https://www.pewresearch.org/fact-tank/2017/02/15/u-s-students-internationally-math-science/>

p. 10: Social and physical environments. Forsyth, A., & Southworth, M. (2008). Cities afoot—Pedestrians, walkability and urban design. *Journal of Urban Design*, 13, 1–3; Southworth, M. (2005). Designing the walkable city. *Journal of Urban Planning and Development*, 131, 246–257; and Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 10: Individual behaviors. Woolf, S. H., & Aron, L. (Eds.). (2013). *U.S. health in international perspective: Shorter lives, poorer health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press.

p. 10: Footnote. Contributions of higher rates of smoking from decades ago: Preston, S. H., Gleit, D. A., & Wilmoth, J. R. (2010). Contribution of smoking to international differences in life expectancy. In S. H. Preston & B. Cohen (Eds.), *International differences in mortality at older ages: Dimensions and sources* (pp. 105–131). Washington, DC: National Academies Press.

p. 10: Healthcare. Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the U.S.A. *Lancet*, 389(10077), 1431–1441; and Mossialos, E., Djordjevic, A., Osborn, R., & Sarnak, D. (Eds.). (2017). *International profiles of health care systems*. New York, NY: The Commonwealth Fund.

p. 10: Spending on programs that provide direct cash transfer and healthcare-related costs (e.g., Medicare and Medicaid) increased by 162%. The Concord Coalition. (2018, July 2). *A troubling trend in federal investment spending*. Retrieved from <https://www.concordcoalition.org/issue-brief/troubling-trend-federal-investment-spending>

p. 10: Prioritizing spending on social services over spending on healthcare. Bradley, E. H., Canavan, M., Rogan, E., Talbert-Slagle, K., Ndumele, C., Taylor, L., & Curry, L. A. (2016). Variation in health outcomes: The role of spending on social services, public health, and health care, 2000–09. *Health Affairs*, 35(5), 760–768; and Bradley, E. H., Elkins, B. R., Herrin, J., & Elbel, B. (2011). Health and social services expenditures: Associations with health outcomes. *BMJ Quality & Safety*, 20(10), 826–31.

p. 10: Racism and bias are an important contributing cause of poor health outcomes for people of color in the United States. Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40, 105–125.

p. 10: Factors that contribute individually and collectively to poorer health outcomes. Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., . . . Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS One*, 10(9), e0138511.

p. 10: Racism and bias in the diagnosis and treatment of disease contributes to poorer health outcomes. Cain, V. S., & Kington, R. S. (2003). Investigating the role of racial/ethnic bias in health outcomes. *American Journal of Public Health*, 93(2), 191–192; Simon, S., & Ho, P. M. (2020). Ethnic and racial disparities in acute myocardial infarction. *Current Cardiology Reports* 22(9), 88; and Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.

pp. 10: Unhealthy behaviors contribute significantly to disease and death. Institute of Medicine and National Research Council. (2015). *Measuring the risks and causes of premature death: Summary of workshops*. Washington, DC: The National Academies Press; Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L.

(2004). Actual causes of death in the United States, 2000. *JAMA*, 291(10), 1238–1245; and Mokdad, A. H., Marks, J. S., Stroup, D. F., Gerberding, J. L. (2005). Correction: Actual causes of death in the United States, 2000. *JAMA*, 293(3), 293–294.

p. 11: Physical and social environments influence unhealthy behaviors that contribute to disease and death. Woolf, S. H., & Braveman, P. (2011). Where health disparities begin: The role of social and economic determinants—and why current policies may make matters worse. *Health Affairs*, 30(10), 1852–1859.

p. 11: Social and economic factors rank among the most influential drivers of health. Braveman, P., Acker, J., Arkin, E., Proctor, D., Gillman, A., McGeary, K. A., & Mallya, G. (2018). *Wealth matters for health equity* (Executive Summary). Princeton, NJ: Robert Wood Johnson Foundation; and Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 100(Suppl 1):S186–S196.

p. 11: Decisions on public policies and spending greatly influence the other four areas. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325.

p. 11: Mounting stresses contribute to poor health. Avendano, M., & Kawachi, I. (2014). Why do Americans have shorter life expectancy and worse health than people in other high-income countries? *Annual Review of Public Health*, 35, 307–325; Benach, J., Vives, A., Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious employment: Understanding an emerging social determinant of health. *Annual Review of Public Health*, 35, 229–253; Halliday, T. J. (2017). Earnings growth and movements in self-reported health. *Review of Income and Wealth*, 63(4), 760–776; Meraya, A. M., Dwibedi, N., Tan, X., Innes, K., Mitra, S., & Sambamoorthi, U. (2018). The dynamic relationships between economic status and health measures among working-age adults in the United States. *Health Economics*, 27(8), 1160–1174; and Ruckert, A., & Labonte, R. (2017). Health inequities in the age of austerity: The need for social protection policies. *Social Science and Medicine*, 187, 306–311.

p. 12: Costs of unplanned work absences from diabetes. American Diabetes Association. (2018). Economic costs of diabetes in the U.S. in 2017. *Diabetes Care*, 41(5), 917–928; and Gallup-Share Care Wellbeing Index. (2017, November 13). *The cost of diabetes in the U.S.: Economic and well-being impact*. Retrieved from <https://wellbeingindex.sharecare.com/diabetes-us-economic-well-being-impact/>

p. 12: Table 1.2. Source: American Diabetes Association. (2018). Economic costs of diabetes in the U.S. in 2017. *Diabetes Care*, 41(5), 917–928.

p. 12: Factors that affect the health status of workers and their productivity on the job. Bipartisan Policy Center and de Beaumont Foundation. (2019). *Good health is good business: The value proposition of partnerships between businesses and governmental public health agencies to improve community health*. Washington, DC: Bipartisan Policy Center; and Kindig, D., Isham, G., & Siemering, K. Q. (2013). *The business role in improving health: Beyond social responsibility*. Washington, DC: Institute of Medicine. Retrieved from <https://doi.org/10.31478/201308b>

p. 12: Likelihood of outcomes in workers with less education or income. Susser, P., & Ziebarth, N. R. (2016). Profiling the U.S. sick leave landscape: Presenteeism among females. *Health Services Research*, 51(6), 2305–2317.

pp. 12–13: Lower income adds to psychological distress. Blackwell, D. L., & Villarroel, M. A. (2017). Table A-8a. Age-adjusted percentages (with standard errors) of feelings of nervousness, feelings of restlessness, and serious psychological distress among adults aged 18 and over, by selected characteristics: United States, 2017. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_A-8.pdf

p. 13: Impact of the opioid epidemic. Barbieri, M. (2019). The contribution of drug-related deaths to the U.S. disadvantage in mortality. *International Journal of Epidemiology*, 48(3), 945–953; and Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care*, 54(10), 901–906.

p. 13: Footnote. Increase in opioid prescriptions in other countries: Ho, J. Y., & HENDI, A. S. (2018). Recent trends in life expectancy across high income countries: Retrospective observational study. *BMJ*, 362, k2562. Increase in drug overdose deaths in the United States: Barbieri, M. (2019). The contribution of drug-related deaths to the U.S. disadvantage in mortality. *International Journal of Epidemiology*, 48(3), 945–953.

p. 13: Box 1.1a. Well Being In the Nation Network. (n.d.). Theory of change. Retrieved from <https://winnetwork.org/win-theory-of-change>; and Well Being In the Nation Network. (n.d.). Vital conditions. Retrieved from <https://winnetwork.org/vital-conditions>

p. 13: **Box 1.1a note.** ReThink Health. (2019). *Negotiating a well-being portfolio*. Retrieved from https://www.rethinkhealth.org/wp-content/uploads/2019/10/RTH-PortfolioSummary_Overview-Definitions-NatProfile.pdf

pp. 14–15: **Box 1.1b note.** Graphic is adapted with permission from The Rippel Foundation, All Rights Reserved.

p. 16: **Figure 1.5.** Blackwell, D. L., & Villarroel, M. A. (2017). Table A-10a. Age-adjusted percentages (with standard errors) of difficulties in physical functioning among adults aged 18 and over, by selected characteristics: United States, 2017. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_A-10.pdf

p. 17: **Box 1.2.** Webber, A., & Mercure, S. (2010). Improving population health: The business community imperative. *Preventing Chronic Disease*, 7(6), A121.

pp. 17–18: **Adverse conditions that affect the health of a community also stifle upward mobility and the well-being of communities.** Boushey, H., DeLong, B., & Steinbaum, M. (Eds.). (2016). *After Piketty: The agenda for economics and inequality*. Cambridge, MA: Harvard University Press.

p. 18: **High prevalence of obesity and other health problems in active-duty military personnel and recruits.** Maxey, H., Bishop-Josef, S., & Goodman, B. (2018, October). *Unhealthy and unprepared: National security depends on promoting healthy lifestyles*. Retrieved from <https://www.strongnation.org/articles/737-unhealthy-and-unprepared>

Chapter 2. How Neighborhoods Shape Health and Opportunity

p. 26: **Opportunity looks different in many communities across the United States.** Acevedo-Garcia, D., McArdle, N., Hardy, E. F., Crisan, U. I., Romano, B., Norris, D., . . . Reece, J. (2014). The child opportunity index: improving collaboration between community development and public health. *Health Affairs*, 33(11), 1948–1957.

p. 27: **Box 2.1.** Source: Unless cited otherwise, data are from the Child Opportunity Index 2.0 (diversitydatakids.org, n.d.). Concentrated poverty in neighborhoods and schools is associated with poor physical and mental health, as well as low student graduation rates and future earnings: Acevedo-Garcia, D., McArdle, N., Hardy, E. F., Crisan, U. I., Romano, B., Norris, D., . . . Reece, J. (2014). The child opportunity index: improving collaboration between community development and public health. *Health Affairs*, 33(11), 1948–1957; and Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020, January). *The geography of child opportunity: Why neighborhoods matter for equity—First findings from the Child Opportunity Index 2.0*. Retrieved from http://new.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2_0.pdf. Lack of access to healthy food is associated with health problems and obesity in children: Acevedo-Garcia, D., McArdle, N., Hardy, E. F., Crisan, U. I., Romano, B., Norris, D., . . . Reece, J. (2014). The child opportunity index: improving collaboration between community development and public health. *Health Affairs*, 33(11), 1948–1957.

p. 28: **Neighborhood features influence health and well-being through biologic and social mechanisms.** Arcaya, M. C., Tucker-Seeley, R. D., Kim, R., Schnake-Mahl, A., So, M., & Subramanian, S. V. (2016). Research on neighborhood effects on health in the United States: A systematic review of study characteristics. *Social Science and Medicine*, 168, 16–29; and Morenoff, J. D., & Lynch, J. W. (2004). What makes a place healthy? Neighborhood influences on racial/ethnic disparities in health over the life course. In: N. B. Anderson, R. A. Bulatao, & B. Cohen (Eds.), *Critical perspectives on racial and ethnic differences in health in late life* (pp. 406–449). Washington, DC: The National Academies Press.

p. 28: **Social and environmental conditions in the neighborhoods in which children live and grow shape their health and affect their life chances.** Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135.

p. 28: **Immediate living environment of families is a powerful influence on children's prospects in adulthood.** Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). *The Opportunity Atlas: Mapping the childhood roots of social mobility*. Retrieved from <https://ideas.repec.org/p/cen/wpaper/18-42.html>

p. 28: **Absence of certain features diminishes life chances for children who grow up in low opportunity neighborhoods.** Galster, G. (2012). The mechanism(s) of neighbourhood effects: Theory, evidence, and policy implications. In: M. V. Ham, D. Manley, N. Bailey, L. Simpson, & D. Maclennan (Eds.), *Neighbourhood effects research: New perspectives* (pp. 23–56). Dordrecht, Netherlands: Springer.

p. 29: **Box 2.2.** Color infiltration: Digital Scholarship Lab, University of Richmond. (n.d.). Mapping inequality: Redlining in New Deal America [Map of Brooklyn, NY, D8]. Retrieved from <https://dsl.richmond.edu/panorama/redlining/#loc=14/40.638/-74.093&city=brooklyn-ny&area=D8>. HOLC recommendations: Digital Scholarship Lab,

University of Richmond. (n.d.). Mapping inequality: Redlining in New Deal America [Map of cities that HOLC graded]. Retrieved from <https://dsl.richmond.edu/panorama/redlining/#loc=5/37.8/-97.9>. Addressing the needs of only the formerly redlined neighborhoods would likely miss many of the people who most directly experienced the decades of disinvestment: Perry, A. M., & Harshbarger, D. (2019, October 14). America's formerly redlined neighborhoods have changed, and so must solutions to rectify them. Retrieved from <https://www.brookings.edu/research/americas-formerly-redlines-areas-changed-so-must-solutions/>. Current geographic patterns of concentrated disadvantage and prevalence of health problems closely follow the redlining maps of the past: Reece, J., Martin, M., Bates, J., Golden, A., Mailman, K., & Nimps, R. (2015). *History matters: understanding the role of policy, race & real estate in Cuyahoga County*. Retrieved from <http://kirwaninstitute.osu.edu/wp-content/uploads/2015/06/The-History-of-Race-Real-Estate-Cuyahoga-County-Final-Report-February-2015.pdf>

p. 30: The Child Opportunity Index (COI) 2.0 is one approach to quantifying the enormous variation in resources and conditions available for healthy living in the United States. Acevedo-Garcia, D., McArdle, N., Hardy, E. F., Crisan, U. I., Romano, B., Norris, D., . . . Reece, J. (2014). The child opportunity index: improving collaboration between community development and public health. *Health Affairs*, 33(11), 1948–1957; and Noelke, C., McArdle, N., Baek, M., Huntington, N., Huber, R., Hardy, E., & Acevedo-Garcia, D. (2020). *Child Opportunity Index 2.0 technical documentation*. Retrieved from http://diversitydatakids.org/sites/default/files/2020-01/ddk_coi2.0_technical_documentation_20200115_1.pdf

p. 31: Figure 2.1. Source: Calculations are based on data from COI 2.0: diversitydatakids.org. (n.d.). *Child Opportunity Index 2.0, 2019*. Waltham, MA: Brandeis University, The Heller School for Social Policy and Management, Institute for Child Youth and Family Policy.

p. 32: Figure 2.2. Sources: Child Opportunity Index 2.0, 2019: diversitydatakids.org. (n.d.). *Child Opportunity Index 2.0, 2019*. Waltham, MA: Brandeis University, The Heller School for Social Policy and Management, Institute for Child Youth and Family Policy; and Life expectancy data from the U.S. Small-Area Life Expectancy Estimates Project (CDC-NCHS).

p. 32: Figure 2.3. Source: Centers for Disease Control and Prevention. (2020). Life expectancy at birth for U.S. Census tracts, 2010–2015. Retrieved from <https://www.cdc.gov/surveillance/blogs-stories/life-expectancy.html>

p. 33: Percentages of children, by race/ethnicity, who live in neighborhoods across the various levels of opportunity. diversitydatakids.org. (n.d.). *Child Opportunity Index 2.0, 2019*. Waltham, MA: Brandeis University, The Heller School for Social Policy and Management, Institute for Child Youth and Family Policy.

p. 33: Disparities in educational achievement are linked directly to levels of child neighborhood opportunity. Harding, D. J. (2003). Counterfactual models of neighborhood effects: The effect of neighborhood poverty on dropping out and teenage pregnancy. *American Journal of Sociology*, 109(3), 676–719.

p. 33: Income distribution attained as adults compared with income distribution that their parents attained. Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). *The Opportunity Atlas: Mapping the childhood roots of social mobility*. Retrieved from <https://ideas.repec.org/p/cen/wpaper/18-42.html>

p. 33: Proportion of children earning more than their parents. Chetty, R., Grusky, D., Hell, M., Hendren, N., Manduca, R., & Narang, J. (2016). *The fading American dream: Trends in absolute income mobility since 1940*. Retrieved from <http://www.nber.org/papers/w22910>

p. 34: Figure 2.4. Sources: Calculated based on data from COI 2.0: diversitydatakids.org. (n.d.). *Child Opportunity Index 2.0, 2019*. Waltham, MA: Brandeis University, The Heller School for Social Policy and Management, Institute for Child Youth and Family Policy. Population data from the American Community Survey, 5-Year Summary Files. Average household income at 35 years of age from Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). *The Opportunity Atlas: Mapping the childhood roots of social mobility*. Retrieved from <https://ideas.repec.org/p/cen/wpaper/18-42.html>

Chapter 3. The Meaning, Purpose, and Opportunity of Business in 21st Century America

p. 41: Introductory quote. Smith, A. (1776). *The wealth of nations*. Oxford, England: Bibliomania.com Ltd. Retrieved from <https://www.loc.gov/item/2002564559/>

p. 42: “Shareholder primacy.” Business Roundtable. (2019, August 19). Business Roundtable redefines the purpose of a corporation to promote “an economy that serves all Americans”. Retrieved from

<https://www.businessroundtable.org/business-roundtable-redefines-the-purpose-of-a-corporation-to-promote-an-economy-that-serves-all-americans>; Ireland, P. (2005). Shareholder primacy and the distribution of wealth. *The Modern Law Review*, 68(1), 49–81; and Rock, E. B. (2013). *Adapting to the new shareholder-centric reality* (Faculty Scholarship Paper 457). Retrieved from http://scholarship.law.upenn.edu/faculty_scholarship/457

p. 42: Income inequality increased as real incomes for employees stagnated. Owyang, M. T., & Shell, H. G. (2016, March 30). Measuring trends in income inequality. Retrieved from <https://www.stlouisfed.org/publications/regional-economist/april-2016/measuring-trends-in-income-inequality>; and Piketty, T., & Saez, E. (2003). Income inequality in the United States, 1913–1998. *Quarterly Journal of Economics*, 118(1), 1–39.

p. 42: Government regulation or deregulation facilitated some trends around income inequality and real income. Beck, T., Levine, R., & Levkov, A. (2010). Big bad banks? The winners and losers from bank deregulation in the United States. *The Journal of Finance*, 65(5), 1637–1667; and Bergh, A., & Nilsson, T. (2010). Do liberalization and globalization increase income inequality? *European Journal of Political Economy*, 26(4), 488–505.

p. 42: Role of three systemic changes on the rise in wage inequality. Fortin, N. M., & Lemieux, T. (1997). Institutional changes and rising wage inequality: Is there a linkage? *Journal of Economic Perspectives*, 11(2), 75–96.

p. 42: The widening gap in pay between company leaders and managers and lower level workers. Mishel, L., & Wolfe, J. (2019, August 14). CEO compensation has grown 940% since 1978: Typical worker compensation has risen only 12% during that time. Retrieved from <https://www.epi.org/publication/ceo-compensation-2018/>

p. 42: Quote from Milton Friedman. As cited in Friedman, M. (1970, September 13). *The social responsibility of business is to increase its profits*. Retrieved from <http://umich.edu/~thecore/doc/Friedman.pdf>

p. 43: “Reversal of fortune.” Case, A., & Deaton, A. (2015). Rising morbidity and mortality in midlife among White non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences*, 112(49), 15078–15083; and Paez, K. (2015, December 1). Rising death rates bring new meaning to mid-life crisis for Americans—especially White women. Retrieved from <https://www.air.org/resource/rising-death-rates-bring-new-meaning-mid-life-crisis-americans-especially-white-women>

p. 43: Many businesses have begun to reevaluate their role in society and see opportunities in becoming partners in creating healthy, inclusive, and prosperous communities. Enright, S., McElrath, R., & Taylor, A. (2016, October). *The future of stakeholder engagement: Transformative engagement for inclusive business*. Retrieved from https://www.bsr.org/reports/BSR_Future_of_Stakeholder_Engagement_Report.pdf

p. 43: Mutualism between businesses and the communities in which they operate. Birchall, J. (2002). *The new mutualism in public policy*. London, UK: Routledge; Frederick, W. C. (1998). Creatures, corporations, communities, chaos, complexity: A naturological view of the corporate social role. *Business & Society*, 37(4), 358–389; Hills, G., & Hawkins, E. (n.d.). Advancing strategy: How to lead change in corporate societal engagement. Retrieved from <https://www.fsg.org/tools-and-resources/advancing-strategy>; and Porter, M. E., & Kramer, M. R. (2011). Creating shared value. *Harvard Business Review*, 89, 62–77.

p. 44: Figure 3.1. Source: Adapted with permission from Pew Research Center, as appearing on page 19 of Horowitz, J. M., Igielnik, R., & Kochhar, R. (2020, January 9). *Most Americans say there is too much economic inequality in the U.S., but fewer than half call it a top priority*. Retrieved from <https://www.pewsocialtrends.org/2020/01/09/most-americans-say-there-is-too-much-economic-inequality-in-the-u-s-but-fewer-than-half-call-it-a-top-priority/>

p. 44: Quote from Larry Fink. Fink, L. (2019). Larry Fink’s 2019 letter to CEOs: Profit & purpose. Retrieved from <https://www.blackrock.com/americas-offshore/2019-larry-fink-ceo-letter>

p. 45: A majority of U.S. adults is dissatisfied with the size and influence of major corporations. Riffkin, R. (2016, January 20). Majority of Americans dissatisfied with corporate influence. Retrieved from <https://news.gallup.com/poll/188747/majority-americans-dissatisfied-corporate-influence.aspx>

p. 45: Americans have “a great deal” or “quite a lot” of confidence in small businesses. Newport, F. (2017, August 22). Business gets bigger even as Americans prefer small. Retrieved from <https://news.gallup.com/opinion/polling-matters/216674/business-gets-bigger-even-americans-prefer-small.aspx>

p. 45: Differences in U.S. opinion are driven by perspectives about leaders of large corporations. Riffkin, R., & Wilson, G. (2016, January 21). Large and growing majority of Americans dissatisfied with corporate influence. Retrieved from <https://www.newamericanjournal.net/2016/01/large-and-growing-majority-of-americans-dissatisfied-with-corporate-influence/>

- p. 45: Unencumbered markets and government policies that favor business are linked to inequality and lack of economic opportunity.** Putnam, R. D. (2015). *Our kids: The American dream in crisis*. New York, NY: Simon & Schuster.
- pp. 45–46: Strong, pro-market leaders.** Cramer, A (2019, October 25). Capitalism is not working. Here's how business leaders can fix it. Retrieved from <https://qz.com/work/1728603/how-business-leaders-can-fix-capitalism/>
- p. 46: The sustainability of capitalism is questionable if a more equitable distribution of benefits cannot be implemented.** Piketty, T. (2014). *Capital in the twenty-first century*. Cambridge, MA: The Belknap Press of Harvard University Press.
- p. 46: The perception (if not the reality) of capitalism in crisis.** Milanovic, B. (2019). *Capitalism, alone: The future of the system that rules the world*. Cambridge, MA: The Belknap Press of Harvard University Press.
- p. 46: Part of the core of American identity is based on economic opportunity.** Lipset, S. M., & Bendix, R. (2018). *Social mobility in industrial society*. Oakland, CA: University of California Press.
- p. 46: American dream.** Chetty, R. (2016). Socioeconomic mobility in the United States: New evidence and policy lessons. In S. M. Wachter & L. Ding (Eds.), *Shared prosperity in America's communities* (pp. 7–19). Philadelphia, PA: University of Pennsylvania Press; Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). *The Opportunity Atlas: Mapping the childhood roots of social mobility*. Retrieved from <https://ideas.repec.org/p/cen/wpaper/18-42.html>; Chetty, R., Grusky, D., Hell, M., Hendren, N., Manduca, R., & Narang, J. (2017). The fading American dream: Trends in absolute income mobility since 1940. *Science*, 356(6336), 398–406; and Hout, M. (2015). A summary of what we know about social mobility. *The ANNALS of the American Academy of Political and Social Science*, 657(1), 27–36.
- p. 46: Economic advancement remains stronger in other wealthy nations than in the United States.** Causa, O., & Johansson, A. (2010). *Intergenerational social mobility in OECD countries*. Retrieved from <http://www.oecd.org/social/labour/49849281.pdf>; and Gould, E. (2012, October 10). U.S. lags behind peer countries in mobility. Retrieved from <https://www.epi.org/publication/usa-lags-peer-countries-mobility/>
- pp. 47: Increasing interdependence and mutuality between business and society.** Stephenson, C. (2008). Creating shared value: The inseparability of business and society. Retrieved from <https://iveybusinessjournal.com/publication/creating-shared-value-the-inseparability-of-business-and-society/>
- p. 47: Increasing interest in the values vetting of equity markets.** US SIF. (2018). *Sustainable and impact investing—overview*. Retrieved from [https://www.ussif.org/files/2018 %20Infographic%20overview%20\(1\).pdf](https://www.ussif.org/files/2018%20Infographic%20overview%20(1).pdf)
- pp. 48: Strategic Management: A Stakeholder Approach.** Freeman, R. E. (2010). *Strategic management: A stakeholder approach*. Cambridge, UK: Cambridge University Press.
- p. 48: “Constituency” laws.** Flammer, C., & Kacperczyk, A. (2016). The impact of stakeholder orientation on innovation: Evidence from a natural experiment. *Management Science*, 62(7), 1982–2001; and Stout, L. (2012). *The shareholder value myth: How putting shareholders first harms investors, corporations, and the public*. San Francisco, CA: Berrett-Koehler Publishers.
- p. 49: Firms that consistently implement a stakeholder approach tend to achieve better outcomes.** Choi, J., & Wang, H. (2009). Stakeholder relations and the persistence of corporate financial performance. *Strategic Management Journal* 30(8), 895–907; De Bussy, N. M., & Suprawan, L. (2012). Most valuable stakeholders: The impact of employee orientation on corporate financial performance. *Public Relations Review*, 38(2), 280–287; Dizik, A. (2016, February 21). The relationship between corporate culture and performance: Researchers find that a positive culture boosts performance, but performance alone doesn't create a positive culture. Retrieved from <https://www.wsj.com/articles/the-relationship-between-corporate-culture-and-performance-1456110320>; Edmans, A. (2011). Does the stock market fully value intangibles? Employee satisfaction and equity prices. *Journal of Financial Economics*, 101(3), 621–640; Edmans, A. (2016, March 24). 28 years of stock market data shows a link between employee satisfaction and long-term value. Retrieved from <https://hbr.org/2016/03/28-years-of-stock-market-data-shows-a-link-between-employee-satisfaction-and-long-term-value>; Graves, S. B., & Waddock, S. A. (2000). Beyond built to last . . . : Stakeholder relations in built-to-last companies. *Business and Society Review*, 105(4), 393–418; Kestenbaum, R. (2018, December 4). Customer satisfaction is more important than you thought. Retrieved from <https://www.forbes.com/sites/richardkestenbaum/2018/12/04/customer-satisfaction-is-more-important-than-you-thought/#76d58fc55ed9>; Laughland, P. (2011, June 10). Stakeholder relations sustain positive financial performance. Retrieved from <https://www.nbs.net/articles/stakeholder-relations-sustain-positive-financial-performance>; and Shaheen, I., & Naseem, N. (2015). A review of customer satisfaction, employee satisfaction and their impact on firm performance. *International Journal of Management & Organizational Studies* 4(1), 34–38.

p. 49: Quote from Tony Schwarz: Schwartz, T. (2013, April 4). Companies that practice “conscious capitalism” perform 10x better. Retrieved from <https://hbr.org/2013/04/companies-that-practice-conscious-capitalism-perform>

p. 49: Positive reciprocity can create a virtuous cycle of benefits for business and society. Bosse, D. A., Phillips, R. A., & Harrison, J. S. (2008). Stakeholders, reciprocity, and firm performance. *Strategic Management Journal*, 30(4), 447–456.

p. 50: Footnote. Applications of stakeholder theory: Scholl, H. J. (2001). Applying stakeholder theory to e-government. In B. Schmid, K. Stanoevska-Slabeva, & V. Tschammer (Eds.), *Towards the e-society: E-commerce, e-business, and e-government* (pp. 735–747). Boston, MA: Springer.

p. 50: Business Roundtable’s revised statement on the purpose of a corporation. Business Roundtable. (2019, August 19). Business Roundtable redefines the purpose of a corporation to promote “an economy that serves all Americans”. Retrieved from <https://www.businessroundtable.org/business-roundtable-redefines-the-purpose-of-a-corporation-to-promote-an-economy-that-serves-all-americans>

p. 51: Box 3.2. Source: N. Abebe, Sodexo, personal communication, February 20, 2020.

p. 52: Stakeholders and businesses are interdependent and linked together in a larger ecosystem. Coalition for Inclusive Capitalism. (2018, December). EPIC: Embankment Project for Inclusive Capitalism. Retrieved from <https://www.epic-value.com/>; and Fink, L. (n.d.). A fundamental reshaping of finance. Retrieved from <https://www.blackrock.com/corporate/investor-relations/larry-fink-ceo-letter>

Chapter 4. Bringing Opportunity to Communities Through Partnerships With Community Development and Community Finance

p. 63: Community development organizations specialize in real estate, city planning, law, social work, public policy, public health, affordable housing, and finance. Build Healthy Places Network. (n.d.). Jargon buster: Community development. Retrieved from <https://www.buildhealthyplaces.org/jargon-buster>

p. 63: Box 4.1. “A program for housing, without simultaneous programs for jobs, education, welfare reform, health, and economic development cannot succeed”: Page 806 in Newfield, J. (2002). Bedford-Stuyvesant: Giving a damn about hell, from “Robert Kennedy: A Memoir”. In K. T. Jackson & D. S. Dunbar (Eds.), *Empire City: New York through the centuries* (pp. 798–807). New York, NY: Columbia University Press. New nonprofit entities dedicated to antipoverty work: Erickson, D. (2009). *The housing policy revolution: Networks and neighborhoods*. Washington, DC: Urban Institute; and Erickson, D., & Andrews, N. (2011). Partnerships among community development, public health, and health care could improve the well-being of low-income people. *Health Affairs*, 30(11), 2056–2063.

p. 64: Community development corporations (CDCs) as nonprofit organizations. National Alliance of Community Economic Development Associations. (n.d.). What is community development. Retrieved from <https://www.naceda.org/what-we-do>

p. 64: Approximately 4,600 CDCs exist in the United States. Erekaeni, R. (2014). What is a community development corporation: A brief explanation of the community development field. Retrieved from https://www.naceda.org/index.php?option=com_dailyplanetblog&view=entry&category=bright-ideas&id=25%3Awhat-is-a-community-development-corporation-&Itemid=171

p. 64: East Bay Asian Local Development Corporation (EBALDC). East Bay Asian Local Development Corporation. (n.d.). The Healthy Havenscourt Collaborative. Retrieved from <https://ebaldc.org/what-we-do/neighborhood-collaborations/the-healthy-havenscourt-collaborative/>

p. 64: Stewards of Affordable Housing for the Future (SAHF) is a national network of the 13 largest nonprofit affordable-housing developers. Stewards of Affordable Housing for the Future. (n.d.). Our story: About SAHF. Retrieved from <http://www.sahfnet.org/our-story>

p. 65: Net charge-off rate among CDFIs in 2017. Opportunity Finance Network. (n.d.). About OFN. Retrieved from <https://ofn.org/OFN>

p. 65: Box 4.2. As quoted in CDFI Fund. (n.d.). CDFI certification. Retrieved from <https://www.cdfifund.gov/programs-training/certification/cdfi/Pages/default.aspx>

p. 65: Figure 4.1. Source: Adapted with permission from CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

p. 66: Many CDCs are “rooted in and [root] for struggling communities.” Page 34 in Erickson, D. (2017). The march towards outcomes-based funding. In Federal Reserve Bank of San Francisco & Nonprofit Finance Fund (Eds.), *What matters: Investing in results to build strong, vibrant communities* (pp. 29–55). San Francisco, CA: Federal Reserve Bank of San Francisco.

pp. 66–67: Building Healthy Communities. As quoted in The California Endowment. (n.d.). Our focus areas. Retrieved from <https://www.calendow.org/focus-area-list/>

p. 67: Movement across the field emphasizes the longer term need to build relationships and support the lasting power in the community as a means of transformative change. Choi, L. (2019). *Testing our hypotheses on equitable development: Midcourse learning and adapting through SPARCC* (Community Development Research Brief). San Francisco, CA: Federal Reserve Bank of San Francisco.

p. 67: 11.8% of Americans lived below the federal poverty line in 2018. Semega, J., Kollar, M., Creamer, J., & Mohanty, A. (2019, September). *Income and poverty in the United States: 2018* (Current Population Reports, No. P60-266). Washington, DC: U.S. Government Printing Office. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf>

p. 67: About 6% of Americans lived in counties characterized by persistent poverty. Housing Assistance Council. (n.d.). Persistent poverty. Retrieved from <http://www.ruralhome.org/sct-initiatives/mn-persistent-poverty>

p. 67: Median household income and net worth. Amadeo, K. (2019, April 22). What is the average American net worth? Compare your wealth to that of the average American. Retrieved at <https://www.thebalance.com/american-net-worth-by-state-metropolitan-4135839>; and Guzman, G. (2019, September 26). New data show income increased in 14 states and 10 of the largest metros. Retrieved from <https://www.census.gov/library/stories/2019/09/us-median-household-income-up-in-2018-from-2017.html>

p. 67: Link between economic distress and poorer health. Healthypeople.gov. (n.d.). Poverty. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty>

p. 68: Figure 4.2. Source: Adapted from CDFI Fund. (2015, August 20). *Financial resources for CDFI expansion*. Retrieved from <https://www.cdfifund.gov/Documents/6-Financial%20Resources%20for%20CDFI%20Expansion.pdf> and from personal communication with Annie Donovan, MBA, Local Initiatives Support Corporation (LISC).

p. 68: Figure 4.3. Source: CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

p. 69: Assets of CDFIs. CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

p. 70: Footnote. Figures on CDFI Fund activities are based on CDFI Fund's 2018 annual report: CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf. Figures on CDFI Fund activities are also based on financial audits for fiscal years 2017 and 2018 using internal data from Office of Inspector General. (2018, November 14). *Audit of the Community Development Financial Institution Fund's financial statements for fiscal years 2018 and 2017* (OIG-19-014). Washington, DC: U.S. Department of the Treasury. Retrieved from <https://www.treasury.gov/about/organizational-structure/ig/Audit%20Reports%20and%20Testimonies/OIG-19-014.pdf>

pp. 69–70: Healthy Food Financing Initiative (HFFI). Policy Link, The Food Trust, & The Reinvestment Fund. (2015, April 14). *The Healthy Food Financing Initiative (HFFI): An innovative public-private partnership sparking economic development and improving health*. Retrieved from https://www.frbsf.org/community-development/files/healthy_food_financing_initiative.pdf

p. 70: Most programs attract about \$8 of private capital for every \$1 of federal spending. CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

p. 70: Award recipients reported originating loans or investments in FY 2018 totaling over \$11 billion. Page 3 in Donovan, A. (2019, February 6). *Written testimony of Annie Donovan, senior fellow, Center for Community Investment, before the House Appropriations Committee on Financial Services and General Government on the Community Development Financial Institutions Fund at the U.S. Department of the Treasury*. Retrieved from <https://docs.house.gov/meetings/AP/AP23/20190226/108952/HHRG-116-AP23-Wstate-DonovanA-20190226.pdf>

p. 70: Products and services delivered to underserved people and communities contribute to the strengthening of individuals, families, and communities and to health, wealth, and well-being. CDFI Fund. (2019). *A year of*

investment '18 (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

pp. 70–71: Additional support can have a lasting impact on quality of life and community health outcomes. CDFI Fund. (2019). *A year of investment '18* (Annual Report). Retrieved from https://www.cdfifund.gov/Documents/CDFITO2_YIR18_Final508_20190321.pdf

p. 71: Box 4.3. Source: Page 4 in Donovan, A. (2019, February 6). *Written testimony of Annie Donovan, senior fellow, Center for Community Investment, before the House Appropriations Committee on Financial Services and General Government on the Community Development Financial Institutions Fund at the U.S. Department of the Treasury*, p. 4. Retrieved from <https://docs.house.gov/meetings/AP/AP23/20190226/108952/HHRG-116-AP23-Wstate-DonovanA-20190226.pdf>. Areas of persistent poverty: Gonzales, O. (2016, June 1). Snap stat: Sizing up certified CDFIs [CDFI Fund Impact blog]. Retrieved from <https://www.cdfifund.gov/Documents/Snap%20Stat%20June%201,%202016.pdf>

pp. 71–72: Loss rates of CDFI loans. Opportunity Finance Network. (2017, January 31). *20 years of CDFI banks and credit unions 1996–2015: An analysis of trends and growth*. Retrieved from https://ofn-drupal-pub.s3.amazonaws.com/s3fs-public/OFN_CDFI_CreditUnion_LongStudy_FINAL.pdf

p. 72: Operational efficiency and risk level of CDFIs compared with mainstream banks. Fairchild, G. B., & Jia, R. (2014, August). *Risk and efficiency among CDFIs: A statistical evaluation using multiple models*. Washington, DC: U.S. Department of the Treasury. Retrieved from <https://www.cdfifund.gov/Documents/Risk%20and%20Efficiency%20among%20CDFIs%20Report.pdf>

p. 72: Actions by businesses that want to contribute to community investments. Mattiuzzi, E. (2019). *Funds for kickstarting affordable housing preservation and production: Lessons for new investors*. Retrieved from <https://www.frbsf.org/community-development/files/funds-for-kickstarting-affordable-housing-preservation-and-production-lessons-for-new-investors.pdf>

pp. 73–74: Loans from CRA-motivated banks. Goodman, L., Zhu, J., & Walsh, J. (2020). The Community Reinvestment Act: What do we know, and what do we need to know? *Housing Policy Debate*, 30(1), 83–100.

p. 74: Through the LIHTC program, states receive an annual allocation of federal tax credits based on size of population. Gramlich, E. (2018). Low income housing tax credits *Advocates guide 2018: A primer on federal affordable housing & community development programs* (pp. 5-30–5-37). Washington, DC: National Low Income Housing Coalition. Retrieved from http://nlihc.org/sites/default/files/AG-2018/Ch05-S09_LIHTC_2018.pdf

p. 74: LIHTC financing and support. National Multifamily Housing Council. (2019). *Low income housing tax credit (LIHTC)*. Retrieved from https://www.nmhc.org/contentassets/dd59ef1e61da4b6fb0a10c573fb4176a/lihtc_fact_sheet_2019_2.pdf

p. 74: Funding, jobs, and other support from NMTC. CDFI Fund. (n.d.). *New Markets Tax Credit Program: Community revitalization by rewarding private investment*. Retrieved from https://www.cdfifund.gov/Documents/NMTC%20Fact%20Sheet_Jan2018.pdf; and CDFI Fund. (n.d.). *NMTC Program award book CY 2018*. Retrieved from <https://www.cdfifund.gov/Documents/New%20Markets%20Tax%20Credit%20Program%20Award%20Book%20for%20Calendar%20Year%202018.pdf>

p. 74: California's Affordable Housing and Sustainable Communities Program. Affordable Housing and Sustainable Communities Program. (2019). *Affordable Housing and Sustainable Communities Program: FY 2017–2018 recommended awards* (Agenda Item #6). Retrieved from http://sgc.ca.gov/meetings/council/2019/docs/20190621-Item6_AHSC_R4_Awards_StaffReport.pdf

p. 75: Health systems have invested directly in community development efforts. Duffrin, L. (2017, July 20). Building on tradition, Catholic hospitals invest in community to improve health. Retrieved from <https://medium.com/bhpn-crosswalk/building-on-tradition-catholic-hospitals-invest-in-community-to-improve-health-2b0d9238edd1>; HUD User. (2018). ProMedica focuses on community development to strengthen health in Toledo, Ohio. Retrieved from <https://www.huduser.gov/portal/casestudies/study-060418.html>; HUD User. (n.d.). UnitedHealthcare helps a nonprofit in Phoenix provide Medicaid members with housing and services. Retrieved from <https://www.huduser.gov/portal/casestudies/study-071818.html>; Kaiser Permanente. (2018). Studies show decade-long community health efforts are promising. Retrieved from <https://about.kaiserpermanente.org/community-health/news/kaiser-permanente-releases-results-of-decade-long-community-health>; and Ray, B. (2017, February 23). A new responsibility for children's hospitals: The health of neighborhoods. Retrieved from <https://medium.com/bhpn-crosswalk/a-new-responsibility-for-childrens-hospitals-the-health-of-neighborhoods-257107d6051f>

- p. 75: Communities enriched with the vital conditions for health, wealth, and well-being are economically resilient.** Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services; Board on Health Sciences Policy; & Institute of Medicine. (2015). *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: National Academies Press.
- p. 76: Expanding skills and assets at the “person level.”** Choi, L., Erickson, D., Griffin, K., Levere, A., & Seidman, E. (Eds.). (2015). *What it's worth: Strengthening the financial future of families, communities, and the nation*. San Francisco, CA: Federal Reserve Bank of San Francisco and Corporation for Enterprise Development.
- p. 76: Savings accounts for children who live in families with low- and moderate-level incomes.** Elliott, W., Song, H., & Nam, I. (2013). *Small-dollar children's savings accounts, income, and college outcomes* (Center for Social Development Publication No. 13-06). St. Louis, MO: Washington University.
- p. 76: Outcomes of members of FOCs.** Roder, A. (2016). *First steps on the road to financial well-being: Final report from the evaluation of LISC's Financial Opportunity Centers*. Retrieved from http://www.lisc.org/media/filer_public/f7/f7/f7f7402d-690d-47f5-a7fa-537ab7b793c4/16024-first-steps_r5-report-web.pdf
- pp. 76–77: A growing movement toward “outcomes-based financing.”** Page 472 in Bugg-Levine, A. (2017). From funding activities to investing in results: How do we get from here to there? In Federal Reserve Bank & San Francisco and Nonprofit Finance Fund (Eds.), *What matters: Investing in results to build strong, vibrant communities* (pp. 472–479). San Francisco, CA: Federal Reserve Bank of San Francisco and Nonprofit Finance Fund.
- p. 77: Nimble and patient financing.** Page 4 in Mattiuzzi, E. (2019). *Funds for kickstarting affordable housing preservation and production: Lessons for new investors*. Retrieved from <https://www.frbsf.org/community-development/files/funds-for-kickstarting-affordable-housing-preservation-and-production-lessons-for-new-investors.pdf>
- p. 78: Box 4.4.** The HFF supports financing of community health centers and affordable housing in underserved areas: Local Initiatives Support Corporation. (n.d.). Financial opportunity center. Retrieved from <https://www.lisc.org/our-initiatives/financial-stability/financial-opportunity-centers/>. So Others Might Eat: So Others Might Eat. (n.d.). About Affordable Housing Initiative. Retrieved from <https://www.some.org/about/affordable-housing-initiative>. Denver Regional Transit-Oriented Development Fund: Enterprise. (2018). Denver Regional Transit-Oriented Development (TOD) Fund. Retrieved from <https://www.enterprisecommunity.org/financing-and-development/community-loan-fund/denver-regional-tod-fund>
- p. 78: Box 4.5.** Survey of employers in the Greater Boston area: Northeastern University School of Public Policy & Urban Affairs. (2017). *Assessing affordable housing availability and its effects on employers' ability to recruit and retain employees in Greater Boston*. Retrieved from https://www.mhp.net/writable/resources/documents/MHP-Report-Final_042817.pdf. Survey of employers regarding jobs in Los Angeles: Los Angeles Business Council. (2017, March). *The affordable housing crisis in Los Angeles: A business perspective*. Retrieved from <https://labusinesscouncil.org/wp-content/uploads/2019/04/The-Affordable-Housing-Crisis-in-Los-Angeles-An-Employer-Perspective.pdf>
- p. 79: Improvements raise the risk of gentrification.** Urban Displacement Project. (n.d.). Gentrification explained. Retrieved from <https://www.urbandisplacement.org/gentrification-explained>
- p. 79: “606” recreational trail in Chicago.** Smith, G., Duda, S., Man Lee, J., & Thompson, M. (2016). *Measuring the impact of the 606: Understanding how a large public investment impacted the surrounding housing market*. Retrieved from https://www.housingstudies.org/media/filer_public/2016/10/31/ihs_measuring_the_impact_of_the_606.pdf
- p. 79: Responses to pressures from the housing market.** Linares, J. C. (2017). Panel recap: The impact of infrastructure on communities. Retrieved from <https://greatcities.uic.edu/2017/10/04/panel-recap-the-impact-of-infrastructure/>
- p. 79: The availability of affordable housing is critical to preventing displacement.** Aboelata, M. J., Bennett, R., Yañez, E., Bonilla, A., & Akhavan, N. (2017). *Healthy development without displacement: Realizing the vision of Healthy Communities for All*. Oakland, CA: Prevention Institute.
- p. 80: Preventing gentrification and displacement.** Nathalie P. Voorhees Center for Neighborhood and Community Improvement. (2015). *Gentrification and neighborhood change: Helpful tools for communities—A supplement to the socioeconomic change of Chicago's community areas (1970–2010)*. Retrieved from <http://voorheescenter.red.uic.edu/wp-content/uploads/sites/122/2017/10/Gentrification-and-Neighborhood-Change-Toolkit.pdf>

p. 80: Challenges ahead require a new business model that more closely aligns the financial interests of those who stand to benefit from a healthier, more productive population with the capacities of those who create the conditions that promote human flourishing. Erickson, D. (2017). The march towards outcomes-based funding. In Federal Reserve Bank of San Francisco & Nonprofit Finance Fund (Eds.), *What matters: Investing in results to build strong, vibrant communities* (pp. 29–55). San Francisco, CA: Federal Reserve Bank of San Francisco.

Chapter 5. Working With Community Changemakers

p. 88: An array of enterprises, including social enterprises, provide investments and services that make people and communities healthy, vibrant, strong, and resilient. Dart, R. (2004). The legitimacy of social enterprise. *Nonprofit Management & Leadership*, 14(4), 411–424; and Social Enterprise Alliance. (n.d.). What is social enterprise? Retrieved from <https://socialenterprise.us/about/social-enterprise/>

p. 88: Social enterprises are hybrids of sort. Santos, F. M., Pache, A.-C., & Birkholz, C. (2015). Making hybrids work: Aligning business models and organizational design for social enterprises. *California Management Review*, 57(3), 36–58; and Wry, T., & York, J. G. (2017). An identity-based approach to social enterprise. *Academy of Management Review*, 42(3), 437–460.

p. 88: The term “impact investing.” Bugg-Levine, A., & Emerson, J. (2011, September). *Impact investing: Transforming how we make money while making a difference*. San Francisco, CA: Jossey-Bass; and Global Impact Investment Network. (n.d.). Impact investing. Retrieved from <https://thegiin.org/impact-investing/>

p. 90: Cost to evict a family, and cost to prevent eviction. HomeStart. (n.d.). Eviction prevention. Retrieved from <https://www.homestart.org/prevention>

pp. 90–91: Details around the expanded operations of First Step Staffing. Impact PHL. (n.d.). *Local capital collaboration brings First Step Staffing to Philadelphia*. Retrieved from https://uploads-ssl.webflow.com/5dfd361710bfa7d68d8da821/5e7b9e48c4f3f038b2b6c2da_Impact-PHL_Investment-Case-Study_First-Step-Staffing_April-2019.pdf

p. 91: Business can invest in First Step Staffing through debt and philanthropic equity. First Step Staffing. (2018, January 10). Atlanta-based First Step staffing expands into Philadelphia; acquires portion of On Time Staffing to form unique job training & placement for homeless and returning citizens. Retrieved from <https://firststepstaffing.com/blog/atlanta-based-first-step-staffing-expands-into-philadelphia-acquires-portion-of-on-time-staffing-to-form-unique-job-training-placement-for-homeless-and-returning-citizens/>

p. 92: Asset-based approach to successful collaborations. Leavitt, M. O., & McKeown, R. (2013). *Finding allies, building alliances: 8 elements that bring—and keep people together*. San Francisco, CA: Jossey-Bass.

p. 93: Community preventive services. The Community Guide. (n.d.). [Home page]. Retrieved from <https://www.thecommunityguide.org/>

p. 93: Clinical preventive services. U.S. Preventive Services Task Force. (2014). *The guide to clinical preventive services*. Washington, DC: Agency for Healthcare Research and Quality. Retrieved from <https://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf>

p. 93: One of the roles of a public health department in the 21st century is to be the chief health strategist of a community. DeSalvo, K. B., Wang, Y. C., Harris, A., Auerbach, J., Koo, D., & O’Carroll, P. (2017). Public health 3.0: A call to action for public health to meet the challenges of the 21st century. *Preventing Chronic Disease*, 14, E78; and RESOLVE. (2014). *The high achieving governmental health department in 2020 as the community chief health strategist*. Retrieved from <https://www.resolve.ngo/docs/the-high-achieving-governmental-health-department-as-the-chief-health-strategist-by-2020-final1636869407709140046.pdf>

p. 94: Figure 5.1. Source: Adapted with permission from Prison Policy Initiative: Wagner, P., & Sawyer, W. (2018, June). States of incarceration: The global context 2018. Retrieved from <https://www.prisonpolicy.org/global/2018.html>

p. 95: Incarceration negatively affects the broader labor market. Immerman, D. (2017). *The economic impact of incarceration: Measuring and exploring incarceration-related costs across the United States* (Economic Student Theses and Capstone Projects, 54, Skidmore College). Retrieved from <https://pdfs.semanticscholar.org/c287/af2530f92fd64eefac427a6f5dc7ec242524.pdf>

p. 95: Incarceration creates barriers to current and future employment. Pager, D. (2003). The mark of a criminal record. *American Journal of Sociology*, 108(5), 937–975.

- p. 95: Incarceration is associated with high rates of death from drug overdose, lower median household incomes, and poor health outcomes.** Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. P. (2019). Economic decline, incarceration, and mortality from drug use disorders in the USA between 1983 and 2014: An observational analysis. *The Lancet Public Health*, 4(7), e326–e333.
- p. 95: Incarceration has long-term implications for families and children.** Subramanian, R., Delaney, R., Roberts, S., Fishman, N., & McGarry, P. (2015, updated February 29). Incarceration's front door: *The misuse of jails in America*. New York, NY: Vera Institute of Justice. Retrieved from https://www.vera.org/downloads/publications/incarcerations-front-door-report_02.pdf
- p. 95: Children of incarcerated parents are six times more likely to become incarcerated themselves.** Martin, E. (2017). Hidden consequences: The impact of incarceration on dependent children. In *NIJ Journal*, 278. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/250349.pdf>
- p. 95: Quote from H. E. “Gene” Rainbolt.** Schulte, B. (2019, October 31). Oklahoma focuses on criminal justice reform. Retrieved from <https://www.usnews.com/news/best-states/articles/2019-10-31/oklahoma-focuses-on-criminal-justice-reform>
- p. 95: Findings from an analysis by the Vera Institute of Justice regarding jails in Oklahoma County.** Fishman, N., Kall, K., Silber, R., LaChance, J., Dershowitz, H., & Roberts, S. (2016, December). *Greater Oklahoma City Chamber Criminal Justice Reform Task Force: Report and recommendations*. New York, NY: Vera Institute of Justice. Retrieved from <https://www.vera.org/downloads/publications/OK-chamber-final-report.pdf>
- p. 96: Justice system reform in Oklahoma City and County stemming from the work of community stakeholders.** Butcher, K. (2017, September 9). Oklahoma County jail population falls below 2,000 inmates, lowest level in years. Retrieved from <https://kfor.com/2017/09/09/oklahoma-county-jail-population-falls-below-2000-inmates-lowest-level-in-years/>; and Prison Policy Initiative. (n.d.). State profiles: Oklahoma profile. Retrieved from <https://www.prisonpolicy.org/profiles/OK.html>
- p. 96: Studies suggest community members will be safer and healthier as a result of criminal justice reform.** Fishman, N., Kall, K., Silber, R., LaChance, J., Dershowitz, H., & Roberts, S. (2016, December). *Greater Oklahoma City Chamber Criminal Justice Reform Task Force: Report and recommendations*. New York, NY: Vera Institute of Justice. Retrieved from <https://www.vera.org/downloads/publications/OK-chamber-final-report.pdf>
- p. 96: Crime rates in Oklahoma City trended down from historical highs in 2008 to 2010 and leveled off through 2017.** Macrotrends LLC. (n.d.). Oklahoma City, OK, crime rate: 1999–2018. Retrieved from <https://www.macrotrends.net/cities/us/ok/oklahoma-city/crime-rate-statistics>
- p. 96: Addressing entrenched community problems requires cooperation among stakeholders who may have limited experience and represent competing interests.** Michener, L., Castrucci, B. C., Bradley, D. W., Hunter, E. L., Thomas, C. W., Patterson, C., & Corcoran, E. (Eds.). (2019). *The practical playbook II: Building multisector partnerships that work*. New York, NY: Oxford University Press.
- p. 97: Quote from Waterford.org.** Waterford.org. (2019, January 15). How collaborative philanthropy makes a social impact. <https://www.waterford.org/education/how-collaborative-philanthropy-makes-a-social-impact/>
- pp. 97–98: Three ways in which philanthropies operate to pursue goals and create value for the purpose of furthering a social change agenda aimed at improving communities.** Powell, A, Wolf Ditzkoff, S., & Twersky, F. (2019, July 10). How philanthropic collaborations succeed, and why they fail. Retrieved from https://ssir.org/articles/entry/how_philanthropic_collaborations_succeed_and_why_they_fail#
- p. 98: Effective partnerships and collaborations almost always require a backbone organization.** Kania, J., & Kramer, M. (2011, Winter). Collective impact. Retrieved from https://ssir.org/articles/entry/collective_impact
- p. 98: Collaborative philanthropy can chart a path to solve thorny societal problems.** Wymer, W. W., Jr., & Samu, S. (2003). Dimensions of business and nonprofit collaborative relationships. *Journal of Nonprofit & Public Sector Marketing*, 11(3), 3–22.
- p. 98: An organization's success may depend on embedding social initiatives into its long-term strategy and core operations.** Hess, D., Rogovsky, N., & Dunfee, T. W. (2002). The next wave of corporate community involvement: Corporate social initiatives. *California Management Review*, 44(2), 110–125.
- p. 98: For all collaborators, the major value is achieving community improvement.** Waterford.org. (2019, January 15). How collaborative philanthropy makes a social impact. <https://www.waterford.org/education/how-collaborative-philanthropy-makes-a-social-impact/>

p. 99: **Box 5.1.** Powell, A, Wolf Ditkoff, S., & Twersky, F. (2019, July 10). How philanthropic collaborations succeed, and why they fail. Retrieved from https://ssir.org/articles/entry/how_philanthropic_collaborations_succeed_and_why_they_fail#

p. 99: **Much more than grantmaking and gift-giving are required to achieve the desired impact of collaborative philanthropy.** Wolf Ditkoff, S. (n.d.). *The long spoon problem: Five models of philanthropic collaboration*. Retrieved from <https://www.bridgespan.org/insights/library/philanthropy/five-models-of-philanthropic-collaboration>

p. 100: **Box 5.2:** Source: K. Williams, The Sherwood Foundation, personal communication, January 16 and 31 and February 3, 2020.

p. 101: **The evolution of corporate philanthropy.** Hess, D., Rogovsky, N., & Dunfee, T. W. (2002). The next wave of corporate community involvement: Corporate social initiatives. *California Management Review*, 44(2), 110–125.

p. 101: **Spending, endowment, and employment of healthcare systems and educational institutions.** Howard, T., & Norris, T. (2015, November 30). *Can hospitals heal America's communities?: "All in for mission" is the emerging model for impact*. Takoma Park, MD: The Democracy Collaborative. Retrieved from <https://democracycollaborative.org/learn/publication/can-hospitals-heal-americas-communities-0>

pp. 101–102: **Through several strategies, UMMHC embraced the anchor framework.** Al Kasir, A., & Coles, E. (2019). *Anchoring health beyond clinical care: UMass Memorial Health Care's Anchor Mission Project* (Harvard University T.H. Chan School of Public Health, PH9-010). Retrieved from https://alumni.sph.harvard.edu/s/1319/images/gid2/editor_documents/mhcm_alumni/ummhc_case_study.final_formatted.pdf?gid=2&pgid=61&sessionid=853befab-ac6e-430f-90fe-ce5b7d64acf8&cc=1

p. 102: **Annual spending on goods and services by hospital systems and institutions of higher education.** American Hospital Association. (2018, June). *Hospitals are economic anchors in their communities*. Retrieved from <https://www.aha.org/system/files/2018-06/econ-contribution-2018.pdf>; and The Democracy Collaborative. (2018, April 10). The Democracy Collaborative and the Coalition of Urban and Metropolitan Universities (CUMU) launch the higher education anchor mission initiative in partnership with 31 colleges and universities. Retrieved from <https://democracycollaborative.org/learn/blogpost/democracy-collaborative-and-cumu-launch-higher-education-anchor-mission-initiative>

p. 102: **Cleveland Clinic.** Healthcare Anchor Network. (2020, January 8). *Inclusive, local procurement: Direct the money your institution already spends to support an inclusive, local business ecosystem*. Retrieved from <https://healthcareanchor.network/2020/01/inclusive-local-procurement-overview/>

p. 103: **Metropolitan State University.** Central Corridor Anchor Partnership. (n.d.). Procurement: Securing regional prosperity through spending more with Central Corridor businesses. Retrieved from <https://www.centralcorridoranchorpartnership.org/aboutprocurement>; Metropolitan State University. (n.d.). Anchored in place: Community wealth and vitality. Retrieved from <https://www.metrostate.edu/community/partnerships-and-outreach/wealth-and-vitality>; and P. Hang, Hmong American Farmers Association, personal communication, June 18, 2019.

p. 103: **Virginia Commonwealth University.** Virginia Commonwealth University, Office of Procurement Services. (n.d.). Supplier diversity/SWaM. Retrieved from <https://procurement.vcu.edu/our-services/supplier-diversity--swam/>

p. 103: **RWJBarnabas Health.** D. Candelejo, RWJBarnabas Health, personal communication, December 30, 2019.

pp. 103–104: **Fairview Health Services.** L. Beeth, Fairview Health Services, personal communication, February 7, 2020.

p. 104: **Rutgers University–Newark.** Rutgers University–Newark. (n.d.). An anchor institution. Retrieved from <https://www.newark.rutgers.edu/anchor-institution-4>; and Rutgers University–Newark. (n.d.). *Rutgers University–Newark: Where opportunity meets excellence—Strategic plan 2014*. Retrieved from https://law.rutgers.edu/sites/law/files/attachments/rutgers_strategic_plan.pdf

p. 104: **CommonSpirit Health (legacy Dignity Health).** U.S. Department of Housing and Urban Development. (n.d.). Dignity Health's Community Investment Program addresses the social determinants of health. Retrieved from <https://www.huduser.gov/portal/casestudies/study-08222017.html>

p. 104: **Bon Secours Mercy Health.** Mercy Housing and Low Income Investment Fund. (2017). *Innovative models in health and housing*. Retrieved from <https://www.liifund.org/wp-content/uploads/2017/08/Health-and-Housing-LIIF-Mercy-Report-2017.pdf>

p. 105: **University Hospitals Rainbow Center for Women and Children.** Healthcare Anchor Network. (2019, November 5). Health system leaders announce over \$700 million in investments to address health, housing &

economic inequalities through community wealth building [Press release]. Retrieved from <https://www.healthcareanchor.network/news-and-updates/health-system-leaders-announce-over-700-million-in-investments-to-address-health-housing-economic-inequalities-through-community-wealth-building>

p. 105: Quicken Loans. Feloni, R. (2018). Billionaire Dan Gilbert has already bet \$5.6 billion on Detroit's future, but money can't solve his biggest challenge. Retrieved from <https://www.businessinsider.com/quicken-loans-dan-gilbert-detroit-2018-8>

p. 106: Prudential Financial. Roots in the community. Prudential Financial. (n.d.). Redefining anchor institutions. Retrieved from <https://www.prudential.com/links/about/corporate-social-responsibility/newark/anchor-institutions>

p. 106: Quote from Lata Reddy. Prudential Financial. (n.d.). Q&A with Lata Reddy, Head of the Office of Corporate Social Responsibility. Retrieved from <https://www.prudential.com/links/about/corporate-social-responsibility/newark/anchor-institutions/qa-lata-reddy>

p. 106: New Orleans Business Alliance (NOLABA). Quote about goals. ProsperityNOLA. (2013, June). *ProsperityNOLA: A plan to drive economic growth for 2018*. Retrieved from <https://www.nolaba.org/wp-content/uploads/2016/03/ProsperityNOLA-Final.pdf>

p. 107: Box 5.3. Overall source, including quote from page 7 of Stranahan, S., & Kelly, M. (2019, April 29). *Mission-led employee-owned firms: The best of the best*. Retrieved from <https://democracycollaborative.org/content/mission-led-employee-owned-firms-best-best>

Chapter 6. Data Steps for Businesses and Partners to Address the U.S. Health Disadvantage and Monitor the Business Impact

p. 116: Box 6.1: Source: K. Vijayan and J. Fassbender, personal email communication, February 5, 2020.

p. 117: Measuring system, workplace policy, and culture changes. HERO Scorecard: HERO Health. (n.d.). HERO Health and Well-Being best practices scorecard in collaboration with Mercer© (HERO scorecard). Retrieved from <https://hero-health.org/hero-scorecard/>. WELCOA Checklist: WELCOA. (n.d.). Well workplace checklist. Retrieved from <https://www.welcoa.org/get-started/checklist/>

p. 117: Quote from Centre for Bhutan Studies & GNH. Centre for Bhutan Studies & GNH. (2020). Psychological well-being. Retrieved from <http://www.grossnationalhappiness.com/9-domains/psychological-well-being/>

p. 117: Several organizations help businesses analyze data in a place-based way. Decosimo, K., Simon, M. C., & Matthews, G. W. (2017). GIS mapping of social determinants of health as a tool to facilitate community collaborations. Retrieved from https://cdr.lib.unc.edu/concern/scholarly_works/n870zs78d; Baase, C., Flynn, J., Goetzel, R., Pronk, N., Terry, P., & White, J. M. (2014, June). *Environmental scan: Measuring a culture of health*. Retrieved from <https://hero-health.org/wp-content/uploads/2014/12/Environmental-Scan-Measuring-a-Culture-of-Health.pdf>; and Baase, C., Pronk, N., & Noyce, J. (2014, January). *Environmental scan: The role of corporate America in community health and wellness*. Retrieved from <https://hero-health.org/wp-content/uploads/2014/12/HERO-EnvScanFinaltoIOM.pdf>

p. 117: Businesses are using place-based data in many ways. Map the value chain and understand total value or total return on investment: Porter, M. E., & Kramer, M. R. (2011). Creating shared value. *Harvard Business Review*, 89, 62–77; and Sustainability and Health Initiative for NetPositive Enterprise. (n.d.). Home page. Retrieved from <https://shine.sph.harvard.edu/>. Develop a balanced portfolio of strategies: Institute for Healthcare Improvement. (n.d.). About Pathways to Population Health. Retrieved from <http://www.ihl.org/p2ph>. Measure impact over the short-, medium-, and long-terms using process outcomes: 100 Million Healthier Lives. (n.d.). Home page. Retrieved from <https://www.100mlives.org/>. Understand the overall impact on population health and well-being across people and places: Winmeasures. (n.d.). Home page. Retrieved from <https://www.winmeasures.org/>

p. 117: Focus of the Shared Value Initiative. Porter, M. E., & Kramer, M. R. (2011). Creating shared value. *Harvard Business Review*, 89, 62–77; and Shared Value Initiative. (n.d.). Home page. Retrieved from <https://www.sharedvalue.org/>

p. 118: Pathways to Population Health (P2PH). Well Being In the Nation. (n.d.). Home page. Retrieved from <http://www.winnetwork.org/>; and Institute for Healthcare Improvement. (n.d.). About Pathways to Population Health. Retrieved from <http://www.ihl.org/p2ph>

- p. 118: WIN framework.** National Committee on Vital and Health Statistics. (n.d.). Home page. Retrieved from <https://ncvhs.hhs.gov/>
- p. 118: Develop a process for identifying measures that matter.** 100 Million Healthier Lives. (n.d.). Home page. Retrieved from <https://www.100mlives.org/>
- p. 119: Box 6.2.** Source: Reprinted from page 60 in 100 Million Healthier Lives & National Committee on Vital and Health Statistics. (2019, June). *Well Being In the Nation (WIN) Measurement Framework: Measures for improving health, well-being, and equity across sectors*. Retrieved from <https://www.communitycommons.org/entities/041046ce-f89b-42a4-aa3f-82034a5ac625>
- p. 120: Materiality assessment.** KPMG International Cooperative. (2014, October). *Sustainable insight: The essentials of materiality assessment*. Retrieved from <https://assets.kpmg/content/dam/kpmg/pdf/2014/10/materiality-assessment.pdf>
- p. 120: Box 6.3.** Cantril's Ladder: Cantril, H. (1965). The pattern of human concerns. New Brunswick, NJ: Rutgers University Press; and Winmeasures. (n.d.). Well-being of people. Retrieved from <https://www.winmeasures.org/statistics/winmeasures/us-wellbeing-of-people>. Gallup-Share Well-Being Index: Gallup. (n.d.). *How does the Gallup-Sharecare Well-Being Index work?* Retrieved from <https://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>. The measure has reliable, publicly available benchmark data by place in more than 150 countries and many counties in the United States and correlates to business outcomes that matter and major population health outcomes: Deaton, A. (2008). Income, health, and well-being around the world: evidence from the Gallup World Poll. *Journal of Economic Perspectives*, 22(2), 53–72.
- p. 121: Methods for valuing and modeling return over time.** Mulgan, G. (2010, Summer). Measuring social value. *Stanford Social Innovation Review*, 38–43. Retrieved from https://ssir.org/articles/entry/measuring_social_value#; Organisation for Economic Co-operation and Development & HEC Paris/SnO Center. (2017). *Measuring the impacts of business on well-being and sustainability: Selected papers* [Compendium]. Retrieved from <https://www.oecd.org/statistics/Measuring-impacts-of-business-on-well-being.pdf>; and Shinwell, M., & Shamir, E. (2018). *Measuring the impact of businesses on people's well-being and sustainability: Taking stock of existing frameworks and initiatives* (OECD Statistics Working Papers, No. 2018/08). Paris: OECD Publishing. Retrieved from https://www.oecd-ilibrary.org/economics/measuring-the-impact-of-businesses-on-people-s-well-being-and-sustainability_51837366-en
- pp. 121–122: The WIN Measurement Framework.** 100 Million Healthier Lives & National Committee on Vital and Health Statistics. (2019, June). *Well Being In the Nation (WIN) Measurement Framework: Measures for improving health, well-being, and equity across sectors*. Retrieved from <https://www.communitycommons.org/entities/041046ce-f89b-42a4-aa3f-82034a5ac625>
- pp. 122–123: Box 6.4.** Nehemiah Manufacturing Company owns several brands of its own and also manufactures products for other companies. Patras, E. S. (2020, March 24). Nehemiah Manufacturing's second chance employment. Retrieved from <https://www.greaterohio.org/good-ideas/nehemiah-industries>

Chapter 7. A Way Forward for Community Health and Economic Prosperity

- p. 132: Modern innovations have helped to add years of healthy life and lift millions of families out of poverty.** Centers for Disease Control and Prevention. (1999). Ten great public health achievements—United States, 1900–1999. *Morbidity and Mortality Weekly Report*, 48(12), 241–243; Centers for Disease Control and Prevention. (2011). Ten Great Public Health Achievements—United States, 2001–2010. *Morbidity and Mortality Weekly Report*, 60(19), 619–623; Kristof, N. (2019). Why 2018 was the best year in human history! Retrieved from <https://www.nytimes.com/2019/01/05/opinion/sunday/2018-progress-poverty-health.html>; and Light, P. C. (2002). *Government's greatest achievements: From civil rights to homeland defense*. Washington, DC: Brookings Institution Press.
- p. 132: Members of today's youngest generation may not live longer, more prosperous lives than their parents.** Parker, K., Morin, R., & Horowitz, J. M. (2019, March 21). Looking to the future, public sees an America in decline on many fronts. Retrieved from <https://www.pewsocialtrends.org/2019/03/21/public-sees-an-america-in-decline-on-many-fronts>
- p. 132: Box 7.1.** America's public education system continues to produce substantial disparities in educational achievement, largely driven by residential segregation and racial/ethnic differences in family socioeconomic resources: Reardon, S. F. & Fahle, E. M. (2017). *State of the Union 2017: Education*. Retrieved from

https://inequality.stanford.edu/sites/default/files/Pathways_SOTU_2017_education.pdf. African Americans, Hispanics, American Indians, and Alaska Natives of both sexes are underrepresented and undervalued in the workforce to an even greater degree relative to White men: Patten, E. (2016, July 1). Racial, gender wage gaps persist in U.S. despite some progress. Retrieved from <https://www.pewresearch.org/fact-tank/2016/07/01/racial-gender-wage-gaps-persist-in-u-s-despite-some-progress/>; Payscale. (2020). The state of the gender pay gap in 2020: Pay equity analysis can show if your organization pays women less than men for equal work. Retrieved from <https://www.payscale.com/data/gender-pay-gap>; and Stych, A. (2019, September 12). Women's representation on boards reaches a milestone. Retrieved from <https://www.bizjournals.com/bizwomen/news/latest-news/2019/09/womens-representation-on-boards-reaches-a.html?page=all>

p. 133: All people depend on vital conditions to reach their potential for health, wealth, and well-being. ReThink Health. (2017). *Negotiating a well-being portfolio*. Retrieved from <https://www.rethinkhealth.org/wp-content/uploads/2017/07/Well-Being-Map.pdf>; and Well Being In the Nation Network. (n.d.). Vital conditions. Retrieved from <https://winnetwork.org/vital-conditions>

p. 135: A thriving company requires thriving communities. Enright, S., & Taylor, A. (2016, October 4). Is it time to overhaul stakeholder engagement? [Blog]. Retrieved from <https://www.bsr.org/en/our-insights/blog-view/is-it-time-to-overhaul-stakeholder-engagement>

p. 135: Annual healthcare costs to employers of employees with diabetes. Ramsey, S., Summers, K. H., Leong, S. A., Birnbaum, H. G., Kemner, J. E., & Greenberg, P. (2002). Productivity and medical costs of diabetes in a large employer population. *Diabetes Care*, 25(1), 23–29.

p. 135: Benefits of workers who live in healthy communities. McHugh, M., French, D. D., Farley, D., Maechling, C. R., Dunlop, D. D., & Holl, J. L. (2019). Community health and employee work performance in the American manufacturing environment. *Journal of Community Health*, 44, 178–184.

p. 135: Consumer habits around purpose-driven companies. Komornicki, S. (2018, May 30). Americans more loyal and willing to defend purpose-driven brands, according to new research by Cone [Press release]. Retrieved from <https://www.conecomm.com/news-blog/2018/5/29/americans-more-loyal-and-willing-to-defend-purpose-driven-brands-according-to-new-research-by-cone>; and McCaskill, A. (2015, October 12). Consumer-goods' brands that demonstrate commitment to sustainability outperform those that don't. Retrieved from <https://www.nielsen.com/us/en/press-releases/2015/consumer-goods-brands-that-demonstrate-commitment-to-sustainability-outperform/>

p. 135: Companies that focus heavily on values outperform less values-focused companies by a factor of 10. Mackey, J., & Sisodia, R. S. (2013). *Conscious capitalism: Liberating the heroic spirit of business*. Boston, MA: Harvard Business School Publishing.

p. 135: Purpose, power, and resources of system stewards. Block, P. (2013). *Stewardship: Choosing service over self-interest* (2nd ed.). San Francisco, CA: Berrett-Koehler Publishers.

p. 136: Milton Friedman's belief that corporations have no inherent social responsibilities. Fox, J. (2012, April 18). The social responsibility of business is to increase ... What exactly? Retrieved from <https://hbr.org/2012/04/you-might-disagree-with-milton>; Kramer, L. (2018, April 26). Beyond neoliberalism: Rethinking political economy. Retrieved from <https://hewlett.org/library/beyond-neoliberalism-rethinking-political-economy/>; McGrath, M., & Konrad, A. (2018, December 10). A surprising push by the invisible hand: Why more companies are doing better by being good. Retrieved from <https://www.forbes.com/sites/maggiemcgrath/2018/12/10/wealth-of-the-nation-why-americas-most-valuable-companies-are-also-its-most-ethical/#3a09f6497bb9>; and Murray, A., & Meyer, D. (2019). CEO daily for May, 9, 2019. Retrieved from <https://fortune.com/2019/05/09/china-talks-iran-nuclear-boeing-safety-ceo-daily-for-may-9-2019/>

p. 136: All companies must show how they contribute to larger social goals, or risk losing financial support. Coalition for Inclusive Capitalism. (2018, December). EPIC: Embankment Project for Inclusive Capitalism. Retrieved from <https://www.epic-value.com/>; and Fink, L. (n.d.). A fundamental reshaping of finance. Retrieved from <https://www.blackrock.com/corporate/investor-relations/larry-fink-ceo-letter>

p. 136: Business leaders are repositioning their firms to compete on the basis of how well they generate sustained value for all stakeholders. Business Roundtable. (n.d.). Our commitment statement on the purpose of a corporation. Retrieved from <https://opportunity.businessroundtable.org/ourcommitment/>

p. 136: Companies are embracing the concept of creating shared value. Porter, M. E., & Kramer, M. R. (2011). Creating shared value: How to reinvent capitalism—and unleash a wave of innovation and growth. *Harvard Business Review*, 89(1–2), 62–77.

p. 137: **Box 7.2.** JUST Capital. (2020). Announcing the 2020 rankings of America's most JUST companies. Retrieved from <https://justcapital.com/reports/americas-most-just-companies-2020/>

p. 138: **UnitedHealthcare.** UnitedHealth Group. (2016, February 11). UnitedHealthcare and Chicanos Por La Causa to help Arizonans access quality affordable housing and services that support health and wellness. Retrieved from <https://www.unitedhealthgroup.com/newsroom/2016/0211arizonachicanosporlacausapartnership.html>; and HUD User. (n.d.). UnitedHealthcare helps a nonprofit in Phoenix provide Medicaid members with housing and services. Retrieved from <https://www.huduser.gov/portal/casestudies/study-071818.html>. Quote from Joe Guadio, chief executive office of UnitedHealthcare: Simon, H. (2019, August 1). A health insurer and a CDC collaborate to move the needle on housing and health. Retrieved from <https://shelterforce.org/2019/08/21/a-health-insurer-and-a-cdc-collaborate-to-move-the-needle-on-housing-and-health/>

p. 138: **Quote from Lynda Resnick.** The Wonderful Company. (2018, December 19). The Wonderful Company raises minimum wage to \$15 per hour for California employees—largest pay increase in company history [Press release]. Retrieved from <http://www.wonderful.com/press/THE-WONDERFUL-COMPANY-RAISES-MINIMUM-WAGE-TO-15-DOLLARS-PER-HOUR-FOR-CALIFORNIA-EMPLOYEES.html>

p. 139: **American Express.** Miller, S. (2016, December 14). American Express pushes paid parental leave to 20 weeks for moms and dads. Retrieved from <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/paid-parental-leave-expands.aspx>

p. 139: **Positive social and health impacts of quality early childcare.** Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478–1485; and Piper, K. (2018). Early childhood education yields big benefits—just not the ones you think. Retrieved from <https://www.vox.com/future-perfect/2018/10/16/17928164/early-childhood-education-doesnt-teach-kids-fund-it>

p. 139: **Prudential Financial.** Beeson, E. (2019, March 30). EDA approves \$210 million tax grant to Prudential. Retrieved from https://www.nj.com/business/2012/06/eda_approves_210_million_tax_g.html; and Prudential Financial Inc. (n.d.). Newark. Our best billion-dollar commitment. Retrieved from <https://www.prudential.com/links/about/corporate-social-responsibility/newark/billion-dollar-commitment>

pp. 139–140: **King Arthur Flour.** Stranahan, S., & Kelly, M. (2019, April 29). Mission-led employee-owned firms: The best of the best. Retrieved from <https://democracycollaborative.org/content/mission-led-employee-owned-firms-best-best>

p. 140: **JPMorgan Chase.** Feloni, R. (2018, September 12). JPMorgan's experimental investment in Detroit was so successful that it's decided to invest \$500 million in up-and-coming cities. Retrieved from <https://www.businessinsider.com/jpmorgan-launches-advancingcities-initiative-2018-9>; and JPMorgan Chase. (2019, June 26). JPMorgan Chase exceeds five-year, \$150 million investment in Detroit, announces new commitment to reach \$200 million total by 2022. Retrieved from <https://www.jpmorganchase.com/corporate/news/pr/jpmc-investment-in-detroit.htm>

p. 140: **Greater Kansas City Chamber of Commerce.** Countertobacco.org. (n.d.). Tobacco 21 in Kansas City. Retrieved from <https://countertobacco.org/resources-tools/stories-from-the-field/stories-from-the-field-tobacco-21-in-kansas-city/>

p. 141: **Addressing the U.S. health disadvantage requires support from and collaboration among businesses.** Rainie, L., Keeter, S., & Perrin, A. (2019, July 22). Trust and distrust in America. Retrieved from <https://www.people-press.org/2019/07/22/trust-and-distrust-in-america/>

p. 141: **Despite an expansion of the modern American economy, happiness has remained flat or eroded.** Easterlin, R. A., McVey, L. A., Switek, M., Sawangfa, O., & Zweig, J. S. (2010). The happiness–income paradox revisited. *Proceedings of the National Academy of Sciences*, 107(52), 22463–22468; Fox, J. (2012). The economics of well-being. Retrieved from <https://hbr.org/2012/01/the-economics-of-well-being>; and Ingraham, C. (2019, March 22). Americans are getting more miserable, and there's data to prove it: We've come a long way from the peak happiness of the 1990s, survey finds. Retrieved from <https://www.washingtonpost.com/business/2019/03/22/americans-are-getting-more-miserable-theres-data-prove-it/>

p. 141: **Values for health, wealth, and well-being must be brought into the market.** National Academies of Sciences, Engineering, and Medicine. (2018, December 3). *Reorienting health care and business investment priorities toward health and well-being: A workshop*. Retrieved from <https://www.nationalacademies.org/event/12-03-2018/reorienting-health-care-and-business-investment-priorities-toward-health-and-well-being-a-workshop>

- p. 141: **Quote from John Mackey.** Page xi in Mackey, J., & Sisodia, R. S. (2013). *Conscious capitalism: Liberating the heroic spirit of business*. Boston, MA: Harvard Business School Publishing.
- p. 141: **Other nations are transitioning toward a “well-being economy.”** Costanza, R., Caniglia, E., Fioramonti, L., Kubiszewski, I., Lewis, H., Lovins, H., . . . Wilkinson, R. (2018). Toward a sustainable wellbeing economy. *Solutions*, 9(2); Diener, E., & Seligman, M. E. P. (2018). Beyond money: Progress on an economy of well-being. *Perspectives on Psychological Science*, 13(2), 171–175; and Sturgeon, N. (2019, July). Why governments should prioritize well-being. Retrieved from https://www.ted.com/talks/nicola_sturgeon_why_governments_should_prioritize_well_being
- p. 141: **New Zealand’s well-being budget.** New Zealand Treasury. (2018, November 18). Living standards framework: Introducing the dashboard. Retrieved from <https://treasury.govt.nz/publications/tp/living-standards-framework-introducing-dashboard-html>; and Roy, E. A. (2019, May 29). New Zealand ‘wellbeing’ budget promises billions to care for most vulnerable. Retrieved from <https://www.theguardian.com/world/2019/may/30/new-zealand-wellbeing-budget-jacinda-ardern-unveils-billions-to-care-for-most-vulnerable>
- p. 142: **Quote about investing in place.** Page xi in Kelly, M., & Howard, T. (2019). *The making of a democratic economy: Building prosperity for the many, not the few*. Oakland, CA: Berrett-Koehler.
- p. 142: **Quote from Larry Fink.** Fink, L. (n.d.). A fundamental reshaping of finance. Retrieved from <https://www.blackrock.com/corporate/investor-relations/larry-fink-ceo-letter>
- p. 142: **The relative trajectory of three possibilities (or pathways), each of which has different near- and long-term consequences.** Milstein, B. (2017, September 27). *Three horizons for health system reform*. Presentation at the Annual Meeting of the ReThink Health Ventures Project, Oakland, CA.
- p. 143: **Table 7.2.** Source: Analysis informed by Baase, C. (2015). *Testimony of Catherine Baase, M.D., on behalf of the Dow Chemical Company and American Benefits Council*. Retrieved from http://get-hwhc.org/wp-content/uploads/2015/06/Baase-Dow-ABC-wellness-testimony012915_final.pdf, and by Bipartisan Policy Center and de Beaumont Foundation. (2019). *Good health is good business: The value proposition of partnerships between businesses and governmental public health agencies to improve community health*. Washington, DC: Bipartisan Policy Center.
- p. 144: **Figure 7.1.** Relative prominence: Google Books Ngram Viewer. (2020). Health care, public health between 1800 and 2008 in English with smoothing of 10. Retrieved from <https://books.google.com/ngrams/>. Landmark achievements adapted from: Centers for Disease Control and Prevention. (1999). Ten great public health achievements—United States, 1900–1999. *Morbidity and Mortality Weekly Report*, 48(12), 241–243; Centers for Disease Control and Prevention. (2011). Ten Great Public Health Achievements—United States, 2001–2010. *Morbidity and Mortality Weekly Report*, 60(19), 619–623; Kristof, N. (2019). Why 2018 was the best year in human history! Retrieved from <https://www.nytimes.com/2019/01/05/opinion/sunday/2018-progress-poverty-health.html>; and Light, P. C. (2002). *Government’s greatest achievements: From civil rights to homeland defense*. Washington, DC: Brookings Institution Press.
- p. 145: **Figure 7.2.** Source: Adapted with permission from International Futures Forum Practice Centre. (n.d.). Three horizons. Retrieved from <https://www.iffpraxis.com/three-horizons>; and Milstein, B. (2017, September 27). *Three horizons for health system reform*. Presentation at the Annual Meeting of the ReThink Health Ventures Project, Oakland, CA.
- p. 146: **Table 7.3.** Source: Milstein, B. (2017, September 27). *Three horizons for health system reform*. Presentation at the Annual Meeting of the ReThink Health Ventures Project, Oakland, CA. Note A: For more information about next system design, see The Next System Project. (n.d.). About the Next System Project. Retrieved from <https://thenextsystem.org/about-next-system-project>
- p. 146: **Quote from Shubhro Sen.** Schwartz, T. (2013, April 4). Companies that practice “conscious capitalism” perform 10x better. Retrieved from <https://hbr.org/2013/04/companies-that-practice-conscious-capitalism-perform>
- p. 147: **Leaders across the country are stepping up as engaged stewards and forming new partnerships with stakeholders and changemakers.** Aspen Institute. (2019, August 2). About Weave: The Social Fabric Project. Retrieved from <https://www.aspeninstitute.org/videos/weave-the-social-fabric-project/>; Brooks, D. (2018, October 18). The neighborhood is the unit of change. No, starfish are not saved one by one. Retrieved from <https://www.nytimes.com/2018/10/18/opinion/neighborhood-social-infrastructure-community.html>; Fallows, J. M., & Fallows, D. (2018). *Our towns: A 100,000-mile journey into the heart of America* (1st ed.). New York, NY: Pantheon Books; Friedman, T. (2018, July 3). Where American politics can still work: From the bottom up. Retrieved from <https://www.nytimes.com/2018/07/03/opinion/community-revitalization-lancaster.html?module=inline>; Fuller, B.

(2015). *Organizing locally: How the new decentralists improve education, health care, and trade*. Chicago, IL: University of Chicago Press; Katz, B., & Nowak, J. (2018). *The new localism: How cities can thrive in the age of populism*. Washington, DC: Brookings Institution Press; and Olmstead, G. (2018, October 8). A renaissance of localism. Retrieved from <https://www.theamericanconservative.com/articles/a-renaissance-of-localism/>

p. 147: Many partnerships are not as mature as they need to be. Siegel, B., Erickson, J., Milstein, B., & Evans Pritchard, K. (2018). Multisector partnerships need further development to fulfill aspirations for regional system change. *Health Affairs*, 37(1), 30–37.

Chapter 8. Report Recommendations

p. 154: Growing expectations for business, as identified by BSR. Enright, S., McElrath, R., & Taylor, A. (2016, October). *The future of stakeholder engagement: 2002 Transformative engagement for inclusive business*. Retrieved from https://www.bsr.org/reports/BSR_Future_of_Stakeholder_Engagement_Report.pdf

p. 155: Stewardship refers to a company managing its impact on society. Lawler, E. E. III. (2015, September 22). Corporate stewardship. Retrieved from <https://www.forbes.com/sites/edwardlawler/2015/09/22/corporate-stewardship/#430c75b2b257>

p. 155: Business might be the most powerful institution on earth. Babic, M., Heemskerk, E., & Fichter, J. (2018, July 10). Who is more powerful—States or corporations? Retrieved from <https://theconversation.com/who-is-more-powerful-states-or-corporations-99616>

p. 155: Visa’s investments in programs to strengthen educational outcomes. Ryssdal K., & McHenry, S. (2020, June 30). Visa CEO: “The world has changed dramatically.” Retrieved from <https://www.marketplace.org/2020/06/30/visa-ceo-the-world-has-changed-dramatically/>

p. 155: Using hiring and procurement tools to strengthen communities and explore opportunities to unleash untapped potential. Prahalad, C. K., & Hart, S. L. (2002, January 10). The fortune at the bottom of the pyramid: Low-income markets present a prodigious opportunity for the world’s wealthiest companies—to seek their fortunes and bring prosperity to the aspiring poor. Retrieved from <https://www.strategy-business.com/article/11518?gko=9b3b4>

p. 157: Starbucks’ “Create Jobs for the USA” collaboration with Opportunity Finance Network. Richardson, S. (2016, September 8). The Create Jobs for USA Program. Retrieved from <https://www.bostonfed.org/publications/communities-and-banking/2016/fall/the-create-jobs-for-usa-program.aspx>

p. 158: Intel’s investment in education. Porter, M. E., Hills, G., Pfitzer, G., Patscheke, S., & Hawkins, E. (n.d.). *Measuring shared value: How to unlock value by linking social and business results*. Retrieved from https://www.hbs.edu/faculty/Publication%20Files/Measuring_Shared_Value_57032487-9e5c-46a1-9bd8-90bd7f1f9cef.pdf

Business Perspectives

p. 166: Connection between what students learn in the classroom and how it can have a positive impact on their futures. Centene Corporation. (n.d.). Case study: Ferguson. Retrieved from <https://www.centene.com/why-were-different/local-partnerships/transforming-communities/case-study.html>

p. 168: Interventions to help identify and manage unmet social needs may improve health by lowering stress levels and increasing positive health behaviors. Thompson, T., McQueen, A., Croston, M., Luke, A., Caito, N., Quinn, K., & Kreuter, M. W. (2019). Social needs and health-related outcomes among Medicaid beneficiaries. *Health Education & Behavior*, 46(3), 436–444.

p. 169: Quote from Sacramento Mayor Steinberg. Centene Corporation. (2019, March 11). Centene dedicates cornerstone of new Sacramento campus. Retrieved from <https://www.centene.com/news/centene-dedicates-sacramento-campus.html>

p. 181: Frequency of nutrition-related health problems among Native Americans. Echo Hawk Consulting (2015). *Feeding ourselves: Food access, health disparities, and the pathways to healthy Native American communities*. Longmont, CO: Echo Hawk Consulting. Retrieved from http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_475566.pdf

Appendix B. Environmental Scan of Business Approaches to Improve Health and Well-Being

- p. 217: Business for Social Responsibility.** Approach/role for business: Business for Social Responsibility. (2018). *Healthy business metrics guide*. Retrieved from https://healthybusiness.bsr.org/files/Healthy_Business_Metrics_Guide.pdf. Key distinguishing features: Healthy Business Coalition. (n.d.). What is the Healthy Business Coalition? Retrieved from <https://healthybusiness.bsr.org/about-us>
- p. 218: Business Group on Health.** Approach/role for business: Quote from Business Group on Health. (n.d.). Well-being and Workplace Strategy Institute: Mission and objectives. Retrieved from <https://www.businessgrouphealth.org/get-involved/institutes-committees/well-being-and-workforce-strategy-institute>
- p. 219: Global Reporting Initiative.** Approach/role for business: Quote from GRI. (n.d.). A culture of health for business. Retrieved from <https://www.globalreporting.org/cultureofhealthforbusiness/Pages/default.aspx>. Recommended practices/process measures: Quote from GRI. (n.d.). A culture of health for business. Retrieved from <https://www.globalreporting.org/cultureofhealthforbusiness/Pages/default.aspx>; and COHBPS from GRI & Robert Wood Johnson Foundation. (2019, April). *A culture of health for business: Guiding principles to establish a culture of health for business*. Retrieved from <https://www.globalreporting.org/cultureofhealthforbusiness/Pages/default.aspx>
- p. 220: Health Enhancement Research Organization (HERO).** Approach/role for business: Health Enhancement Research Organization. (2019). *Social determinants of health—An employer priority*. Retrieved from https://hero-health.org/wp-content/uploads/2019/09/HERO_HWHC_SDOH_Report_FINAL_090419.pdf; Baase, C., Flynn, J., Goetzel, R., Pronk, N., Terry, P., & White, J. M. (2014, June). *Environmental scan: Measuring a culture of health*. Retrieved from <https://hero-health.org/wp-content/uploads/2014/12/Environmental-Scan-Measuring-a-Culture-of-Health.pdf>; and Baase, C., Pronk, N., & Noyce, J. (2014, January). *Environmental scan: The role of corporate America in community health and wellness*. Retrieved from <https://hero-health.org/wp-content/uploads/2014/12/HERO-EnvScanFinaltoIOM.pdf>. Recommended practices/process measures: HERO Health. (n.d.). HERO Health and Well-Being best practices scorecard in collaboration with Mercer® (HERO scorecard). Retrieved from <https://hero-health.org/hero-scorecard/>. Outcomes defined and measured: Health Enhancement Research Organization and Population Health Alliance. (2018). *Program measurement and evaluation guide: Core metrics for employee health management*. Retrieved from <https://populationhealthalliance.org/wp-content/uploads/2018/02/pha-executive-summary.pdf>; and Gallup. (n.d.). *How does the Gallup-Sharecare Well-Being Index work?* Retrieved from <https://www.gallup.com/175196/gallup-healthways-index-methodology.aspx>
- p. 221: National Alliance for Healthcare Benefit Coalitions (National Alliance).** Approach/role for business: The National Alliance on Healthcare Purchaser Coalitions. (n.d.). Wellbeing Initiative. Retrieved from <https://www.nationalalliancehealth.org/initiatives/initiatives-national/wellbeing>. Recommended practices/process measures: Pitts, J. S., Rehayem, M., Checkley, J., Frank, S., & Thompson, M. (2019). *Mental health & wellbeing in today's workforce*. Retrieved from <https://connect.nationalalliancehealth.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=c0a2c8dc-2160-f42e-fef2-f7ab87327d8a>
- p. 222: National Wellness Institute (NWI).** Outcomes defined and measured: Quote from National Wellness Institute. (n.d.). Home page. Retrieved from <https://www.nationalwellness.org/>
- p. 222: NIOSH/CDC.** Approach/role for business: Respective quotes from National Institute for Occupational Safety and Health. (2018). What is total worker health? Retrieved from <https://www.cdc.gov/niosh/twh/default.html>; and Centers for Disease Control and Prevention. (2019, November 3). *Worksite Health ScoreCard*. Retrieved from <https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>
- p. 223: Pathways to Population Health.** Approach/role for business: Institute for Healthcare Improvement. (n.d.). About Pathways to Population Health. Retrieved from <http://www.ihp.org/p2ph>
- p. 224: Robert Wood Johnson Foundation.** Approach/role for business: Robert Wood Johnson Foundation. (n.d.). Building a culture of health. Retrieved from <https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>
- p. 225: Shared Value Initiative.** Approach/role for business: Quote from Shared Value Initiative. (n.d.). Home page. Retrieved from <https://www.sharedvalue.org/>. Outcomes defined and measured: Quote from Dille, S. (2015, September 23). Good health is a prerequisite for sustainable development. Retrieved from <https://www.sharedvalue.org/groups/good-health-prerequisite-sustainable-development>

p. 226: Sustainability and Health Initiative for NetPositive Enterprise (SHINE). Approach/role for business: Sustainability and Health Initiative for NetPositive Enterprise. (n.d.). Home page. Retrieved from <https://shine.sph.harvard.edu/>. Other outcomes defined/measured: Domains of well-being in VanderWeele, T. J., McNeely, E., & Koh, H. K. (2019). Reimagining health—flourishing. *JAMA*, 321(17), 1667–1668; and business metrics in Barwinski, K., McNeely, E., & Norris, G. (2016). *Shining a light on worker well-being. Ideas from the SHINE NetPositive Summit*. Boston, MA: Harvard School of Public Health, The Center for Health and the Global Environment. Retrieved from <https://projects.iq.harvard.edu/files/shine/files/workerwellbeing.pdf>

p. 227: Well Being In the Nation (WIN) Measurement Framework. Approach/role for business: Winmeasures. (n.d.). Home page. Retrieved from <https://www.winmeasures.org/>

p. 228: Well Being In the Nation (WIN) Network. Approach/role for business: Well Being In the Nation. (n.d.). Home page. Retrieved from <http://www.winnetwork.org>. Recommended practices/process measures: Well Being In the Nation. (n.d.). Vital conditions. Retrieved from <https://winnetwork.org/vital-conditions>

p. 229: Wellness Councils of America (WELCOA). Approach/role for business: WELCOA. (n.d.). Well workplace checklist. Retrieved from <https://www.welcoa.org/get-started/checklist/>; and WELCOA. (2019). *Well Workplace Awards: Users guide*. Retrieved from <https://www.welcoa.org/wp/wp-content/uploads/2019/12/Well-Workplace-Awards-Users-Guide.pdf>

p. 230: World Health Organization. Approach/role for business: World Health Organization. (n.d.). Healthy workplaces: A WHO global model for action. Retrieved from https://www.who.int/occupational_health/healthy_workplaces/en/. Recommended practices/process measures: Quote from Grad, F. P. (2002). The preamble of the constitution of the World Health Organization. *Bulletin of the World Health Organization*, 80(12), 981–984.

Exemplars

pp. 20–21: Belden, Inc.: Pathways to Employment. Information was obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report November 18, 2019.

p. 36: Partnership for the Bay’s Future: A High-Impact Model for Investment. One million new jobs in the next 20 years: Plan Bay Area 2040. (n.d.). Forecasting the future. Retrieved from <http://2040.planbayarea.org/forecasting-the-future>. Two breadwinners working full-time at \$15 an hour can afford to live in only 5% of Bay Area neighborhoods: Partnership for the Bay’s Future. (n.d.). The opportunity. Many paths. More solutions. Retrieved from <https://www.baysfuture.org/the-opportunity/>. A new investment fund of more than \$300 million is attracting additional fund investors with competitive returns: Local Initiatives Support Corporation. (2019). Bay Area philanthropy, business, and community advocates unite to launch landmark regional housing partnership [Press release]. Retrieved from <http://www.lisc.org/our-stories/story/protect-preserve-produce-landmark-housing-partnership-arrives-bay-area>

pp. 56–57: Hyatt Hotels Corporation: An Opportunity Partnership. Information was obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report on November 25, 2019.

pp. 82–83: The Reinvestment Fund: A CDFI Uses Data to Expand Food Retail in Ohio. Information was obtained from K. Vijayan and J. Fassbender via personal email communication, February 5, 2020.

pp. 110–111: The Chickasaw Nation: Investing in Community. Information and quotes were obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report on November 29, 2019.

pp. 126–127: Greyston Bakery: Baking With Purpose. Information was obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report on November 25, 2019.

pp. 148–149: Bank of America: The Path to Participation. Information and quotes were obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report November 14, 2019.

pp. 160–161: Grads of Life: Helping Businesses Build a Talent Pipeline. Information and quotes were obtained by Gerry Yemen, University of Virginia Darden School of Business, during interviews conducted specifically for this report on December 9, 2019.



U.S. Department of Health and Human Services

JANUARY 2021