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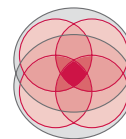
Anchoring Equitable Development

Anchor Institute-Led Models of Housing & Community Development to Strengthen Institutions and Communities

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Introduction

In April 2014, a convening of national housing equity experts was hosted in Jacksonville, Florida by the Jessie Ball duPont Fund. The convening's purpose was to gain insight from national stakeholders on affordable housing and equitable development challenges and opportunities in Jacksonville. From this two-day engagement, a number of major challenges and opportunities facing Jacksonville's housing development were clearly identified. Two of these findings directly inform this research effort.

First, to meet the needs of Jacksonville's marginalized communities, an intentional focus on equity must stay at the forefront of community housing and development strategies. Second, if equity-focused development efforts are better aligned with health and/or educational stakeholders, affordable housing and equitable development could blossom in Jacksonville.

Stable and affordable housing is essential to educational success and positive health outcomes for families and for communities. While the linkage between housing and educational and health outcomes is clear, educational and health stakeholders have not traditionally been deeply engaged in meeting housing need. Emerging initiatives across the country are countering this disengagement, demonstrating the important role that anchor institutions can play in supporting local housing needs. Community anchor institutions, such as educational entities (particularly higher education) and health care organizations can be powerful institutional resources to support equitable housing and community development. Throughout the nation, successful anchor institute-led housing interventions have been transformational in addressing community housing needs and community revitalization. These efforts have been most effective when equity goals are integrated into the design and implementation of anchor institute-led housing efforts.

The following report provides select case studies with a strong social equity focus and comparability to Jacksonville. We identify lessons learned and summarize models which can be equally transformative in Jacksonville from these case studies. We also draw upon recent research and scholarship, and our own interviews with experts and practitioners. The goal of providing these lessons learned and model practices is to help inform, and potentially engage, various anchor institutes in Jacksonville—organizations with resources that could help meet community housing needs and support equitable community development. This could help strengthen social, educational, economic and health outcomes for all of Jacksonville, including its most vulnerable residents.

Housing and Community Development Needs

Since 2008, housing needs have dramatically escalated throughout the nation. Foreclosures, tight credit, high-priced rental markets, and economic challenges for workers have created tremendous housing burdens, particularly for communities of color and low-wage workers.[1] These challenges persist, despite an emerging national economic recovery. Affordable housing needs have continued to outpace the federal resources available to meet them. For example, the FY2014 appropriations for the Community Development Block Grant program (one of the largest sources of federal funding allocated to states and localities for low-to moderate-income community development) were at one of the lowest funding levels in fifteen years. From FY2000 to FY2014, the average grant allocated to entitlement communities declined by 44%.[2]

"The financial strain due to housing costs **defers income away from other critical expenses**, such as health care, education, child care, transportation and food"

Both the housing crisis and the recession hit Florida hard. Jacksonville was not spared, and has had a relatively slow recovery. A recent analysis of post-recession economic growth ranked Jacksonville 124th in a 150-city comparison on progress towards economic recovery.[3] Analysis by the National Low Income Housing Coalition indicates that a household needs at least $37,000 in annual income to afford 2-bedroom fair market rent in the Jacksonville region. In Duval County, approximately 37% of all households earn insufficient income to meet this threshold.[4]

The affordable housing challenge is also evidenced by the number of cost-burdened households (those paying more than 35% of their income for housing in Duval County). In 2013 for Duval County, 30% of homeowners with a mortgage and 47% of renters were cost-burdened.[5] Housing is typically the first expense paid by low- and moderate-income households. The financial strain due to housing costs defers income away from other critical expenses, such as health care, education, child care and children's needs, transportation and food.

Expanding the Circle of Collaborators to Support Housing Equity and Community Development

In the face of these challenges, cities, institutions, and communities have been creative, relying on new partnerships and collaborations to make dollars stretch further and to do more with less. But there is more at stake than leveraging each dollar used to stabilize and revitalize communities: the fates of communities, institutions, and cities are linked. If communities are failing as a result of sustained disinvestment, then cities and their beacon institutions are close behind. Cities and their social, cultural, health and educational institutions rely on a healthy, educated, well-housed and stable workforce (and consumer base) to thrive. We know, from decades of social science research, of the long-term effects that neighborhood conditions can have on people and families. Where you live matters. In fact, the strength of a neighborhood is tied to the health and well-being of its residents, and this relationship is strongest for children. In short, individual and collective neighborhood conditions—whether they facilitate success or hardship—matter for institutions and cities.

"To achieve transformative change in communities requires anchor institutes to adjust business practices and workplace culture **to support this understanding of linked fates**."

What makes an institution an "anchor"?

Although the term "anchor institution" is now commonly used, the exact definition of an "anchor" is debated in the literature. For our purposes, we will rely on the definition of anchor institute outlined in Taylor and Luter (2013).[7]

There are four defining characteristics or attributes of anchor institutions:

- **Spatial immobility.** The most defining trait of an anchor is its deep capital investments that often render relocation economically infeasible. Other variables that render immobility may include subsidies/locational advantages, tradition, mission and customer base.

- **Corporate status.** Anchor institutions are (mostly) non-profit organizations. Private, for-profit institutions are typically not regarded as anchor institutions. They are considered at risk for flight once profits start to dip, and thus unlikely to forge the deep, long-term sustainable partnerships and relationships that characterize anchor institutions.

- **Size.** Anchor institutes are influential (in terms of land holdings and cultural influence) and have a high degree of impact on the local economy, through purchasing power and employment.

- **Mission.** A mission of social justice, equity and democracy is a desirable trait for an anchor institution but is not required. An anchor institution should *minimally* possess the potential to acquire a social purpose mission.

There is a debate in the literature on the role of social responsibility as a defining characteristic of an anchor institution. Some argue that in order for anchor institutions to be successful, they must make a shift from notions of mere "social responsibility" (a belief that institutions have a duty and responsibility to engage in actions which are beneficial to society) to include notions of "**shared value**."[8] Shared value refers to a situation in which an institution pursues its own interests in a way that also creates value for the surrounding communities.[9]

In other words, institutions need to understand and articulate how pursuing community redevelopment efforts are in their own interests—how their fate is linked with their community's fate. This is deeper than providing financial donations to discrete community programs (i.e. "charity"); it means "consciously applying their long-term, place-based economic power, in combination with their human and intellectual resources, to better the long-term welfare of the communities in which they reside."[10]

"Today's landscape of persistent and increasing poverty and inequality require that we **bring all of our resources to bear to tackle these challenges**."

This is the anchor mission.[11] An anchor mission and the pursuit of shared value are especially important for ensuring sustained involvement in a community.

Institutions of higher education and medical institutions ("Eds and Meds") are often the chief anchor institutions that make social responsibility a core part of their mission.[12] They in particular can play a vital leadership role in equitable community development. For example, when these anchors undertake affordable housing projects, studies find that such projects improve neighborhood conditions, strengthen local housing markets and economies, and provide job opportunities and training for residents.[13] In the era of globalization, when manufacturing as a stabilizing force in many American communities has declined, Eds and Meds have emerged as new sources (if yet to be fully appreciated sources) of stability and economic development for communities and cities through employment, procurement and real estate development.[14] For example, US public and non-profit universities represent 3% of US GDP, have endowments exceeding $400 billion, and employ over 3 million people. US hospitals employ 5 million people and have procurements above $600 million per year.[15]

Even more to the point, the fact that educational and health outcomes are influenced by poverty and neighborhood conditions means that these institutions have an interest in improving community environments.

The Eds: recasting the vision of civic engagement

Universities have historically played a leading role as anchor institutes involved in community-building, including community development, although the road has not always been a smooth one. Engagement between public universities and the communities in which they are embedded can be traced back to the Morrill Act of 1862, an act that established a new type of university—one that would be available at a low cost to non-elites, and would teach curricula that had practical value for working class students.[17] The original vision of the land-grant university was that it would meet the needs of citizens of its own state, initially through research and education. Fifty years after enactment, this vision was expanded to include outreach through the establishment of University Extensions. The spirit of university and community engagement was strong, if generally one-directional (i.e. university "experts" disseminating information to communities), in the first few decades of the Morrill Act, but over the course of time, engagement waned.[18]

Beginning in the 1960s with the service-learning movement, there has been a renewed focus on civic engagement and civic education. Fifty years later, nearly every campus has a service-learning component (where faculty and students are teaching and learning by doing), and several have gone beyond service learning to "community partnerships" that seek to achieve more structural, positive change in communities through a two-way collaboration between the university and the community.[19]

Communities should not only play a key role in identifying community concerns, but they should also help set the agenda for how the university will engage with the community.[20] To have the best chance for success in achieving positive structural community change, university-community partnerships need to be:

1.) well- planned,
2.) inclusive of community input,
3.) driven by faculty desire to do practice-oriented research,
4.) inclusive of students in order to increase civic competency,
5.) within the scope of expertise of the university,
6.) within community capacity based on the resources and strengths of the community in which the engagement is occurring, and
7.) mutually beneficial.[21]

In short, each party involved needs to feel as if they have something to teach and something to learn. Lastly, the outcomes from the partnership need to be measurable for both the institution and community.

High stakes for higher education

An enhanced model of university engagement that is broader and deeper than the "public mission" of the 19th-Century Morrill Act is not only possible, but necessary. Today's landscape of persistent and increasing poverty and inequality require that we bring all of our resources to bear to tackle these challenges. In communities across the

country, some of the largest untapped resources are universities. And our universities are increasingly seeing the need to stop and reverse this course of deepening inequality.

Research shows that educational outcomes are influenced by factors outside of the classroom. Where you live matters for education. In fact, socioeconomic factors account for approximately 60% of student achievement.[22] A study by Harvard Sociologist Robert Sampson found that, by the 3rd grade, the educational impact of living in a severely disadvantaged neighborhood is equivalent to having missed an entire year of school.[23] Neighborhoods in distress produce a host of stressors that can profoundly impair social and skills growth; physiological and psychological health; and the capacity to learn and thrive.[24]

Children growing up in very poor families with low social status can experience unhealthy levels of stress hormones, which impair neural development.[25] Research shows that hunger and food insecurity, above and beyond poverty, have significant and negative impacts on children's educational performance. One study found that food insecure children performed lower on math and reading, and were more likely to repeat a grade.[26]

The good news: we know how to do better. Universities can help ensure that their surrounding communities support the holistic and scholastic success of children—their future student body. Improvements in housing, safety, access to healthy food and health care—all of these and more play a critical role in enhancing educational outcomes. These types of "upstream" interventions by universities could pay dividends in the form of a more prepared, diverse student body; improved retention rates of students of color; and improved graduation rates of students of color.

Nationally, 50% of African American children and 43% of Latino children live in a neighborhood with poverty rates exceeding 20%, compared to 14% of white children.[27] In Florida, the situation for children living in high poverty neighborhoods (greater than 30%) has worsened: 12% of Florida children under 18 years old are living in such neighborhoods today, compared to 7% in 2000.[28] We need to target our resources to improve the conditions these children grow up in, and universities can help.

The Meds: defining a new role for achieving community health

"A successful anchor institution strategy requires that a hospital recognize that its institution's mission to promote health and well-being is as much for the patient who walks through the door as for the one who would have if a community intervention had not been made."[29]

Health is inextricably linked to place. In fact, one's zip code is a better predictor of one's life expectancy than his or her genetic code.[30] Health systems are increasingly adopting an anchor institution mission.[31] This makes considerable sense, given that recent research shows that roughly 60% of premature deaths are related to social and environmental conditions or behavioral patterns,[32] otherwise known as the "social determinants of health." These are conditions such as unemployment, lack of affordable housing or healthy food, and crime. They occur outside of hospital walls, yet they have substantial implications for the work that goes on inside. Only about 15–20% of overall

health and longevity can be attributed to clinical care.[33] Neighborhood characteristics have an important influence on a person's ability to make healthy choices. Research indicates that in most urban areas, serious health challenges are highly concentrated in a small number of distressed neighborhoods.[34] This means that targeted interventions in identified high-need neighborhoods are possible, and would reach the most vulnerable residents. These neighborhoods are also more likely to be poor and minority.[35] One step in reducing racial and economic disparities in health outcomes is to reach out to these neighborhoods with cultural competency and an understanding of the multiple barriers to wellness that many of their residents face on a daily basis.

Unfortunately, our policy and health care systems have yet to catch up to the implications of the importance of the social determinants of health: fully 95% of health expenditures are on direct medical services, leaving a mere 5% spent on prevention.[36] Hospitals historically focused on providing surgery and acute care, an orientation that may still shape (and limit) their participation in community health and development.[37] However, it may be more cost-effective to participate in "upstream" interventions for improved public health, rather than only managing "downstream" chronic conditions. This is especially true for marginalized communities where social and environmental challenges are magnified and health insurance may be lacking. Too often, residents in these communities rely on emergency rooms to treat preventable or chronic conditions, a reliance that is costly (and likely unsustainable) for the health care system, and for patients. Treating chronic issues such as obesity or diabetes—issues that are heavily correlated with social and environmental factors—can be extremely costly to health systems.[38] In fact, 75% of total US health spending is for treating chronic conditions.[39] Upstream interventions could have a profound impact on downstream costs, and many of these upstream interventions are related to community development, such as improving access to healthy food, developing safe and affordable housing, and providing workforce development opportunities.[40]

Anchor institution strategies centered on developing robust local procurement programs, and attracting and retaining employees who want to live near work in vibrant communities, are also "bottom line" incentives. Both strategies have the potential to build local capacity (i.e. develop or expand small businesses), create jobs, and increase the number of insured residents.[41]

For nonprofit hospitals especially, renewed scrutiny by the IRS on reported community benefits, and the new requirements for community health needs assessments established by the Affordable Care Act in 2010, round out the incentives hospitals have to be more deeply involved in community development activities.[42] In today's push for transparency and engagement, "community benefit" defined solely as the amount of free care provided is no longer a sufficient justification for enjoying the benefits of a tax-exempt status.[43]

Fortunately, there are examples of hospital-led community development. We have examples of hospitals embracing "a community engagement framework that seeks to address root causes of health problems, strengthening the local economy and neighborhoods, improving the environment, and bettering public health."[44] Hospitals are uniquely positioned at the intersection of public health and community development; today, more of them are realizing the increased value they can provide to their communities and to their patients.

Case Studies & Lessons Learned

Anchor Institute-Led Community Development and Housing Initiatives

Case #1:
Nationwide Children's Hospital, Columbus OH

The Neighborhood: The South side of Columbus, Ohio

Nationwide Children's Hospital sits at the northern edge of Columbus' South side neighborhood, historically an immigrant gateway and the industrial heart of Columbus. Like many former industrial areas, job losses, housing instability, poverty, and significant predatory lending had decimated the neighborhood over recent decades. Until recently, investment in the South side community has been small in comparison to the growing need, especially in the wake of the housing crisis and the recession. The South side suffers unacceptably high rates of infant mortality, incarceration, and unemployment. In 2008, at the height of the foreclosure crisis, the number of vacant homes in the neighborhood reached record levels; property crimes and arsons were creating significant public health and safety risks.

The South side covers a large physical area, encompassing ten different sub-neighborhoods. It is comprised primarily of low-income and working class people—43% of households earn less than $25,000 a year.[45] Forty-two percent of the population is white, and about half of the population is Black.[46] Yet there are also pockets of high wealth within the South side neighborhoods, including families in million-dollar homes.

Approximately 25% of the housing is vacant in the South side.[47] The housing stock is suitable for redevelopment, mainly consisting of single-family homes and duplexes. Some focused revitalization is already underway, increasing the availability of safe, decent, affordable homes. Despite these initial investments, the South side is not at immediate risk of displacement given the deflated housing prices in the area. However, commercial property speculation has increased recently, further complicating the already complex redevelopment landscape.

The current real estate investment in the South side consists of more than $20 million in housing-related revitalization, including senior apartments, tax credit housing, and building improvements. One of the key initiatives driving this emerging revitalization is the "Healthy Neighborhoods Healthy Families" program spearheaded by Nationwide Children's Hospital.

The Anchor: Nationwide Children's Hospital and its entrée into community development

In the early 2000s, a leadership change at Nationwide Children's Hospital ("NCH" or "Children's") initiated a shift in the vision and strategic direction of the hospital. At the time, the Board made a conscious decision to reposition Children's to be the world's best children's hospital. Part of the initial plan to achieve this vision was to

relocate out of the South side altogether. Given the distress of the South side neighborhood, especially those blocks immediately adjacent to the hospital campus, it was believed that the vision could not be achieved as long as the hospital was located there.

As our earlier discussion highlighted, however, one of the defining features of anchor institutes is that they are quite literally economically "anchored" to their locations. In the case of NCH, early analysis showed it would be too costly to move, given the capital investments of the hospital. With this option off the table, the Board decided that to become the world's best Children's hospital, a major expansion of its core facilities was necessary, including a $1 billion capital construction campaign and a $25 million request to the City of Columbus for infrastructure financing.

The pitch seemed straightforward: the hospital was going to do a significant amount of capital investment, and add about 2,000 new jobs. Yet at the time, NCH was identified by a local newspaper as owning some of the worst properties in the neighborhood. Prior to the change in leadership, the hospital had been acquiring individual residential structures to the immediate east of the hospital. The original plan was to demolish these structures, but they continued to rent them at very low cost, without improving the properties. This practice was adding to the deterioration of housing in the community, and the community was upset about it.

In the end, in exchange for the city infrastructure financing, the hospital agreed to address housing needs. And it needed help to do so. The first conversation between the hospital and Community Development 4 All People (CD4AP), a community-based organization that had begun its own housing redevelopment work, took place around 2006. At this time, the hospital was approaching CD4AP not as a potential partner, but simply for insight. In a few years' time, however, the two entities would find themselves joining forces to transform housing in some of the most distressed blocks in the community.

The hospital embraces a new model to improve the health and wellness of its neighborhood

In 2008 the hospital revealed a multi-million dollar financial commitment to revitalize the area surrounding the hospital campus, known as the Healthy Neighborhoods, Healthy Families ("HNHF") initiative. Through HNHF, the hospital addresses issues of health and wellness, education, safe and accessible neighborhoods, economic development, and affordable housing. The hospital acted to stabilize housing at the outset.

It was at this point that CD4AP and the hospital moved to a different level of conversation. The hospital and CD4AP formed the HNHF Realty Collaborative—a separate non-profit company, but structured so that CD4AP owns it. When the Collaborative was created, a board was outlined, where half of the board members were named by the hospital, and half by CD4AP. The Chief Financial Officer of the hospital would be the board chair. The hospital pledged to put between $3 to $5 million into the venture over the first 3-5 year period, and CD4AP promised to provide some of the staffing for the housing work. It was also agreed that the hospital would hire one full-time person, whose responsibility was to oversee the housing work in its entirety, a program now called "Healthy Homes."

The timing of the launch in 2008 was far from ideal, given the bottoming out of the housing market. However, CD4AP had realized early on that the typical business model for rehabilitating vacant houses for homeownership was not going to work,

and certainly would not work in the rapidly deteriorating economic environment that marked 2008 and 2009. Instead of relying on income from developer fees when the rehabbed house was sold, CD4AP proposed that the hospital provide a stable source of income. The hospital agreed to provide $100,000 per year to CD4AP for the acquisition and renovation of properties. The move was a smart one; it allowed the work to survive some of the most challenging years of the housing crisis.

The Approach

The strategy was a two- pronged approach to tackle housing revitalization: acquisition of vacant and abandoned units, and home repair assistance for existing owners. The target area was the 35 blocks directly south of the hospital campus. The first prong was to acquire vacant, blighted, abandoned and foreclosed residences in the area, rehabilitate them, and make them available for sale as close to market rate as possible. Any property they acquired had to be vacant for at least 60 days. Property acquisition focused on "the worst of the worst" on each block. From the beginning, there was an explicit goal that no one would be displaced from the neighborhood as a result of the Collaborative's housing redevelopment efforts.

It was also recognized that the success of selling rehabbed homes would hinge on the quality of housing on the rest of the block. Thus, the second prong was to provide home repair grants to existing homeowners for exterior repairs. As described by Robert Williams, the full-time director of Healthy Homes, acquisition strategy is everything. When Healthy Homes first started, they targeted housing that was in close proximity to other housing they would rehabilitate, or homes they provided home repair grants to, "so that [they] could continue to build that mass where you're not the empty tooth on the block."

Engaging with the community: delivering on promises eases early skepticism

At the beginning of the housing initiative, the relationship between the community and the hospital was, frankly, confrontational. Early on, Williams describes, "There was a lot of questioning, a lot of mistrust… a lot of 'we will wait and see,' and a lot of push back on a lot of things." People were worried about demolition; people were worried that the rehabilitated buildings would not look like what already existed in the neighborhood. And most importantly, they questioned "whether or not we would actually do what we said we would do."

Today, things are different. That's not to say the community agrees with every plan or idea that comes out of HNHF, but the disagreements are not as volatile. Much of this progress has to do with increased communication with civic associations, the local Area Commission, and people who have influence in the community. But perhaps most important was the establishment of a solid track record. The community can see the houses that have been built or improved; they can see that they are of high quality, take note that they sell, and see the value added to the community. Says Williams, "Over the course of time, communicating and actually finishing products, people moving in and all of that, I think they began to trust the program a lot more than when we first started."

THE OUTCOMES

In a relatively short time period, the outcomes have been substantial (especially given that the housing program was launched during one of the worst housing crises in our national history), including:

- $15 million of housing reinvestment in 35 blocks. Over 25% of housing in the target area (100 out of 400 units) has been touched by HNHF programming.
- 60 houses have been sold
- 75 home repairs have been made
- Vacant and blighted housing stock has been reduced by 50%
- Appraisal values have increased. In the beginning, the maximum value for rehabbed houses averaged approximately $90,000; today they range from $125,000-$130,000, an increase of 30% in 6 years.
- Staff has increased from one full-time staff person (Robert Williams) to four full-time staff.
- Expanded footprint, both geographically (the boundaries have expanded further south three times) and programmatically, including the launch of another project called "South side Renaissance" (a home repair program).
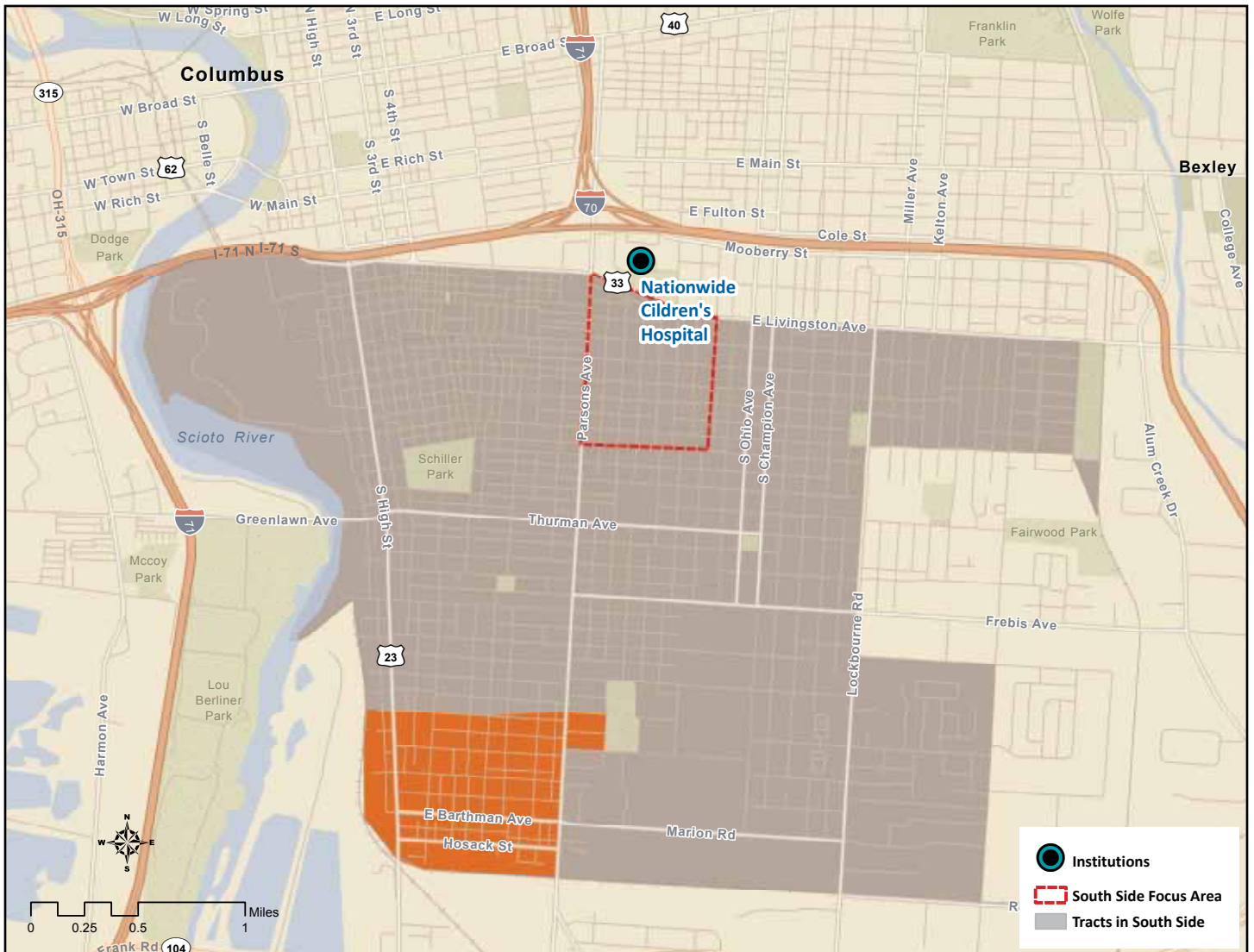- Developed a relationship with the Franklin County Land Bank to do some moderate rehabilitation.

KEY LESSONS TO SHARE

1.) **Acquisition is paramount.** As Williams shared, "It is easy to get caught up with everything that is in the middle—how are we going to build the houses, what will our product look like? But ultimately, if you can't acquire houses and you can't sell them, you are probably going to have a difficult time. So, make sure that there is enough housing stock in your neighborhood to be able to have an impact. Make sure that you can acquire strategically where you can give yourself a chance to sell your end product based on there being other products in close proximity to it."

2.) **It's a long-term commitment.** "It's not going to happen overnight. It will take time. It's great if you have multiple levels of financing, but keep in mind that's going to create more hoops and barrels for you to jump through with your process so it might take a little longer."

3.) **Leverage existing community assets.** Evaluate what already exists in the community that can be a tool, especially local allies. As Williams points out, "You are going to get push back, you will get people who don't like the ideas that you have, or the things that you want to do. So, if you can, garner some sort of community advocate or someone who has leverage in the community, who is well-respected and get them as your ally, which might help your process go a little bit faster."

4.) **Have a plan in place to develop community capacity and empowerment.** According to Williams, this is one oversight of their early programming: "In hindsight, another thing that I would look at in the beginning is how you create a program or system that you know that once you get new people in there, that's going to strengthen the community and they will be able to take the reins."

5.) **Partnerships matter.** No anchor can go it alone. Make sure all the needed

partnerships are in place, including: city officials, land banks, and local banks that may have property that they may be willing to donate or sell.

6.) **Know your market and community.** Quite simply, "is what you are building what people want?"

7.) **Commitment of top leadership is critical.** Without the commitment of executive and board leadership, HNHF would not have happened. With this commitment, the hospital has seen its relationship with the community blossom along with the redevelopment near the hospital's campus.

Nationwide Children's Hospital
Columbus, Ohio

Map of Columbus, Ohio showing Nationwide Children's Hospital, the South Side Focus Area, and Tracts in South Side.

Legend:
- Institutions
- South Side Focus Area
- Tracts in South Side

Non-White Rate of South Side
in Columbus, Ohio

Sources: ACS 2009-2013
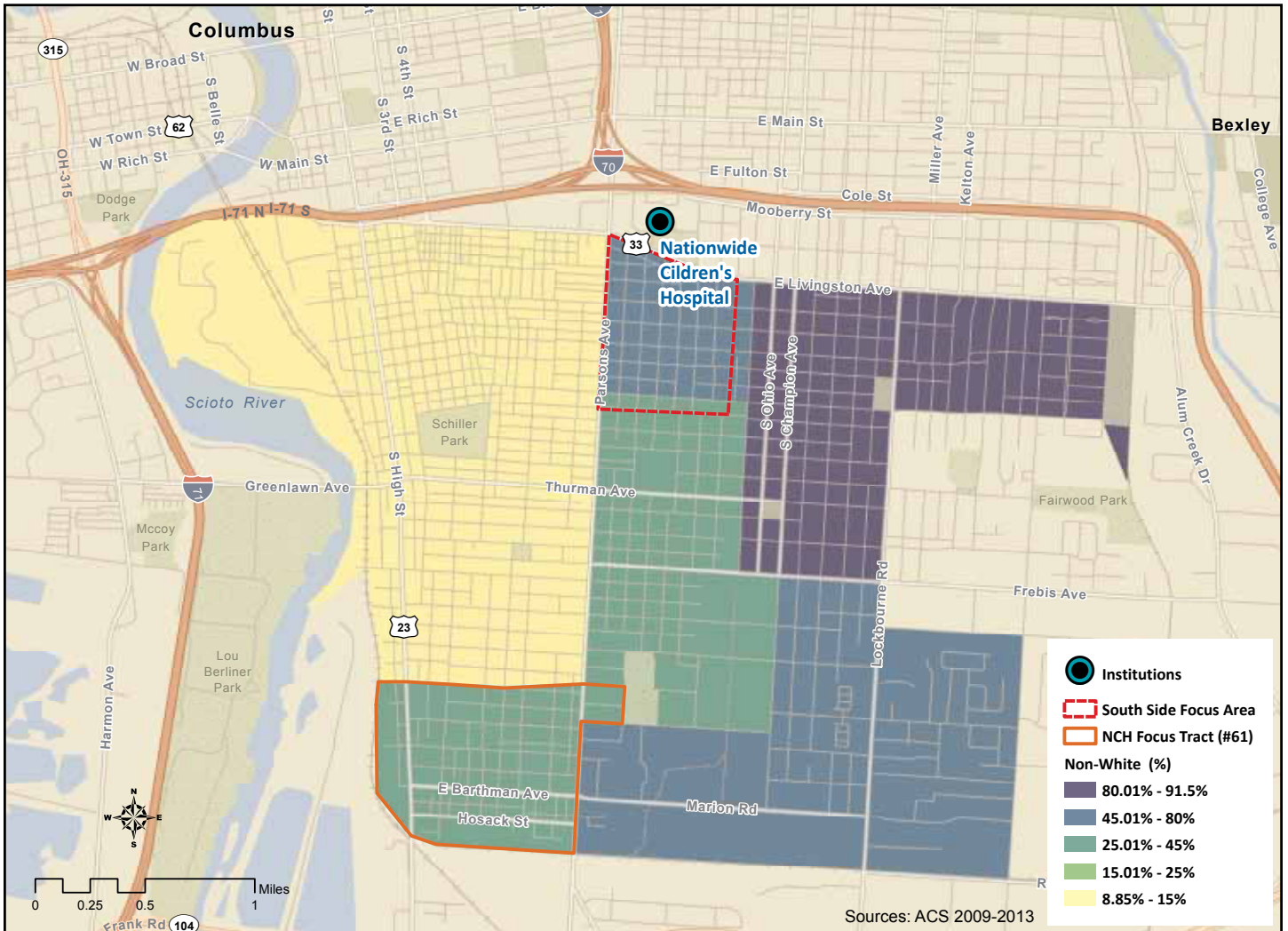
Poverty Rate of South Side in Columbus, Ohio

Map legend:

- ● Institutions
- ⬚ South Side Focus Area (red dashed)
- ▢ NCH Focus Tract (#61) (orange)

Poverty (%)
- 40.01% - 46.91%
- 35.01% - 40%
- 25.01% - 35%
- 1.01% - 25%
- 5.6% - 1%

Sources: ACS 2009-2013

Map labels include: Columbus, Bexley, Nationwide Cildren's Hospital, Scioto River, Schiller Park, Dodge Park, Mccoy Park, Lou Berliner Park, Fairwood Park, W Broad St, W Town St, W Rich St, W Main St, S Belle St, S 4th St, S 3rd St, E Rich St, E Main St, E Fulton St, Cole St, Mooberry St, Miller Ave, Kelton Ave, College Ave, E Livingston Ave, Greenlawn Ave, Thurman Ave, S High St, Parsons Ave, S Ohio Ave, S Champion Ave, Lockbourne Rd, Frebis Ave, Alum Creek Dr, Harmon Ave, E Barthman Ave, Hosack St, Marion Rd, Frank Rd, I-70, I-71 N I-71 S, 315, 62, OH-315, 23, 33, 104

Housing Cost Burden Rate of South Side in Columbus, Ohio

Map legend:

- ● Institutions
- ▢ (dashed) South Side Focus Area
- ▢ NCH Focus Tract (#61)

Housing Cost Burden (%)
- 50.01% - 60.25%
- 45.01% - 50%
- 35.01% - 45%
- 25.01% - 35%
- 21.57% - 25%

Sources: ACS 2009-2013
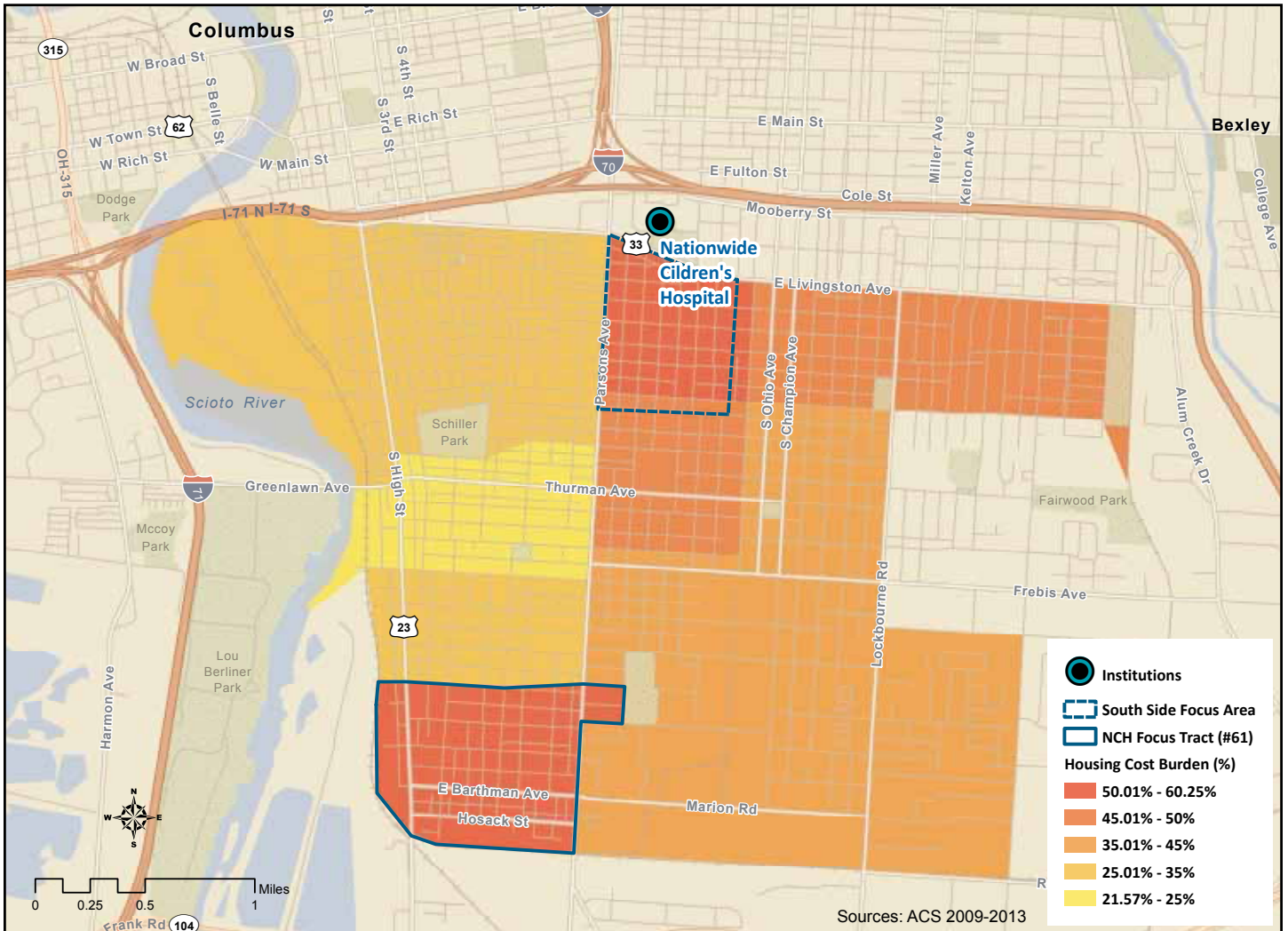
Vacancy Rate of South Side in Columbus, Ohio

Columbus

Bexley

Nationwide Cildren's Hospital

Institutions

South Side Focus Area

NCH Focus Tract (#61)

Vacancy (%)
- 30.01% - 37.2%
- 25.01% - 30%
- 15.01% - 25%
- 1.01% - 15%
- 6.89% - 1%

Sources: ACS 2009-2013

0   0.25   0.5   1   Miles
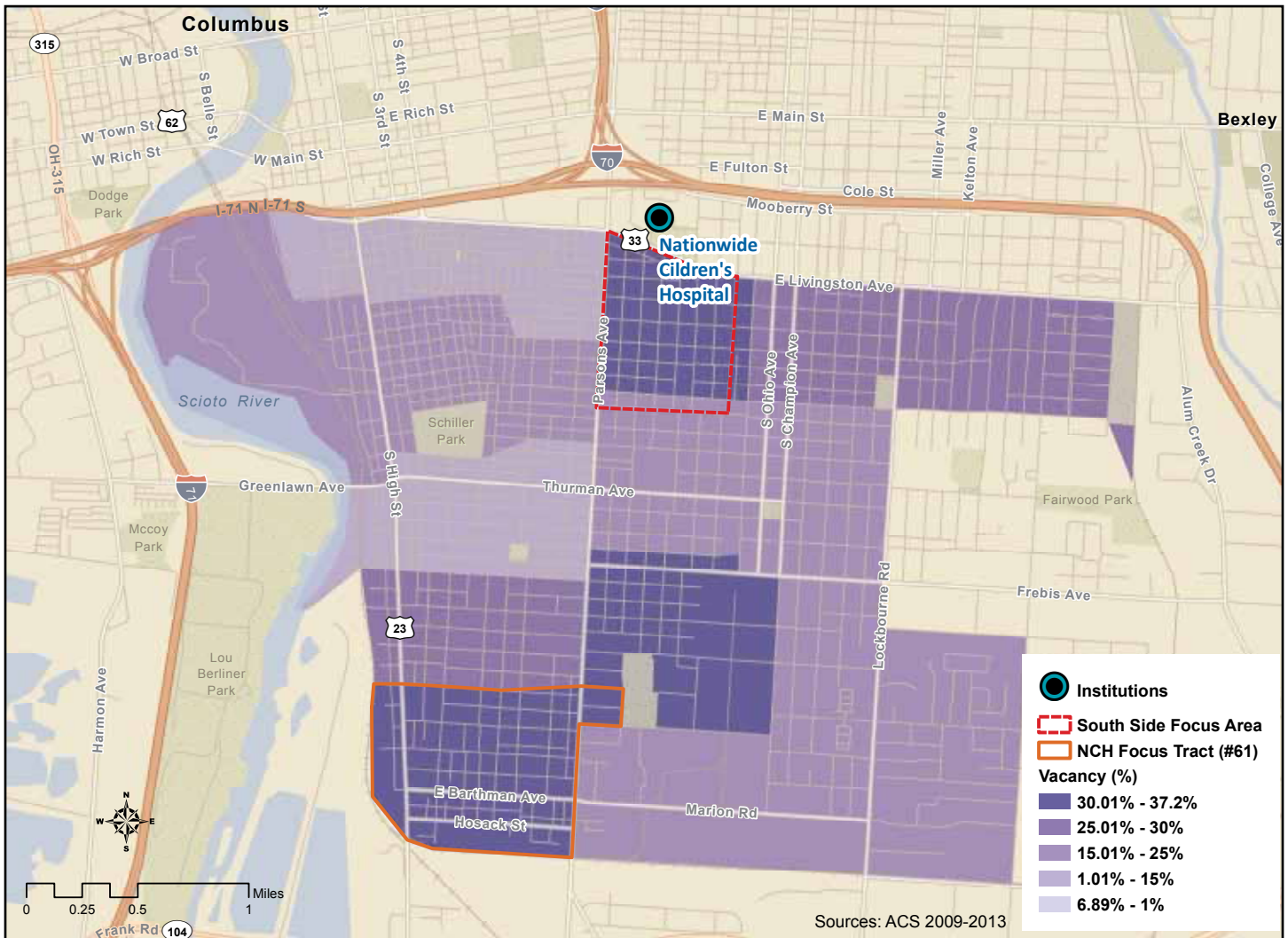
Case #2:
Washington University Medical Center Redevelopment Corporation, St. Louis MO

The Anchor: Washington University Medical Center— should we stay or should we go?

The Washington University Medical Center Redevelopment Corporation (WUMCRC) is a non-profit real estate and planning company established in the late 1960s through the Washington University Medical Center (WUMC). The WUMC, comprised of the School of Medicine and BJC Healthcare (which manages a series of hospitals), created the redevelopment corporation in order to manage campus expansion, real estate development and other policies. The medical center serves as the parent organization of WUMCRC, providing the chief source of funding and accountability (WUMCRC reports to a Board made up of medical center leadership).

The partnership between the Medical Center and Redevelopment Corporation continued to evolve over the years. By the mid-1970s, neighborhoods surrounding the medical campus began to deteriorate. According to Brian Phillips, Executive Director of WUMCRC, "A lot of our traditional customers were moving to the suburbs and a lot of city institutions were following those customers." As conditions worsened, the medical school was faced with the dilemma of deciding whether to remain in its urban setting or to relocate and re-build in the burgeoning suburbs.

This was not a light decision to make. The Washington University Medical School is consistently regarded among the top medical schools nationally, with its teaching hospitals among the nation's ten best, and is one of the largest recipients of National Institutes of Health research grants. This reputation could be at stake if the university was unable to attract and retain talented students and faculty if there was the perception of an unsafe community. As Philips described, "The urban neighborhoods that surrounded the campus had deteriorated to the point that they were some of the highest crime neighborhoods. So, there were issues of safety of employees, patients and customers and vendors."

Relocation was ultimately decided against. With this decision came a shift in priorities for WUMCRC, from internally- to externally-focused. Strategic plans were developed to stabilize neighborhoods around the medical campus through improvements in community infrastructure, support existing organizations, and create new organizations that would enhance neighborhood stability and social capital. To achieve this, the WUMC sought to:

- create and maintain partnerships that result in sustainable "community infrastructure" that adds to long-term viability of targeted neighborhoods, and
- uncover opportunities for the WUMCRC to better leverage its resources in

carrying out its primary mission.

The WUMCRC was tasked to a) stabilize and revitalize neighborhoods surrounding the medical center campus (this comprised 97% of its work), and b) to serve as an internal planning, real estate holding and campus expansion company (the remaining 3%). The organization serves as the "boots on the ground" in community development for the neighborhoods of Central West End and Forest Park South East. Its field office of three full-time staff members, a part-time accountant, part-time executive assistant and four part-time interns operates on a yearly budget of $540,000. As Philips shared, "We do the things that others can't do until they can do them and then we move on to something else." However, this does not mean WUMCRC relinquishes all involvement. According to Enrique Flores, Program Manager, "We never step away from a particular initiative; once an organization begins to take ownership, we step back and play a role as a partner rather than the lead."

The Work: multi-faceted approaches to neighborhood stabilization

The work of the Washington University Medical Center Redevelopment Corporation required special powers which it acquired under revised Chapter 353 of the Missouri redevelopment statute. This revision granted the WUMCRC the power to establish a redevelopment district, allowing WUMCRC to grant tax abatements as incentives for local businesses, use powers of condemnation and eminent domain, and zone. These significant powers of land use and taxation were used to start the redevelopment of the two targeted neighborhoods in the mid-1970s (Central West End to its north and Forest Park South East to the south of the medical campus). However, this special district covers only about 20% of the total target area, and WUMCRC has not used these powers since 2001.

Central West End (CWE), originally constructed over 40 years ago as the city's premier upper-income community, has approximately 15,000 residents. This dense neighborhood currently has a diverse housing stock, ranging from mansions to subsidized housing units, with a mixture of ages and incomes that reflect its demographics of empty-nester, college students and young professionals. Initial work in this neighborhood focused on restoration with some provisions for more affordable housing. As Phillips explained, "Our work there was not so much about gentrification as it was about returning it to its original purpose." This was achieved through the pre-acquisition of properties that were then turned over to capable developers to create quality housing in the neighborhood. WUMCRC is now also involved in efforts to improve the neighborhood's safety and security, and holds a seat on the board of the CWE Neighborhood Security Initiative (CWE-NSI). Since the launch of CWE-NSI in 2007, the neighborhood has experienced a 40% decrease in crime.[48]

The second neighborhood, Forest Park South East, was originally designed as a bedroom community for employees of the nearby factories. When the neighborhood was built in the early 20th century, a vast majority of residents earned less than 80% of the area median income. At that time, the population was approximately 70% African American and about a fifth were below the age of eighteen. For a long time, the neighborhood was a solid, blue-collar neighborhood. However, homeownership rates had fallen from about 70% in the 1990s to almost 20% at present. The goal of the WUMCRC was to stabilize the low-income population by increasing homeownership. The

WUMCRC acquired properties from absentee landlords and worked with local community development corporations to rehab the units and rent them to low-income families (50-80% AMI) who had steady employment. They also provided professional property management.

WUMCRC also recognized that stability in school was as important as stability in housing. In fact, studies find that students who move frequently (schools and/or housing) perform worse academically than their peers, particularly if they undergo multiple moves.ii The neighborhood school—Adams Elementary—had operated in the community from the 1880s until it closed in 1992. Consequently, neighborhood school children attended 29 different elementary schools in 15 different school districts. The WUMCRC worked with the St. Louis Public School board to re-open the school in 2001 and built an eight-million dollar community center. While Phillips acknowledges that the academic outcomes for students may not have improved directly, the reopening "at least brought all the kids back to one elementary school where they have a chance to get to know their neighbors. In the first year the school opened, the mobility rate was about 78%, meaning 78% of students that started in September left by May and were replaced by another set of folks. And so, the affordable housing project that we did with the CDCs has really stabilized those populations—you don't see those turnover rates anymore."

In addition, in 1995 the WUMCRC also invested $2.5 million in community planning which included social services, affordable housing, security and infrastructure. Today, the neighborhood is more racially diverse—approximately half of its residents are white, and young professionals have moved into the area.

> "Since the launch of CWE-NSI in 2007, the neighborhood has experienced **a 40% decrease in crime**"

Achieving stability without gentrification

In any redevelopment efforts of distressed neighborhoods, fears of displacement and gentrification abound. And in many cases, these fears are justified. However, in neighborhoods where the housing markets are extremely depressed, displacement and gentrification are generally not immediate realities. Such was the case in the Central West End and Forest Park Southeast neighborhoods. Phillips describes the approach they took to ensuring an inclusive mix in this way: "When we first came here, the real estate market was severely depressed and any housing development required a tremendous amount of subsidy.… By stabilizing the affordable housing first, and then encouraging the larger market housing, we ended up with a situation where we had low-income homeowners and renters already here in the neighborhood. And now as the market has now come up, the market rate development, where they don't require any subsidy, you can have market rate units coming online now. That's how we dealt with equity—we provided housing to low-income renters first and then let the natural market forces take over to provide the market rates units. So we have a pretty good mix of both affordable and market- rate housing."

Engaging with the community: an evolving relationship

WUMCRC has been actively involved in the neighborhoods for decades now. And during this time, the nature of the relationship between the university and the residents has evolved, changing with time and circumstance. For example, in the 1970s, when WUMCRC became involved in the Central West End, residents welcomed the investment and activity "with open arms...because the neighborhood had gone past its tipping point, had gone downhill and nobody wanted to invest there. That was pretty easy in terms of neighborhood support. What was hard was getting the private market to believe in the area."

The situation was different in Forest Park Southeast. In the 1980s, WUMCRC began work in relatively small part of the neighborhood that consisted mostly of "urban pioneers and they were pretty welcoming." When WUMCRC's footprint began to expand in the 1990s to the entire neighborhood, there was a great deal of mistrust. As Phillips explained, "We had previously worked only in a small portion of the neighborhood and so people were curious as to why we wanted to expand to a larger portion of the neighborhood. The demographics of the area we had previously worked in tended to be white and middle class and the area we were moving to was mostly low-income and African-American. And so, it was all of those types of disparities. We spent the first couple of years in the '90s really trying to demonstrate that the purpose was to work with the whole neighborhood and not just a select few." As with most things, time and delivering results go a long way to easing distrust.
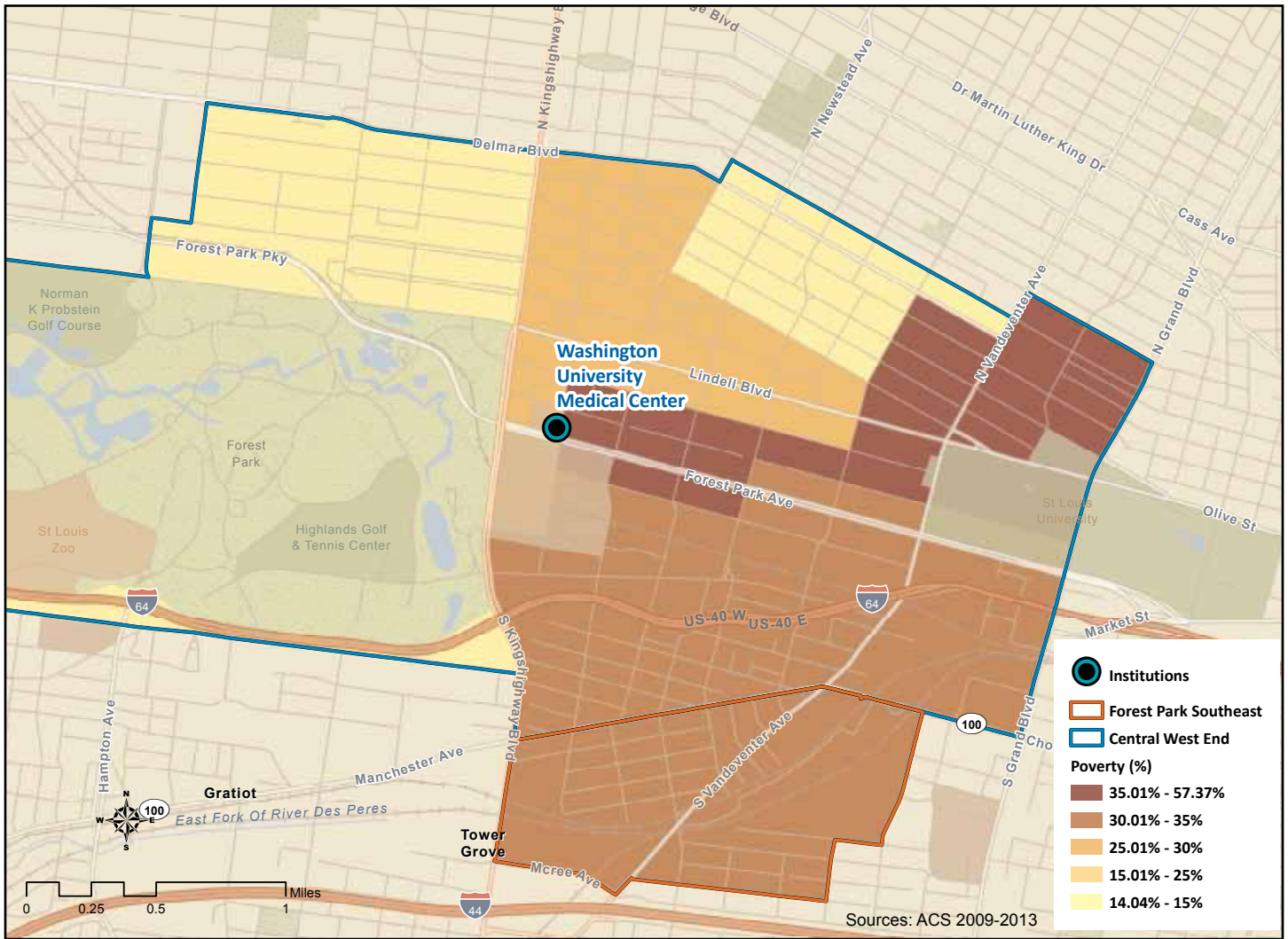
THE OUTCOMES

To date, the WUMCRC has invested more than $30 million in various neighborhood initiatives, including:
- Stabilized historic housing stock
- $48.2 million in matching private/public funds
- 56 affordable housing units sold to low-income families
- 125 rental units
- Over 500 units of market and affordable housing units produced
- Over 100 home repairs since 1997
- Re-opened Adams Elementary School
- Free Saturday adult clinic
- Neighborhood security committee established, resulting in a 10-year reduction in crime
- Employment services program from 1999-2013: about 100 residents participated, with about half placed in employment that lasted for at least six months.
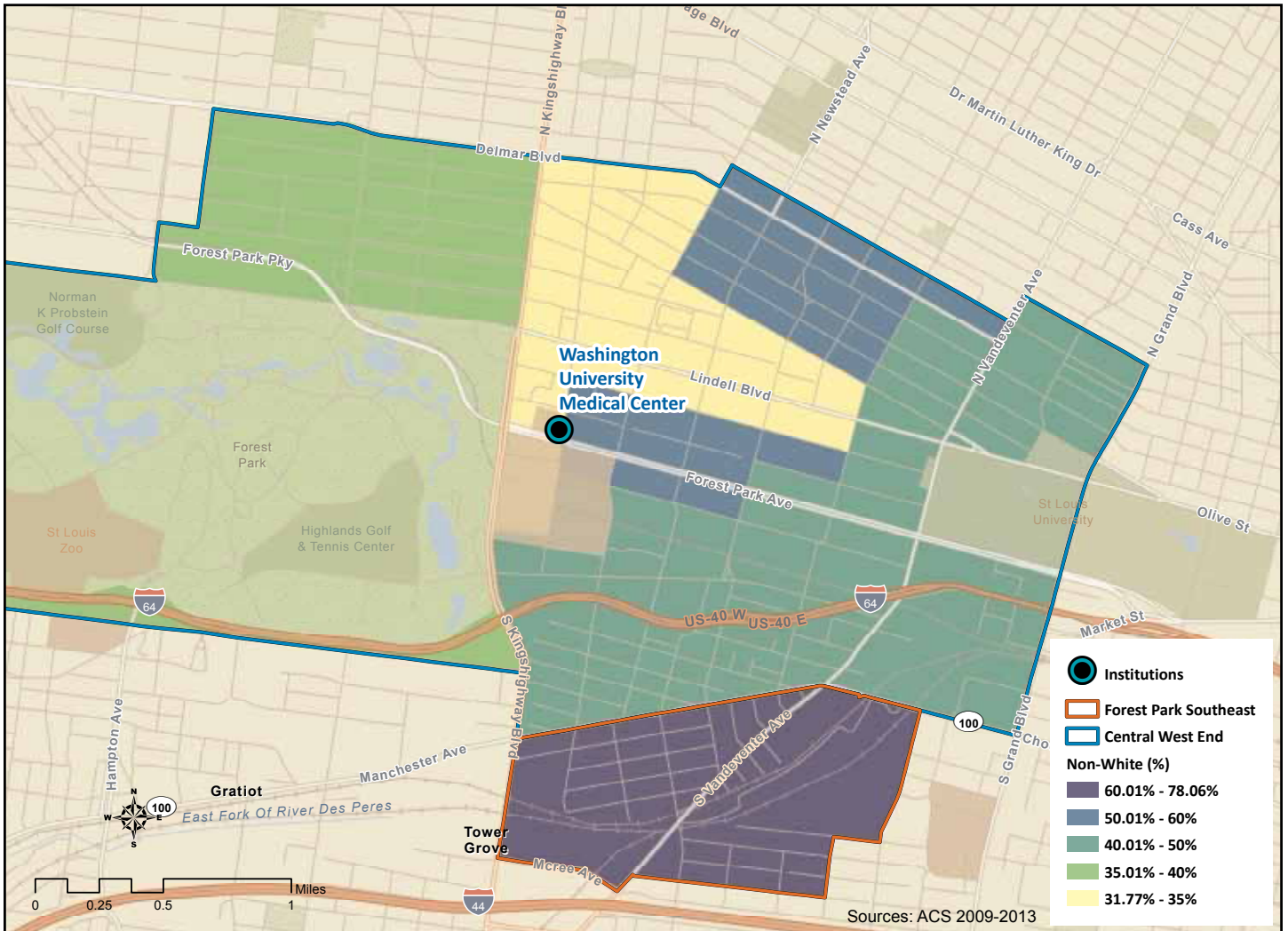
KEY LESSONS TO SHARE

1.) **Be very honest with the community as to why you are investing.** As described above, the expansion into Forest Park Southeast was initially met with skepticism, and it took some time to resolve some of these concerns.

2.) **Leveraging or building community infrastructure is key.** According to Phillips, "It's always better to either develop existing relationships or where partnerships don't exist, build them from the ground up because people will see through a top-down approach in a heartbeat and it will set back your efforts very, very far."

3.) Don't promise what you can't deliver. Raising expectations in the community that are unrealistic will degrade the organization's credibility and weaken trust.

4.) **Prioritization must come from the ground up.** For Phillips, building community infrastructure is everything, and this can only be done if the community sets the direction: "Letting the community set up priority of what needs to be done is key to building a partnership. If we come in and we are going to hone in on any initiative but then the community does not set that priority, we are never going to build the capacity to make it successful."

5.) **Community conditions directly impact organizational outcomes.** Conditions surrounding the medical center were identified as a direct threat to its viability. The efforts in the community were not only important to improve community conditions, but also to support the financial well-being of the medical center.

Poverty Rate of Central W End & Forest Park SE in St. Louis, Missouri

Washington University Medical Center

Institutions

Forest Park Southeast

Central West End

Poverty (%)

- 35.01% - 57.37%
- 30.01% - 35%
- 25.01% - 30%
- 15.01% - 25%
- 14.04% - 15%
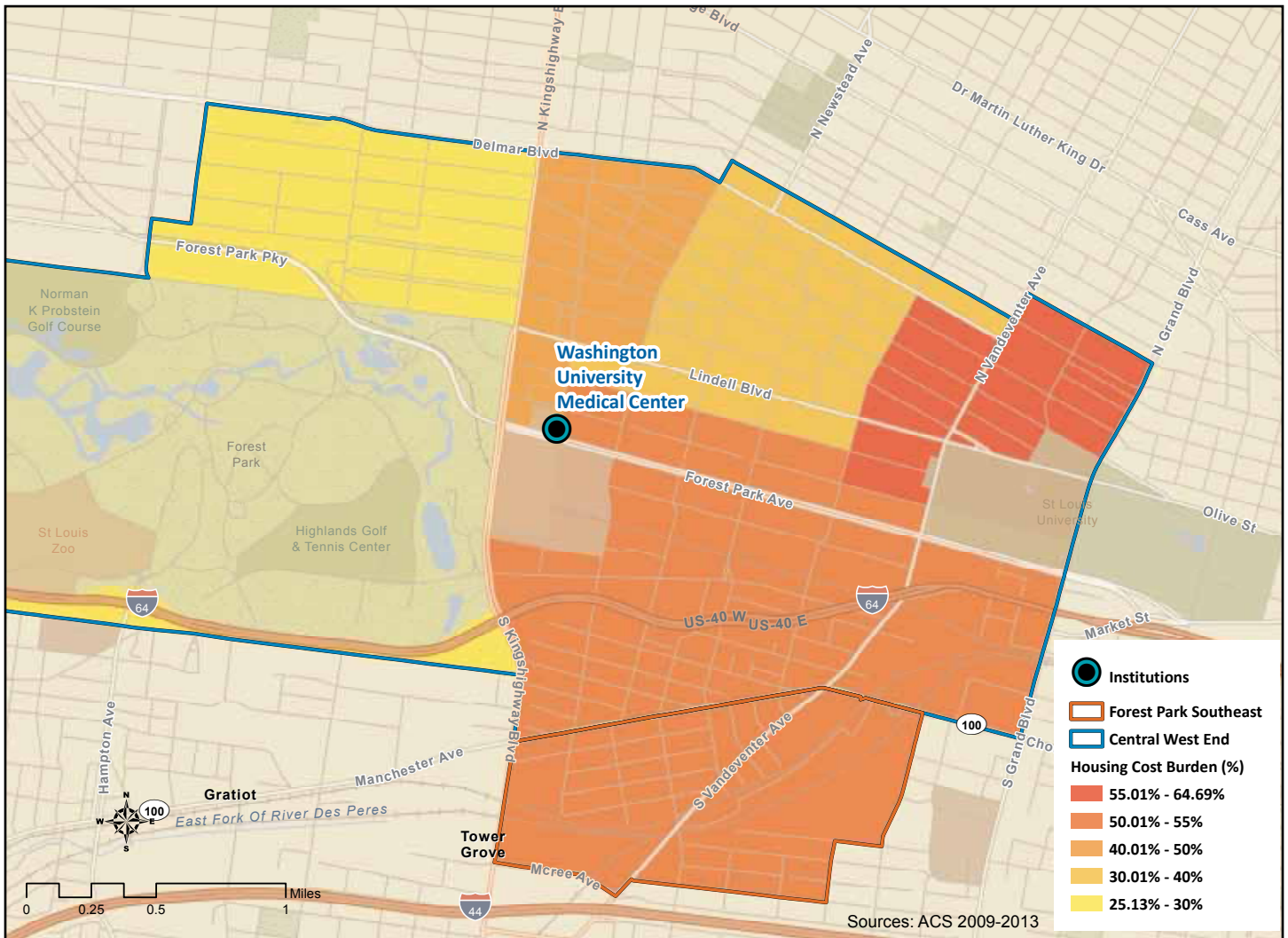
Sources: ACS 2009-2013

Non-White Rate of Central W End & Forest Park SE
in St. Louis, Missouri

Housing Cost Burden Rate of Central W End & Forest Park SE in St. Louis, Missouri

Legend:

- Institutions
- Forest Park Southeast
- Central West End

Housing Cost Burden (%)

- 55.01% - 64.69%
- 50.01% - 55%
- 40.01% - 50%
- 30.01% - 40%
- 25.13% - 30%

Sources: ACS 2009-2013

Vacancy Rate of Central W End & Forest Park SE
in St. Louis, Missouri

Washington University Medical Center

Institutions

Forest Park Southeast

Central West End

Vacancy (%)
- 25.01% - 35.41%
- 20.01% - 25%
- 15.01% - 20%
- 10.01% - 15%
- 9.46% - 10%

Sources: ACS 2009-2013
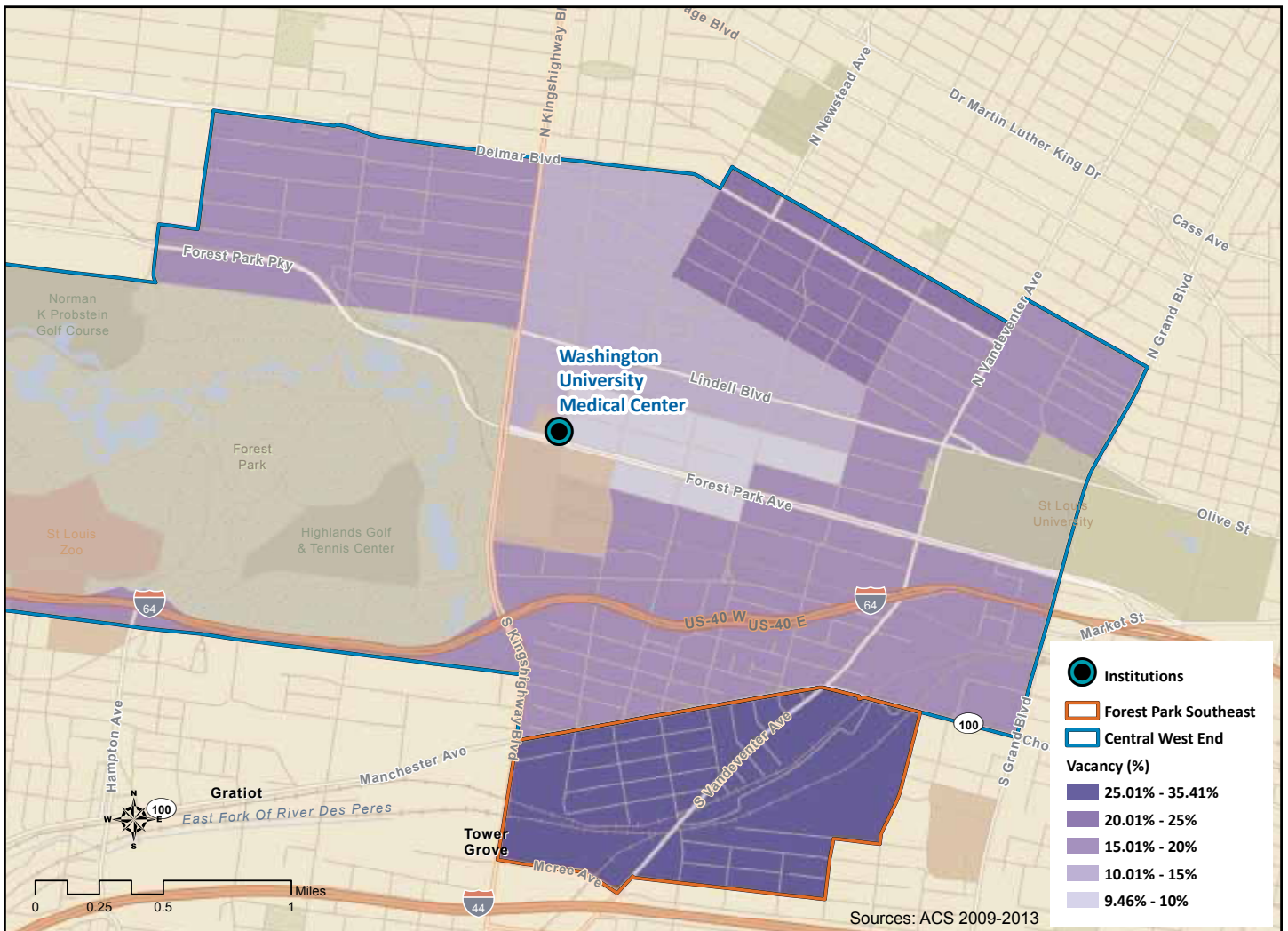
Case #3:
Rochester Area Foundation and Mayo Clinic, Rochester MI

The Anchor: Rochester Area Foundation stabilizes housing

The Rochester Area Foundation (RAF) in Minneapolis, Minnesota was established in 1944 as a community foundation to assist those in need. This was accomplished through initial financial donations (of $3,500 and $50,000) from the Mayo Foundation (of the Mayo Clinic). The foundation was established to play three roles:

1.) A vehicle for connecting donors who are interested in doing community work with causes where they would make an impact
2.) A grant-maker for non-profit organizations
3.) A convener in building partnerships and networks across communities

A lack of affordable housing leaves employees looking elsewhere

Starting in the 1980s, several meetings were held in the Rochester community about the lack of affordable housing. There was no movement on the issue until the 1990s, when the Rochester Area Foundation became involved and pledged financial support. But the RAF knew it could not do this work alone. They created a plan to bring before the Mayo Clinic, a large employer in the community.

The Mayo Clinic had a clear economic incentive. As JoAnn Stormer, President of the Rochester Area Foundation, described: "People were coming here to work--particularly to work at Mayo Clinic—but leaving in a short time because there wasn't enough affordable housing for them.... It might be okay if you were a doctor and you were making a decent salary and you could find a house that you could afford. But folks who did not make the top-end salary, but had stable and consistent jobs, were not finding enough affordable housing at the time. So people were turning around in 6 or 7 months and leaving. So, Mayo Clinic was very interested in seeing that there was affordable housing in the community."

The Mayo Clinic recognized the connection between affordable housing needs and their organizational viability. The Clinic gave an initial $4 million to the Foundation towards the effort, with another $3 million if RAF was able to secure $3 million in match by other donors. Eventually, approximately $14 million was raised. These funds were granted out to an organization charged with developing 875 housing units, including multi-family rental units and single-family homes, within five years.

Unfortunately, only two structures were built within the first year. The funding was rescinded, and redirected to form First Homes Properties, a collaboration between RAF, the Mayo Clinic and the Rochester Area Chamber of Commerce, in 2000. The mission of First Homes is to "provide leadership in the creation of a permanent supply of

workforce housing."[50] This permanent affordability is primarily achieved through two programs: purchasing a Heritage Home offered by First Homes, or purchasing a Community Land Trust ("CLT") resale property offered by First Homes. Heritage Homes, a purchase-rehab program, was created in 2004 to invest in existing homes in the inner-core neighborhoods of Rochester. Most of the homes acquired through Heritage Homes are vacant and in need of rehabilitation. Once the properties are repaired, they are then sold as part of the CLT.

In simple terms, for community land trust properties, buyers own the house, while First Homes CLT owns the land on which the house sits. Because the buyer does not own the land, the house is more affordable—the trust structure decreases the cost of a mortgage by an average of $30,000–$40,000.[51] When a homeowner chooses to sell, First Homes CLT has the first option to purchase the property. Homeowners receive all of the equity they have earned during their tenure, and half of the increased appreciation of the home. The other half remains with the CLT, which ensures a permanent supply of affordable homes in the community; the benefits of First Homes investments pass along from buyer to buyer.

The Work: affordability challenges persist

When First Homes was created in 2000, 36% of all renters were "cost-burdened"—meaning households were paying more than 30% of their income on housing. Today, that number for renters is 45%. Almost 25% of homeowners pay more than 50% of their income for housing costs. To get a better understanding of the dynamics at play, RAF sponsored a housing study, in partnership with the County and Mayo Clinic. As Stormer shared, "What we have found is that we are somewhat in the same position that we were 12-15 years ago, and that is we still do not have enough affordable housing. We certainly went up at one point but as our population is continuing to grow in this community and in this area, because of the good jobs that are here, we are finding that … for every 100 [units], there is less than 1 that is available and affordable."

The study revealed that the average cost of housing in the area is $199,000, which a carpenter earning $22 per hour would not be able to afford. The study also revealed that the persistent dearth of affordable housing has resulted in homelessness among the working poor. In response, the funders brought together representatives from various organizations, including city and county elected officials, to discuss the study's findings and formulate effective plans.

The partners, including resident stakeholders, are thinking through how to address the continuing (and emerging) affordability challenges through new funding and partnership opportunities. As Stormer described, "We also have to think about all of the various funding tools that are out there and figure out how we are going to use those funding tools and maximize our opportunity to use them. Our community is growing in terms of its population. We are predicting that we will see a growth of about 35,000–40,000 in the next 20 years, particularly due to the growth of Mayo and other businesses.…In some sense, we are behind because we have a lack of senior housing as well. We are trying to figure out which of these issues we should address and how we are going to address them. At one point, there weren't many non-profit housing organizations. There are a few more in the area that are in existence."

The hope is to have a draft plan by early 2015 to present to the community for feedback. "We are still trying to figure out what our next phase will be and where we are

going. Housing is not the same as it was 20 years ago -- the type of housing is more [varied] and more single people. What are their needs versus the homes that we might have seen 20 years ago?"

THE OUTCOMES

First Homes operates one of the largest community land trusts in the country. To date, First Homes' achievements include:
- 328 "gap" loans made to prospective home buyers
- Community land trust serving 304 households
- Worked with private developers on 423 multifamily rental units
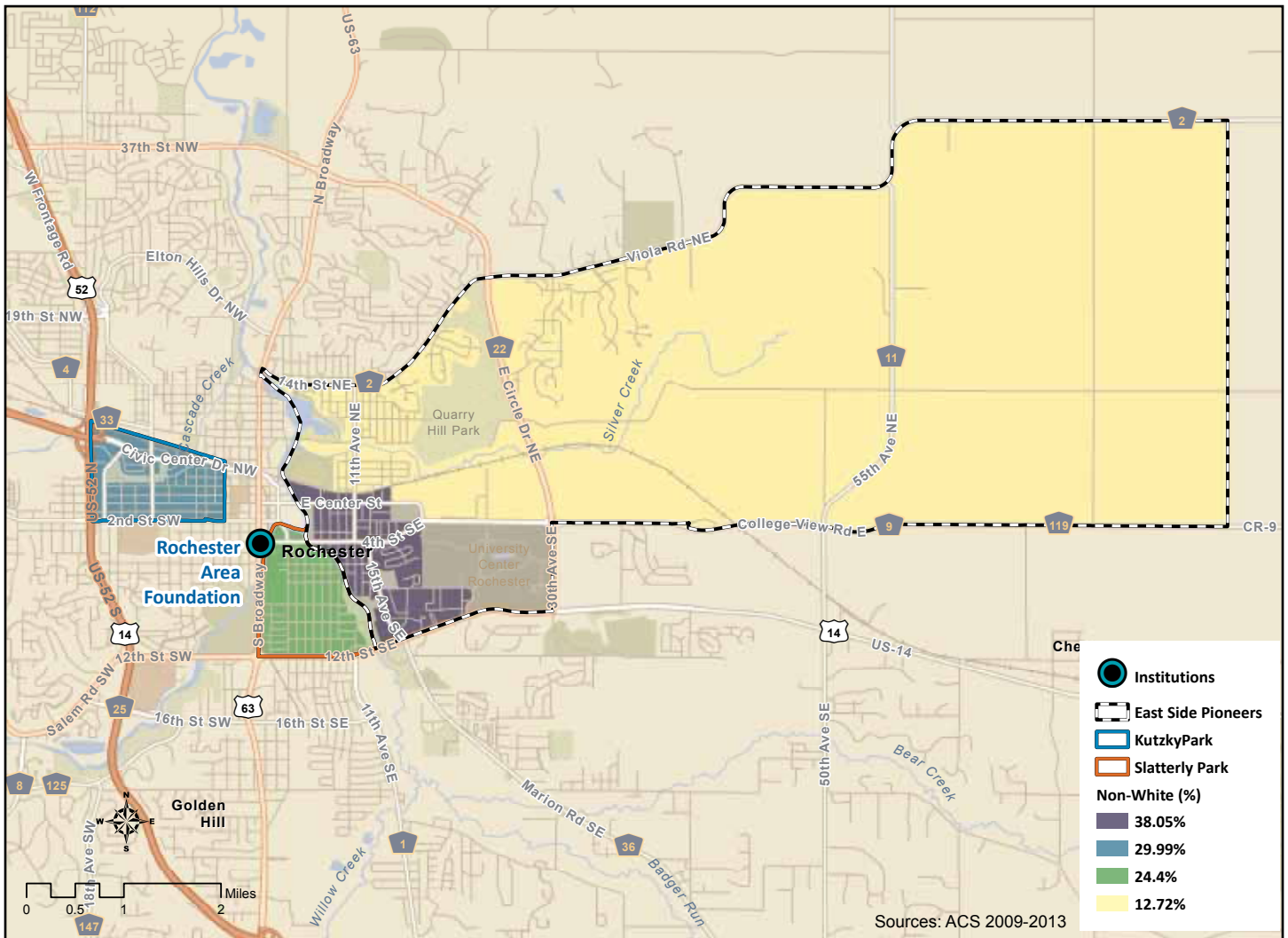- Total of 1,100 units served to date

KEY LESSONS TO SHARE

1.) **Plan for sustainability.** Some mistakes were made in the early years (such as the unachievable 875-unit goal in the first year). As Stormer described, "In the early years, the sentiment was that we need to build houses and get it going and make sure that the community has the housing that it needs but we didn't necessarily think about how to sustain the organization to keep that going in the future- that was a challenge." Today, the goals are different: "As we are moving forward, we just concluded a strategic plan [with] better goals around people and how we serve them and their families. The challenge is that as things got going, it became about of the number of units that we had versus the people that we were serving." What they do know after years of this work, however, is "that having stable housing for children, for families, just makes a huge difference."

2.) **Partnerships with the community are critical.** One of RAFs primary roles is to act as connector. These connections remain critical to address the affordable housing shortage. Says Stormer: "Figuring how to address things together, involving (in our case) the Chamber, all the businesses, connecting United Way, banks and lenders, other community organizations, is really critical so that people are a part of making this happen."

3.) **Expand your footprint if it's needed.** Housing affordability challenges affected more than the just the city of Rochester and its county. So, First Homes expanded into 12 other communities. As a land trust, managing housing that is 40 miles away can be a challenge, but there was a clear need.

4.) **Expect challenges.** The efforts have been met with numerous challenges; a willingness to shift strategy is critical. In particular, this effort is battling a very robust or "hot" local housing market.

5.) **Housing challenges are employer challenges.** The international reputation of the Mayo Clinic is tied to the high quality of its workforce. In this case, top-tier professional salaries could sustain their housing in the community, but the supportive employees, with moderate or lower salaries, were negatively impacted by housing costs. Efforts to address housing are also a platform to stabilize the workforce and avoid employee retention problems.

Rochester Area Foundation
Rochester, Minnesota

Institutions

Neighbor

East Side Pioneers

Kutzky Park
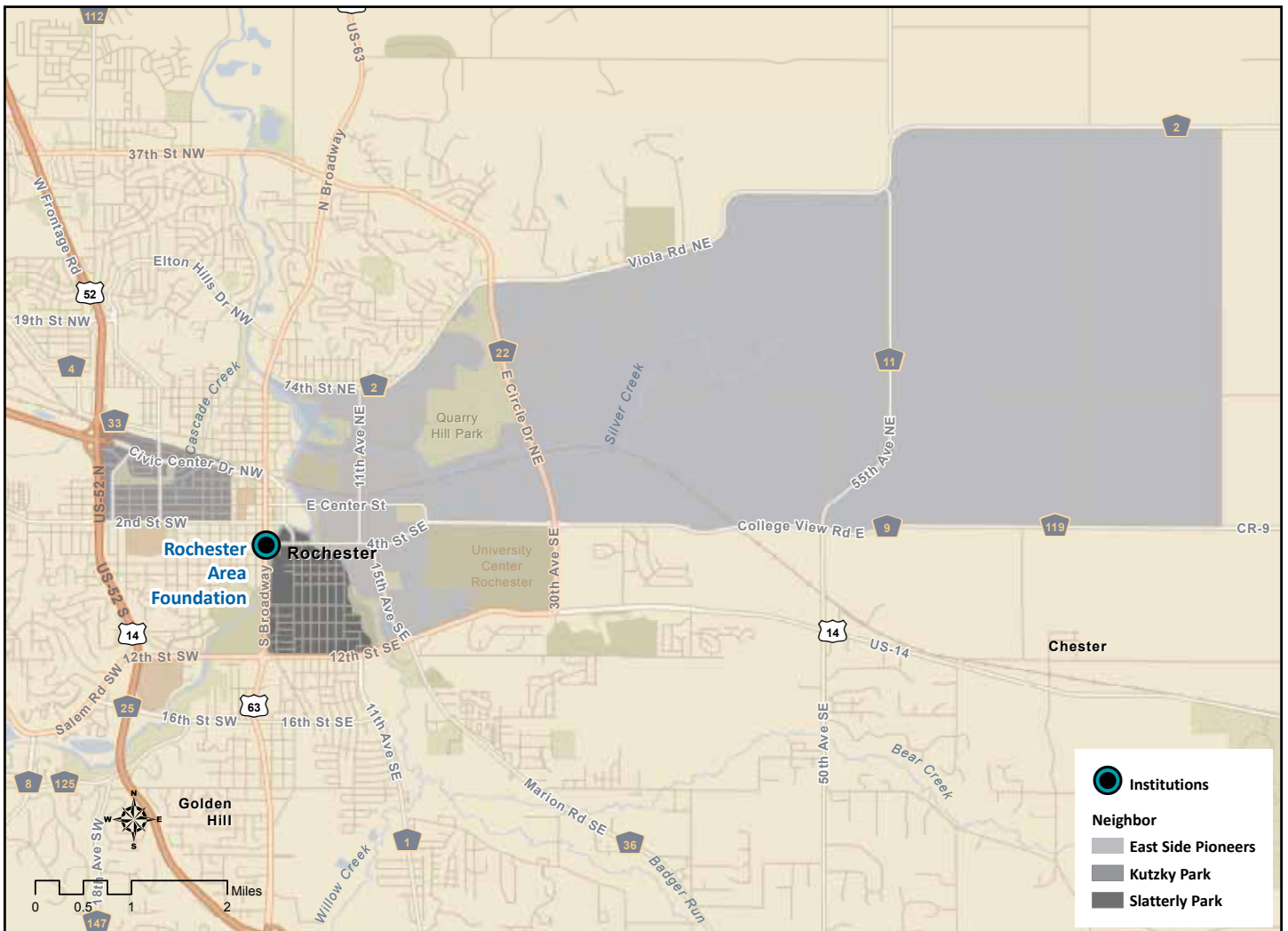
Slatterly Park

Non-White Rate of Slatterly Park, Kutzky Park, and E Side Pioneers in Rochester, Minnesota

Sources: ACS 2009-2013

Institutions

East Side Pioneers

KutzkyPark

Slatterly Park

Non-White (%)

38.05%

29.99%

24.4%

12.72%

Poverty Rate of Slatterly Park, Kutzky Park, and E Side Pioneers in Rochester, Minnesota

Institutions

East Side Pioneers

KutzkyPark

Slatterly Park

Poverty (%)

23.29%

15.64%

15.46%

5.16%

Sources: ACS 2009-2013
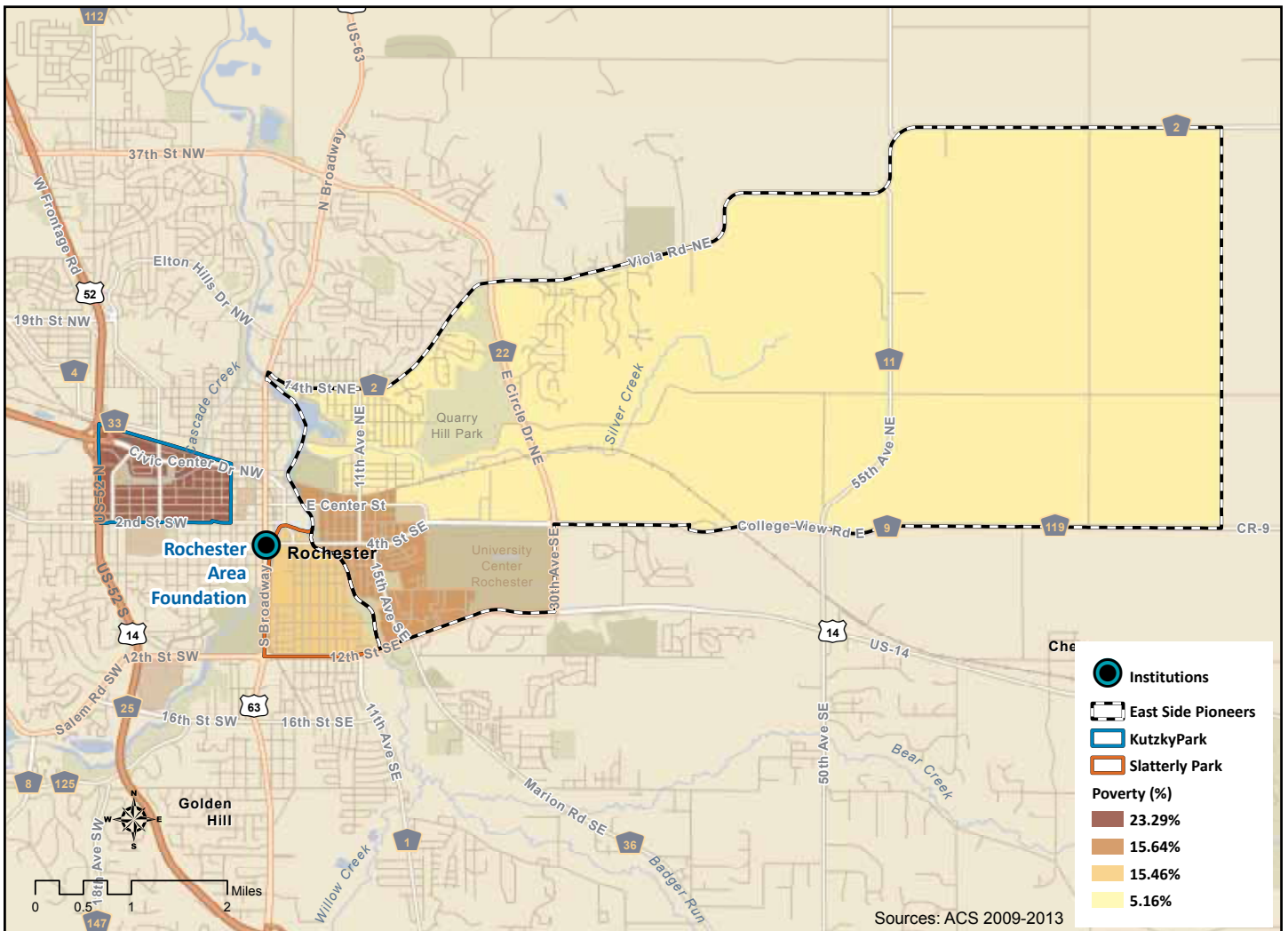
Housing Cost Burden Rate of Slatterly Park, Kutzky Park, and E Side Pioneers in Rochester, Minnesota

Legend:
- Institutions
- East Side Pioneers
- KutzkyPark
- Slatterly Park

Housing Cost Burden (%)
- 39.13%
- 38.01%
- 32.76%
- 19.52%

Sources: ACS 2009-2013
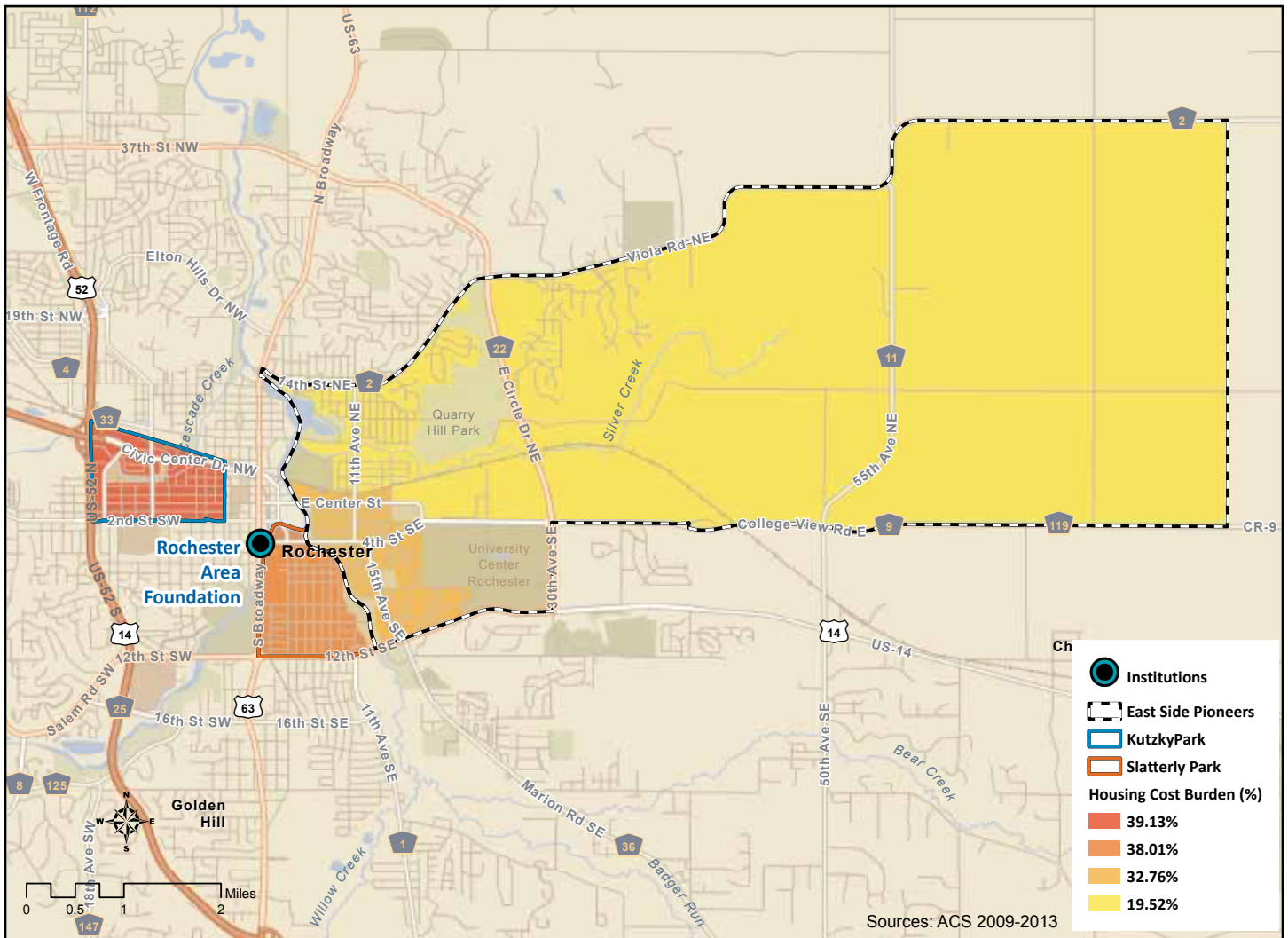
Vacancy Rate of Slatterly Park, Kutzky Park, and E Side Pioneers in Rochester, Minnesota

Sources: ACS 2009-2013

Legend:
- Institutions
- East Side Pioneers
- KutzkyPark
- Slatterly Park

Vacancy (%)
- 15.6%
- 6.56%
- 2.73%
- 2.06%
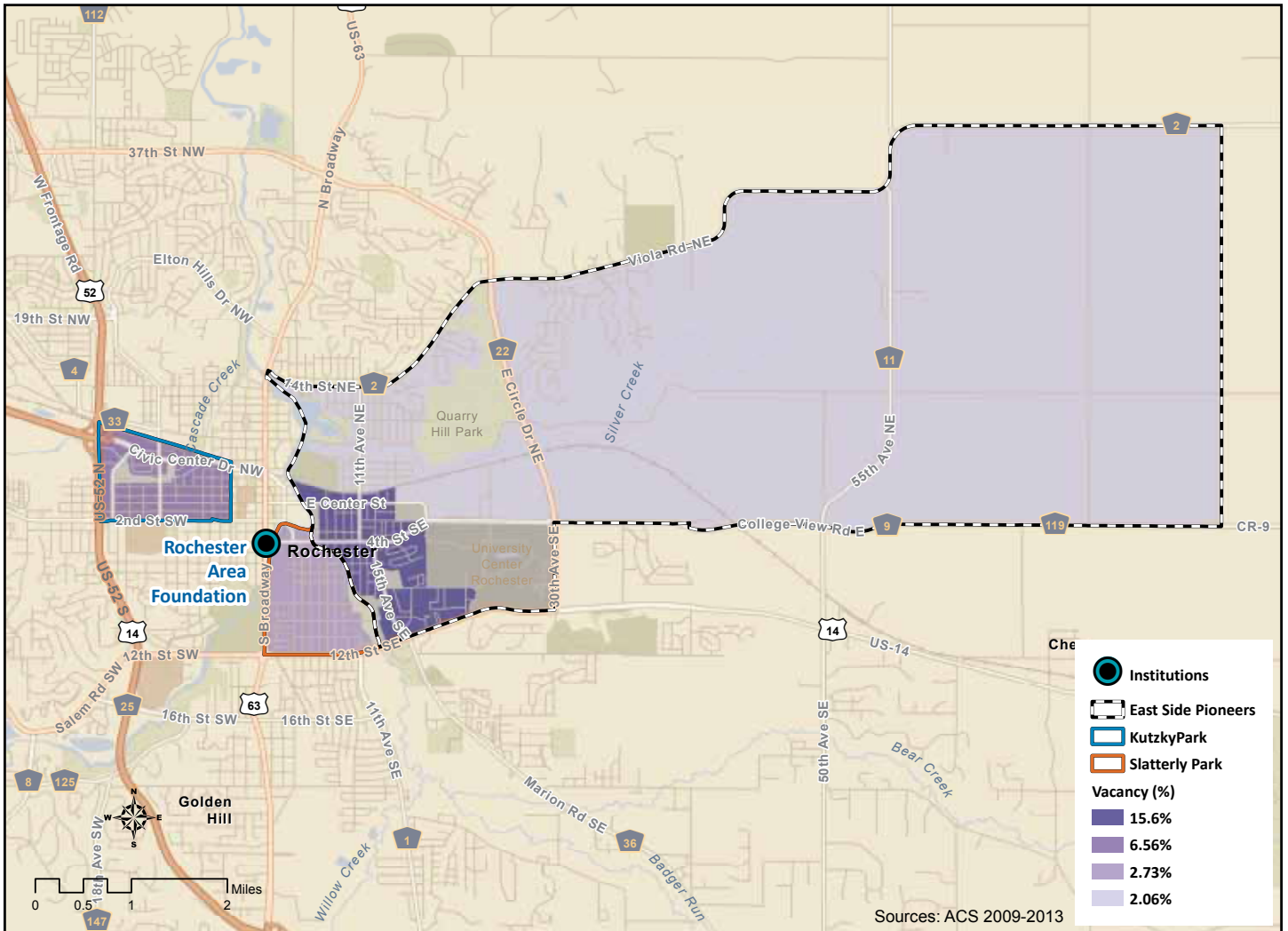
Case #4:
The Cleveland Foundation, Cleveland OH

The Anchor: The Cleveland Foundation convenes multiple anchors

On January 2, 1914, the Cleveland Foundation was established as the world's first community foundation. Initially conceptualized as a "community trust," Frederick H. Goff—banker, lawyer and former mayor of the then city of Glenville—saw this as a mechanism through which Cleveland's philanthropists would pool their resources into an endowment, from which it would undertake "such charitable purposes as will best make for the mental, moral, and physical improvement of the inhabitants of Cleveland."

The Cleveland Foundation today, with a staff of 75, is a charity organization created for and by members of the community, where local donors provide funding and grants are approved by a board of citizens. To date, the Cleveland Foundation is the second-largest community foundation in the country with approximately $2.2 billion in assets. Its endowment has grown to over $1.8 billion, with 50 percent being unrestricted and the other half being Board-directed strategic initiatives. In 2014, the Foundation made $95 million in grants to the Greater Cleveland/Cuyahoga County area; on average they grant $80 to $90 million annually. Over the years, the Foundation has awarded over $1 billion in grants.

> "To date, **the Cleveland Foundation is the second-largest community foundation** in the country with approximately $2.2 billion in assets."

The Issue:
The anchors and the "aha" moment

The University Circle neighborhood, located 4 miles east of downtown Cleveland, is a rich cultural enclave of museums and institutions such as the Cleveland Museum of Art, the Cleveland Orchestra's Severance Hall, the Cleveland Institute of Music, Case Western University and University Hospitals. However, several surrounding neighborhoods have been experiencing deterioration in their housing stock, high levels of poverty, segregation and economic disinvestment of retail and other commercial uses. As India Pierce Lee, Program Director at The Cleveland Foundation, described, "We have about 50,000 residents whose income is $18,500 or below. We have 24 percent of them aged 15 to 64 that are not in the workforce. If you add those 18–64 that stopped looking, it's about 40 percent. So, we are trying to find ways to address poverty, create

careers and opportunity, create jobs for low- income residents, and stabilize the neighborhoods at the same time."

The decision to invest in this neighborhood was a calculated one. According to Lee, "We did some mapping and kind of took the six neighborhoods around University Circle. We mapped out vacant property and the one-mile areas where you have all the rich institutions. We did this map and I think it was the "aha" moment for everybody because we have about 50,000 [people] who drive to these institutions just to work every day. And even though people knew there were poor neighborhoods, it was kind of an "aha" moment as people realized that for the institutions and the neighborhoods to succeed, we all have to come together and do something. We continually remind people of why we came together. The one thing I can say is that we have leadership from the CEO level and the senior level staff—they are in the trenches every day helping us figure out how to address the issues." Eventually, the Cleveland Foundation expanded the impact area to "Greater" University Circle, to include Wade Park-Glenville, Hough, portions of Fairfax, and Buckeye-Shaker. Also included in the expansion were the Cleveland Clinic, the Veterans Affairs Medical Center, and public schools, such as the John Hay High School.

Spearheaded in 2005 by the Cleveland Foundation and in conjunction with local anchor institutions, the Greater University Circle Initiative (GUCI) focuses on four areas: institutional partnerships, physical redevelopment, economic inclusion, and community engagement. The Cleveland Foundation served as convener of the Greater University Circle Initiative Leadership Group, which includes institutions such as Case Western Reserve University, the Cleveland Clinic, University Hospitals, the Greater Cleveland Regional Transit Authority, and the City of Cleveland.

This level of collaborative, planned investment represented an opportunity to embark on collaborative and equitable neighborhood redevelopment at a scale not previously seen in the community. Says Lee, "Individually, institutions had been doing different things in the community, but as part of the way the Foundation operates in being proactive, it was a way to leverage what each organization was doing. Collectively, we looked at areas we could work together in."

However, managing so many relationships among the many anchors is not an easy task. As Lee described, "When you are working with so many different institutions… one of the reasons why I think it has worked so well is that we intermittently hire a consultant to interview the institutions. The work that my colleagues and I did at the time to meet individually with anchors to understand what their needs were. Also, we went to the community to try and figure out how we work together to solve an issue. So, it's more about relationship-building and not jumping into things." Although challenging at times, it is working. Lee went on to share, "When it started, no one imagined that ten years later everybody would still be at the table and working together, but we all understand that we are better collectively as a whole than as individuals."

Some early successes of the initiative include an evolving local procurement program to redirect $3 billion in purchasing power to local businesses; $140 million in new, public-private commercial and residential developments; a new workforce training center; and three new employee-owned businesses in Greater University Circle neighborhoods.

The Work: addressing redevelopment on all fronts

The Cleveland Foundation's portfolio of initiatives is quite diverse. The Greater University Circle Initiative has done work in four project arenas: Transit-oriented Development and Housing, Education, Economic Inclusion, and Safety. Through the Foundation's support, more than $1 million has been raised to support three transportation projects, including the relocation of a rapid transit station. In addition, the GUCI has sponsored mortgage and home-repair assistance programs to low- and moderate-income families.

Through the employer-assisted housing program (launched in Mayville during the housing crisis of 2008), the Cleveland Foundation raised approximately $4 million from the partner institutions and $1.5 million from philanthropy for workers that live in challenged neighborhoods. New residents receive up to $30,000 if they purchase a house in the GUCI footprint. The institutions also provide a rental component, and existing residents can receive up to $8,000 in matching grants for home repairs.

On the issue of gentrification, Lee said, "We had so many vacancies in our area due to the foreclosure crisis. When we initially started this, we had an evaluation done by Burlington and Associates...to look at potentially setting up a land trust. At the time, because there were so many vacant properties...and land in our neighborhood, we could not make it work...We are actually in the process of doing another feasibility study, but one of the things we learned from West Philly was that...they did not plan for success 15 to 20 years out. We are starting to see some of that take place now, but rather than use the word gentrification, because we are working with residents, I started talking about regeneration of the neighborhood. So, how do we regenerate a neighborhood where we want people to come in and have resources?" Many neighborhoods where this type of work is initiated are not at immediate risk of displacement, given the level of vacancy and blight. But as Lee correctly pointed out, displacement can occur, if policies to avoid displacement ten to twenty years down the line are not put in place early.

For Lee, it was important that existing residents felt empowered through these reinvestments: "We started 3 years ago, engaging the residents that were already there, doing clean up days; we redid a park and renamed the area, field trips to the arts museum so that people in the neighborhood could feel like all of the redevelopment ... was for them too. We've spent a lot of time educating the community, bringing them together with other non-profits, the institutions and trying to break down those barriers."

To enhance education for local students, the Cleveland Foundation, in concert with the Cleveland Metropolitan School District and ParkWorks, a local non-profit, created a "campus" that links John Hay High School with the Cleveland School of the Arts, and greenways that are accessible to students and residents alike. Economic inclusion efforts include a workforce strategy that provides job training and access to jobs in the Greater University Circle for qualified neighborhood residents. Through a partnership with the University Hospital, 62 GUCI residents have been hired, with an 85% retention rate.

University Hospital also created a separate program called "Bridge to the Future" that works to enhance entry-level workers by providing GED classes and assisting them with earning college degrees. They have had over 200 graduates, who then move up in the system and create opportunities for others from the community to fill their vacated entry-level positions. The GUCI also developed a strategy that identifies opportunities to purchase products and services from neighborhood businesses or busi-

nesses that relocate to the area. Lastly, the Foundation authorized a $150,000 grant to the GUCI for Strategic Investment Initiatives, a Visitor's Center, and a Safety Study in the Greater University Circle.

Neighborhood Connections is another organization that works with anchor institutions and the community. This collective "Neighborhood Network" provides small grants of $500 to $5,000 to block clubs in the neighborhoods. The groups meet monthly, where they organize, share information, and create opportunities for residents. Lee described the engagement thusly: "It is not a quick fix type of thing -- it is a lot of listening, working with a lot of people that understand what the needs are, and reshaping how we do business."
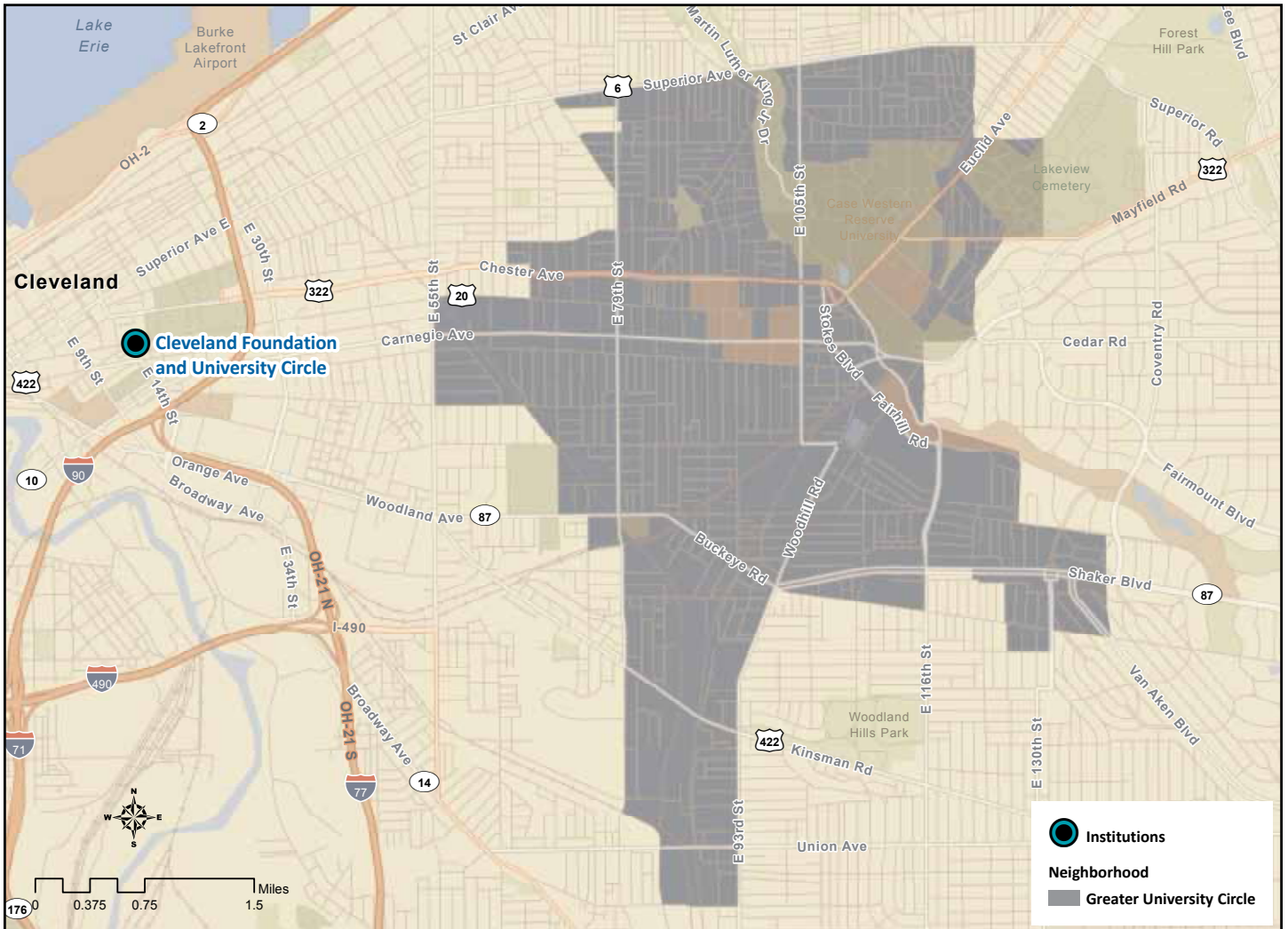
THE OUTCOMES

The Cleveland Foundation has achieved much through the Greater University Circle Initiative. Some of its accomplishments include:

- Increased employment and homeownership in the GUCI neighborhood
- Enhanced community efficacy and social capital through the "Neighborhood Connections" project
- Improved public transportation
- Safer neighborhoods
- $1.6 million grant to the Museum of Contemporary Art to relocate to Uptown
- $1 million grant to the Cleveland Institute of Art to consolidate its facilities in the Uptown District
- $150,000 grant to Maximum Accessible Housing Ohio to plan its new facility within the district
- $50,000 grant to University Circle, Inc., to study the feasibility of a joint parking facility
- $150,000 grant to University Circle, Inc., for Living in the Circle, Strategic Investment Initiatives, Visitor's Center, and Safety Study in Greater University Circle
- $120,000 planning grant to the Regional Transit Authority to relocate the 120th Street Station to this district, which has resulted in $12.5 million in committed Tiger III funds to build a new station at Mayfield Road
- $1 million grant to CWRU for predevelopment, streetscape improvements, and public amenities for Uptown
- $4 million Program Related Investment (PRI) loan for development of Phase I of Uptown
- $160,000 planning grant to CWRU to begin planning for Phase II
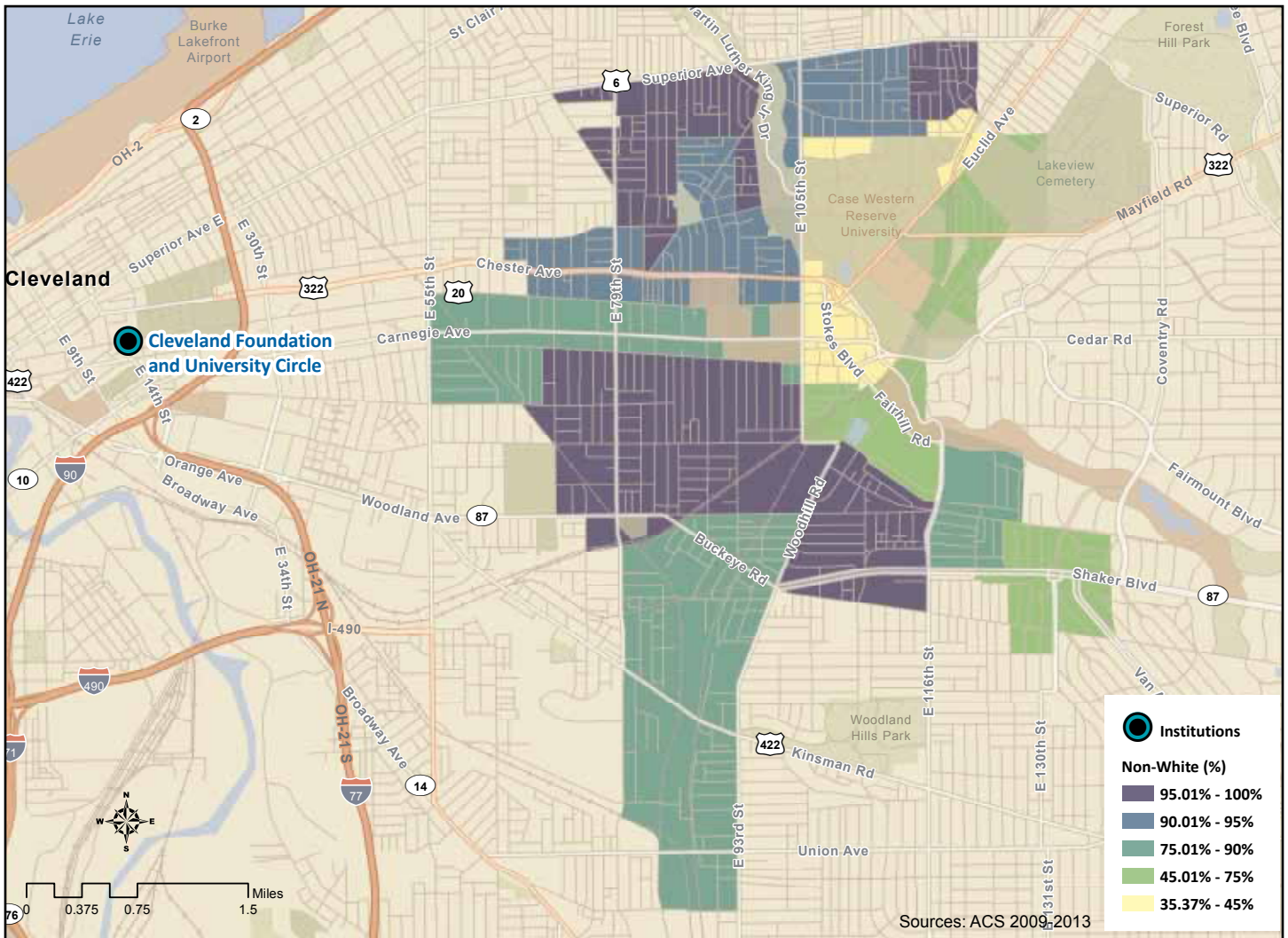- $2 million Program Related Investment (PRI) loan for development of Phase II of Uptown

KEY LESSONS TO SHARE

1.) **Philanthropy can play a critical role.** The success of the initiative is tied to the ability to leverage multiple anchors in the neighborhood. While the foundation plays a role as a funder in this scenario, they are also playing a larger (and very important) role as a convener and facilitator.

2.) **Multifaceted approaches are needed.** The efforts in Cleveland illustrate the need for holistic approaches in stabilizing communities through various intervention strategies. While housing is a critical piece of this intervention, other efforts to build social capital and employment opportunity are essential complements to stabilizing housing.

3.) **Gentrification fears and market conditions may not match.** Although gentrification was not seen as a realistic threat based on market conditions, the potential of gentrification stirs anxiety in the neighborhood. The collaborative has attempted to reframe dialogue around redevelopment to address this ongoing fear.

4.) **The fate of the neighborhood and the fate of community anchors are linked.** As described by India Pierce Lee, the "aha" moment to forge the collaborative partnership was the realization among all anchors that their future was directly intertwined with the conditions of the nearby community.

Cleveland Foundation
Cleveland, Ohio

Map of Cleveland, Ohio showing the Cleveland Foundation and University Circle institution location and the Greater University Circle neighborhood.

Legend:
- Institutions
- Neighborhood
  - Greater University Circle

Non-White Rate of Greater University Circle
in Cleveland, Ohio

Sources: ACS 2009-2013

Poverty Rate of Greater University Circle
in Cleveland, Ohio

Sources: ACS 2009-2013

Institutions

Poverty (%)

- 50.01% - 69.04%
- 45.01% - 50%
- 30.01% - 45%
- 20.01% - 30%
- 17.14% - 20%
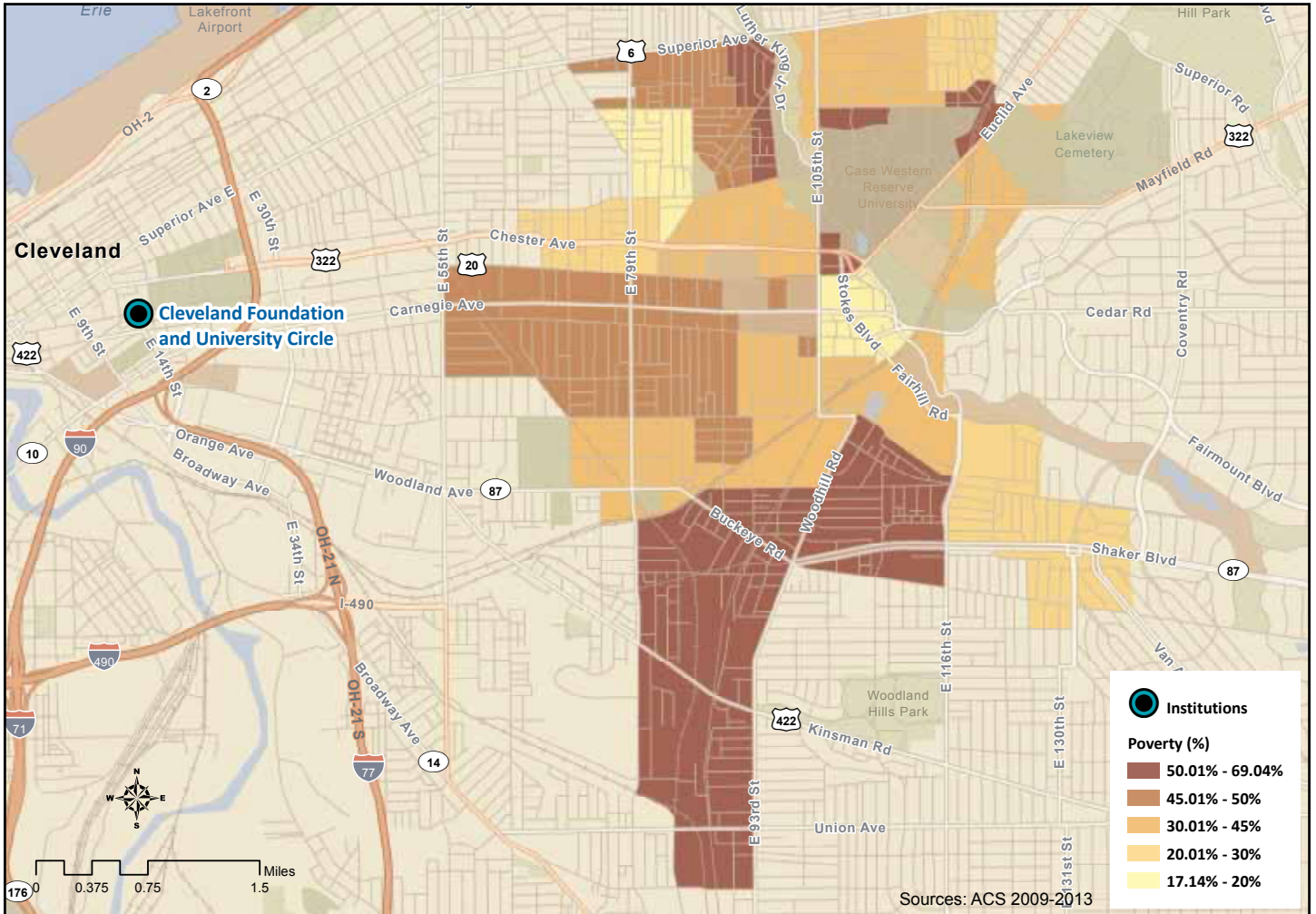
Housing Cost Burden Rate of Greater University Circle in Cleveland, Ohio

Cleveland Foundation and University Circle

Institutions

Housing Cost Burden (%)
- 55.01% - 60.9%
- 50.01% - 55%
- 40.01% - 50%
- 30.01% - 40%
- 21.28% - 30%

Sources: ACS 2009-2013
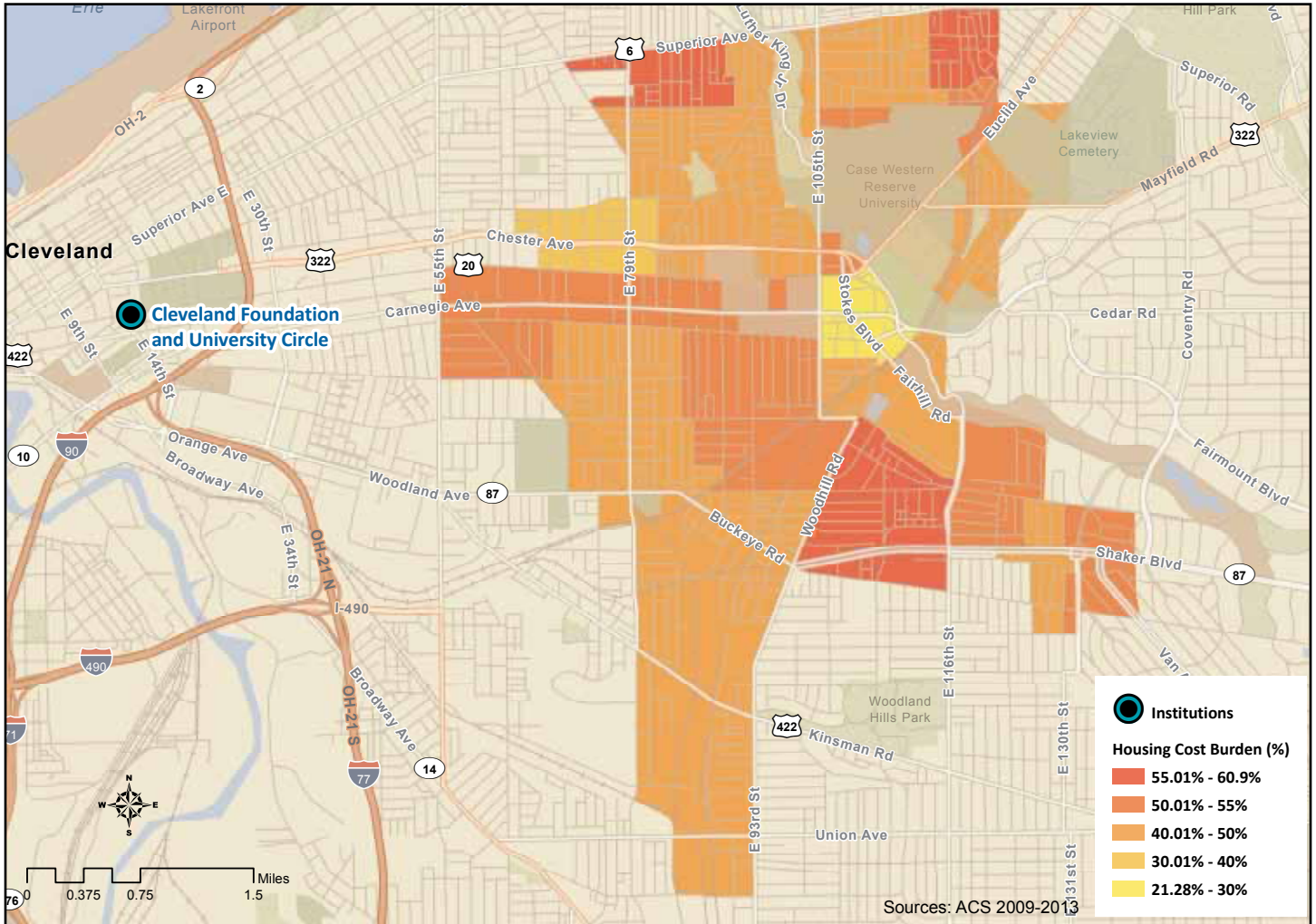
Vacancy Rate of Greater University Circle
in Cleveland, Ohio

Sources: ACS 2009-2013
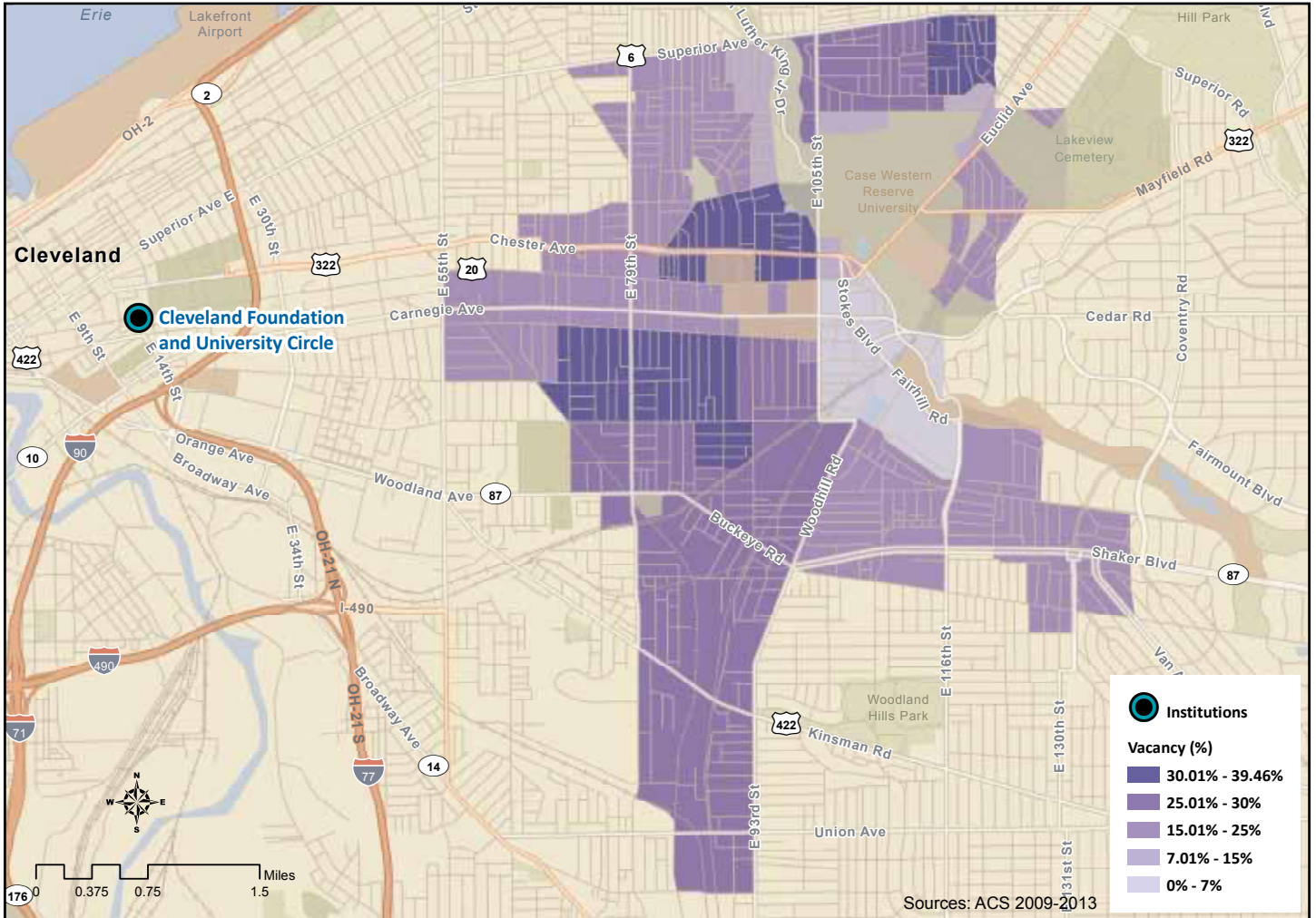
Case #5:
University of Louisville, Louisville KY

The neighborhood: East Russell, Louisville KY

The East Russell neighborhood immediately to the west of Louisville's central business district is an example of an inner-city community which has experienced decline and segregation in the second half of the 20th century. A loss of manufacturing and chemical factories took away many of the jobs residents in the neighborhood relied on, so that by 1990, the unemployment rate was 65%. More than half of the households were in poverty, with a median household income of only $4,800. Crime, homelessness and inadequate housing, illiteracy, and environmental problems plagued the neighborhood. The situation was so bad, in fact, that a USA Today article labeled the neighborhood as one of the ten worst in the country.[52]

The Anchor: the University responds

Despite these challenges, many could envision renewal based on the neighborhood's assets. There were parks, a large YMCA, many active churches, close proximity to downtown jobs and cultural opportunities, and public transit routes. However, in past efforts, community leaders were consistently excluded from the process of redevelopment, which resulted in some displacement of residents.[53] Consequently, community leaders reached out to the City and the University of Louisville for assistance, and the Russell Partnership, led by the University of Louisville, was formed. The university and community leaders secured a community service grant, and in 1993, a neighborhood revitalization partnership, Housing and Neighborhood Development Strategies ("HANDS"), was established. Its name was changed to Sustainable Urban Neighborhoods ("SUN") in 1996.

The role of SUN was to:

- Spearhead the partnership and protect community involvement
- Attract moderate-income families to neighborhood through home ownership opportunities
- Work behind the scenes to build consensus among various organizations
- Improve residents' lives and the condition of the neighborhood without initiating gentrification or dispersing residents
- Provide technical assistance at little to no cost (for example, creating master development plans, and designing, creating and maintaining databases on neighborhood conditions)
- The breadth of the Russell Partnership was wide, and included churches, private developers, the City of Louisville, small builders, local businesses, post-secondary institutions, community groups, East Russell neighborhood residents, and banks that provided below market-rate financing.

The Work

The primary goal of the partnership was to attract moderate-income families to the neighborhood through homeownership opportunities. Partners believed that homeownership was a critical tool in building social capital and resiliency, and that businesses and commercial interests would follow. With a pledge of $78 million from the City of Louisville, the coalition pursued place-based initiatives to improve existing housing stock and amenities, the revitalization of a large portion of the abandoned housing units, and construction of new homes.

As with many housing revitalization initiatives, it was important for existing homeowners to receive benefits of the investments as well. In this case, the City offered a homestead program that provided housing repairs for the elderly and disabled members of the community.

Prior to the project, two-thirds of the housing stock was worth less than $20,000, and the median assessed value for a house in the neighborhood in 1990 was $28,350.[54] However, as a result of the investments, by 2010 the median assessed value had nearly doubled to $74,000. In 1990, there were 17 houses worth $60,000 in the neighborhood; by 2010, this number had grown to 354.

Other work included the saving of the Village West apartment complex which the City had planned to demolish, and the provision of supportive services such as high school equivalency courses, a degree from a technical college or enrollment in college classes, computer classes, entrepreneurship training, and homeownership and financial management classes.

> "East Russell is one of only a few Black neighborhoods that has **undergone successful urban regeneration and remained a Black neighborhood**."
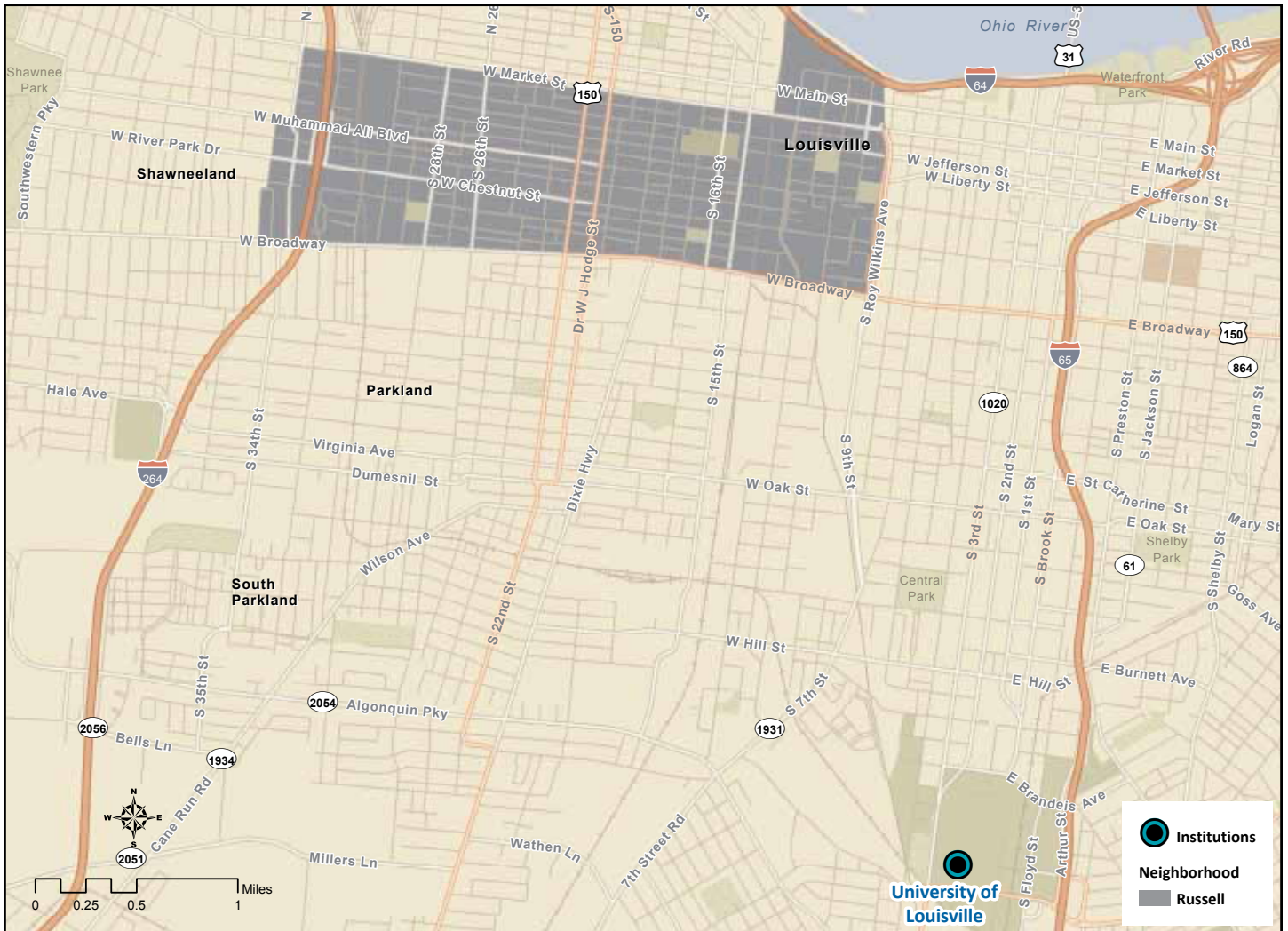
THE OUTCOMES (1992–2012)

The work in East Russell has been unique. As John Gilderbloom, faculty at University of Louisville points out, "This is not your typical gentrification case of higher income whites pushing out blacks; rather, [East Russell] remains a Black neighborhood with a greater mixture of incomes. East Russell is one of only a few Black neighborhoods that has undergone successful urban regeneration and remained a Black neighborhood."[55]

Outcomes to date include:
- Increased neighborhood population by 1,500 persons
- 550 housing units once boarded up now available to families
- 47 housing units developed by Habitat for Humanity and other non-profits
- Crime down by 60% since 1990
- Foreclosures the lowest (near 0) of the 170 metro neighborhoods, despite the foreclosure crisis
- Second highest percentage increase of property values among 170 metro neighborhoods
- Vacancy rates significantly lowered
- Walkable and multi-modal community improvements, like bike lanes

- Community gardens, outdoor art, locally-owned stores
- Upscale restaurant and coffee shop opened
- Old Trolley Barn that was an EPA Superfund site now the Kentucky African American Museum
- Yearly household income almost doubled from 1990–2010
- Although there was 10% increase of population joining the workforce in East Russell (compared to 3% in Louisville), unemployment remained the same at 11% between 1990 and 2010. This speaks to the resiliency of the neighborhood amidst ongoing macro-economic challenges.

University of Louisville, Louisville, Kentucky

Map of Louisville, Kentucky, showing the University of Louisville institution and the Russell neighborhood. Labeled streets and landmarks include Shawnee Park, Shawneeland, Parkland, South Parkland, Central Park, Shelby Park, Waterfront Park, Ohio River, Louisville, W Market St, W Main St, W Muhammad Ali Blvd, W Chestnut St, W Broadway, W Jefferson St, W Liberty St, E Broadway, and numerous numbered streets and highways.

Legend:
- Institutions
- Neighborhood
  - Russell

Non-White Rate of Russell
in Louisville, Kentucky

Sources: ACS 2009-2013

Institutions

Non-White (%)
- 94.46%
- 91.37%
- 91.02%
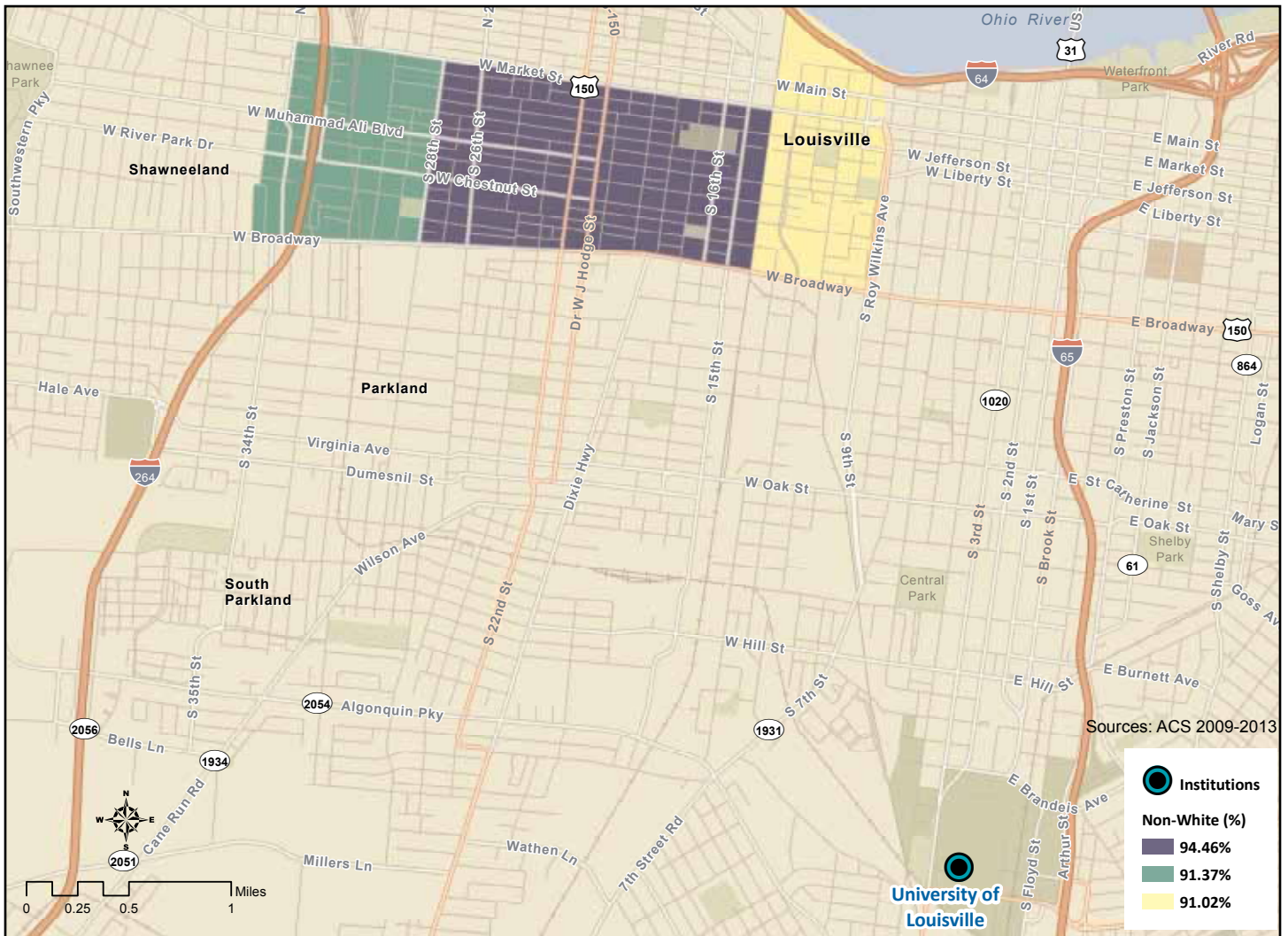
Poverty (%) in Russell
in Louisville, Kentucky

Sources: ACS 2009-2013

Institutions

Poverty (%)
- 85.23%
- 47.36%
- 45.17%
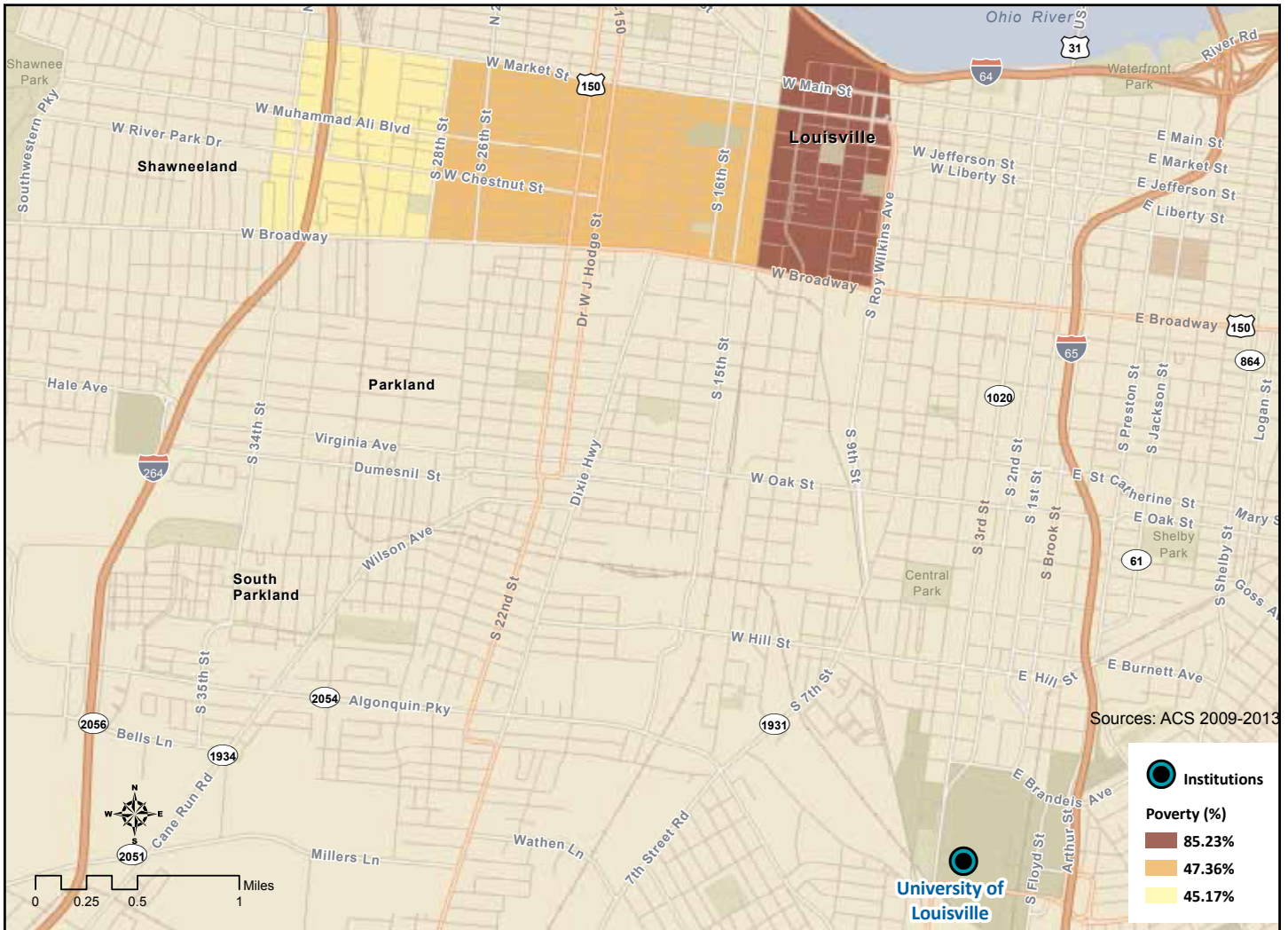
Housing Cost Burden Rate of Russell
in Louisville, Kentucky

Sources: ACS 2009-201

Institutions

Non-White (%)

94.46%

91.37%

91.02%
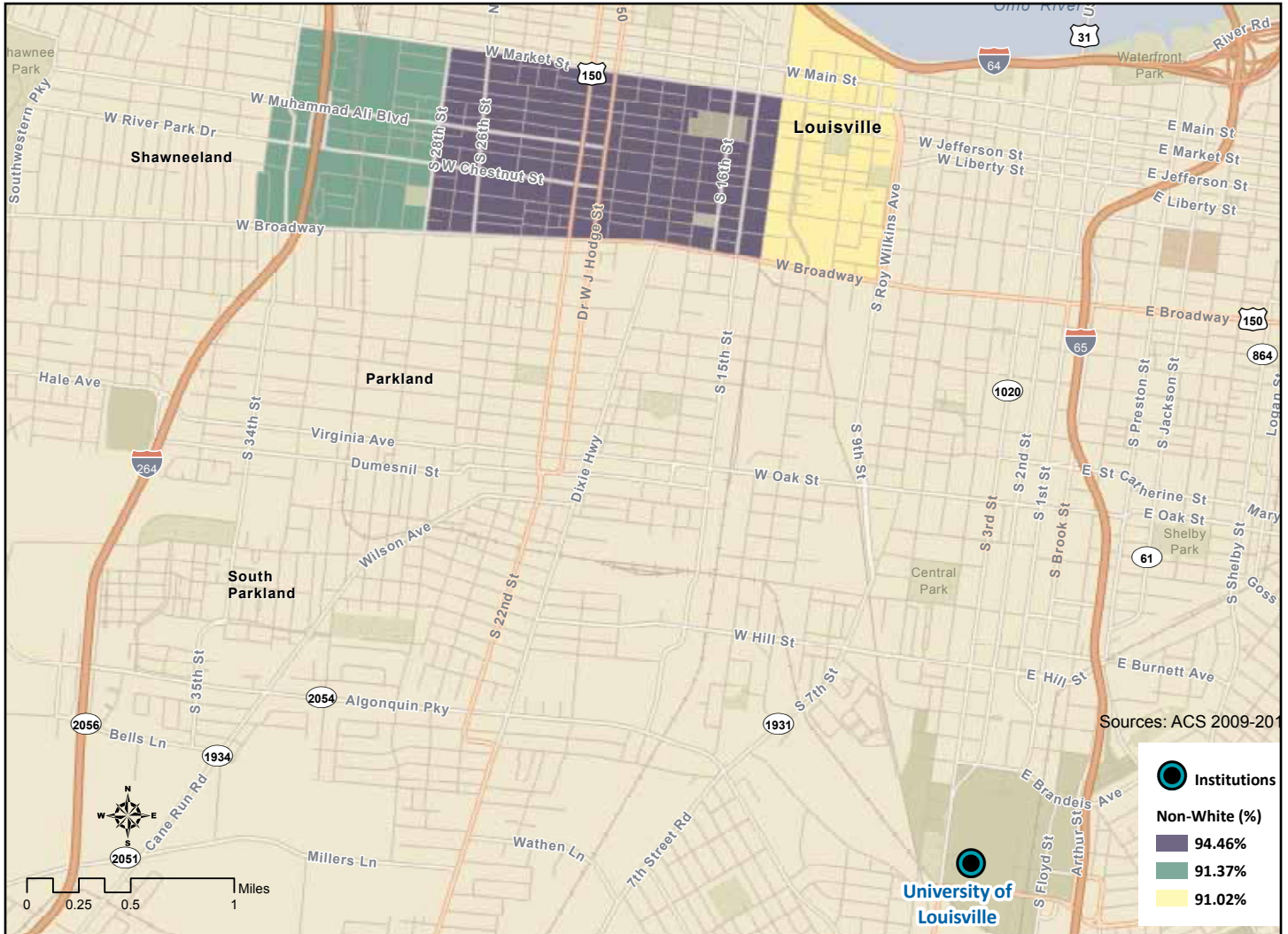
Vacancy Rate of Russell
in Louisville, Kentucky

Sources: ACS 2009-2013

Institutions

Vacancy (%)
- 31.43%
- 28.85%
- 6.29%
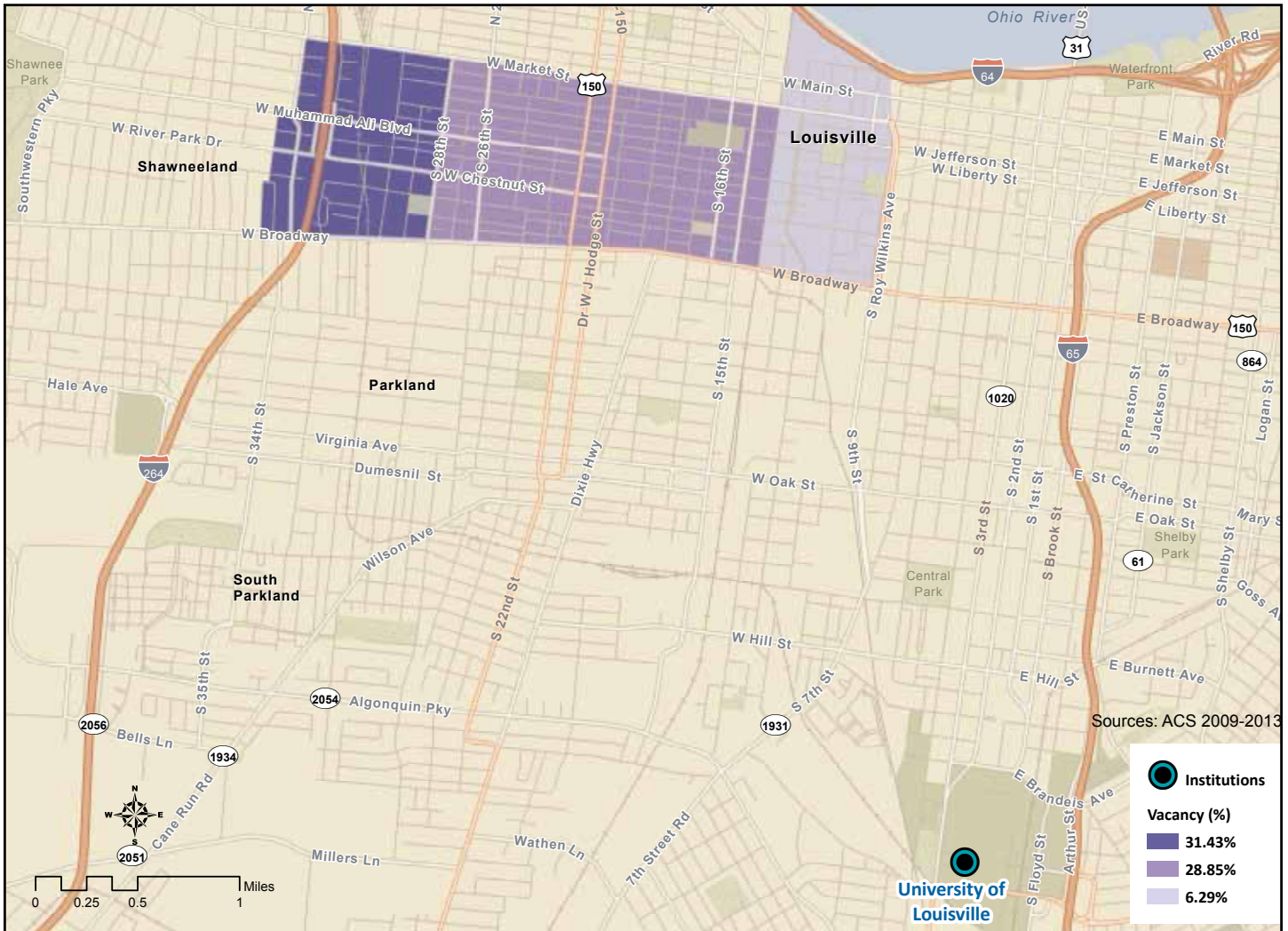
Conclusion: Lessons Learned

These case studies presented here highlight four related themes: sustainability, relationships, program evaluation, and leadership. Institutions committed to the **sustainability** of this work are vested long-term. Sustainability rests on identifying and engaging multiple resources to support projects and program partners over time.

Resources include meaningful **relationships** with the community, which can include civic associations, area commissions, employees, community leaders and neighborhood families. Successful programs have genuine relationships among partners and the community being served. Anchor institutions committed to this work must listen to the community, meet people where they are, respect the community, and develop trust by delivering on promises.

Stakeholders and researchers learn more about community impacts when ongoing and effective program **evaluations** and impact assessments are conducted. Program evaluations provide critical information that helps to sustain the work, build relationships and improve on outcomes. Strong programs have clearly defined goals, timelines, and solid leadership.

Committed **leadership** is a critical component for successful programs. These leaders are "champions" for the program within the institution, among the partners, and in the community. They believe that successful and equitable neighborhood revitalization is a win-win relationship. Leaders also clearly see the connectivity between community needs and the institutional health and well-being of their organizations. This "double bottom line" motivates commitment to these complex and long-term initiatives.
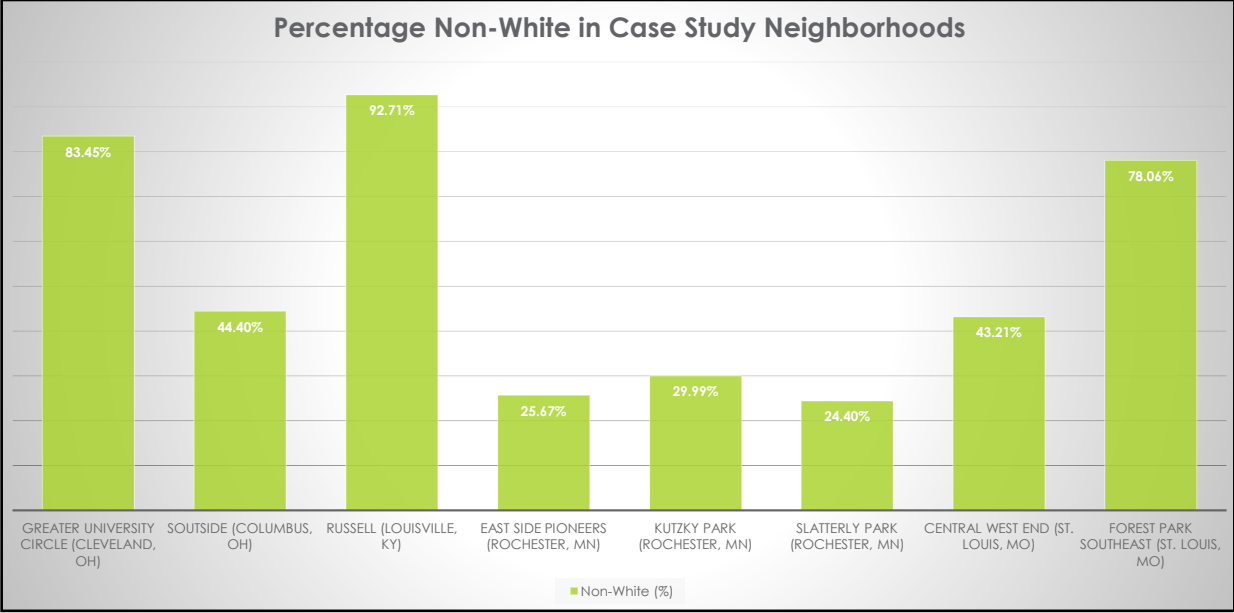
Can anchor institutions achieve development and engagement without displacement?

History has shown that anchor institutions have not always undertaken engagement or community redevelopment activities to benefit those most marginalized in their communities. Poor communities and communities of color may view present-day revitalization programs with suspicion because of a strong record of gentrification and displacement in similar communities from similar efforts.[56]

Given this history and context, successful equitable engagement can be long and difficult, and it requires education on all sides, but it will ultimately result in stronger relationships, better strategies, and a more unified vision for the community, by the whole community.

The case studies here show that redevelopment can happen in a way that everyone benefits. Gentrification is not inevitable. But revitalizing the community without gentrifying requires a sustained, intentional focus on equity and engagement from the very beginning.

Racial Population: Percentage Non-White

Percentage Non-White in Case Study Neighborhoods

- GREATER UNIVERSITY CIRCLE (CLEVELAND, OH): 83.45%
- SOUTSIDE (COLUMBUS, OH): 44.40%
- RUSSELL (LOUISVILLE, KY): 92.71%
- EAST SIDE PIONEERS (ROCHESTER, MN): 25.67%
- KUTZKY PARK (ROCHESTER, MN): 29.99%
- SLATTERLY PARK (ROCHESTER, MN): 24.40%
- CENTRAL WEST END (ST. LOUIS, MO): 43.21%
- FOREST PARK SOUTHEAST (ST. LOUIS, MO): 78.06%

Non-White (%)

Socioeconomic: Poverty Rates

Percentage Population in Poverty in Case Study Neighborhoods

- GREATER UNIVERSITY CIRCLE (CLEVELAND, OH): 43.00%
- SOUTSIDE (COLUMBUS, OH): 29.13%
- RUSSELL (LOUISVILLE, KY): 6.54%
- EAST SIDE PIONEERS (ROCHESTER, MN): 10.05%
- KUTZKY PARK (ROCHESTER, MN): 23.29%
- SLATTERLY PARK (ROCHESTER, MN): 15.46%
- CENTRAL WEST END (ST. LOUIS, MO): 29.29%
- FOREST PARK SOUTHEAST (ST. LOUIS, MO): 34.01%

Poverty (%)
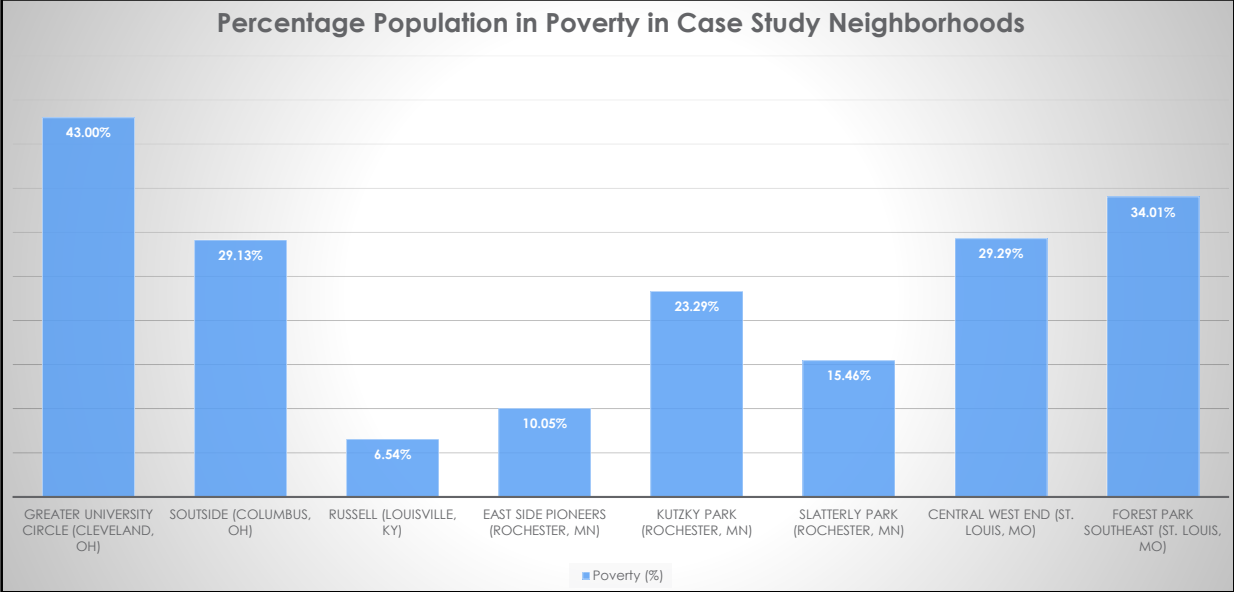
Housing Stress: Percentage Cost Burdened

Percentage Population Cost Burdened by Housing (30%+ cost burden) in Case Study Neighborhoods

Neighborhood	Housing Cost Burden (%)
GREATER UNIVERSITY CIRCLE (CLEVELAND, OH)	49.29%
SOUTSIDE (COLUMBUS, OH)	40.15%
RUSSELL (LOUISVILLE, KY)	50.01%
EAST SIDE PIONEERS (ROCHESTER, MN)	25.82%
KUTZKY PARK (ROCHESTER, MN)	39.13%
SLATTERLY PARK (ROCHESTER, MN)	38.01%
CENTRAL WEST END (ST. LOUIS, MO)	44.04%
FOREST PARK SOUTHEAST (ST. LOUIS, MO)	52.90%

Housing: Vacant Property Rates

Percentage of Housing Units Vacant in Case Study Neighborhoods

Neighborhood	Vacancy (%)
GREATER UNIVERSITY CIRCLE (CLEVELAND, OH)	23.09%
SOUTSIDE (COLUMBUS, OH)	22.30%
RUSSELL (LOUISVILLE, KY)	23.02%
EAST SIDE PIONEERS (ROCHESTER, MN)	9.01%
KUTZKY PARK (ROCHESTER, MN)	6.56%
SLATTERLY PARK (ROCHESTER, MN)	2.73%
CENTRAL WEST END (ST. LOUIS, MO)	15.72%
FOREST PARK SOUTHEAST (ST. LOUIS, MO)	35.41%
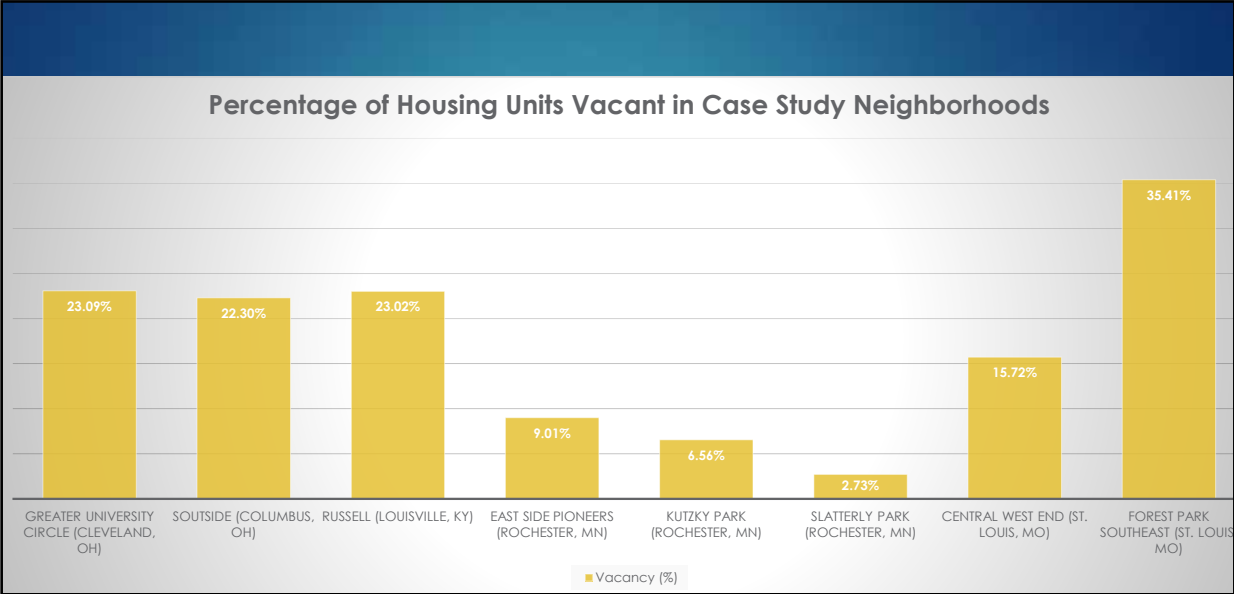
Appendix A:
Methodology for Case Studies

The objective of this report was to identify cases of anchor institutions ("Eds and Meds" in particular) in cities of comparable population and/or economic structure to Jacksonville, Florida. We were particularly interested in cases where these institutions were active in supporting equitable community development holistically, through strategies such as affordable housing, employment, job training and readiness programs, and child care services. We sought out case studies where social and racial equity were primary goals for anchor institute-led efforts. We also looked for case studies which produced tangible outcomes (for example, units of housing built) and have had a documented positive impact on nearby communities, particularly in regards to housing interventions.

Background information on the role and effectiveness of anchor institutions was gathered through a review of the literature and semi-structured interviews of national experts on the topic. We also interviewed Ted Howard, Executive Director and Co-Founder, and Steve Dubb, Research Director, of the Democracy Collaborative – an independent non-profit organization that conducts research on anchor institutions. The Kirwan Institute also gleaned lessons learned from anchor institutes with which we have existing partnerships, such as The Ohio State University, Nationwide Children's Hospital, Cincinnati Children's Hospital, the Cleveland Clinic, the University of Kansas Medical Center, and others. Through dialogue with the Jesse Ball duPont Fund and continual re-assessment, we conducted extensive follow-up interviews with the following stakeholders:

- **Robert Williams**
  Executive Director, Healthy Homes
  Anchor: Nationwide Children's Hospital
  Columbus, OH

- **Reverend John Edgar**
  Executive Director, Community-based partner for Healthy Homes & HNHF
  Anchor: Community Development for All People
  Columbus, OH

- **Enrique Flores**
  Community Development Manager, Washington University Medical Center Redevelopment Corporation
  Anchor: Washington University
  St. Louis, MO

- **Brian Phillips**
  Executive Director, Washington University Medical Center Redevelopment Corporation
  Anchor: Washington University
  St. Louis, MO

- **JoAnn Stormer**
  President, First Homes
  Anchor: Rochester Area Foundation in collaboration with Mayo Clinic
  Rochester, MN

- **John Gilderbloom, Ph.D.**
  Director, Sustainable Urban Neighborhoods
  Anchor: University of Louisville
  Louisville, KY

- **India Pierce Lee**
  Program Director, Neighborhoods, Housing and Community Development
  Greater University Circle Initiative
  Anchor: The Cleveland Foundation
  Cleveland, OH

Appendix B: End Notes and References Cited

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4. National Housing Conference and Center for Housing Policy. 2014 Paycheck to Paycheck database and U.S. Census Bureau 2013 American Community Survey. Accessible on-line at: http://www.nhc.org/chp/p2p/one_msa_display.php?msa_code=27260&submit=View+5+Community+Worker+Occupations

5. U.S. Census Bureau. 2013 American Community Survey. Community profile for Duval County, FL.

6. Neighborhoods in distress erect formidable barriers to healthy child development, producing stressors that can significantly impair children's psychological and physiological health (including skills development, and capacity to learn and thrive). *See* M.A. Turner and D. Acevedo-Garcia. "Why Housing Mobility? The Research Evidence Today," Poverty and Race Research Action Council Newsletter 14 (January/February 2005).

7. Henry Louis Taylor Jr. and Gavin Luter. "Anchor Institutions: An Interpretive Review Essay," Anchor Institutions Task Force, 2013

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12. Henry Louis Taylor Jr. and Gavin Luter. "Anchor Institutions: An Interpretive Review Essay," Anchor Institutions Task Force, 2013. Page 14

13. Ibid: 9-10

14. Ibid: 11

15. Dubb, Steve, Sarah McKinley, and Ted Howard. "The Anchor Dashboard: Aligning Institutional Practice to Meet Low-Income Community Needs," The Democracy Collaborative. August 2013. Page 1

16. Ibid.

17. Ibid: 11

18. There are many reasons for this, some of which include federal legislation and pressure to achieve national security goals, for example, through the GI Bill (an employment bill that provided an education subsidy to avoid unemployment of returning WWII veterans) and the formation of the National Science Foundation (in response to Cold War priorities). The "federalization" of higher education effectively supplanted the land grant mission of "research for the people of the state," leading to further separation of universities from their local communities. *See* Steve Dubb and Ted Howard. "Linking Colleges to Communities: Engaging the University for Community Development," The Democracy Collaborative. August 2007. Page 16-17. Others suggest the increasing professionalization and departmentalization of the various disciplines in a university that may not see value in civic engagement.

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21. Dubb, Steve and Ted Howard. "Linking Colleges to Communities: Engaging the University for Community Development," The Democracy Collaborative. August 2007. Page 54

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37. For a good, succinct history of the evolution of the American hospital see David Zuckerman, "Hospitals Building Healthier Communities: Embracing the anchor mission." The DemocracyCollaborative, March 2013. Page 30

38. For example, treating someone with diabetes, on average, costs $6,600 more than treating someone without it. See David Zuckerman, "Hospitals Building Healthier Communities: Embracing the anchor mission." The Democracy Collaborative, March 2013. Page 17

39. Zuckerman, David. "Hospitals Building Healthier Communities: Embracing the anchor mission." The Democracy Collaborative, March 2013. Page 17

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56. For example, the University of Pennsylvania's Penn Alexander School was successful in achieving higher academic results for local students and attracted Penn-affiliated families to live in the local community, but the redevelopment also pushed real estate values beyond affordability, displacing many residents.