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2019

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VITAL SIGNS

The Intersection of Health & Community Development



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PACDC Community Development Leadership Institute's
**2019 FORWARD EQUITABLE DEVELOPMENT
CONFERENCE**

WEDNESDAY, JUNE 26TH & THURSDAY JUNE 27TH, 2019

FORWARD EQUITABLE DEVELOPMENT

**Philadelphia
does Better
when we ALL
do Better**

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KEYNOTE SPEAKER

Liz Ogbu

A designer, urbanist, and social innovator, Liz is an expert on social and spatial innovation in challenged urban environments globally. Through her multidisciplinary design and innovation consultancy, Studio O, she collaborates with/in communities in need to leverage the power of design to catalyze sustained social impact. Among her honors, she is a TED speaker, one of Public Interest Design's Top 100, and a former Aspen Ideas Scholar.

"What if gentrification was about healing communities instead of displacing them?"
—Liz Ogbu

Join 300 community developers, small business entrepreneurs, health practitioners, researchers, artists, educators, and activists committed to working toward a more equitable Philadelphia.

Conference attendees will explore innovative pathways to ensuring all Philadelphia's residents and businesses prosper, network with others striving to undertake equitable development, and be uplifted and energized through moving stories of success and lessons learned. Keynote and workshops on Wednesday, June 26th, and in-depth learning seminars on Thursday, June 27th.

CONFERENCE SPONSOR PARTNERS:

Jefferson Center for Urban Health/Jefferson Health Systems, City of Philadelphia Division of Housing and Community Development, and the Federal Reserve Bank of Philadelphia.

To register visit: www.pacdc.org

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Five Key Takeaways from this Edition

1 “We now recognize how such traumas as poverty and exposure to community violence can shape people, predict their health, and influence their life outcomes. Moreover, we recognize that working with populations who have experienced trauma demands that we be trauma-informed in our approach: that our approach recognizes and is shaped by the effects of trauma and seeks to avoid retraumatization.”

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2 “I learned the somber fact that policies that destroy some communities and neighborhoods are catastrophic for the health of those in the direct path of the upheaval, but they also endanger the health of the whole of the United States and, through us, the whole world.”

MINDY THOMPSON FULLILOVE, **PAGE 13**

3 “This project represents a powerful set of partnerships and collaboration that is helping to improve health and wellness outcomes in truly unique ways. The collaborative is also helping health care experts better understand the communities they serve and the diverse richness and complex challenges they face.”

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4 “Because all nonprofit hospitals must conduct CHNAs—community health needs assessments—they’re a great starting place for collaboration. CHNAs represent an opportunity to influence hospital priorities so that their CHIPs (plans for addressing identified community health needs in the CHNA) will guide their community benefit allocations or, at minimum, their partnership strategy.”

ALISON MOORE AND DOUG JUTTE, MD, **PAGE 36**

5 “Although this year’s honorees lead different projects in distant neighborhoods with distinct needs, all seven speak with Martin Luther King Jr.’s ‘fierce urgency of now.’ Our city is at a crossroads where it can allow entire communities to collapse under poverty or embrace shared prosperity. These Community Leaders stand tall and are ready to protect their neighborhoods.”

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PACDC 2019

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COVER PHOTO: HINGE COLLECTIVE

PACDC Magazine is published by the Philadelphia Association of Community Development Corporations to report on information, individuals, and events of significance to the community development field. Every effort is made to ensure the accuracy of published information.

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"No one does what we do by themselves."

—MICHAEL MAJOR SR., 2019 COMMUNITY LEADER AWARDEE

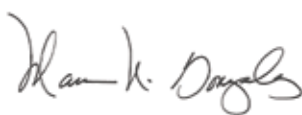
Dear Friends:

We are delighted to share with you the 2019 edition of *PACDC Magazine*. This year's publication focuses on the compelling and inspiring work being undertaken in collaboration with a range of health care institutions, health care practitioners, community activists, and CDCs, all working to advance Philadelphia's neighborhoods. Each in its own way is working hard to build a healthier, more sustainable society through flourishing neighborhoods where zip code does not determine how long or how well one lives.

We are particularly excited to share insights featuring our 2019 awardees. This year we saw an unprecedented number of outstanding nominations leading to, for the first time ever, awards for seven Community Leaders! These individuals, both young and young at heart, represent the best of Philadelphia neighborhoods and serve as inspiring examples of what one voice can do to encourage others to stand up and claim their own voice. In that same vein, we also honor our 2019 Community Development Champions, Neighborhood Advisory Committee (NAC) Coordinators (as a group), and Elhadji Ndiaye, who oversees the NAC program for the City's Division of Housing and Community Development, for their outstanding leadership providing much-needed support to communities throughout the city. Their tireless work saves lives and brings hope to so many.

These endeavors are impressive, inspiring, and humbling to see unfold. On behalf of all of us at PACDC, we thank you for supporting our efforts to shine a light on this work for others to see, partner with, invest in, because as Mike Major says in the quote above, this work requires collaboration.

Warmly,



MARIA GONZALEZ
BOARD PRESIDENT



RICK SAUER
EXECUTIVE DIRECTOR



Acknowledging Those Who Make Our Work Possible

PACDC works to create an equitable city where every Philadelphian lives, works, and thrives in a neighborhood that offers an excellent quality of life.

As a membership association, we foster strong community development corporations and non-profit community organizations by enhancing their skills and advocating for resources and policies to create a just and inclusive Philadelphia.

PACDC cannot pursue its mission without the support of numerous organizations and individuals. While this Magazine showcases our 2019 Signature Events Series Sponsors and Advertisers, PACDC gratefully acknowledges the following institutions and individuals for their additional financial investment:

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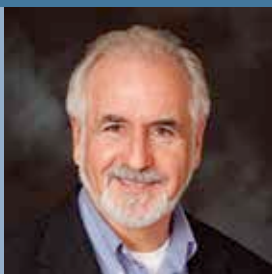


About PACDC

A STRONG VOICE IN POLICY. PACDC's advocacy is a unifying and compelling voice in government, business and funder forums where decisions affecting neighborhoods are made.

STRONG CDCs. PACDC strengthens CDCs through professional development, funding and networking opportunities.

A STRONG CITY. PACDC and member organizations build strong neighborhoods—and a strong Philadelphia—by increasing housing and economic opportunities and providing programs and services that sustain families and good jobs.



Remembering Tom Burns

This past August, our dear colleague and friend Tom Burns passed away. Tom had a booming voice and the persona of a trained classical actor. We are grateful for the many years he spent helping organizations such as ours think bigger and more deeply about our work and its impact on communities. Warm, gracious, brilliant, and generous of time and talent, he always encouraged us to believe in our dreams, but he also gave us the tools and insight to manifest those dreams into reality. We miss him and will never forget him or the lessons and encouragement he so generously shared.

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The Healing Power of Community Development

BY GARRETT O'DWYER

Understanding how health intersects with community development in Philadelphia begins with a journey—a short bike ride to be specific. A bike ride is all that separates the neighborhoods that compose the 19132 zip code—Strawberry Mansion, Brewerytown, Sharswood, and Francisville—and those of the 19106 zip code—Society Hill and Old City. At a leisurely pace, the ride will take you less than 20 minutes, but you'll traverse a gap of 20 years in life expectancy. Indeed, the average person in that part of North Philadelphia has a life expectancy of 68 years, while the average resident in Old City is expected to reach 88 years. This is a startling, even embarrassing, discrepancy for areas that are little more than two miles apart. While the latter life expectancy is typical among the developed nations of the world, the former is firmly in the ranges seen in the developing world and lags behind such notable places as Iraq, Syria, and Libya. These differences are not the result of genetic predisposition to longevity, but of differences in economic and social conditions that characterize the day-in-and-day-out lives of the people who reside in these neighborhoods. These are the conditions that the Philadelphia Association of Community Development Corporations (PACDC) members work every day to address.

Social Determinants of Health

According to the Centers for Disease Control and Prevention, 90 percent of health care outcomes have nothing to do with what occurs in a clinical setting. Rather they are determined by behaviors and factors that impact the mental and physical health of individuals. Primary among these are the social determinants of health, which, as defined by the World Health Organization, “are the conditions in which people are born, grow, live, work, and age. . . . These circumstances are shaped by the distribution of money, power, and resources.” These critical factors lead to the health inequalities we see today and account for the great discrepancies in health outcomes between communities that are close together.

Residents who live in disinvested communities or in poverty are more likely to suffer from a variety of ailments and are likelier to do so at an earlier age than those who reside in middle-class or affluent neighborhoods. Much of this has to do with the fundamental realities of poverty: exposure to environmental contamination in substandard housing, inability to acquire healthy fruits and vegetables due to lack of access or income, exposure to routine violence, psychological stress from unemployment or underemployment and financial concerns, unstable living situations or interpersonal relationships, youth tobacco use, and more. These factors have acute implications for the progress of physical and mental disease, but research now shows that they can also affect the very expression of our genes, leading to an increased lifelong risk of cancer and cardiac disease.



The main entrance of the Stephen Klein Wellness Center located at 2144 Cecil B. Moore Avenue in Philadelphia. PHOTO CREDIT: HARVEY FINKLE

By working to address these underlying conditions, we can better the lives of individuals, reduce health outcome inequalities, and reduce high health care costs necessitated by a dearth of preventive interventions. Consider, for example, a family living in a dilapidated house with a leaky roof that gives rise to persistent mold. Perhaps they are renters, and the landlord refuses to remediate the problem, or perhaps they are



Nurse with new patient conducting before check-up. PHOTO CREDIT: JAY GORODETZER **OPPOSITE PAGE** Young dental patient receiving a routine examination from our SKWC Dental Director, Dr. Janine Musheno. PHOTO CREDIT: JOHN KOLB

low-income homeowners without the disposable income to fix it. This sounds like a housing problem exclusively, right? But consider their child who has developed asthma as a result of the mold. At the first attack they rush her to the ER and get treatment—and a prescription for refills of an emergency inhaler. But since the mold remains, her asthma is chronic, she must use the inhaler regularly, and she goes through the prescription quickly. Some months they can't afford the \$45 to get the prescription refilled at all. In these months they hope she can suffer through a low-grade attack, but she will have to go to the ER if the attack gets severe. Depending on how bad it is, she might end up getting admitted for the night. What started as a housing quality issue has become a health issue detrimental to the life of a single child, a burden to an entire family, and a great expense for society as a whole.

We know that when a family lacks access to safe, quality housing that they can afford, it can have dramatic impacts on both their mental and physical health—through exposure to substandard conditions, having to prioritize rent over basic necessities such as healthy food, and the neverending stress of not being sure how much longer they'll have a roof over their heads or what else they might need to forgo to keep their family where it is. But when a family is in a safe, affordable home, the ensuing stability not only removes those risks to health; it creates an opportunity to thrive.

We know that when a neighborhood is steeped in urban blight and decay, the health of the whole community suffers alongside it. Crime increases, residents feel the stress of being under siege, and they restrict their time outdoors. But when vacant lots are greened and the blight removed, people feel more positive about their community, crime goes down, and people feel safer enjoying time outside.

We know that unemployment and underemployment are problems that confront not just individuals but entire communities. They're associated with decreased expenditures on nutritious foods and health care, increased stress with adverse mental health effects, and overall negative health outcomes. By maintaining and improving commercial corridors, assisting small businesses, and conducting workforce training, we can create jobs, help more community members find work, and make a more vibrant community by increasing the goods and services available.

The Healing Power of Community Development

When we address toxic individual, familial, or community conditions, we are actually engaging in a form of both curative and preventive medicine: we are eliminating the conditions that cause organic disease and preventing that disease from occurring in the first place. This is the work of community development viewed through the lens of health. Addressing such community problems as violence, housing, poverty, and blight



We know that when a family lacks access to safe, quality housing that they can afford, it can have dramatic impacts on both their mental and physical health...But when a family is in a safe, affordable home, the ensuing stability not only removes those risks to health; it creates an opportunity to thrive.

is and always has been the work of Community Development Corporations (CDCs). It is what PACDC member organizations and their dedicated staff do each and every day.

CDCs are also well positioned to play lead roles in improving the health outcomes of the neighborhoods they serve. They're already operating in the community, often already addressing these issues, have the trust of the community, and can deploy resources effectively. CDCs can be key partners for health care providers seeking to make an impact and improve health in these neighborhoods. Indeed, we've already seen some of these partnerships develop. For instance, Project HOME has partnered with Thomas Jefferson University Hospitals to create both the Hub of Hope and the Klein Wellness Center; the Children's Hospital of Philadelphia has partnered with Rebuilding Together Philadelphia to address home-repair needs; and a number of CDCs have worked with local care providers to incorporate Federally Qualified Health Centers into their community development projects.

For hospitals, managed care organizations (MCOs), and health insurance companies, these partnerships and investments make sense not only from the perspective of their organizational mission but also for their bottom line. A recent report from Trust for America's Health estimates that the cost of the top five housing-related hazards is \$309 billion annually, while the cost associated with inadequate physical activity stands at \$117 billion annually. Expensive medical interventions for ailments caused by preventable conditions are a considerable drain on resources. Insurance companies and MCOs pay these expenses di-

rectly, while hospitals are faced with reduced Medicaid payments, unreimbursed care, and more chaotic emergency rooms. In addition, nonprofit hospitals are required to perform a Community Health Needs Assessment every three years and identify unmet health needs; they then invest those resources in addressing those needs. This is fertile ground to explore collaborations between and among the health care, governmental, nonprofit, and philanthropic sectors.

In this edition of *PACDC Magazine*, we focus on the intersection of health and community development and share with you inspiring, cutting-edge stories of care providers and community-based organizations working to improve health by improving the context in which people live and the quality of the lives they lead. Programs and partnerships, such as the Children's Hospital of Philadelphia's Food Pharmacy, Jefferson Health System's Collaborative for Health Equity, and the Federal Home Loan Bank's HOME4Good program, work individually and collectively to improve the health outcomes of individuals, families, and communities at the neighborhood level.

These examples highlight ways in which we can reduce health inequities through community development. They don't form the totality of solving the inequality between the 19106 and 19132 zip codes, but they are a place to start along that path. While we've talked a lot about communities and zip codes, our efforts must center on helping individuals in need thrive. PACDC is committed to working with our membership, government agencies, and health care providers to better align cross-sector resources to build new models for advancing health equity in Philadelphia. ■

Garrett O'Dwyer is PACDC's Health Programs and Special Projects Manager.





The Research That Launched Trauma-Informed Practices

The Adverse Childhood Experiences Study

In 1985, Dr. Vincent Felitti of Kaiser Permanente in San Diego had a frustrating problem. He was leading a clinic employing an effective weight-loss therapy among patients with obesity. Despite success in losing weight, many of the patients would exit the program and then quickly gain the weight back. His search for the reason why would radically alter our understanding of the root cause of physical disease and behavioral afflictions.

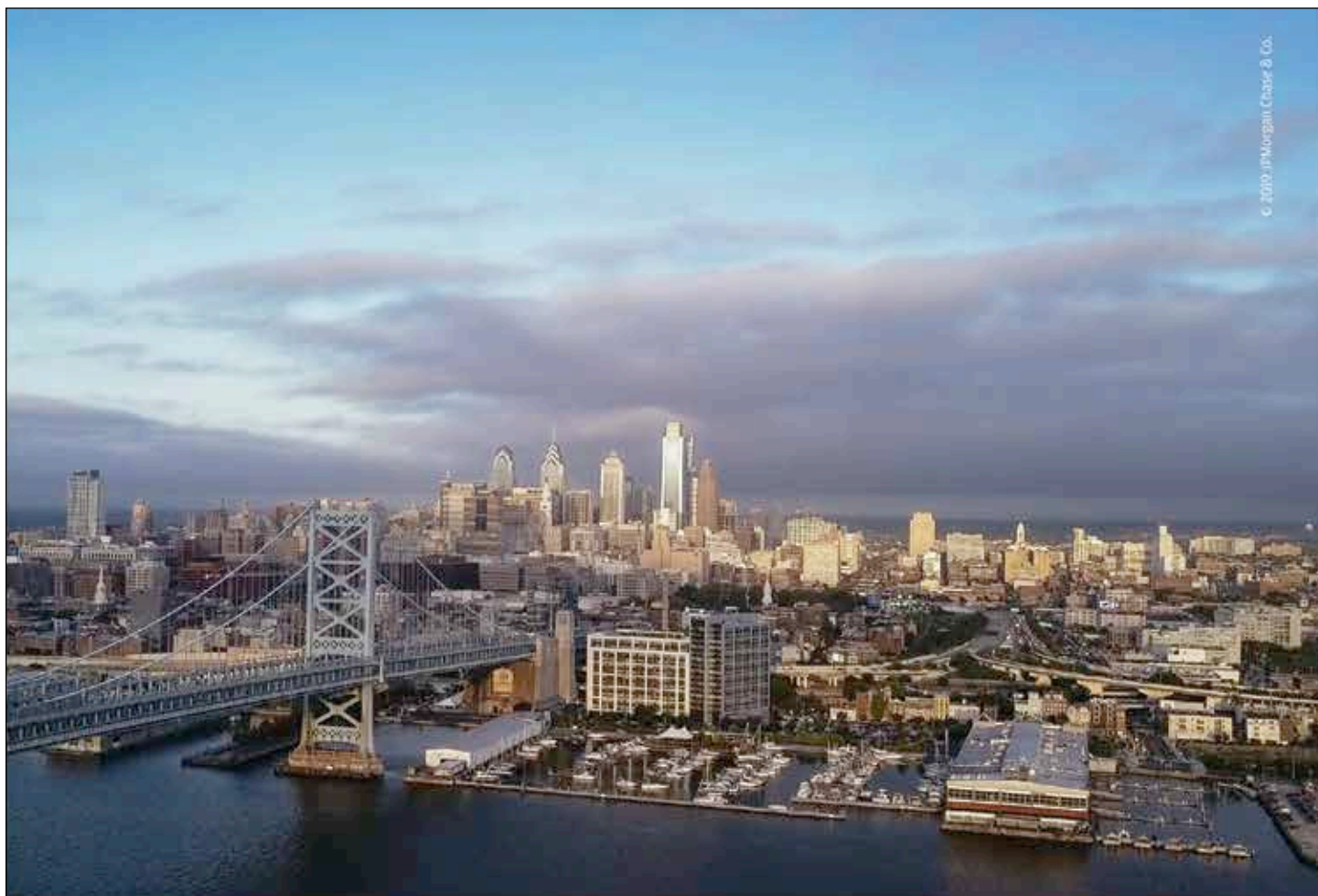
To get to the bottom of what was happening, he conducted individual interviews with a random sampling of patients who had dropped out. His findings were so striking that he asked colleagues to interview 100 more patients to verify his results. They did—and a majority of the patients had histories of sexual abuse. Obesity, it turned out, was not the primary problem; it was a coping mechanism for something much deeper and much darker.

Recognizing an area that merited further exploration, Felitti partnered with Dr. Robert Anda of the Centers for Disease Control and Prevention to conduct the landmark Adverse Childhood Experiences (ACE) Study. They developed a 10-question, yes-or-no survey that asked whether the patient had experienced a particular category of childhood trauma. They included physical abuse, sexual abuse, neglect, parental drug abuse or incarceration, and more. The patient's ACE score would be the total number of "yes" answers. These questionnaires were then mailed to 17,000 Kaiser Permanente patients and the responses crossed-referenced with their health conditions. When the first results of the survey were due to come in, Anda was at home in Atlanta. Late in the evening, he logged into his computer to look at the findings. He was stunned. "I wept," he says. "I saw how much people had suffered, and I wept."

The results were crushing: two-thirds of patients had an ACE score of at least one, and 40 percent had a score of two or higher. The results also demonstrated a dose-response relationship with disease: the higher the score, the higher the likelihood of suffering from a particular affliction. For example, a person with an ACE score of 4 or higher is twice as likely to have cancer and twice as likely to have heart disease compared to a person with an ACE score of 0, while a person with an ACE score of 6 or higher is over 24 times more likely to have attempted suicide and 4,600 percent more likely to abuse intravenous drugs.



The ACE study unmasked the fact that many prevalent and expensive health problems were in fact symptoms of trauma and the toxic stress that it causes. It revealed a rot—long considered too unpleasant and socially distasteful to discuss openly—that was eating Americans alive. In the decades since this initial research, our understanding of trauma and the traumatic has deepened significantly. We now recognize how such traumas as poverty and exposure to community violence can shape people, predict their health, and influence their life outcomes. Moreover, we recognize that working with populations who have experienced trauma demands that we be trauma-informed in our approach: that our approach recognizes and is shaped by the effects of trauma and seeks to avoid retraumatization. We may not be able to undo the traumatic experiences suffered by an individual or a community, but our best shot at helping them be empowered and thrive is in acknowledging the reality of trauma head-on. ■



BUILDING STRONGER COMMUNITIES

At JPMorgan Chase, we are committed to our communities and work with a diverse group of partners to provide creative and innovative solutions that respond to community development, affordable housing needs and inclusive economic growth. These partnerships are essential to making a meaningful impact on communities, their residents and businesses.

We are proud to support PACDC.

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Rethinking Community Development: A Trauma-Informed Care Approach

BY ZOË VAN ORSDOL

In the last few years, we have begun to hear the word “trauma” in a wide variety of contexts—with good reason, it seems, as the Centers for Disease Control and Prevention reports that two-thirds of Americans experienced at least one traumatic event as a child and over 20 percent had more than three traumatic experiences while growing up. Trauma describes an experience or series of events that are physically or emotionally harmful or even life threatening and that leave myriad lasting adverse effects. Emotional dysregulation, feelings of hopelessness, and an inability to plan for the future are just some of these. Trauma can happen at an individual level, such as through abuse or neglect; a community level, such as exposure to neighborhood violence or open drug use; or at a systems level, such as experiencing poverty, homelessness, or food insecurity. When we consider how widespread trauma is and the nature of its effects on people’s lives, how could those who work in community development not take it into consideration?

At Impact Services, we are working to become trauma responsive both externally and internally. Externally, we are working with our partners—New Kensington Community Development Corporation, Local Initiatives Support Corporation (LISC) Philadelphia, and the Scattergood Foundation—and neighborhood residents to develop a trauma-responsive community engagement curriculum. The curriculum is meant to bolster resiliency, build social connectivity, and increase responsiveness to trauma. It includes a toolkit containing items meant to promote emotional regulation. For example, each participant develops a personal “safety plan” that they can use in moments of stress or anxiety. The residents who participated in creating the curriculum have shared with us the positive effect these tools have had on their lives.

The external effort, however, will have limited efficacy if we are not also working to develop a trauma-responsive workplace at Impact. We now have four staff members who have been to Sanctuary training at the Andrus Institute and are leading the effort to share this information with coworkers, examine our policies, and promote a culture of safety and well-being. We are doing this not just to make sure we are “nice” to one another, although that’s a great side benefit. This effort will help prevent burnout, ensure that we are accountable to one another for our best work, and model the sort of healthy environment we are trying to promote within the community. It is not an easy road to travel, but we are certain that the destination is well worth the challenge. ■

Zoë van Orsdol is the Public Health Project Manager for Impact Services Corporation.

Creating sustained green space is one way Impact Services is working to promote resiliency in Kensington.
PHOTO CREDIT: JASMIN VELEZ



Community development is what we do. Being trauma responsive is how we do it.

Trauma is widely recognized as a serious public health problem. People who have experienced trauma have shorter life expectancies; higher rates of chronic illnesses, such as obesity, diabetes, cancer, and heart disease; and poorer economic outcomes than people without a history of trauma.

Trauma exacerbates many of the challenges that community engagement efforts face, for example, lack of trust, little social cohesion, an inability to envision a different future, and difficulty planning.

The following are tools we use in our trauma responsiveness work both internally and externally:

- We don’t pretend that we check our emotions at the office door.
- We have a personal safety plan that includes three things you can do immediately to help you calm down when you feel upset.
- We open meetings with a check-in: How are you feeling? What’s your goal for today? Who can help you with that?
- We use human-centered language, such as “people experiencing homelessness,” rather than using “homeless people” or “the homeless” as though that is their only defining attribute.
- We make the process as important as the outcome. Planning meetings are places where people can connect with one another, share a vision for the neighborhood, and plan for the future.
- We end meetings with mindfulness and grounding techniques to help us leave feeling calm.
- We use ritual: by opening and closing meetings in the same way, we normalize these techniques and integrate them into all parts of our lives.

SOURCE: IMPACT SERVICES CORPORATION



Public Health and the Just City

BY MINDY THOMPSON FULLILOVE

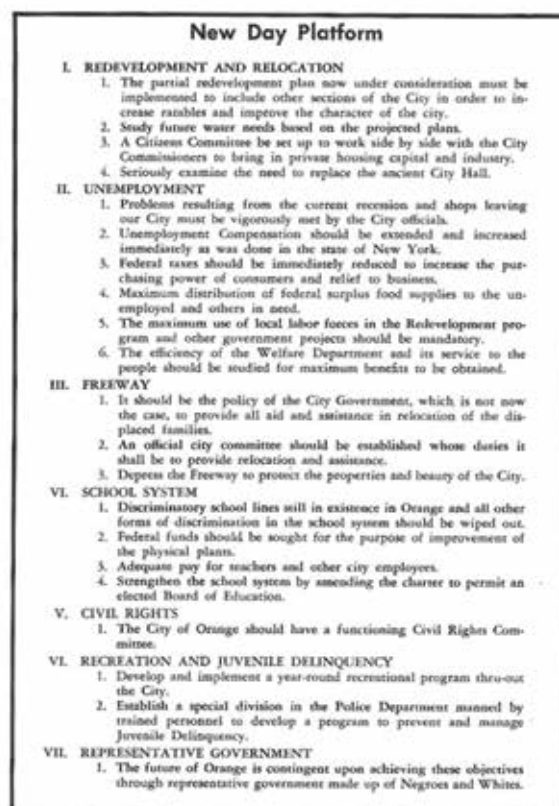
In 1993 or thereabouts, I entered a contest that asked women to depict what they did on a particular day. That day, I went to meetings early in the morning at Harlem Hospital in New York City. I took photos of the abandoned buildings on West 136th Street, where I parked my car, and photos of a huge plastic bag in one of the stunted trees. Later, on my way back to my office on West 166th, I stopped to take a photo of a man who was selling nuts on the street in front of a burned-out building. He smiled with tremendous pride. When I gave him a copy of the photo a few weeks later, he grinned and said he'd send it to his mother so she would know he was trying to make something of himself. I also took photos of the Stuyvesant High School students I was mentoring for the Westinghouse Science Competition and photos at home in Hoboken with my daughter Molly and some chocolate-chip cookies fresh out of the oven. We were reading a *New Yorker* article about plastic bags in trees, written by Ian Frazier. I didn't win the contest, but the exercise etched what I saw that day in my memory.

Harlem had been devastated by decades of policies of disinvestment. Walking the streets was a painful experience because so many of the buildings had been burned out, and garbage blew in the courtyards and rats ran in and out. Working people were struggling to control the neighborhood, but drugs and violence were the order of the day. Most of my research was focused on describing the problems in front of me, filling out our understanding of a terrible statistic reported in 1990 by Drs. Harold Freeman and Colin McCord: that a black man living in Harlem had a shorter life expectancy than a man in Bangladesh, then the poorest country on earth. Some of what I wanted to describe was the historical process that had stripped this neighborhood of its life-giving qualities.

The more I learned, the more I realized that urban policies were playing a critical role in the neighborhood's collapse. From the stories people told us, I hypothesized that Harlem had collapsed from a series of blows, each one undermining and deforming the social structure, so that death and disorder replaced hope and social productivity. As my colleagues at the Cities Research Group and I deepened our explorations, we were able to name the terrible series of policies—urban renewal, deindustrialization, planned shrinkage, mass incarceration, HOPE VI, the foreclosure crisis, and gentrification—that have undermined and continue to undermine poor and minority communities.

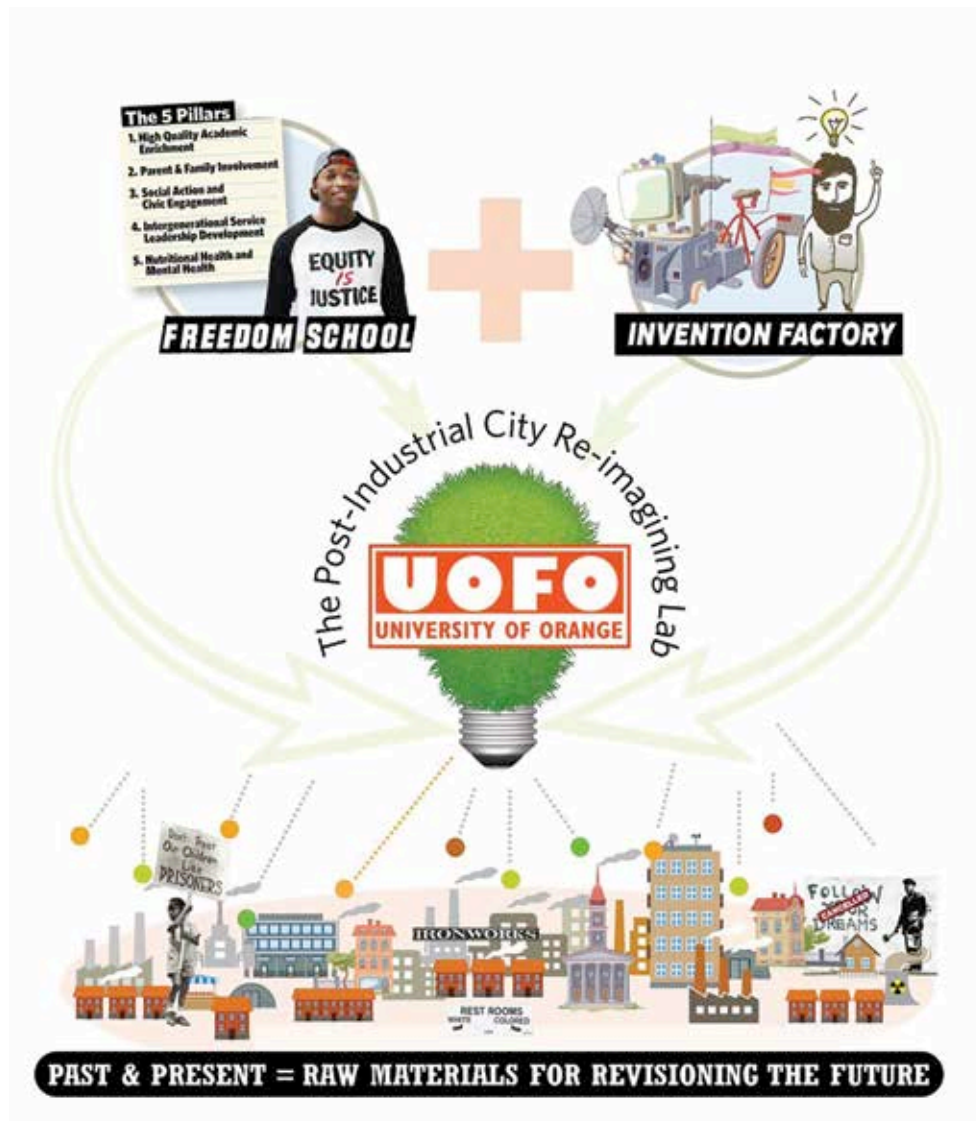
We've grouped these policies together under the rubric "serial forced displacement." Displacement traumatizes people and destroys wealth of all kinds. Repeated displacement takes away even more of the wealth and integrity of the weakened population: as St. Matthew put it, "Even what he has shall be taken away." Through the lens of the agony of the Harlem, I learned the somber fact that policies that destroy some communities and neighborhoods are catastrophic for the health of those in the direct path of the upheaval, but they also endanger the health of the whole of the United States and, through us, the whole world.

RETREAT TO THE GHETTO



Let us take one example. New York City's implementation of the mid-1970s policy of "planned shrinkage" was designed to manage "shrinking population" in the city by causing "internal resettlement" of people from very poor neighborhoods and clearing the land for later use. Planned shrinkage was implemented by closing fire stations in those communities. This triggered a storm of fires: South Bronx neighborhoods lost as much as 80 percent of their housing, while Harlem lost 30 percent.

We can trace many lines of disruption that rippled out from these epicenters of destruction. The upheaval caused massive social disorder and a "synergism of plagues," as Rodrick Wallace called it. What no one knew when the policy was implemented was that a new virus—which we now know as the human immunodeficiency virus (HIV)—was present in the very poor neighborhoods. HIV began to spread in the South Bronx and other New York City communities. The crack epidemic then took hold, accompanied by massive violence, family disruption, and further spread of HIV infection. Mass incarceration was the federal response to the drug epidemic, unleashing an era of imprisonment that had horrific consequences for families and neighborhoods. By 2015, the *New York*



Times reported “1.5 million missing black men,” many in prison and others who had died prematurely. The population fell, families fell apart, unemployment grew, church attendance declined, and trauma became a nearly universal experience.

Having hypothesized the downward spiral of community collapse, my team and I realized we had to start searching for ways to rebuild. We worked first with families, then neighborhoods. But we learned that the fate of neighborhoods rested in the hands of cities. A great deal of our attention has been directed at learning what actions cities could take to counter serial forced displacement and to rebuild the much-needed social bonds.

In 2007, I went to my hometown of Orange, New Jersey, for a celebration of the 50th anniversary of the fight against school desegregation. My parents, Ernest and Margaret Thompson, had led that fight. My father went on to organize for the political representation long denied to the African American population, then 20 percent of the city’s population. In 1958, he and others in Citizens for Representative Government

created the “New Day Platform,” which advocated for education, youth recreation, representative government, and a more beautiful city hall, among other issues. Their work led to a more inclusive democracy and better schools for all children.

While planning for the celebration of Orange’s desegregation, I learned that a local community development corporation, HANDS, Inc., was continuing the work my father had pioneered. It was fighting to protect local housing infrastructure and to rebuild community in the face of serial forced displacement. I became so interested in the city of Orange that in 2008 I joined with Patrick Morrissey, Molly Rose Kaufman, Karen Wells, and others to found the free people’s University of Orange.

The University of Orange has participated actively in planning efforts in the city. The UofO led the development of the Heart of Orange Plan, which became an official plan in 2010, endorsed by the New Jersey Department of Community Affairs, making the area eligible for tax credit monies. We have also invited architects and urbanists from Columbia University, Parsons School of Design, Montclair State University,

and the Pratt Institute to work with us to understand the city. We have slowly developed a sense of the city's potentials and its vulnerabilities.

Orange developed at the foot of the Watchung Mountains, a crossroads of east-west and north-south movement. Its excellent water and good transportation made it a natural site for industry. The hatmaking industry boomed there after the Civil War, reaching a peak of 4.2 million hats a year in 1892. The new bourgeoisie equipped the city with a Stanford White library on a busy Main Street, a Frederick Law Olmsted Park and housing enclave, dozens of churches and synagogues, two settlement houses, and a park-like cemetery. The African Americans and Irish and Italian immigrants were tucked into ghettos, their children sent to inferior public schools, while the well-to-do created superb schools and tracks for their own children to prosper. The city is so packed with the best and worst of American urban accoutrements that the UofO has developed a signature tour, called "Everything You Want to Know about the American City, You Can Learn in Orange, NJ." Orange has the advantage of being a small city, so visitors can see all of this in 2.2 square miles.

But Orange now, like many other postindustrial cities, is worn-out. Sixty-five percent of the largely black population of 30,000 is poor and working poor. Many residents have immigrated from other countries, and they speak a wide array of languages. Orange is a city in search of a future. In New Jersey, such places are being converted by "transit-oriented development," which means the unskilled workers are being replaced by those who commute to Newark—or more likely New York City—to work in finance, insurance, and real estate, the FIRE industries. Orange lies just a bit west of Hoboken, Jersey City, and Harrison, postindustrial cities already remodeled as dense bedroom communities along the train lines.

For the people who live in Orange, transit-oriented development would be the next turn of the wheel of serial forced displacement. But it would also mean a loss of the complex vitality of people and institutions. Urban bedroom communities are monocultures, a variation on housing projects, albeit with better amenities.

At the University of Orange, we've posed several questions: Can't we take a more interesting path? Can't we develop new industries? Can't we help the workforce acquire skills so that they can compete for higher-paying jobs and therefore hold onto their homes when the gentry arrive? Couldn't we combine the idea of the civil rights movement's Freedom Schools and Edison's concept of the "Factory of Invention" to make a "postindustrial city reimagining lab"?

Some exciting opportunities have opened up that are helping everyone in Orange explore these possibilities. The John S. Watson Center at Thomas Edison State College helped a consortium of cities, including Orange, develop an economic development strategy that will entitle the cities to apply for new federal funds. The Orange Board of Education, with the support of nearby Montclair State University, has been able to develop community schools, including adult education. The University of Orange helps to organize the Adult School, which includes courses for workforce development.

When I learned of a Robert Wood Johnson Foundation initiative focused on creating a culture of health in New Jersey, I convinced our local partners that we should apply for funding. The leaders of our "Healthy Orange" coalition have expanded our connections to all sectors of business, industry, and civic organizations and to all the ethnic and religious groups. Our leaders insisted on engaging the current residents, which is critical in charting a path forward that is not another round of forced displacement. Instead of planning around this pattern of expulsion, we want to create a "plan to stay."

This concept, first advanced by Catherine Brown and William Morrish, is the antidote to serial forced displacement. Groups planning to stay are asked to answer two questions:

- What brought you here?
- What would it take for you to be able to stay?

These simple questions lead to the kind of complex interventions that have a shot at helping Orange become a healthy place.

But I worry. One night, in 2010, I was invited to speak in Harlem. I walked down St. Nicholas Avenue and passed a brand-new building. A gym occupied its first floor, and little white girls in pink tutus were doing ballet. I stood there slack-jawed, too stunned to even take a photograph. The old Harlem was truly gone.

It is not simply that I want to feel at home in my hometown—of course I do. Rather, I fear for all of us. The extreme commodification of the land is leading to the destruction of human habitat. We are literally chopping the ground out from under our feet: it is inimical to public health to sell off our neighborhoods and displace our communities. The 1958 New Day Platform had it right. What we need for public health are ecologically sensitive and equitable programs that support the whole city and give all of us a chance to live in a kind and beautiful place. ■

Mindy Thompson Fullilove, MD is a psychiatrist, author, and professor of urban policy and health at The New School.

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Notes from PACDC's

Health+Housing Summit



The nexus between stable, safe, affordable housing and individual health is as well documented as it is intuitive: if you sleep out on the street, without a roof over your head, you will contend daily with an increased risk of illness, injury, and violence. If you have a roof, but it has a hole in it or some other repair issue, then you and your children will be constantly at the mercy of pests, mold, lead, and other household contaminants. And if you have a safe home, but spend more than 50 percent of your income on rent, then you will contend with the ever-present stress of trying to make ends meet, the awful choice of buying food or medicine, and the worry of making rent on time.

The health challenges that result from lacking safe, affordable housing can be considerable, chronic, and expensive. This is why we've seen care providers around the country begin to work toward better health through housing. In order to explore best practices that could result in improved health outcomes in Philadelphia through cross-sector collaborations, PACDC worked with partners to plan our region's first Health + Housing Summit—an all-day convening on December 13, 2018, hosted by Thomas Jefferson University Hospitals.

The Summit highlighted ways in which health organizations, such as hospitals, managed care organizations, and insurance companies, in our region and across the country have engaged to address the hous-

ing needs of the communities they serve. Highlights included discussion of practical partnerships that some of these organizations have formed with housing providers and local governments. The Summit also showcased replicable models that can inform decisions being made locally.

The goal of the Summit was to provide an opportunity for local health systems, nonprofits, and government leaders to learn from innovations occurring elsewhere in order to develop collaborative models to be implemented here in Philadelphia. It was an unquestionable success! We attracted an at-capacity crowd from a wide variety of backgrounds, and both the plenary content and the panelists received extremely positive feedback. Moreover, it provided a space for the important networking and introductions that will, we hope, pave the way for the meaningful action of tomorrow.

Going forward, PACDC is committed to playing a role in encouraging and facilitating these partnerships. We know that improving health outcomes requires much more than what happens in the clinic; it means improving the context in which people live and the quality of the lives they lead—and housing is a central component of both. Hospitals are not going to solve Philadelphia's housing crisis, but finding solutions requires everybody—government agencies of all levels, nonprofits, for-profits, institutions, and philanthropy—to pull in the same direction. ■

PHOTO CREDIT: COLLEEN BOYD





One Doctor's Journey in Community Health Opens Doors for Others

Nestled on a bustling campus in Center City are the unobtrusive offices of the Jefferson Center for Urban Health. They look like countless other offices across the campus: desks, chairs, old beat-up file cabinets, and staff milling about and doing their day-to-day tasks. But what makes this office unique among its compatriots is the quiet patience of a small-framed man with white hair and a neatly trimmed beard. Holding unofficial court, counseling harried medical students and rushed assistants, he works quickly and efficiently at managing the hectic pace with the still patience of someone with experience in witnessing both the depths of human cruelty and the heights of compassion. James Plumb is a family medicine specialist, a professor, and an international aid provider. He is also a Metallica fan and the co-founder of Jefferson's Center for Urban Health, a growing beehive of medical professionals, including public health experts and community health workers, absorbed in the day-to-day work of helping people and communities stay healthy.

"We started this work nearly thirty years ago, driven by a desire to see what we were teaching in the medical school have an impact on people before they were seen in a hospital setting," said Dr. Plumb, reflecting on the Center's work. Plumb is now on the brink of retirement, but his influence and impact will be felt long after he leaves the Center for other endeavors. This impact includes, in addition to the bustling and influential community health program of the Center, a vibrant volunteer health service that has helped to launch a 28,000-square-foot federally qualified health center in one of the poorest neighborhoods in the city, the training of countless medical professionals who have benefited from his teaching and mentoring, and the building of an international reputation of dedicated and exemplary medical expertise. How did all of this impressive work start?

Consistent, Meaningful, and Lasting

"A student came to me one day and expressed her frustration at wanting to see her training have an impact on those who needed it the most. We looked around at possible opportunities and were lucky enough to spend some time with Sister Mary Scullion at Project HOME. She told us in no uncertain terms that if we wanted to do something, it had to be consistent, meaningful, and lasting. So from there we began an informal clinic, Jeff Hope, a program which is all volunteer run, at Project HOME's St. Elizabeth facility once a week serving Project HOME's constituency." Today that work has become so important to the community that in 2015, the Stephen Klein Wellness Center, a new federally qualified health center, was erected in the neighborhood where Dr. Plumb started volunteering. It serves community members regardless of their ability to pay or their home address, providing a range of general medical, behavioral, and dental care married to a host of wellness programming classes, such as yoga and nutrition counseling.

Dr. Plumb's work is also shaping a new generation of medical providers through his teaching at Jefferson University's medical school. "As someone who is always ahead of the curve, he became passionate about enhancing the medical school curriculum to provide opportunities for students to learn about population health, the impact of social determinants on the health of their patients and communities, and inspiring future physicians to view health through a social justice and equity lens," says Dr. Rickie Brawer, cofounder with Dr. Plumb of the Center for Urban Health and a faculty associate.

"On average, 50 students per year volunteer for the Center's health clinic, and its concepts are now woven into the medical school curriculum for all students. His encouragement of others to 'hang in there' and 'do the right thing' has motivated and inspired the health and academic communities to partner with others to improve the lives of all Philadelphians," she added. Dr. Plumb's work extends across borders too, with international aid missions in Uganda and Rwanda.

Community Health across the Sea and into the Future

What led him to Rwanda in particular, Dr. Plumb says, was when "Lily Yeh, founder of the community-based arts organization the Village of Arts and Humanities [and PACDC member], urged us to come visit some of the resettlement camps of returning refugees to see what we could bring from our work in Uganda to help facilitate better healing for survivors of the country's genocide. Conditions were pretty grim when we [he and medical students and faculty] arrived, but we built a robust program starting with a needs assessment followed up by regular interventions with trained professionals that is still continuing to this day."

When asked which of all these accomplishments makes him the most proud, Dr. Plumb said, "I think that the work the health system now is poised to advance through its health equity initiative will have a lasting impact on communities and the health system overall, which will ultimately serve to benefit Philadelphians well into the future. I am proud to say that our work has played a role in informing this process and proud of the professionals I have worked with to help advance it."



PHOTO CREDIT: JEFFERSON MEDIA



Jefferson Health Launches the Philadelphia Collaborative for Health Equity

BY RICKIE BRAWER, JAMES PLUMB, ERIN MORTON, AND FELICIA RINIER

Home to an expansive arts and culture scene, a steadily decreasing unemployment rate, and a diverse population of 1.5 million, Philadelphia also holds the unenviable distinction of being the nation's poorest big city: nearly 400,000 Philadelphians live below the federal poverty line (earning less than \$24,000 annually for a family of four), and 21 percent of all residents are considered food insecure. It is a distinction that impacts the health and well-being of all citizens.

Every Philadelphian, regardless of socioeconomic status, should have a chance to be part of the city's economic renaissance. In an effort to further this goal, Jefferson Health launched the Philadelphia Collaborative for Health Equity to address the many social determinants of health that contribute to health disparities for so many neighborhoods in our city. Jefferson recognizes that health is a catalyst to success and is working to help every Philadelphia family reach its full potential.

The many social and structural determinants of health—where people are born, grow up, live, work, and age—affect a wide range of health risks and outcomes. Access to care and the quality of services received make up only 10 percent to 20 percent of the factors that promote good health. These actualities are clearly demonstrated in Philadelphia. Despite having multiple nationally recognized academic health centers and a strong Department of Public Health, the city experiences some of the worst health outcomes in the nation. It has the highest obesity rate of any major U.S. city, among the highest rates of low birth weight and maternal mortality in the nation, and a cancer mortality rate that compares poorly to national averages.

The same issues that create barriers to good health and well-being, such as safety, education, built environment, and socioeconomic status, also define an individual's ability to take advantage of the new growth and opportunity in Philadelphia. Health and success are inextricably intertwined. Children do better in school when they are nourished and not hungry. Families can lead more active lives and connect better to their communities when neighborhoods are safe. Workers have better attendance and can pursue more fruitful opportunities when they can manage their chronic disease and avoid hospitalization.

The vision for the Philadelphia Collaborative for Health Equity is to close the city's troubling health-disparities gap through partnerships and collaborative efforts guided by the Collective Impact Model, defined by its core tenets of a common agenda, shared measurement systems, a backbone support organization, continuous communication, and mutually reinforcing activities. Further, the Collaborative is motivated by Jefferson's strong sense of accountability and commitment to our community, and in many ways, it is the embodiment of Jefferson's mission, vision, and values—to improve lives.

The Collaborative believes strongly in the nexus between health and community development and will help foster opportunities for partnerships between health care institutions, community development corporations, businesses, community-based organizations, schools, and government. This can't be done alone or with just one other major partner. To be effective and have long-lasting impact, we'll need to cross silos and incorporate communitywide approaches that encompass multiple community sectors.

One solution begins with recognizing that safe, affordable housing is a critical social determinant of health and that lack of such housing can create significant downstream health care costs. To help address this issue, Jefferson partnered with PACDC and others to bring together practitioners from around the country who have implemented successful models to address housing needs. They shared their findings and provided insights into how we can replicate these approaches in Philadelphia and the broader region.

In addition, Jefferson is preliminarily exploring the concept of place-based investment. There is a range of strategies for how health systems can use their investment assets to help address the resource gaps that keep communities from achieving better health and well-being.

For further information about the Collaborative, or to find out how you or your organization can get involved, please visit www.p-che.org or email questions/comments to p-che@jefferson.edu. ■



Rickie Brawer, PhD, MPH, MCHES, and James Plumb, MD, MPH, are cofounders of Jefferson's Center for Urban Health. Erin Morton and Felicia Rinier are senior staff members at the Center.



Doc, My Neighborhood Is Killing Me!

An ER Doctor's Perspective

BY EUGENIA SOUTH

"He has emphysema and has been feeling short of breath for the last few days."

That was the report from Emergency Medical Services when they dropped off "Mr. Jones" in the Emergency Department (ED). His labored breaths were obvious from the doorway, so I immediately started him on BiPAP, which uses a thick mask to push air into the lungs to support breathing. I noticed a large bug on the floor as I walked toward Mr. Jones. "My name is Dr. South, and I will be taking care of you today." He could barely get words out, so he just nodded in recognition. When I removed his coat to listen to his lungs, I saw another bug crawling on his back. One more bug was crawling on the blanket tangled around his legs. My heart sank as I realized he likely had an infestation in his home. I wondered about the condition of his walls and whether the house had mold.

My team did an excellent job stabilizing Mr. Jones. However, I was concerned about his housing situation and whether it contributed to his poor breathing. Unfortunately, there are few mechanisms in place in our health care system to address these upstream causes of poor health. Some would argue it is outside the realm of medicine to get involved in matters beyond our hospital walls. But neighborhood environment—

including violence, housing quality, food resources, and more—has a large influence on the everyday lived experience of our patients and, ultimately, on their ability to be healthy. This knowledge, gleaned from treating countless patients such as Mr. Jones, has led me to a career in neighborhood intervention research to improve health and safety.

Where You Live Affects How Well You Live

Philadelphia has over 40,000 vacant lots and abandoned buildings. That figure means that a blighted space exists for roughly every 40 residents. Vacant lots are often overgrown with unwanted and wild vegetation, and filled with trash and other items that indicate illegal activity, such as hypodermic needles and condoms. Abandoned houses have crumbling walls and porches and are usually boarded up with plywood. I know from talking to my patients who come in after a drug overdose that people use these spaces to do drugs.

How do people living in areas with blighted spaces view that environment's impact on their health? In order to find out, I conducted a qualitative study with 29 West Philadelphia residents. These residents overwhelmingly spoke about the negative impact vacant spaces had

BELOW AND OPPOSITE PAGE Vacant Lot Greening intervention performed by the Pennsylvania Horticulture Society, before and after. PHOTOS COURTESY OF THE PENNSYLVANIA HORTICULTURE SOCIETY





on community well-being, including causing tension between neighbors, creating financial strain, and overshadowing the positive aspects of what was happening in the neighborhood. People also talked about the impact on mental health. One participant stated, “It makes me feel not important. I think that your surroundings like your environment [vacant land] affect your mood; it affects your train of thought, your thought process, your emotions, and seeing vacant lots and abandoned buildings, to me that’s a sign of neglect. So I feel neglected.”

Take Two Cleaned Lots and Call Me in the Morning

What can be done about vacant lots? The Pennsylvania Horticultural Society (PHS) and the City of Philadelphia’s Division of Housing and Community Development run the Land Care Program. The simple, low-cost vacant-lot greening intervention involves the removal of trash, the planting of grass and trees, and the installation of a signature low wooden post-and-rail fence along the perimeter. Local contractors return every two weeks to maintain the space as clean and green. Over 12,000 parcels covering 16 million square feet of vacant land have been transformed by PHS. The New Kensington Community Development Corporation (CDC) was an early pioneer of vacant-lot greening and partnered with PHS to make this effort successful. The CDC provides a model for how such an organization can successfully take on the issue of vacant land.

PHS has partnered with researchers at the University of Pennsylvania, including myself, since 2009, to study the impact of vacant-lot greening on health and safety. Early studies demonstrated that greening was associated with reduced violent crime, reduced stress, and increased exercise. This work culminated in a large citywide randomized controlled trial of areas near 541 vacant lots, which demonstrated that vacant-lot greening led to a significant reduction in violent crime—up to 29 percent in the poorest neighborhoods—as well as reduced feelings of depression for people living near the greened lots. People also reported spending more time outside and socializing with neighbors. The PHS Land Care program has been a model for other cities seeking to deal with vacant and blighted spaces, and the collaboration between

PHS and the University of Pennsylvania is a model for community organizations seeking to partner with academic institutions.

Collaboration Is the Key

One lesson I have taken away from this work is the vital role that nature plays in health. Spending time in nature, or even just living near green space, is associated with a host of physical and mental health benefits, including reduced cardiovascular disease, improved anxiety and stress, and longer life span. Although spending more time outside in nature is not a standard part of preventive health, I have started encouraging some patients to do exactly this.

A patient I treated in the ED presented with chest pain. After a thorough evaluation to make sure her heart and lungs were healthy, we did not find a specific cause of her symptoms. When I reviewed the results with the patient, she admitted to recently having a lot of stress and felt her symptoms could be related. I asked whether she ever spent time outside, and she said no, despite having a small park around the corner from her home. I encouraged her to go and check it out and to talk to her doctor about seeing a therapist.

While our health care system is not traditionally equipped to address neighborhood factors associated with health, CDCs are. As CDCs continue to address neighborhood environments and more explicitly incorporate health into their missions, I encourage active partnership with local health systems. One example is through data sharing. If a person living in a CDC catchment is admitted to the hospital, the CDC could be made aware of this and screen the individual’s home for unhealthy structural issues. Another example is through research. As CDCs pioneer novel neighborhood interventions, partnering with local researchers can allow for evaluation to determine what works and what doesn’t.

The development of clean, safe, and vibrant neighborhoods is vital to the health of all people in our nation. Collaboration between community development organizations and health care providers and systems will allow us to achieve these goals and give everyone the opportunity to live a healthy life. ■

Eugenia South, MD, is an emergency room physician at the Hospital of the University of Pennsylvania and a professor of medicine at the university’s School of Medicine.

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The Impact of PHS LandCare on Residents' Health and Community Development

BY ALAN JAFFE

The comprehensive greening program of the Pennsylvania Horticultural Society (PHS) uses gardening to make a positive change in our neighborhoods. These efforts help forge stronger connections between residents, increase access to nutritious food, expand economic opportunities, and create healthier, safer environments.

On vacant urban lots, PHS has developed a national model for turning blighted land into community assets. The PHS LandCare initiative, a strategic collaboration with the city, local contractors, and community groups, cleans and maintains one-third of Philadelphia's vacant land. The intervention is simple—removing debris, planting grass and trees, and adding post-and-rail fencing—and the effects are far-reaching. Some residents have transformed this land into community gardens, pocket parks, and other neighborhood gathering places.

A recent study by the University of Pennsylvania, published by the *Journal of the American Medical Association*, found that people living within a quarter-mile of the lots greened by PHS had a significant decrease in feelings of depression. An earlier Penn study revealed that neighborhood greening reduced stress and improved the overall health of residents.

“What these new data show us is that making structural changes,

like greening lots, has a positive impact on the health of those living in these neighborhoods,” said Dr. Eugenia C. South, of Penn's Perelman School of Medicine.

The LandCare work also reduced gun assaults, burglaries, and overall crime in greened neighborhoods, according to a 2018 study by researchers at Penn and Columbia University. The largest drop was seen in the number of shootings in neighborhoods where median income is below the poverty line.

LandCare has added another dimension to its community impact. The PHS Reentry Initiative helps unemployed residents and citizens transitioning back to their neighborhoods from the Philadelphia prison system develop skills and get the support they need to find jobs in green industries and other opportunities.

In the neighborhoods where these greening programs are being implemented, there is also a shift in perception. Where children had tossed empty cans and litter into a once-neglected vacant lot near Sheila Parker's West Philadelphia home, they now feel ownership of the greened space. “They come by and say, ‘Mrs. Parker, the grass is getting kind of high,’” signaling time for the PHS crews to visit. “It's about the best thing that could have happened,” Parker said. ■

Alan Jaffe is the Senior Director of Communications and Media for the Pennsylvania Horticultural Society.



Before and after views of the Garden of Hope, a site greened by the PHS LandCare program on the 2000 block of Germantown Avenue. PHOTOS COURTESY OF THE PENNSYLVANIA HORTICULTURE SOCIETY





Ending Needless Fatalities with Better Planning

BY CHARLOTTE CASTLE

Did you know that cities with more people walking and biking have fewer crash injuries and traffic deaths per mile traveled? In other words, cities with more people making trips by walking and biking have safer streets and healthier residents. Vision Zero is a City of Philadelphia program that aims to eliminate all traffic-related deaths and severe injuries on Philadelphia streets by 2030, while increasing safety, health, and mobility for all.

In November 2016, Mayor James F. Kenney signed Executive Order 11-16, setting a target of zero traffic deaths on Philadelphia streets by 2030 and creating a Vision Zero Task Force charged with developing a Three-Year Action Plan to outline work toward achieving this goal. The action plan, released in September 2017, outlines data/evaluation, engineering, education, traffic safety enforcement, fleet management, and policy strategies to advance Vision Zero's ambitious goal.

In Vision Zero's first year and a half, the city and its partners have been making strides to improve traffic safety on Philadelphia streets and promote the increased health of its residents.

The City of Philadelphia is proud to adopt Vision Zero. To learn more about the program, visit www.VisionZeroPHL.com. ■

Charlotte Castle is Vision Zero and Neighborhood Programs Coordinator in the Office of Transportation, Infrastructure, and Sustainability.

Two Exciting Highlights:

In October 2018, the city invited neighborhoods to apply for the Neighborhood Slow Zone Program, a new Vision Zero program that will install traffic calming in entire zones of residential streets. In February 2019, the city announced that the Fairhill neighborhood in North Philadelphia and the Kensington neighborhood around Willard Elementary School will join the program.

Neighbors will work hand-in-hand with the City of Philadelphia to design their "slow zones," which will include 20 m.p.h. speed limits, speed cushions, and other traffic-calming tools, such as neighborhood traffic circles. By managing driver speeds on residential streets in the slow zones, walking will be a safer and easier option for neighbors.



In June 2018, the city installed the Market/JFK Vision Zero Pilot Project, which improved conditions on these two Center City streets for people driving, walking, and biking alike. The pilot project included the installation of parking-protected bike lanes, which created a separated space for people biking along Market Street and JFK Boulevard, and improved safety for people walking. The installation of the parking-protected bike lanes shortens the distance to cross the street on foot by an average of 30 percent!

Songs and Stories of Community: How Place-Based Arts Can Lead to Health Equity

BY RACHEL ENGH

Last summer, here at Metris Arts Consulting, we furiously scribbled on the white board and guzzled coffee. We were on a mission: to identify the relationship between place-based arts and culture and health equity as part of our ongoing work to better understand how arts and arts-based work can impact communities.

Through our research, we found that communities can reduce social, health, and well-being disparities by building “social cohesion” (when individuals feel and act as part of a group that is oriented toward working together). When communities organize and act together, they’re better able to achieve community well-being and health equity. One way to foster social cohesion is for artists and arts organizations to join their neighbors in shaping their community’s future, working together to creatively address community challenges and opportunities. By strengthening a sense of belonging and common purpose, these place-based arts and cultural strategies can also increase community well-being and health equity.

Certain types of arts and cultural activities appear especially effective at building and growing social cohesion. For example, strategies that encourage participation from parts of the community that might not otherwise become involved and strategies that invite community members to collaborate and share experiences are particularly helpful.

Take the arts and cultural work happening in Natchez, Missouri. Historical tourism is central to Natchez’s cultural and economic life. In recent years, residents have tried to tell the history of the community in ways that do justice to African American heritage, community, and experience. Yet the question remains: who benefits from the telling of these stories? In Natchez, African Americans make up more than half the town’s residents. But they face higher



HEAL Community Natchez launch and festival in September 2017. PHOTO CREDIT: JOSH MILLER, COURTESY OF IDEAS XLAB

rates of infant mortality, smoking, obesity, and diabetes than their white neighbors.

The community partnered with IDEAS xLab through HEAL Community Natchez to put on a weekend-long art exhibit and performance series. Through music, dance, stories, visual art, and food, the organizers sought to amplify the stories of African Americans throughout Natchez’s history. Event organizers used this cultural occasion as a focal point to start to address the past and imagine a shared future. The event also invited people of many ages to celebrate their community and history, developing a sense of belonging and strengthening relational bonds. The weekend didn’t drastically ease the community’s long-standing economic and social segregation challenges. Yet the event powerfully amplified existing cohesion. Through varied arts and cultural activities, it provided Natchez residents oppor-

tunities to build capacity and efficacy with one another.

We want our work to inspire, educate, and support practitioners, funders, and policymakers who aim to build health equity through arts and culture. So, in Phase 2 of this project, we’re excited to partner with PolicyLink and the University of Florida’s Center for Arts in Medicine. In the next year, we’ll build on our research by engaging a variety of voices for feedback, dialogue, and refinement. If you are interested in this work, check out arts and culture projects that aim to build healthier communities happening in Philadelphia, such as Mural Arts’ Porch Light Program and The Village of Arts and Humanities’ People’s Paper Co-op. And we invite you to keep tabs on our work as we continue to explore how place-based arts and culture can lead to health equity. ■

Rachel Engh is a researcher and planner with Metris Arts Consulting, which provides planning, research, and evaluation services to reveal arts impacts and help communities equitably improve cultural vitality.



Hospital Staff Nurture Healing through the Arts at People's Emergency Center

In two small rooms nestled in a shelter for women with children experiencing homelessness, a thriving arts workshop and gallery has blossomed—healing unseen wounds and opening doors to new opportunities. “This project was born out of Children’s Hospital of Philadelphia’s (CHOP) efforts to provide on-site acute, primary, and specialty care to children in shelters. The art therapy project evolved from health wellness programming around addressing obesity in poor communities in our target area by working with mothers. It has grown and evolved into something that has taken on a life of its own and has connected us more than we could have ever dreamed with the People’s Emergency Center’s (PEC) community,” says Karen Maxwell Hudson, PhD, Program Leader for CHOP’s Homeless Health Initiative, a comprehensive health outreach program of the hospital.

“Our partnership with People’s Emergency Center has really been a true collaborative, weaving hospital staff volunteers, friends of friends, and, most importantly, the women and their families working and planning together programming,” says Melissa Bennett, MD, Health Advisor to the program and lead instructor for the Friday Fun with Art Classes, which inspired the art gallery installation. Clients meet weekly to talk about issues of health, wellness, and family while developing new skills in art making, ranging from watercolors and fabric art to painting and jewelry making.

The end results are multilayered, with PEC clients building personal networks and interpersonal strengths while also uncovering hidden talent that is earning both acclaim and financial support. “We were invited to showcase the gallery work at a conference where we sold what program participants made. We sold out



Tiana Barksdale strikes a pose in the gallery space at People’s Emergency Center. PHOTO CREDIT: COLLEEN BOYD

completely. More similar showcasing events are planned. The women were so excited and eager for the next opportunity,” says Dr. Bennett. Program participant Tiana Barksdale remarks, “I didn’t know anything about art at all until I got here and started participating in the parenting classes. It’s fun and you learn a lot. I started making jewelry, and now I plan on starting a business around that.”

The project’s vibrancy and continuity are maintained through simple investments by PEC in space (the gallery is housed in two former storage rooms at the facility); by a range of small and large donors in materials and supplies (donated furniture, new flooring, and freshly painted walls); and by CHOP

Cares and others in time (volunteer hours and donated design services by a local architectural firm for renovation of the space). None of this could have taken place without CHOP Cares’ hospital staff volunteers, who provide not only health care for the program but also gave a helping hand with the gallery space’s renovations. “This project represents a powerful set of partnerships and collaboration that is helping to improve health and wellness outcomes in truly unique ways,” says Dr. Bennett. She added, “The collaborative is also helping health care experts better understand the communities they serve and the diverse richness and complex challenges they face.” ■



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Michael, 11, learns how to read a food label from Iliana Garcia, CHOP Food Pharmacy Manager. PHOTOS COURTESY OF CHILDREN'S HOSPITAL OF PHILADELPHIA

When Food Is Medicine

Helping families by providing education and healthy food

BY LYN A.E. MCCAFFERTY & ZAN HALE

After 14 years of doctor and specialist visits with her four kids, Brooke thought she had heard it all. But at a recent appointment with two of her children at the Healthy Weight Clinic at the Children's Hospital of Philadelphia (CHOP), a clinician asked her something unexpected: did the family have enough food to eat at home?

Timidly, Brooke admitted it was hard to ensure the family of six always had enough healthy food. Because of multiple food allergies in the family, they had to make most of their meals from scratch. Fresh fruits and vegetables and other natural foods cost more and were often difficult to get in their neighborhood.

"That's when they told us about the Food Pharmacy," Brooke says. "We got to pick out healthy foods—apples, cauliflower, milk, canned veggies, and fruit—and went home with two bags for our family."

Impact of Food Insecurity

One in five people in Philadelphia experiences food insecurity. That means they don't consistently have access to enough food to support an active and healthy lifestyle, says Saba Khan, MBBS, FAAP, an attend-

ing physician in the Healthy Weight Program (HWP) and director of CHOP's newly opened Food Pharmacy.

"At the Healthy Weight Program, a cornerstone of our care is highlighting the importance of good, nutritious food for all health outcomes," Khan says. "If you don't have access to fresh, nutritious food or the financial health to afford it, all you have left is an inexpensive, high-fat, high-caloric diet that puts you at greater risk of obesity, diabetes, and hypertension."

Opened in fall 2018, the Food Pharmacy was made possible in part by a donation from GIANT Food Stores. The Food Pharmacy is expected to assist about 250 families each year in its current West Philadelphia location, and leaders hope additional contributors will step forward with support to expand this vital program.

Every family that comes to the HWP is screened for food insecurity. If family members say they are consistently hungry or struggling to provide nutritious food, clinicians tell them about the Food Pharmacy—located onsite—and introduce them to manager Iliana Garcia.

Combating Summer Hunger

Another CHOP-based program that addresses food insecurity and shares information about helpful resources is the Complete Eats program. Emergency Department (ED) physician Danielle Cullen, MD, MPH, MSHP, recognized that children who qualify for free meals at school can go hungry during the summer when their families must provide all their meals. With more than 90,000 children coming to the ED each year, she saw an opportunity and launched Complete Eats beginning in summer 2017, making free meals available in the ED.

Working with CHOP's Community Relations team, she partnered with the Archdiocese of Philadelphia, which already was a Summer Food Service Program (SFSP) provider, to make and bring meals to the hospital. SFSP is a U.S. Department of Agriculture program that pays for community groups to set up feeding locations during the summer to fill the food gap for children who receive free school meals.

In 2018, CHOP expanded the program to include families that came to the Buerger Center for Advanced Pediatric Care, the hospital's Main Campus outpatient specialty care center, and the Nicholas and Athena Karabots Pediatric Care Center, a large primary care office in West Philadelphia. Meals are offered to patients, any siblings present, and parents who are younger than 18. The boxed meals include a sandwich, a side dish, fruit or vegetables, and milk along with information on SFSP and how families can find an SFSP location near their homes.

"Sharing that information is a key component, since only one of 10 children who is eligible for SFSP meals in Philadelphia takes advantage of the program," Cullen says. One easy way to access sites is to send a text with the word "food" or "comida" to 877877 to connect to an automated service that lists sites by zip code.

Interns from CHOP's Career Path Program, which helps young adults who have chronic conditions or disabilities enter the workforce, deliver free meals to children in the Emergency Department during the summer when kids don't have access to free lunch at school.

Garcia meets with each family privately to explain how the Food Pharmacy can help.



It provides families with a three-day supply of healthy food.



It connects families to community resources to address long-term food needs.



It provides support and education to help families eat healthily on a budget.

How the Food Pharmacy Works

"Families can customize their food bags depending on their allergies and what they like," Garcia says. "But we encourage them to try new foods, and we provide recipes to incorporate healthy foods into their diets." The goal is to make it easy for families to prepare dietician-approved recipes, such as veggie tacos, cauliflower alfredo, or tofu nuggets.

Families head to a room with tall cabinets and industrial refrigerators to gather the items they've selected. Spinach, yogurt, and cans of tuna, pineapple, diced tomatoes, and black beans might end up in the bag.

Also available are links to related services, such as BenePhilly, which helps with enrollment in nutrition benefit programs and with insurance, disability, and heating cost issues; Philabundance's fresh food sites; and instructions on using the Supplemental Nutrition Assistance Program to obtain discounts on food and family activities. Families are referred to an HWP social worker, who can assess and address any social service needs.

Healthy Living for All

Families have reacted positively. "It's a good program, and I will definitely use it again," Brooke says. What she appreciated most was that it was "personalized to meet my family's needs" and "a great way to introduce new foods."

According to Khan, "The Food Pharmacy is a step toward us acknowledging in a non-stigmatizing way that we are with families for the long haul—that we do care. Communities are beginning to see hospitals not just as a place where physical health matters but a place that cares about individuals, families, and communities, and is working toward a better life for all." ■

Lyn A.E. McCafferty and Zan Hale are writers in the Marketing Department at CHOP.





Building Better Neighborhoods through Health Sector Jobs: The West Philly Skills Initiative

BY ALISSA WEISS

“Working holidays and weekends is hard when you have three kids. For years, I took whatever work was given to me—temporary, seasonal jobs—but I just couldn’t do it anymore. I wanted more for my life and more for my family,” explains Bianca, a graduate of University City District’s job-training program, the West Philadelphia Skills Initiative. “Before the Skills Initiative, I always felt like the quiet person in the room. I doubted myself. Today, I’m more open and can communicate with different types of personalities. Without the Skills Initiative, I don’t think I’d be at Penn—and I love working at Penn. I wanted a job that I looked forward to going to, and now I have it.”

This quote is a powerful reminder of the ways in which quality employment is a foundational building block of community health. Employment not only directly affects health by providing health care benefits and the income necessary to access health care and live in safe, healthy homes and communities; it also creates a sense of emotional well-being and personal development. At University City District (UCD), a 21-year-old nonprofit focused on investing in the vibrancy of a 2.4-square-mile area in West Philadelphia, we believe quality employment is a critical component of building healthy communities.

In 2010, we came to the conclusion that we couldn’t possibly make our community better without thinking about talent, without striving to harness University City’s economic growth to expand economic opportunity. We sought to build a bridge between the relentless economic growth catalyzed by our institutional partners and the unacceptable poverty that exists in the adjacent neighborhoods, where 45 percent of households have incomes below \$25,000.

Thus, the West Philadelphia Skills Initiative was born, and since 2011, this employer-driven job-training program has served over 950 local residents, connecting talented individuals to life-changing opportunities with the city’s premier institutions. Over the past eight years, we have developed a unique curriculum that combines soft skills, technical skills, and on-the-job training to prepare lab technicians, security officers, medical assistants, landscape technicians, and more to thrive in the workplace.

We also launched Green City Works, a landscaping social venture fueled by the purchasing power of our partners and driven by the desire to create quality jobs for local community residents. Heading into its third

year, the venture maintains more than 1.5 million square feet of green space for over 35 of University City’s largest institutions and businesses while employing 14 West Philadelphians.

When our average Skills Initiative participant walks through our doors, they have been unemployed for 53 weeks. Yet more than 90 percent of our graduates have connected to employment with living wages and opportunities for growth and advancement. This work has succeeded not only because it’s transformational for our participants but because it’s good business. The Skills Initiative helps our partners address long-standing challenges around recruitment, training, and retention by finding the talent they need. And when given the chance, local residents have proven over and over that they perform to exemplary standards. Collectively, our partners have paid approximately \$33.5 million in wages to our graduates, providing an incredible boost that ripples through our community.

Benefits include the ability to work in the community where residents live, reducing the burden of traveling long distances—often on public transportation—just to make ends meet. It means having the ability to send children to schools of choice or spend holidays with family instead of at work. It means developing the resilience and mindfulness to respond to challenges and setbacks, thanks to a curriculum that empowers participants to pursue their professional and personal goals. And in the case of Green City Works, it means serving as an exemplar in the landscaping industry by committing to good wages and benefits, full-time positions, and skill-building and advancement opportunities—all a rarity in this sector.

One longtime crew member, Justin, described his journey from unemployment to a Green City Works crew leader, saying, “When I started at the Skills Initiative, I wanted to show my family what I could do but also to prove to myself that I’ve learned a lot: how to work together with a team, how to be more punctual, how to understand the employer’s perspective. At Green City Works, my days feel short because I enjoy the work. I finally have the opportunity to beautify my own neighborhood and work for a company that’s giving back.”

We believe that place-based organizations such as ours—that partner with employers on a regular basis—have a critical role to play in ensuring that talented residents, such as Bianca and Justin, have access to opportunity. We will all be stronger for it. ■

Alissa Weiss is Director of Strategic Initiatives and Communications at University City District.



Philly's Health Care Industry: Fueling Economic Growth One Career at a Time



Sheila Ireland
PHOTO CREDIT: BEN TRAN

The U.S. Bureau of Labor Statistics in its most recent *Occupational Outlook Handbook* reports that “employment of health care occupations is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations, adding about 2.4 million new jobs.” How can Philadelphia, home to some of the nation’s fastest-growing health care institutions, connect its low-income residents to the opportunities emerging?

In February 2018, Philadelphia mayor James Kenney announced Fueling Philadelphia’s Talent Engine (FPTE), a citywide workforce strategy that seeks to build workforce skills across multiple sectors. It will leverage the city’s rich diversity of educational and medi-

cal institutions to arm residents seeking employment with training and professional networks to secure family-sustaining jobs and careers. “We continue to be the poorest of America’s 10 largest cities, with far too many residents lacking the skills and networks needed to compete for jobs that pay a family-sustaining wage. This initiative works to change that,” Kenney said at a press conference to announce the program.

“The health care industry is a perfect example of how stacking credentials (earning one set of skills or certification and building on that toward a more advanced opportunity) can grow from entry-level positions to family-sustaining careers,” says Sheila Ireland, Director of Philadelphia’s newly formed Office of Workforce Development and the driving engine behind the FPTE’s implementation. “I can start out as a nurses’ aide earning \$12 an hour and get training to become a licensed practical nurse earning double that. And I can go on to earn a bachelor of science in nursing and earn triple that and so on,” she added.

The potential for wage growth in the industry makes a compelling case for stacking credentials for those who stay focused. The median annual wage for health care practitioners and technical occupations (such as registered nurses, physicians and surgeons, and dental hygienists) was \$64,770 in May 2017. Health care support occupations (such as home health aides, occupational therapy assistants, and medical transcription-

“I cannot tell you what it means to see someone come to you not thinking they can do something or be anything and then have them recognize the power of their own skills and voice if just given a chance.”

ists) had a median annual wage of \$28,710 in May 2017. Typical average income for a family of four at the federal poverty level is \$24,000.

While a core focus of the initiative is nurturing opportunities for job seekers to establish meaningful career pathways, a critical component to keeping those pathways open includes the growing partnerships and collaborations the city’s Office of Workforce Development is building—with other city departments, health care institutions, colleges, youth services providers, and the school district. “Our work is driven by trying to bring people together in a room to figure out how to serve Philadelphians, whether they be young people looking for summer employment, single parents seeking better jobs, or returning citizens looking to enter the job market perhaps for the first time,” says Ireland.

She has firsthand experience with the supercharged economic engine that the health care industry can provide to families. Prior to her appointment, she led the creation and expansion of University City District’s nationally recognized job-training program, the West Philadelphia Skills Initiative, which gave coaching, mentoring, literacy, and job skills to hard-to-employ neighborhood residents. These skills then positioned graduating participants to work at a range of health care institutions throughout University City District’s target area. “I cannot tell you what it means to see someone come to you not thinking they can do something or be anything and then have them recognize the power of their own skills and voice if just given a chance,” says Ireland. ■

Celebrating what makes this community feel like home



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Public Health as a Community Return on Investment: A Developer's Perspective

BY LEON CALDWELL

In November, PlanPhilly published an article I wrote that made the connection between public health and real estate development. The role that developers play in shaping the experience of people encompasses far more than just the construction of buildings. In “social impact” development projects, community development corporations (CDCs) play a critical role in representing to a developer what the community return on investment is. Community benefit agreements are part of the process of creating social impact, but they must be inclusive of residents’ wishes, not just part of the CDC’s agenda.

What we build in neighborhoods—and just as important, what we don’t build—can have a direct and reciprocal relationship on the health outcomes and sustainability of entire communities. Developers decide where yoga studios and bars are located, fried-chicken joints and natural-food stores emerge, and smoke shops or fitness centers will be built. That makes us either arbiters on the continuum of increasing accessibility to wellness or contributors to a broadening culture of disease.

Public health and economic mobility should be the focus of community-centered real estate development. Neighborhoods can rebound and thrive when everyone is invested in both the investor’s return on investment and the community’s return on investment. The former is a common driver in the \$6.2 billion residential development industry, while the latter is a long-term perspective that can be measured, for example, by several variables:

- AARP’s Livability Index (see <https://livabilityindex.aarp.org/>);
- health and economic indicators, such as wages, salary, and emergency room use;
- the vacancy rates of apartments or the number of days properties remain on the market;
- the amount of time residents stay in the neighborhood and a resident’s life span; and
- residents’ sense of belonging, cohesion, connection, and quality of life.

Housing, neighborhood conditions, and income are well documented as social determinants of health disparities and disproportionalities. Public health officials’ inclusion of real estate developers is essential to “health policy for all” planning.

The solution of intentional investment in sustainable, equitable, mixed-income communities requires public-private partnerships not just for subsidy but also for development concepts and commercial programming. Expanding the scope and identity of real estate developers can help to change the racial and income disparities experienced in the city. It’s important to build consciousness about the role that developers and their projects play in the overall health of real people in real communities. Having a consciousness or understanding of how to achieve a community return on investment that promotes optimal life outcomes

for social impact may be monetized as a line item on a pro forma. The cost of emergency room visits for seniors who fall, the insurance cost for vandalism and theft, the cost savings from youth development and education rather than incarceration, and income generated from economically stable communities with small businesses all can be assigned a dollar value affecting both the investors’ and the community’s return on investment. Achieving community return on investment is, without question, core to the definition of community-centered social impact.

Ujima Developers, LLC, has designed a holistic equitable development model as an alternative to the gentrification prevalent in cities across the country. We understand community transformation as investments in people first and place second if progress toward equitable economic prosperity is to be sustained. Residents in neighborhoods, when asked, can usually tell you what is needed to improve their quality of life and maintain property values. Our approach starts with determining the community’s return on investment and its relationship to investors’ return on investment. In addition to the construction of cost-effective, energy-efficient buildings, we look to invest in economic mobility strategies (such as apprenticeships, gig-economy STEAM entrepreneurship, access to skills training for advanced manufacturing jobs, and homeownership pathways). We understand that if you are not well, you cannot work, and so health and wellness strategies (i.e., retail options for restorative health, access to high-quality food, and places for community connection) are also essential to Ujima’s development model.

For example, our first acquisition in a Philadelphia project is a vacant warehouse to be converted into a tech-oriented neighborhood talent development hub. The community’s return on investment will be access to skills for higher-paying jobs and a neighborhood location to incubate a business. In our East Baltimore opportunity zone project, in partnership with the city of Baltimore, we are rehabbing and constructing several vacant lots and rowhomes on a block, using an age-friendly universal design approach. Adding aging-in-place affordable housing options for independent seniors and their families responds to a growing public health crisis facing many inner-city seniors. In both these projects, the finances currently work, but admittedly they might not always. The point is to at least pencil out the project and not assume that all developers with a conscience are only in the nonprofit sector.

Developers create access to a lived environment that meets the hierarchy of needs in any given neighborhood. We can contribute to public health by designing age-friendly homes, investing in infrastructure that promotes walking and biking, and attracting retailers and restaurants that sell affordable, high-quality food. Developers are essential partners with community development corporations in creating healthy neighborhoods. Translating concepts into action isn’t simple, but creating the opportunities for real estate developers to codesign with neighborhood residents and public health practitioners is the next frontier for social-impact real estate development. ■



Housing Matters as We Age

BY LAURA GITLIN

Most primary care practices do not ask their aging patients about the condition of their home environment and whether they are able to do the things that matter most to them in that space. But these health care professionals should be asking such questions! As older adults age and experience chronic conditions and functional challenges, such as mobility and vision problems, they typically remain in their long-term residence. While the people themselves may be changing, their homes are not, or their homes may be deteriorating if upkeep hasn't been maintained. Under these conditions, carrying out routine self-care, activities of daily living, and home repairs can become increasingly challenging.

The inability to carry out everyday activities of living can have a profound effect on an individual's physical, emotional, and social well-being. Such an inability is associated with increased functional dependence, depression, social isolation, and risk for mortality.

Numerous housing conditions contribute to this decline, including poor lighting, steep or uneven stairs, broken tiles or frayed rugs, unstable rails or lack thereof, lack of grab bars, slippery tiles, hard-to-open doors, high door thresholds, and narrow doors. These are just some of the most common housing conditions that present key threats to the well-being and safety of older adults and to their ability to navigate their home environment. Moreover, these conditions can put an older adult at risk for a fall, a fall-related injury, and relocation to another residence, particularly for older adults with mobility challenges, vision deficits, and other functional limitations due to arthritis, cognitive impairments, and chronic diseases.

The intersection of health and housing is stark and real but not well addressed by our health and human services. The 89-year-old Mrs. H provides one example: she takes a diuretic for high blood pressure, does not have a first-floor powder room, and cannot quickly climb her steep stairs. She has to choose between limiting her fluid intake and risking dehydration, being confined to her second floor to be close to the bathroom and hence socially isolated, or not taking her medication and risking a stroke or heart attack. A first-floor powder room would help mitigate these risks. A second example is provided by 83-year-old Mr. L: he has a double below-the-knee amputation due to diabetes. He has stairs leading to his home, a winding staircase to his bedroom, and a wife with heart disease. He cannot leave his home to attend doctor visits without calling an ambulance service, and he is confined to his sofa and a commode on the first floor and dependent upon his wife to go up and down stairs when he needs clothing and other items throughout the day. A ramp or stair glide for his entrance into the home and a stair glide on each floor in the interior would overcome this situation and mitigate health risks for him and his wife.

As you see, there is good news. Homes can be modified to better fit the needs of individuals as they age and experience functional difficulties, and these modifications have a central role in health and well-being. A range of home modifications and assistive devices, including grab bars; stair glides; first-floor powder rooms; adapted utensils; home repairs for broken tiles, uneven steps, or floors; and the installation of railings can make a big difference by enhancing home safety and enabling an individual to reengage in valued activities safely.

Aging at home is the strong desire of most older adults and their family members. We do not typically consider how housing impacts health, but as we age, the condition of a home can dramatically affect a person's safety, health, and quality of life.

Because housing matters to one's health, questions about the home environment should be considered as part of the medical history and needs assessments routinely conducted by primary care or community-based agencies. Housing is as important as, if not more important than, blood pressure and medication checks, particularly for patients of advanced age where daily functional challenges pose large obstacles to a good quality of life. ■

Lauren Gitlin, PhD is Dean of Drexel University's College of Nursing and Health Professions.

Where to Turn: Repair and Modification Programs in Philadelphia

Adaptive Modification Program (AMP)

Run by the Philadelphia Housing Development Corporation (PHDC), this program assists eligible homeowners who have a disability with home modifications to ensure they remain independent.

Basic Systems Repair Program (BSRP)

Run by PHDC, this program assists eligible homeowners with free repairs to critical housing systems, such as electrical, plumbing, heating, and roofing emergencies.

Senior Housing Assistance Repair Program (SHARP)

Run by the Philadelphia Corporation for Aging (PCA), SHARP provides free or low-cost home repair for eligible seniors.

Heater Hotline

Run by the Energy Coordinating Agency (ECA), the Heater Hotline provides emergency heater repairs for eligible residents.

Weatherization Assistance Program (WAP)

Run by PHDC and ECA, WAP provides weatherization and energy-efficiency improvements for qualified homeowners and renters.

Insurance and Managed Care Organizations

Some health insurance companies and managed care organizations have begun supporting adaptive modifications for their clients. Check with your provider to see if they offer a program and for information on eligibility.



Housing Is Health: FHLBank's Home4Good Initiative

BY JOHN BENDEL

Home4Good Funds Local Homeless Initiatives

Since 2014, homelessness in Philadelphia has been on the rise, despite the tireless efforts of more than 60 local homeless and housing service providers and government agencies. The opioid epidemic and a reduction in federal housing vouchers are contributing to the increase, but they alone cannot explain the magnitude of the problem.

Dwindling federal and state dollars and a growing need have created gaps in the services provided by the homeless system, including in the areas of prevention, diversion, and transitional housing. "It is unfortunate," said Liz Hersh, Director of the Office of Homeless Services for the City of Philadelphia, "because the prevention of homelessness and a clear pathway to permanent housing is the best chance we have to rewrite the future of families and young people."

In 2018, the Federal Home Loan Bank of Pittsburgh (FHLBank Pittsburgh), in partnership with the state housing finance agencies (HFAs) in Pennsylvania, Delaware, and West Virginia, launched Home4Good, a unique grant program designed to help fill funding gaps in stable housing services.

The Life-Changing Impact of Home4Good

In Home4Good's inaugural year, \$4.8 million in grant money from FHLBank Pittsburgh was boosted with matching grants from the three HFAs, pushing the total funds earmarked for homeless services to more than \$7 million.

Because of FHLBank Pittsburgh's partnership with the Pennsylvania Housing Finance Agency (PHFA), 49 Pennsylvania service providers will receive \$4.5 million of that total—a combination of \$3 million in funding from FHLBank Pittsburgh and a generous match of \$1.5 million from PHFA. A good percentage of that statewide investment is landing in the greater Philadelphia area, where 10 local providers have been awarded just over \$1.4 million in funding for homeless services.

By design, Home4Good encourages solutions for homelessness that are both innovative and targeted to the most critical needs in various geographic areas. "What's exciting about Home4Good," said Hersh, "is its flexibility and emphasis on innovation. Local providers have an opportunity to pioneer life-changing solutions that otherwise would not be possible." She points to recent Home4Good grants that have funded specialized assistance for veterans and individuals with chronic illness and mobility concerns—needs that typically cannot be accommodated in shelters. "This type of innovation," she said, "is amplifying our resources and creating a longer runway to help individuals find their way to permanent housing."

Evidence shows that permanent housing is a crucial component of good health, especially for children, whose physical, social, and psychological development hinges on safe housing. That is what makes the Home4Good grant of more than \$59,000 to Philadelphia's Drueiding Center so rewarding. The Drueiding Center uses rental subsidies to create transitional housing opportunities for parents aged 18 to 24 years who are experiencing homelessness and for their children. This investment in at-risk families increases the likelihood that they will secure and maintain permanent housing at the conclusion of the 12-month rental subsidy program.

Because of the Home4Good grant, the number of families served by the Drueiding Center in 2019 will increase from 14 to 22.

The Structure of Home4Good

The success of Home4Good lies in its multilayered, collaborative structure. Home4Good does not rely solely on FHLBank Pittsburgh and its partnership with the state HFAs. It also relies on the participation of FHLBank Pittsburgh's member financial institutions; regional continuums of care (CoCs), which are HUD-designated agencies tasked with prioritizing service and support needs; and local homeless service providers.

Because these service providers have a keen awareness of critical local needs, the Home4Good process begins with them. To participate, local providers submit their funding requests to their regional CoC. The CoC then prioritizes each request and partners with a participating FHLBank Pittsburgh member financial institution to submit a proposal packet to its state HFA. The HFA and FHLBank Pittsburgh review all proposals and make funding determinations. Funds are then disbursed by the HFA directly into the hands of local homeless service providers.

The required collaboration between CoCs and participating financial institutions has proven to be a benefit for both, as well as for the communities they serve. Early feedback suggests that financial institutions are gaining increased awareness about homelessness on a local level, and CoCs are striking up relationships and identifying potential partnerships that otherwise would be unlikely. ■

LEARN MORE

Local service providers, CoCs, and financial institutions interested in learning more or participating in Home4Good can visit www.fhlb-pgh.com/Home4Good or www.phfa.org.

John Bendel is the Senior Director of Community Investments at Federal Home Loan Bank of Pittsburgh.



— A Health Care Partnership —

Playbook_x

FOR COMMUNITY DEVELOPERS

BY ALISON MOORE AND DOUG JUTTE

What does it mean for a community to be healthy? When you think about it, health is so much more than not being sick. A healthy community accounts for all the elements that affect our lives, including shelter, education, food, decent income, justice, dignity, and access to whatever people might require to fulfill their needs. These factors are known as the social determinants of health. Our health care system, however, has not shared this holistic view, instead seeing health as an issue of disease treatment and prevention. Because sickness and access to health care are just a small part of our overall health and well-being, this narrow view has resulted in trillions—yes, trillions—of health care dollars spent on treating avoidable chronic disease, with little improvement in our overall population's health.

As our nation's health care systems are being pushed both to improve their outcomes for entire communities and to cut their spending, they're realizing that they need innovative approaches and new partners. But they lack the capacity and expertise to intervene at the neighborhood level in ways that help keep people healthy. The community development sector can be a game-changing partner in addressing our nation's health and health-care cost crisis. By developing and financing the physical spaces, infrastructure, and essential services needed to live a healthy and productive life, organizations such as yours can serve as a critical action arm for advancing population health and health equity.

Despite the fact that poverty and poor health share the same root causes, health care and community development efforts have largely occurred in isolation from each other, at least until recently. So how do you get started with health care partnerships, especially with hospitals? What types of opportunities exist? What are some of the challenges and strategies for overcoming them? This excerpted playbook (available in full at buildhealthyplaces.org) can help you explore these questions and build your pathway to partnership.

What Do I Need to Know about Health Care Motivations?

There are many kinds of hospitals, and each has different motivations. Some hospitals are government-run, others are private for-profit, and about half are nonprofit public charities. These nonprofits carry legal requirements to give back to the community in exchange for their tax exemption. This is called their community benefit requirement.

Certain types of nonprofit hospitals may have additional motivators for addressing social determinants of health. Catholic hospitals, for example, may be motivated by a mission to serve the impoverished; children's hospitals and safety-net hospitals (those who serve the uninsured or most vulnerable) may have a clearer understanding of how social determinants affect their patients' lives; and hospitals that are part of certain organizational structures may be incentivized to keep patients healthy (e.g., those set up as both an insurer and care provider or part of an Accountable Care Organization and those within states offering flexible Medicaid funding).

The 2010 Affordable Care and Patient Protection Act (ACA) has meant big changes for the way hospitals get paid and what some are required to do. The ACA changes the way hospitals are incentivized by shifting reimbursement based on number of services provided (fee for service) to quality of care and good health outcomes performance (known as value-based payments). It's estimated that most health care payments will be value-based by 2020. As value-based care becomes more universal and as awareness grows concerning how social determinants impact health, we believe that providers and insurers will be increasingly willing to provide funding or other resources to support partnerships or programs such as yours.

The ACA also requires that nonprofit hospitals survey the health needs of their geographic footprint using a community health needs assessment (CHNA). CHNAs are done every three years and address these needs using community benefit allocations. Once a CHNA is complete, a hospital must develop a plan for how it will address the identified health challenges in the form of a Community Health

Implementation Plan (CHIP). Through this regular and intensive look at pressing health challenges, nonprofit hospitals can better target partnerships, strategies, and investment of its community benefit resources.

Hospitals may be at different levels of readiness to engage in partnerships to address population health. In addition to these factors, other influencing characteristics include payment structure, level of engagement with partners, and leadership's understanding of how social determinants fit with their mission or strategy. Based on a hospital's position, certain opportunities for collaboration become more feasible: for example, a hospital that is just beginning to think about social determinants of health is probably not ready to jump right into a partnership to build affordable housing, but it may be open to bringing mobile health services to your neighborhood.

Fairgate Apartments, The Vita Health and Wellness District. PHOTO CREDIT: CHARTER OAK COMMUNITIES



Partnership Opportunities

Here are some examples of potential community development and health care partnerships to address social determinants of health within three areas of opportunity. Each opportunity includes examples for each hospital engagement spectrum. Even if your potential partner is in the preliminary stages, early-stage opportunities can help to set the stage for more advanced partnership opportunities later.

Community Health Needs Assessment/Community Health Improvement Processes

Because all nonprofit hospitals must conduct CHNAs, they're a great starting place for collaboration. CHNAs represent an opportunity to influence hospital priorities so that their CHIPs (plans for addressing identified community health needs in the CHNA) will guide their community benefit allocations or, at minimum, their partnership strategy. Opportunities for community developers along the population health spectrum include the following:

- **PRELIMINARY:** Share data. You may be collecting data about the communities and populations you serve. Sharing data across sectors can be useful for hospitals seeking to understand aspects of their patients' environments that affect their health and for community development organizations interested in their projects' health impacts. Shared understanding of how health outcomes and neighborhood conditions are linked could help to frame opportunities for grants or hospital resource allocation later.
- **INTERMEDIATE:** Shift CHNA focus from describing to addressing social determinants. Hospitals may be looking to move from data collection to finding partners who can help them address social determinants of health. Community development organizations can provide guidance from an economic and neighborhood infrastructure perspective during the CHNA process on an ad hoc basis or more formally participate by joining hospital advisory boards.
- **ADVANCED:** Guide further resource allocation or investment. As more hospitals and systems conduct joint CHNAs, health advocates hope that next steps will include aligned implementation plans and multi-hospital joint community benefit investments that could better support community development projects or programs.

One example of an intermediate opportunity is Stamford Hospital and Charter Oak Communities (COC), in Stamford, Connecticut.

In Connecticut, Stamford's 2012 CHNA identified the two unhealthiest neighborhoods as those adjacent to the hospital. Coupled with their prior work with COC, this identification provided the impetus to swap local real estate and jointly develop the Vita Health and Wellness District.

Community Benefits Strategy

Community benefits include such resources as program grants, in-kind assistance, and other allocations where no return is expected. Community benefit allocations can run the spectrum from lower-risk, more traditional activities, such as co-located health facilities or services, to significantly different methods of allocating community benefit dollars, such as grants for affordable housing construction (where no return is expected). They represent an opportunity to attach hospital commitment to projects, deepen collaboration, and develop shared goals, language, and metrics.

- **PRELIMINARY:** Co-locate medical services/programs within properties or neighborhoods served by your organization. Given your strong community networks and deep ties to place, CDCs and local-level affordable housing developers can act as conduits for hospitals and other health care providers wanting to expand their relationships and programs in the localities they serve.
- **INTERMEDIATE:** Provide a pipeline of upstream community benefit opportunities. As community-based entities, you have your finger on the pulse of health community needs. You may offer programs or know about other opportunities for partnership with health care that will allow the root causes of high-risk patient health needs to be directly addressed.
- **ADVANCED:** Create new opportunities for community benefit allocation. Community development organizations and hospitals can discuss how hospitals might use community benefit resources in new ways, including contributions to housing or other infrastructure development, or using grants to decrease financial risk for larger investments.

An example of an advanced opportunity is Central City Concern (CCC) and HealthShare of Oregon, in Portland, Oregon.

HealthShare, a partnership of six local hospital systems, donated \$21.5 million as community benefit—one of the largest single donations in the United States to a nonprofit housing developer—to CCC to support development of 379 affordable housing units. Years of previous collaboration and relationship building helped to frame discussions of housing as an important means of addressing health and enabled quick response to the investment opportunity.



Blackburn Center, developed through Central City Concern's partnership with Health Share of Oregon. PHOTO CREDIT: CENTRAL CITY CONCERN

Investment Strategy

Hospital community benefits are great ways to begin addressing social determinants, but the total amount that hospitals usually allocate is only a small portion—at most 10 percent—of the total impact they could be making. Many hospitals also hold substantial investment reserves that have the potential to be used to support the financing of larger-scale projects that address social determinants of health.

- **PRELIMINARY:** Harness nonfinancial assets. Neighborhood investments are still relatively new for hospitals; many hospitals may not have organizational buy-in or capacity to make investment portfolio changes. However, hospitals have other resources, such as hiring and purchasing power, significant land holdings, political power and influence, research capabilities, and other nonmonetary assets that could help you scale your impact.
- **INTERMEDIATE:** Help hospitals place holdings in community development banks or deploy below market rate loans to the community. If your CDC offers financial services, community development loan funds can use hospital investments as debt capital to originate loans, as linked deposits to reduce interest rates for small business and affordable housing loans, or as loan guaranties to reduce the costs of borrowing.

- **ADVANCED:** Support comprehensive, sustainable, place-based investment strategies that build real community assets. For hospitals fully committed to population health, community development organizations can serve as key intermediaries between hospitals and neighborhoods, given their expertise in balancing financial and social returns and their capacity for due diligence required of place-based private equity and venture capital strategies.

A preliminary example is InterIm Community Development Association and Swedish Hospital, in Seattle, Washington. InterIm secured a letter of support from Swedish Hospital and used its financial pledge as leverage for city budget matching.

How Do I Get Started?

The partnership road is not an easy one. As one person we spoke with noted, “It can take a year to get a meeting with the right person and even more years to create a common foundation for action.” But even small interactions, such as attending the same events, can build trust and a foundation for a deeper partnership later. While there is no one “right way” to build partnerships, the following steps can help:

Step 1

Determine if partnership is right for you, and build on what’s already going on.

First, a few obvious questions: Do you currently have the institutional commitment and resources to dedicate to partnership that will not take away from your core mission? Do you have a clear idea of what issues you want to tackle through partnership? If you don’t just yet, that’s OK! It’s likely that efforts to address social determinants are already under way in your community. By building upon already established initiatives, forming partnerships with other community organizations that share your same targeted interest, and meaningfully engaging residents in defining problems and solutions, you increase the likelihood of sustainability and the success of your efforts.

Tips:

- Identify and plan around existing community assets, and take stock of your strengths. Determine what else you might need, especially in terms of data collection and measurement. NeighborWorks and the Build Healthy Places Network’s site MeasureUp can help.
- Some hospitals may have fragmented partnerships with multiple organizations who receive a small piece of the community benefit pie. Try some level of coalition building and alignment.
- Consider exploring national networks or foundation-led efforts around health care community development partnerships, such as the BUILD Health Challenge or ReThink Health, that can play a role in introducing health care partners or serving as a convener.
- Map out other partners that may already be involved with hospitals, including state housing authorities and government, local foundations, and public health departments.

Step 2

Determine your strategy for starting engagement.

Now it’s time to decide who might be the most appropriate partner by assessing a hospital’s receptiveness and decision-making abilities. Looking at a hospital’s most recent CHNA and implementation plan; assessing community benefit allocations; reading about mission, vision, and other public statements made about population health and community; and identifying current community partnerships can all be helpful in making these determinations.

Tips:

- Reach out to public health departments or federally qualified health centers, which often already have relationships with hospitals.
- Hospitals often want to see a quick return on investment, but this can frequently take a long time to see. This means a focus on high utilizers, or people who use the highest amount of health care services (and who are often the most deprived in terms of social determinants of health). Emphasize your impact on high health-care utilizers, but also mention your deep community and extensive networks, your organizations, your strong rate of return, or your capacity for due diligence.
- Tailor your message and framing based on whom you are speaking to: a conversation with finance department staff may be different than one with community benefit department staff. People in the C-suite (CEOs, CFOs, etc.) have higher levels of decision-making power and handle risk, so they’re the best targets to engage.
- Invite health system leaders to be part of your board.

Step 3

Build your pathway to partnership.

Structuring and implementing your partnership requires frank conversations about roles, resources, and capacity.

Tips:

- Consider developing a “charter” or “guiding principles” that can be consulted during times of conflict or uncertainty, as well as a “shared language” to rise above sector-specific jargon. Certain terms in health care can mean different things in community development (e.g., “CDC” usually means Centers for Disease Control and Prevention for hospitals).
- Community benefit amounts can be small, and many hospitals don’t tend to go beyond their comfort zones. While community benefit partnerships can be a great place to start, more innovative projects may find greater success when discussing place-based investing. Other parts of a hospital’s anchor mission, such as procurement or hiring strategies, could further your cause.
- Use data and logic models to help you make your case. Data collection is an important part of measuring the health effects of your project, but improved health outcomes may take time to see. However, the intermediate benefits are still an important aspect in getting to long-term health outcomes. A logic model can help you develop indicators for each stage in the pathway so that you can show you are on track to improved health outcomes.
- Have honest conversations about sustaining work, both financially and in terms of organizational roles.

By joining forces, the community development and health sectors can have far greater success in creating healthy communities. The best medicine for improving the health of our nation is through healthy, equitable, and empowered communities. If you’re interested in learning more about building your path to partnership with health care, contact the Build Healthy Places Network (www.buildhealthyplaces.org).

Jargon Buster

COMMUNITY BENEFIT: To merit their federal tax-exempt status, nonprofit hospitals must report on the “community benefits”—previously called charity care—that contribute to the health and well-being of surrounding communities. Community benefits typically include free and discounted care to uninsured and low-income patients, initiatives to increase access to care, medical research, and training for health professionals; but the IRS (which enforces community benefits) has clarified that funds can be used for housing-related activities so long as they address an identified health need, benefit communities, and are not profit generating.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): Usually led by nonprofit hospitals, a CHNA is a formal process to better understand the health needs of a community. Once a CHNA is complete, a hospital must develop a plan for how it will address the identified health challenges—often called an improvement or implementation plan (CHIP).

ACCOUNTABLE CARE ORGANIZATION (ACO): ACOs are groups of health care providers that accept financial risk for the total cost of care delivered to a defined population. ACOs financially encourage providers to keep a population of patients healthy at a lower cost by improving efficiency, coordinating care, and preventing disease.

POPULATION HEALTH: Population health emphasizes health outcomes and the social, physical, and economic factors that explain how health outcomes are distributed across populations. As hospitals must reduce costs and improve health outcomes, some are defining their patient populations to include not only patients but everyone in their geographic communities.

Alison Moore is a Planner with Dyett & Bhatia Urban and Regional Planners, and Doug Jutte, MD is Executive Director of Build Healthy Places Network.



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hard work and persistence.

*Kafi M. Lindsay, VP and Market Manager
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COMMUNITY DEVELOPMENT CHAMPIONS

Recognizing outstanding leadership and dedication in advancing the field

Philadelphia Neighborhood Advisory Committee Coordinators

Elhadji Ndiaye, Philadelphia Division of Housing and Community Development

Helping Communities and Inspiring Hope

It was bitter cold outside but warm and bustling inside the corner Neighborhood Advisory Committee (NAC) offices of Nicetown CDC. An elderly woman struggled to make it up the two small steps at the entrance, clutching canes in each hand and seeming barely able to walk. As she struggled into the office breathing heavily and clearly in distress, she plopped down on the closest chair near the door, saying, “I have been trying to get here to see you for two weeks.” John, the NAC Coordinator, welcomed her with warm patience. “Well, take your time, get comfortable, and tell me how we can help you,” he said. She told him about having all her utilities turned off. She had always been able to work and handle her finances, but a recent illness and resulting immobility left her dependent and struggling in her longtime home, where she currently had no heat, water, or electricity. She’d fallen behind before, but when she had been working, she could always play catch-up. Without regular income to supplement her small social security earnings, catch-up turned into fall-even-further-behind until the unpaid bills were too far out of reach.

Her children were juggling their own families and lack of money. She was desperate and needed help, and so turned to the one place in her community where her neighbors told her she could find help—the local NAC. With the aid of the NAC Coordinator and some quick paperwork-gathering by her son, the NAC office had the woman’s utilities back on within the week. The NAC staff formed a lasting relationship with her that is helping her establish better financial planning and access to such resources as rent rebates, grants, and emergency food. Perhaps the NAC’s most important role is simply providing a place for residents to go in Philadelphia when they need help—when they need hope.

“I think that of all of the things NAC Coordinators do—and they do a lot—the most important is helping residents have hope,” says Elhadji Ndiaye, Neighborhood Programs Coordination Supervisor and leader of the NAC Program for the City of Philadelphia. Having served as an NAC Coordinator himself in the early days of his career, Ndiaye knows firsthand how NAC work is helping low- and moderate-income residents and neighborhoods stabilize in the face of disinvestment and remain cohesive when confronting poverty and isolation. “Going door knocking and seeing people face-to-face, helping them with their problems, and seeing

how they appreciate your coming out to help is so gratifying,” Ndiaye says of the impact he’s seen on the lives of people benefiting from NAC staff efforts.

The story of the impact of NAC work is one felt—quietly but nevertheless powerfully—across the city, in Kensington, Parkside, Mantua, Hunting Park, Olney, Germantown, Brewerytown, Chinatown, and North, South, West, and South West Philly. The stories unfold in storefront offices, large and small, hectic and quiet, where English, Waloof, Khmer, Korean, and Spanish are spoken, sometimes through anxious tears and sometimes with raucous laughter. The Coordinators themselves are former teachers, retired elected officials, business executives, artists, and community organizers.

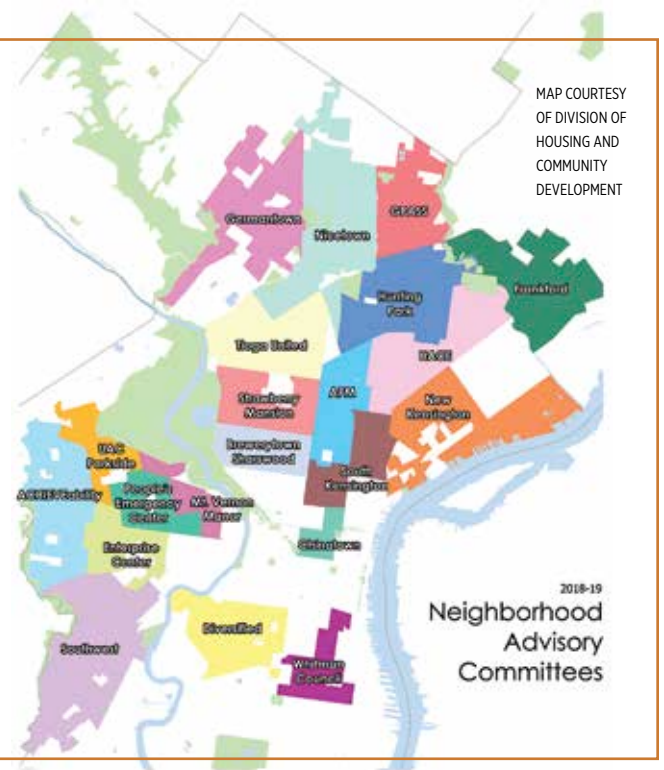
The Philadelphia NAC Program was created to provide neighborhood-level constituent service and community engagement in some of the city’s lowest-income communities. Funded and overseen by the Division of Housing and Community Development and paid for with federal Community Development Block Grant funds, NAC staff housed at 21 organizations city-wide connect neighborhood residents to services offered by the city and nonprofits that help improve their quality of life, alleviate poverty, and create healthier neighborhoods. NAC staff assist in the city’s Mortgage Diversion Program, refer residents to housing counseling, document existing neighborhood conditions, help residents access energy-assistance programs, host emergency food pantries, and serve as a local hub for community access to computers, photocopying, and faxing.

“NAC offices are ‘one-stop-shops’ and the staff are the ‘go-to’ people for just about anything,” says Nicetown CDC Chief Operating Officer Majeedah Rashid. She says further, “From finding employment or securing a decent place to live, . . . people turn to their NAC for ways to connect with and celebrate their community, and for support when they don’t know where else to go.”

PACDC celebrates and honors Philadelphia’s Neighborhood Advisory Committee staff and Elhadji Ndiaye as its 2019 Community Development Champions for their outstanding collective efforts to help people when and where they need it the most.

2018–2019 NEIGHBORHOOD ADVISORY COMMITTEES

ACHIEVEability	New Kensington CDC
Asociación Puertorriqueños en Marcha	Nicetown CDC
Brewerytown-Sharswood Community Civic Association	Parkside Association
Diversified Community Services	People's Emergency Center CDC
The Enterprise Center CDC	Philadelphia Chinatown Development Corporation
Frankford CDC	South Kensington Community Partners
Germantown United	Southwest CDC
Greater Philadelphia Asian Social Service Center	Strawberry Mansion Neighborhood Action Center
HACE	Tioga United
Hunting Park NAC	Whitman Council
Mt. Vernon Manor CDC	



CLOCKWISE FROM TOP Trenton & Auburn Family Empowerment Day, June 2018; NKCDC staff, Jake Norton & Rodney Mobley at Kensington Block Build, and resource fair. PHOTO CREDIT: LOWELL BROWN



COMMUNITY LEADERS

Given to dedicated neighborhood volunteers

At the dawn of the 1960s, Solomon and Albertha Major joined hundreds of thousands of black Southerners in seeking a better life in Philadelphia during the Second Great Migration. Originally from Cross, South Carolina, the two hard workers, without high school diplomas, settled in Tioga. Although life in North Philly presented its challenges, their son, Michael, attained middle-class status with a quality education and a community that invested in his future.

Decades later, Philadelphia still draws its hope from residents who demand a city where someone's zip code does not determine their quality of life or the opportunities afforded to them. As racial and economic inequality pulls neighbors apart, everyday Philadelphians raise their voices, and their brooms, to heal wounds of the past and restore a brighter tomorrow.

From Somerton to Eastwick and everywhere in between, the collective work of community leaders is the cornerstone of community development. These folks are our light in the darkness and the key to making America truly great.

Please join PACDC in honoring our 2019 Community Leader Award winners: Callalily Cousar, De'Wayne Drummond, Michael Major Sr., Nandi Muhammad, Kyle Shenandoah, Madeline Shikomba, and Myra Smith. The totality of their interwoven contributions to this city serve as a call to action for each of us to support the work being done on the ground to build an "Equitable Philadelphia."

Drawing Inspiration from the Founders

Rev. Michael A. Major Sr. never forgot his Tioga upbringing. As Board President of Called to Serve CDC, Rev. Major works to demonstrate the love of God in measurable ways. Recently, he led the engagement effort to reignite the rich history of community service from the now-vacant annex of Zion Baptist Church as part of the Sacred Places Civic Spaces Initiative. He recalls, "The place literally saved my life." So he pays it forward by bringing resources to students attending his K-3 elementary school and former basketball stomping grounds. Major's impact includes supporting a literacy program, Career Day, a *Black Panther* screening, a national STEM competition, baseball uniforms, and the distribution of holiday groceries. With his encouragement, Bethune Elementary students sent 1,000 cases of water to Flint, Michigan, residents.

"No one does what we do by themselves," Major acknowledges. He feels especially grateful to collaborate with Amelia Price to unleash economic opportunity on the Germantown, Broad, and Erie corridor. As intergenerational poverty traps Tioga's families, Rev. Major won't stop until his story is the expectation instead of the exception.

In Mantua, also known as the Bottom, **De'Wayne Drummond's** childhood also inspired him to act. As he recalls registering voters with his grandfather at six years old, Mr. Drummond says, "We no longer have to guess how many jelly beans are in a jar to vote. So why not go ahead and exercise our voting muscle? Why not speak up?" As Ward Chair



Rev. Michael A. Major Sr.

Tioga

"We're called to serve God's love in measurable ways. There's a real need and a real calling."



De'Wayne Drummond

Mantua

*"In the Bottom, the only place we
have to go is up."*

and Democratic State Committee member, Drummond diligently holds elected officials accountable and exhibits why black votes matter.

Still, strong communities neither begin nor end with elections. Drummond also serves as President of the Mantua Civic Association, where the motto is "plan or be planned for." He played a leadership role in achieving new zoning for Mantua and blocking the closing of McMichael Elementary. He defends Mantua Pride, gives residents a seat at the table, and prevents displacement through rigorous community engagement and partnership building. In all of this, Drummond pays homage to early activists who reached up from the Bottom to combat the violence and blight that seized the neighborhood.

Though their work is far from complete, Mike Major and De'Wayne Drummond realize the dreams of organizers in a not-so-distant past to build a better life for future generations.

Standing Tall for Equity

In America's poorest major city, unfulfilled dreams call passionate residents to arms in the fight for an "Equitable Philly." And they're bringing real results, too.



Madeline Shikomba

South Philadelphia

*"If I see something wrong,
I'm going to change it."*

Madeline Shikomba has spoken truth to power for more than 30 years. In 1989, Ms. Shikomba and Friar Stevan Prezan cofounded the North of Washington Avenue Coalition (NOWAC) to organize around the promotion of affordable housing near 20th and Christian. Ultimately, NOWAC reached an agreement with opposing forces and the developer to move forward. Although the developer eventually sold the property, Shikomba, a 76-year-old force of nature, has many hard-fought victories under her belt. From the removal of the Nextel Cell Tower to helping advocate for the Longtime Owner Occupant Program (LOOP), Shikomba's efforts allow families to stay put with a better quality of life. In 2015, NOWAC successfully appealed a Zoning Board of Adjustment decision after the developer refused to negotiate with residents in good faith. After this experience, Shikomba led best-practice sharing with other Registered Community Organizations to grow their collective strength and zoning prowess. When asked about her legacy, Ms. Shikomba asserts, "What I want, I want it done now," and she is eager for new faces, young and old, to join her.



PHOTO CREDIT: LOWELL BROWN

Myra Smith

Kensington

“I think it can be contagious when you reach out.”

Cue **Myra Smith** of Kensington. For the Amber Street Block Captain of 35 years, “It feels like I’m at the beginning.” In 2015, Tess Donie of New Kensington CDC (NKCDC) knocked on Ms. Smith’s door and became “the spark that lit a fire” in her life. Since participating in NKCDC’s first cohort of Community Connectors, Smith has helped build healthy homes, register voters, enliven play space at Trenton and Auburn Playground, hold unsafe scrapyards accountable, guide trauma-informed community engagement, promote diversity, fight the opioid crisis, and more.

Smith is also the leading force behind the Amber Street Community Garden. Once a vacant lot, the garden is a “sanctuary space and beacon of hope for all,” says Rodney Mobley of NKCDC. Smith beams with pride at the community meetings held there: “It’s like a flower. People cannot believe what has been done in such a short period of time. It was a springboard that has flourished into action.” Ms. Smith laments the “black eye” given to Kensington for so long, but her activism inspires neighbors to feel good about where they live once again.

In Grays Ferry, **Kyle Shenandoah**, is also on a mission to restore an overlooked community deserving of Philly’s best. The Vice President of Grays Ferry Civic Association recalls encountering real pain while canvassing for a district attorney candidate. One neighbor remarked, “Oh, that’s nice. Do you have a job for my son?” Since then, Shenandoah has been an invaluable force of change for economic prosperity. After sharing more than 3,000 jobs on Facebook wasn’t enough, he organized massive annual job fairs hosting 80 to 100 employers. When job fairs didn’t suffice, he led advocacy to bring SEPTA service connecting Grays Ferry with University City’s employment and health opportunities for the first time. Where the neighborhood lacked a proactive strategy, he collaborated with residents, nonprofits, and others to envision equitable development through the Grays Ferry 2022 Plan. His work with the Grays Ferry Civic Association and Tasker Morris Neighbors Association cultivates hope and a sense of belonging among residents who have been historically shut out and ignored. In short, Mr. Shenandoah ensures that Forgotten Bottom will be forgotten no more.

As parts of South Philly, Kensington, and Grays Ferry gentrify, Madeleine Shikomba, Myra Smith, and Kyle Shenandoah hold steady as soldiers in the battle for equity no matter what comes.



PHOTO CREDIT: DANIEL NGUYEN PHOTOGRAPHY

Kyle Shenandoah

Grays Ferry

“Before we can start talking about politics, we need to address people where they are.”

Restoring a Brighter Tomorrow

Across town in Eastern North Philadelphia and East Parkside, Nandi Muhammad and Callalily Cousar cloak themselves in love and respect in a related battle for a brighter future for Philadelphia’s children.

At 12th and Cumberland, **Nandi Muhammad** and her husband, Khalil, have run the children-only Penny Candy Store from their dining room for more than 20 years. She shares, “We took what no other store



PHOTO CREDIT: FLEXX HARRIS

Nandi Muhammad

North Philadelphia

“If we stand up as a unit, we can put that barrier up. No, you’re not going to do that. Not this time.”

in the community would take—which was the penny.” However, a small investment in candy returned knowledge in math, reading, black history, self-respect, and financial literacy for their young customers. “We let them know how great they were, how great their ancestors were.” This change of atmosphere even promoted entrepreneurship among youth, and a group of performers from the Village of Arts and Humanities sold Ms. Muhammad’s baked goods to finance T-shirts for their crew.

Amazingly, the loving elder is also “the person who shows up with soup when you’re sick, offers reminders of your power when you’re feeling hopeless, and rallies a group with clarity and faith when collective action is needed,” says the Village’s Aviva Kapust. When Ms. Muhammad experienced life’s blows, her husband “saw something in [her] that the rest of the world didn’t see.” As a mentor, she extends that kindness to women in reentry at the People’s Paper Co-Op. Moreover, Muhammad, who is an accomplished fiber artist, is also developing a popular education curriculum on displacement. A true gem, Ms. Muhammad exhibits North Philly’s thriving love, grit, and resourcefulness amid deep challenges.

In East Parkside, **Callalily Cousar**’s body of work is another love story to Philadelphia and her residents. At 89 years young, Mrs. Cousar has fostered over 125 children, many of whom arrived from the juvenile justice system. In this role, she developed a passion for the rights of the underdog, especially the “bay bay kids,” she laughs. A young man named Lamar forever sealed her commitment to bringing joy to children facing trauma. Cousar, a Presidential Community Service Award recipient, introduces the youths to the arts, sports, hayrides, museums, block parties, and more.

To build a community where children and adults can live their best lives, Cousar has helped usher in new investment as President of East

Parkside Residents Association for 25 years. Her accomplishments include bringing the School of the Future, Please Touch Museum, and North Star Park to the area. To prevent displacement alongside new development, Cousar builds trusting relationships with neighbors to keep them informed, active, and alert. When asked what keeps her going, she replies, “I think I really, truly operate from love, I really do. That’s what pushes and drives me.” Mrs. Cousar breathes love into places where it may have died, and she is learning along the way, too.

We All We Got. We All We Need.

Although this year’s honorees lead different projects in distant neighborhoods with distinct needs, all seven speak with Martin Luther King Jr.’s “fierce urgency of now.” Our city is at a crossroads where it can allow entire communities to collapse under poverty or embrace shared prosperity. These Community Leaders stand tall and are ready to protect their neighborhoods. Madeline Shikomba exclaims, “We are not going to take this lying down anymore,” and Nandi Muhammad follows up, “Not this time.” But they can’t do it alone.

Only by igniting the power of “we” can they pull Philadelphia from the edge. They need our bodies, our time, and our money. They need us to respect their experience and their expertise. They need us. “It’s us, just us,” De’Wayne Drummond maintains. If we’re serious about equitable development, now is the time to show up for resident leaders.

PACDC gratefully thanks and congratulates our 2019 Community Leader Award winners: Callalily Cousar, De’Wayne Drummond, Michael Major Sr., Nandi Muhammad, Kyle Shenandoah, Madeline Shikomba, and Myra Smith.



PHOTO CREDIT: COLLEEN BOYD

Callalily Cousar

East Parkside

“I truly operate from love. That’s what pushes and drives me.”



RISING STAR

Recognizing staff under the age of 40 at PACDC member organizations

Gabriella Gabriel Páez, Esperanza

PHOTO CREDIT: STEVE BELKOWITZ FOR MASTERMINDS

"It Takes a Village": Empowering Hunting Park Residents to Be the Change

"I was advocating to ensure that our community was getting what it needed," says Gabriella Gabriel Páez, Hunting Park resident and Education and Community Development Coordinator of Esperanza.

Páez led community organizing through NeighborCare, which serves to clean and green the neighborhood and keep it safe. She organized "over 100 blocks, directly engaging over 2,000 residents and impacting over 10,000 people," says colleague Leroy Fisher.

A monumental success in Páez's community engagement comes from her partnership with the Office of Sustainability's Beat the Heat Campaign. As she describes it, "Our neighborhood is one of the hottest in the city. It can be over 20 degrees hotter here than in other neighborhoods." She engaged with more than 500 residents through this campaign to help educate them on how to cope with extreme heat conditions.

As part of this campaign, Páez also played a pivotal role in developing long-term solutions to heat concerns in Hunting Park. Through her partnership with the Philadelphia Horticultural Society, Páez proclaimed that "2018 was the year of the tree." Tree coverage was only 3.9 percent in the neighborhood, which is very low. Many people who live in Hunting

Park do not have yards, and sidewalk tree coverage was sparse. To tackle this problem, Gabriella helped to bring PHS Tree Tenders Training to Hunting Park.

However, the residents of Hunting Park are over 60 percent Hispanic, and many of these neighbors have limited English proficiency, which made accessing the Tree Tenders program difficult. So Páez took matters into her own hands. Says Leroy Fisher, "Thanks to her advocacy, the Pennsylvania Horticultural Society hosted the first ever bilingual (English/Spanish) Tree Tenders training, attended by over 40 residents. This model has been replicated in other neighborhoods."

Her success in greening the neighborhood goes beyond mere beautification and greening. It touches residents on a personal level: "There is a very special testimony that we got from one of the neighbors. This person was very depressed because of personal troubles that hit, so this neighbor would rarely come out of her house. After we planted trees on her block, this neighbor has since cleaned up her porch, planted her own flowers, and has begun to sit outside and socialize with her neighbors."

Congratulations to Gabriella Gabriel Páez for her transformational work in Hunting Park and for being named a PACDC 2019 Rising Star!

PHOTOGRAPHY BY STEVE BELKOWITZ FOR MASTERMINDS





RISING STAR

Recognizing staff under the age of 40 at PACDC member organizations

Tya Winn, Habitat for Humanity Philadelphia

PHOTO CREDIT: HABITAT FOR HUMANITY PHILADELPHIA

Building and Leading by Example

Tya Winn, Director of Project Planning for Habitat for Humanity Philadelphia, doesn't want to be special. "Being a black woman in this field should not have been an anomaly," says Winn, who earned her master's degree in architecture from the University of Pennsylvania in May 2010 and serves as President of the Philadelphia chapter of the National Association of Minority Architects. Winn argues that leaders of color in the community development field have always been out there, but to get them into paid positions where they can help improve their own communities, barriers must be removed. "There are people out there with experience, political connections, tenacity, and a desire to do the work," says Winn, but they may not have had the same opportunity she did in getting an advanced degree.

At Habitat, Winn oversees the construction of new homes from acquisition to building permit: finding the sites; hiring the architects, designers, and engineers; filing necessary documents with various city agencies; and then securing the building permits before handing everything over to the construction manager. Helping a family achieve the dream of homeownership is not just about four walls and a roof for Winn; it's about equity. "Housing is one of the great dividers of class and one of the biggest influencers on poverty in the United States," she says. Winn believes that if we are to address poverty and racism, we must work on it from every angle, including access to housing.

The joy and relief she sees on the faces of new Habitat homeowners when handing over

a set of keys keeps Winn going when the going gets tough. "When you're having a bad day, when the project is off track, that's the light at the end of the tunnel. Those families are always such a nice reminder of why we're here," she says.

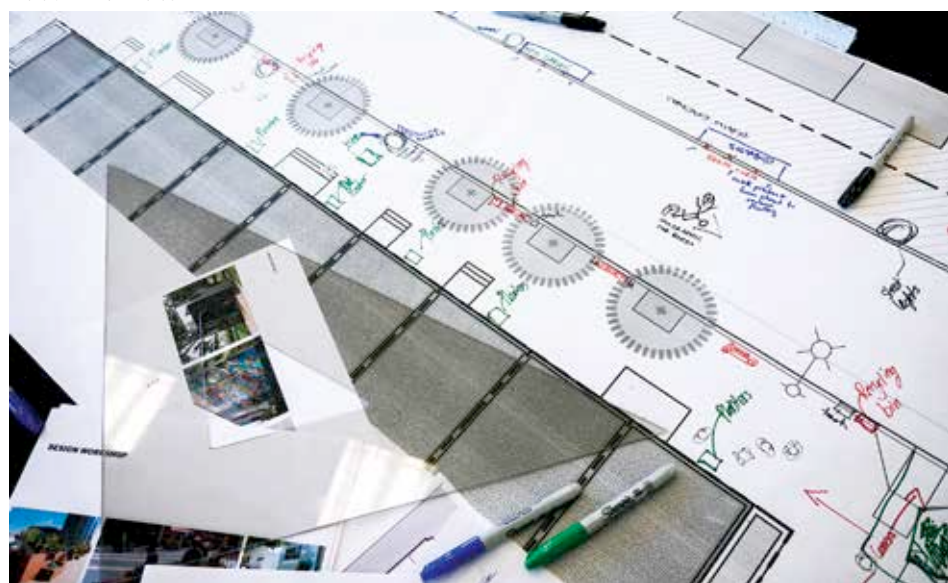
Winn has also been proud to be part of changing city policy, including when she worked at Logan Community Development Corporation and joined PACDC in pushing for the creation of the Land Bank in 2013. She recalls sitting around the table discussing land bank policy and the campaign with people whose work she read in college, such as Alan Mallach, and watched such CDC professionals as Majeedah Rashid, Rose Gray, and Sandy Salzman in action. "I was able to sit at the table

with them, toe to toe, and work on something that I hope will have a long-lasting effect on the city," she says.

A Chicago native, Winn is bullish on Philadelphia. "We can be a model city. There's lots of room to improve, but we have great diversity, culture, history, great neighborhoods," she said. As an architect, Winn also is a strong advocate for using participatory design to help Philadelphia be a "class-A" city. "The only way we should do design is by having the people who will use those spaces at the table" because they bring critical voices and perspectives, says Winn.

Congratulations to Tya Winn on being named a PACDC Rising Star Award winner for 2019!

PHOTO CREDIT: 7521 PHOTOGRAPHY





EQUITABLE ENTREPRENEUR

Recognizing outstanding achievement by an individual entrepreneur that advances equity and economic opportunity for low-income residents in their business model

Greg Block, First Step Staffing

PHOTO CREDIT: FIRST STEP STAFFING

A Mission to Serve

When Darnell Wood was released from prison after almost two decades, he was feeling hopeless. His criminal record prevented him from getting a job or an apartment. In his mid-40s and stuck in a homeless shelter, Mr. Wood was in tears when someone referred him to First Step Staffing. Right away, First Step sent Mr. Wood to work for a client at the stadium of the Atlanta Braves. A few months later, he secured a full-time job working directly for the client and was later promoted to supervisor. Not long after that, Mr. Wood was on the Jumbotron as he stood on the pitcher's mound with the Braves' owner to accept the employee-of-the-month award. Now Mr. Wood has a car, an apartment, and a career, thanks to First Step founder Greg Block, winner of PACDC's 2019 Equitable Entrepreneur Award.

First Step Staffing matches its clients—who are experiencing homelessness or are

returning citizens—with local employers in need of team members. “Out of the blue, I got a call from [Reinvestment Fund’s] Andy Rachlin, who said they’d be interested if we brought the model to Philadelphia,” said Block. Philly rallied. The Barra Foundation provided a grant to support the Philadelphia expansion, and the work was also aided by Philadelphia’s Deputy Managing Director of Health and Human Services Eva Gladstein and Commerce Director Harold Epps; PIDC and Local Initiatives Support Corporation Philadelphia got involved too. Block was impressed by the Philadelphia network: “We were so welcomed and supported in Philadelphia; everyone got together and had a let’s-get-it-done attitude,” he said. In 2018, First Step’s Philadelphia branch employed 1,500 local men and women experiencing homelessness, who then earned a total of \$14.5 million in wages.

Block, influenced by his mother’s lifelong work on children’s issues and his father’s good business sense, merged his mission-to-serve “bug” with business acumen. He sold a successful consumer packaging firm in 2006 and started First Step Staffing. The organization purchases existing for-profit staffing companies, then converts them to nonprofits that serve both those struggling with homelessness and returning citizens.

“If they can pass a drug test and present as stable, we’ll put them to work the next day,” says Block. There are almost no other barriers: if clients are ready and able to work, they’ll get an opportunity immediately, and they’ll get paid every week. This model doesn’t work for everyone experiencing homelessness, particularly those with substance abuse or mental health challenges, but for those who just need a job and income to get back on their feet, it can be transformational.

When told about winning the Equitable Entrepreneur Award, Block immediately said that First Step’s CEO Dave Shaffer deserves the recognition more than he. “Dave picked up his whole life to make this commitment to Philadelphia. He worked hard and developed the relationships that are important to our success,” said Block.

Congratulations to Greg Block for winning PACDC’s Equitable Entrepreneur Award and to Dave Shaffer and all of the First Step Staffing team!

PHOTO CREDIT: MELISSA ALEXANDER





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How PACDC Blue Ribbon Award Winners Are Selected

PACDC's Blue Ribbon Awards recognize outstanding achievement by community development corporations that advance our vision:

“An equitable city where every Philadelphian lives, works, and thrives in a neighborhood that offers an excellent quality of life”

Winners exemplify community development best practices and demonstrate excellence in at least one of the following categories:

- **INNOVATION:** The organization has created a new or pioneering project or program, or approached a project or program in a new and inventive way.
- **IMPACT:** The organization shows a demonstrated capacity to have positively influenced or enhanced the community or population served.
- **LEADERSHIP:** The organization displays a proven ability to guide, lead, or influence the direction, course, action, or opinions of stakeholders that results in advancement for the community or population served.
- **ADVANCES EQUITY:** A project or program demonstrates the use of an equitable development strategy that works toward equality in housing, health, education, or economic opportunity for low- and moderate-income households.

A committee of community development professionals reviews nominations, selects the finalists, and decides the winners by consensus.

Past Blue Ribbon Winners and Finalists

2018

WINNERS

Esperanza

Roberto Clemente Homes

Germantown United CDC

Open Doors in Germantown

FINALIST

HELP USA

Lural L. Blevins Veterans Center at
HELP Philadelphia V

Office of Community Development- Catholic Human Services

St. John Neumann Place II

People's Emergency Center CDC

4050 Apartments

2017

WINNERS

Asociación Puertorriqueños en Marcha

Food Buying Club

Philadelphia Chinatown Development Corporation and Project HOME

Francis House of Peace Ping An (平安)
House

FINALIST

New Kensington Community Development Corporation

Orinoka Civic House

2016

WINNERS

People's Emergency Center CDC

Neighborhood Time Exchange

The Village of Arts and Humanities

People's Paper Co-op

FINALISTS

Esperanza

Esperanza Academy Public Charter
High School

Women's Community Revitalization Project

Grace Townhomes

2015

WINNERS

Impact Services Corporation

Veterans Housing Center

Philadelphia Chinatown Development Corporation

Leveraging Night Markets

FINALISTS

Community Ventures

Ingersoll Commons

People's Emergency Center CDC

Bigham Leatherberry Wise

2014

WINNERS

Asociación Puertorriqueños en Marcha

Paseo Verde

Logan CDC

Logan Park(let)

FINALISTS

ACHIEVEability

Community-Academic Partnerships

The Enterprise Center CDC

Center for Culinary Arts

Uptown Entertainment and Development Corporation

Uptown Youth Got Talent Program

2013

WINNERS

Mission First Housing Group

Walnut Hill West and Temple I & II

Nicetown CDC

Nicetown Courts I & II

FINALISTS

The Enterprise Center CDC

Community Leaders Program

People's Emergency Center CDC

Lancaster Revitalization Plan

2012

WINNERS

Community Ventures

Francisville East

Habitat for Humanity Philadelphia

ReStore

FINALISTS

Friends Rehabilitation Program

Strawberry Mansion Townhomes

People's Emergency Center CDC

Jannie's Place

Women's Community Revitalization Project

Evelyn Sanders II

2011

WINNERS

East Falls Development Corporation

Trolley Car Café and Gateway Center

New Kensington CDC

Sustainable 19125:

Big Green Block

FINALISTS

HACE

Lawrence Court

Impact Services Corporation

Aramingo Crossing

Philadelphia Chinatown Development Corporation

Tenth Street Plaza

2010

WINNERS

HACE

Mercy LIFE Center

Roxborough Development Corporation

Targeted Block Façade Improvement

FINALISTS

Esperanza

Latin Quarter Project

Impact Services Corporation

Hancock Manor

People's Emergency Center CDC

West Powelton/Saunders Park

Neighborhood Plan

Universal Companies

Universal Plan

2009

WINNER

Asociación Puertorriqueños en Marcha

Pradera II and TruMark Credit Union

FINALISTS

Archdiocese of Philadelphia/Office of Community Development

St. John Neumann Place

New Kensington CDC

Sustainable 19125

Ogontz Avenue Revitalization Corporation

West Oak Lane Jazz Festival

Women's Community Revitalization Project

Neighborhood Planning

2008

WINNER

Project HOME

St. Elizabeth Phase V

Homeownership Development

FINALISTS

Asociación Puertorriqueños en Marcha

Sheridan Street Affordable Housing Project

The Enterprise Center CDC

Walnut Hill Street Team

Frankford Avenue Arts Corridor Ogontz Avenue Revitalization Corporation

Northwest Greening Initiative

Impact Services Corporation Dual Diagnosis Program

New Kensington CDC



2019 BLUE RIBBON AWARD *Winner, Large CDC*

GLORIA CASAREZ RESIDENCE, PROJECT HOME

RENDERING BY KITCHEN & ASSOCIATES

Someday the Letters Won't Matter; Someday We Will All Be HOME

Someday it won't matter if you are gay, bisexual, straight, transgendered, etc. Someday it won't matter whom you love and who loves you so long as you are loved, cared for, respected. Someday in this country we will eradicate homelessness and the hopelessness that comes from not having a place to call one's own. In North Philly along Eighth Street, such "someday" proclamations are fast emerging into a here and now for LGBTQ youth aging out of foster care or just plain needing a space to feel safe, loved, cared for, and respected. This is in no small way due to the hard work and dedication of volunteers, donors, and activists who make up the rich family of Project HOME's Gloria Casarez Homes. In recognition of their work, PACDC is proud to announce the development of the 2019 Blue Ribbon Award winner for Community Development Excellence (Large CDC).

Gloria Casarez Residence, named in honor of the nationally respected civil rights activist who led the City of Philadelphia's first Office of Lesbian, Gay, Bisexual and Transgender Affairs, will serve as a beacon for young people some would write off but who, with support and encouragement, are flipping the script on discrimination and isolation into one that tells a powerful story of empowerment, compassion, and self-made determination. The outsider poet Audre Lorde has a famous quote: "When I dare to be powerful, to use my strength in the service of my vision, then it becomes less and less important whether I am afraid."

Project HOME and its constituency live this sentiment each day and aren't afraid of anything. Their fearlessness emboldens others and is a constant and insistent call to arms to ensure that as its cofounder Sister

Mary Scullion says, "None of us are home until all of us are home." The Casarez development is an embodiment of that as living proof. When completed, the four-story, 35,308-square-foot building will include 30 one-bedroom units of affordable apartments targeted to young adults (aged 18 to 23) who are currently experiencing homelessness, have experienced homelessness, or are at risk of homelessness (including those aging out of foster care). The development will be LGBTQ-friendly.

Each year, approximately 1,000 young adults age out of foster care in Pennsylvania. National data indicate that as many as 40 percent of young adults experiencing homelessness identify as LGBTQ. Specially designed programs will support these young adults, one of the fastest-growing segments of the homeless population.

The development will also include a community room that will open out to a courtyard of a size sufficient to host indoor and outdoor events and programming for residents and the larger community. Planned programming will include art program activities, classes and shows, community conversations, advocacy committee meetings, and other activities in partnership with area organizations. Residents will benefit from a combination of housing, employment, education, and health care-related services, in addition to case management, life skills, and community-building activities. Another outsider poet, James Baldwin, said, "Perhaps home is not a place but simply an irrevocable condition."

PACDC is honored to highlight Project HOME's achievement to help those in need find their place called home.



2019 BLUE RIBBON AWARD *Winner, Small CDC*

CENTENNIAL VILLAGE, COMMUNITY VENTURES

PHOTO CREDIT: PECO

A Good Spot to Be Ambitious

When Community Ventures and their neighborhood partner, the Parkside Association, first approached Philadelphia housing officials about redeveloping 52nd and Parkside more than a decade ago, they were pushed to go bigger and be bolder. “This was a good spot to be ambitious,” said David LaFontaine, Community Venture’s Executive Director. What started as a modest second phase of affordable homeownership turned into a \$21 million project with 51 affordable apartments and more than 7,200 square feet of commercial space, contained in 14 buildings across two city blocks. Also included were green spaces for residents and neighbors to enjoy and garden. Where once there was a nuisance bar, a gas station, blighted buildings, and vacant lots, this corner of West Parkside became a modern, vibrant community hub thanks to the creation of Centennial Village.

“This has been 11 years of blood, sweat, and tears,” said Lucinda Hudson, the Parkside Association’s Executive Director (and PACDC’s 2017 Community Leader awardee). The Parkside Association was able to move its headquarters from an old, inaccessible rowhouse into a Centennial Village storefront space, which led to more neighbors stopping by the offices than ever before! The Parkside Association now has a conference room and storage area that makes distribution of food aid to neighbors much easier. Neighbors also now have access to a day-care center located in one of the commercial spaces, and that old nuisance bar will soon be home to a restaurant.

Centennial Village opened in September 2018 and immediately had a three-year waiting list for its apartments. The units are conveniently

located within walking distance of the recently built ParkWest Town Center, which includes a grocery store. Troy Hannigan, Program Director at Community Ventures, noted how Centennial Village provided opportunities for longtime residents of the community the chance to stay and enjoy the changes happening in the neighborhood by moving into affordable, accessible units.

Community Ventures’ approach to development is illustrated by Centennial Village. The developer partnered with the neighborhood-based Parkside Association at every step of the way. They held community charrettes to hear what neighbors wanted to include in the project. Their focus on environmental sustainability led to the inclusion of green space for neighbors to enjoy and garden. And the place looks great. “People think they are moving into a luxury housing development!” said LaFontaine, noting how Community Ventures cares about good design so as not to stigmatize affordable housing.

Now that the blood, sweat, and tears are replaced with feelings of pride, Community Ventures is setting its sights on the next few projects. They’ll break ground this spring on 37 homes for grandparents raising their grandchildren. Fingers are crossed that the stars will align to create a new supportive housing project in one of the city’s most desirable, amenity-rich neighborhoods.

Congratulations to Community Ventures for winning PACDC’s 2019 Blue Ribbon Award!



2019 BLUE RIBBON AWARD *Finalist*

FRANKFORD PAUSE PILOT PARK, FRANKFORD CDC

PHOTO CREDIT (LEFT): HINGE COLLECTIVE; PHOTO CREDIT (RIGHT): FRANKFORD CDC

From Local Catchphrase to Vibrant Community Space

“The name comes from the neighborhood term for stopping mid-conversation to let the elevated train pass—the Frankford Pause.” Frankford Pause Park is a vibrant new space for residents and visitors to enjoy community gathering.

It all started when Frankford Community Development Corporation (CDC) was working with Philadelphia’s City Planning Commission on the Destination Frankford Initiative. They turned a vacant storefront into a popular and well-attended art gallery space nestled right next to a trash-strewn vacant lot.

Thus started the transformation of the vacant lot into what is now Frankford Pause Park. Says Ellie Devyatkin, a member of the park’s development team, “It’s been great. We finished construction in January of 2018, and by spring we started our tree giveaway, planting days, and a Valentine’s Day event. By May, we were regularly using the park for programs.”

Residents have taken this park to be a source of hope for bright futures within the Frankford neighborhood. At first, residents were unsure about the success of the park, as the team at Frankford CDC and Community Design Collaborative, working as an adviser on the project, felt strongly about keeping the park a public space that was accessible and welcoming. Residents said that the park needed a fence, that too many

unsafe activities would take place there. But once it was built, pride of communal ownership emerged, with residents and shop owners taking care of the space—and indirectly the community as whole. People began to see the vision and feel its impact.

Satisfaction levels toward the Frankford neighborhood have been directly altered by Frankford Pause Park. When surveyed in locations outside of the park, the majority of respondents had either negative or neutral feelings toward Frankford, with just a small percentage giving positive feedback. However, when asked the same questions within the park, the survey results completely flipped. The vast majority of survey takers had either positive or neutral feelings, with a very small percentage of people giving negative feedback.

Perhaps the positivity comes from the summer filled with activities, such as weekend fitness classes, First Friday music performances, and vendor events for local businesses. But also perhaps it’s the seed of hope that has been planted by Frankford Pause Park. It’s the knowledge that Frankford fosters a strong community of people who are excited to uplift their new park space and make it a valuable source of community development.

PACDC congratulates Frankford CDC as a 2019 Blue Ribbon finalist for its exemplary work!



2019 BLUE RIBBON AWARD *Finalist*

WOODLAND REVITALIZATION PROJECT, AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA

PHOTO CREDIT: ANNIE RISEMBERG

A Little Bit of Africa in Southwest Philly

The African Cultural Alliance of North America (ACANA) was founded in 1999 to serve the African immigrant community in Philadelphia. Three years ago, ACANA set its sights on the commercial corridors of Woodland and Chester Avenues in Southwest Philadelphia. “Ten or fifteen years ago, Chester Avenue was considered abandoned. There was a high crime rate and lots of drug dealing,” said Voffee Jabateh, ACANA’s CEO and Executive Director. ACANA started offering services and support to the businesses that were hanging on, and volunteers began sweeping up the litter. Little by little, the dealers started moving out and more businesses started moving in.

Eventually, ACANA secured contracts from the Philadelphia Department of Commerce to professionalize and expand their cleaning operations and take on management of a significant portion of the Woodland Avenue corridor, a hub for the African and Caribbean immigrant communities. “People from as far away as Ohio, Connecticut, Maryland, and Delaware come to Woodland Avenue to find imported African food products. Some of them even load up a U-Haul truck with products they take back home!” said Musa Trawally, Program Manager for ACANA’s Community Development Corporation.

In 2017, ACANA celebrated the countries of origin of many of the immigrant-owned businesses by installing the flags of 48 nations along Woodland Avenue. The flags serve as a point of pride for the business owners and have strengthened their commitment to improving conditions along the corridor. This celebration of cultural identity is being carried through in a conceptual design for streetscape and façade improvements to Woodland Avenue, which is now being finalized by the Community Design Collaborative.

ACANA has also worked to attract more resources to the corridors, including more than \$129,000 from the Commerce Department’s Storefront Improvement Program. It has also successfully advocated to have the program cover 100 percent of the façade improvements for corridor businesses that are significantly disadvantaged. This includes Nafisa’s Kitchen on Chester Avenue, for which ACANA helped to find financing and to build an online presence to reach more potential customers to enjoy the restaurant’s offerings of African cuisine.

The work ACANA has done to leverage the cultural treasures of Woodland and Chester Avenues has received international attention too. Slate.com and Roads & Kingdoms, an award-winning travel journalism project, published a February 2018 profile (<https://slate.com/news-and-politics/2018/02/how-a-corner-of-southwest-philadelphia-became-little-africa.html>).

ACANA’s work promoting small businesses and the African immigrant community extends beyond the neighborhood commercial corridors. Twenty thousand people attend the ACANA Multicultural Festival held on Penn’s Landing each August, where businesses both local and international offer products for sale. ACANA is on the airwaves too: you can hear the latest news from Philadelphia’s African immigrant community on WURD’s monthly program *New World View*, which airs the last Sunday of each month at 9:00 p.m. Past episodes are available to stream on ACANA’s website.

Congratulations to ACANA for earning a spot as a Blue Ribbon Award finalist for their commercial corridor work!



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SHANAYE JEFFERS

Sex ed is failing young black girls. So this ob-gyn resident is working to give Philly girls culturally sensitive information on reproductive health and self esteem.



BRIYANA CLAREL

They're helping young LGBTQ+ people of color find community and spaces to express themselves through their organization called The Starfruit Project. It offers creative writing workshops and opportunities to participate in theatre productions.



AISHIA CORRELL

This North Philadelphian is building a "healing gallery" as a gateway to mental health care for minority and marginalized groups. The gallery will offer art and therapy services next door to each other.

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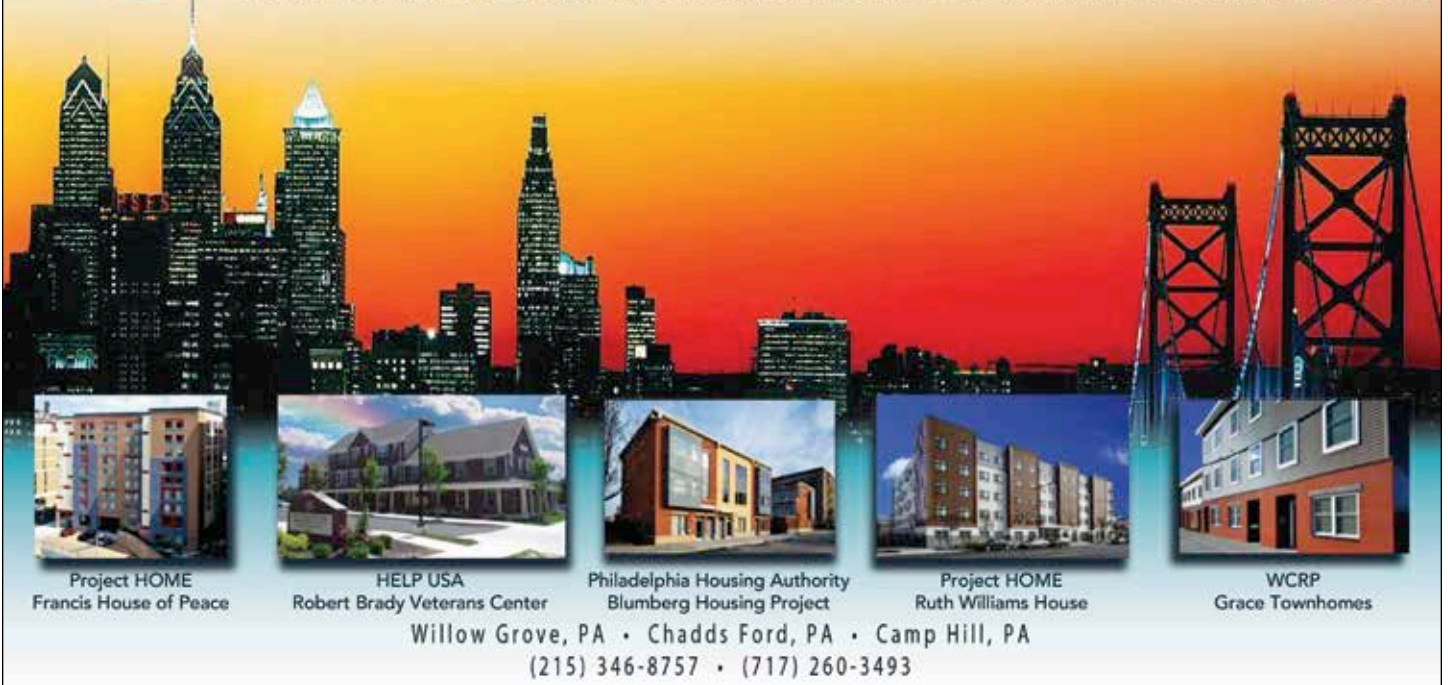
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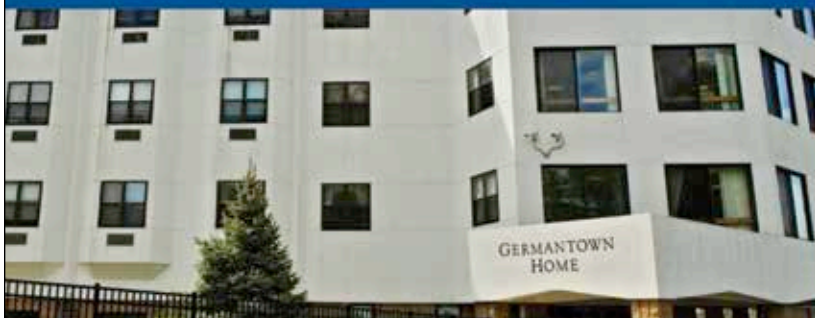
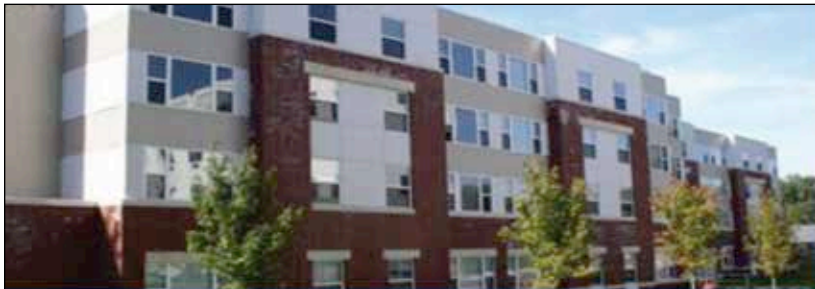
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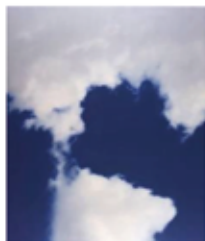
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www.keepphiladelphiabeautiful.org
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www.keystonefirstchc.com
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www.mtb.com
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www.phsonline.org
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www.pcacares.org
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www.pha.phila.gov
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www.pidcphila.com
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www.pubintl.org
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Rebuilding Together Philadelphia ●

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Region Nine Housing Corporation ●

www.rnhousing.org
201-207-1455

Regional Housing Legal Services ●

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www.myrepublicbank.com
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www.sbnphiladelphia.org
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www.tdbank.com
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www.uesfacts.org
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