

CENTERING RESIDENT VOICES TO CO-CREATE AN EQUITABLE, THRIVING FUTURE

For more than a decade, healthcare, housing and community development fields have explored what it means to engage in cross-sector work. Traditionally, organizations and institutions at this intersection have focused primarily on transactional efforts. That is, efforts that rely on structures already in place in our systems to institute change. These efforts have resulted in dynamic partnerships and opportunities, such as new capital investments, new programs and neighborhood development projects. As we look to the future, our work demands new, innovative, equitable, resident-driven change.

There is promise in the work at this intersection, though these transactional efforts may also limit the development of thriving, healthy communities. The COVID-19 pandemic caused an urgent health crisis in communities, and while healthcare, community developers and housers rallied to meet those urgent needs, it unearthed how deep health inequities run in many of the communities that these sectors serve. Too often, the work at this intersection prioritizes a narrow set of

quantifiable outcomes determined by housing and healthcare institutions. What can prove transformational for both institutions and communities are strategies that reimagine what is possible across these fields. The real opportunity at this intersection lies in shifting who is driving change and opening opportunities to center resident voices. Positioning residents as the drivers of community change is an essential and transformative foundation to advancing health equity.



The NeighborWorks America national symposium in 2024, "Co-creating an Equitable Future at the Intersection of Health, Housing and Community Development," opened with an invitation to learn and adapt together; identify new innovations at the intersection of sectors; and, envision a future where everyone can thrive. This report highlights key findings from the symposium, centering resident-led strategies to accelerate community transformation to create thriving, healthy places.

Marietta Rodriguez, President and CEO of NeighborWorks America, and Romi Hall of the Center for Community Investment welcomed a diverse group of national leaders and Network Organizations for a journey to shape the next 45 years of the work.

Key Takeaways:

This reflection from NeighborWorks America's national symposium in 2024 offers new mindsets and new practices to test and strengthen co-creation with resident leaders to advance transformational approaches at the intersection of health and housing. The following is a summary of the critical mindsets and practices surfaced by field practitioners and leaders to advance actionable, transformational efforts to shift the intersection of health and housing toward more resident-centered approaches.

Mindsets enabling resident-centered field transformation

- **Bold vision:** Belief and vision that transformative change is possible.
- **Resident orientation:** "Residents are the table. We are guests."
- **Adaptive approach:** Willingness to learn and embrace complexity.
- **Historical context:** Awareness of history, redlining and systemic inequities.
- **Cross-sector linkages:** Recognition of the interconnectedness between determinants and sectors.

Practices demonstrating commitments to resident-centered field transformation

- **New leadership:** Shared leadership and nuanced positionality.
- **New investments:** Trust-based, participatory funding.
- **New governance:** Co-design and equitable decision making.
- **New partnership:** Collective accountability and relationships.
- **New narratives:** Opportunities and repositioned risk.
- **New programs:** Holistic and aligned interventions.

Now, as NeighborWorks America looks back at the inception of our organization and the past **45 years of creating opportunities** for people to live in affordable homes, improve their lives and strengthen their communities, we consider our vision for the future and what the next 45 years at the intersection of health, housing and community development could look like.

Resident-Centered Transformation

In 1978, **Dorothy Mae Richardson** and her neighbors were residents whose tenacious and visionary work to fight against community decay in the Central North Side Neighborhood of Pittsburgh. They served as the inspiration for the formation of NeighborWorks America and is a bright spot of what can be possible when residents drive community change. NeighborWorks America, the NeighborWorks network and the greater field of community development exist because of dedicated community members who work to transform the places they live for the better. We believe resident engagement and leadership are essential for communities to realize their vision for a vibrant and healthy place for all to call home, and as communities continue to face complex challenges, resident voices are critical for building healthy places. This means that systems, institutions and organizations working at the intersection of health, housing and community development are delivering long-term on resident-driven priorities by shifting institutional practices and mindsets.

During a recent **NeighborWorks symposium** in early 2024, we sought to explore what it would take to meaningfully advance field level change. The symposium held as a core question:

How do we center the voices of residents to accelerate community transformation to create thriving, healthy places?

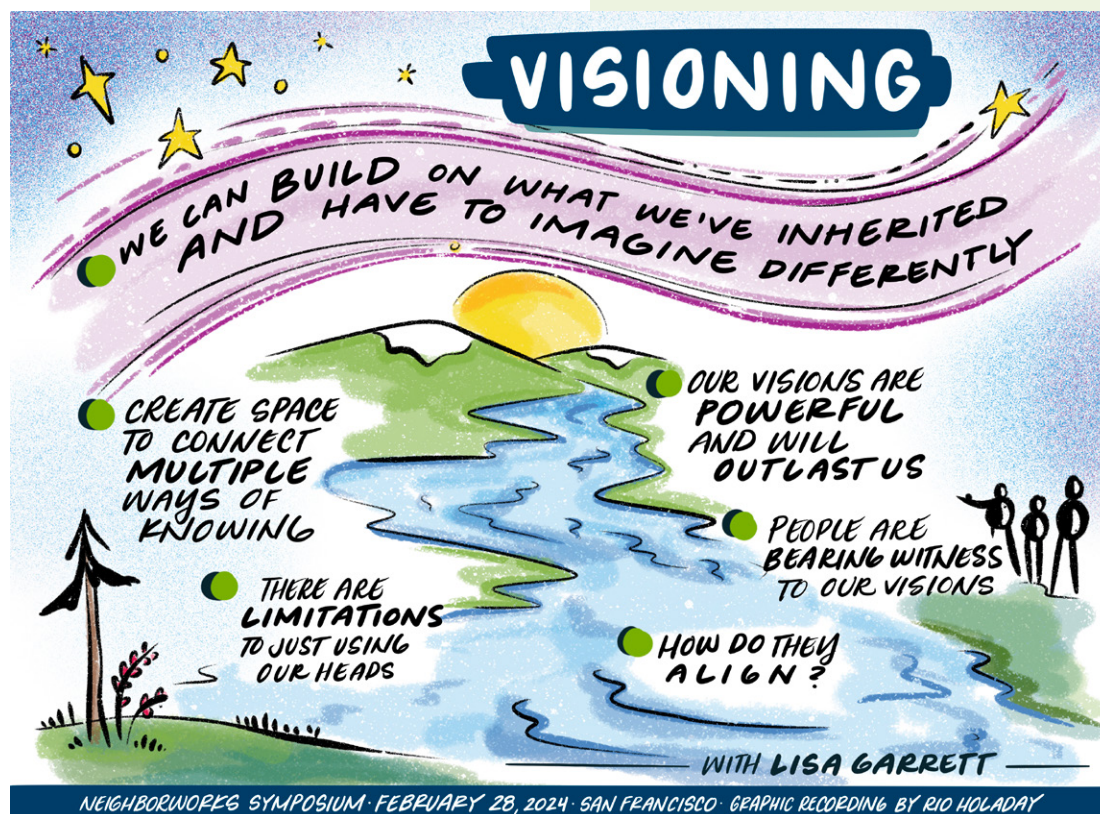
Symposium participants looked beyond existing solutions to explore new ways of framing the field of affordable housing and community development as well as the complexity of addressing deeply rooted health inequities. NeighborWorks' event embraced emergence, with field practitioners:

- **Asking meaningful questions.**
- **Sharing learnings with colleagues and partners.**
- **Testing new ideas.**
- **Engaging in experimentation.**
- **Committing to continuous learning.**



Dorothy Mae Richardson was a pioneer and community activist who fought the decline and disinvestment of Pittsburgh's Northside neighborhood in the 1960s. The leadership that Dorothy and her neighbors displayed resulted in the establishment of the first Neighborhood Housing Services, the forerunner of today's NeighborWorks network, and a new model for resident-led, place-based community development. The Dorothy Richardson Award for Resident Leadership honors the spirit and life's work of Dorothy Mae Richardson and her neighbors.

Symposium participants engaged in a visioning exercise to imagine what is needed to have healthy, thriving places. This exercise was guided by **Leadership Reimagined** Co-Lead Lisa Garrett and reflected in this image by **Rio Holaday**.

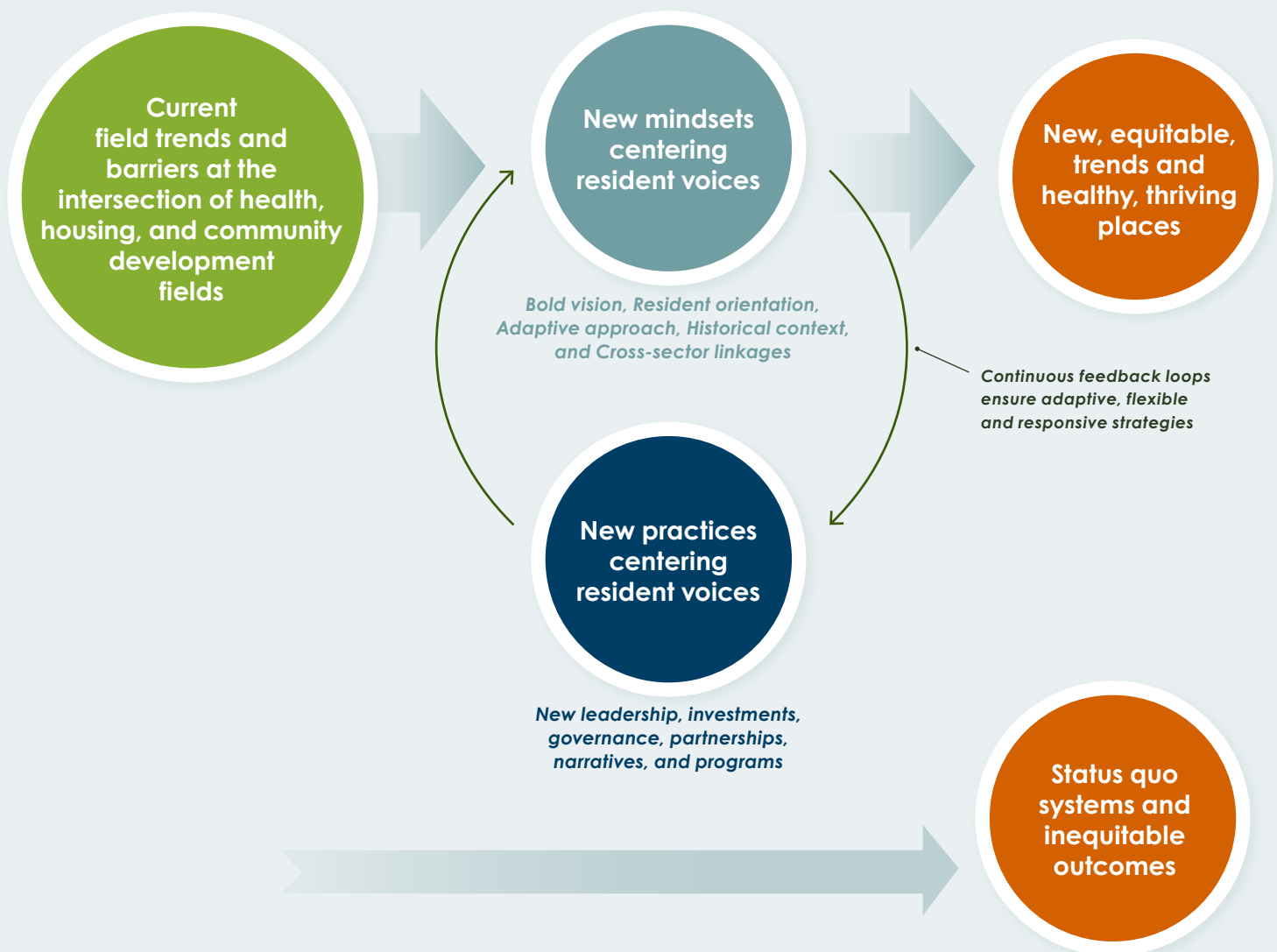


Participants challenged one another to untether from the narratives and assumptions that keep the status quo in place. What emerged was a thought exercise to consider that **residents ARE the community table**. They are core drivers of systemic change to realize a vision of healthy, thriving places. In practice, repositioning systems, organizational structures and leadership roles to re-center residents will require new ways of understanding the intersection of health and housing. It will require addressing the barriers that limit more equitable, community-centered approaches and envisioning a new field landscape of resident-driven innovations.

Through input from NeighborWorks network organizations and insights from field partners across the country, NeighborWorks offers a new perspective to advance a resident-led vision of healthy, thriving places through shifting mindsets and creating new practices. This perspective offers opportunities for practitioners to elevate their work in creating healthy, thriving communities by identifying ways to counter the limiting mindsets that perceive challenges as intractable and prevent people from being healthy. The synthesis of this feedback is intended to help us collectively advance systemic transformation that moves housing, health and community development toward a more equitable and thriving future.

Trends, Mindsets, and Practices

The framework below notes the contrast between current field trends and the new mindsets and practices needed to transform places and systems. Current field trends at the intersection of health and housing reinforce existing systems and continue to produce inequitable health and well-being outcomes. This piece posits that new approaches are needed that center resident voices in driving transformation to achieve healthy, thriving places.



Barriers To Transformation Across The Field

Though there are many bright spots across communities centering residents in health and housing initiatives, we heard from attendees at the symposium and through field surveying that significant barriers exist that inhibit more robust and comprehensive resident-driven efforts to create thriving communities.

These barriers are upheld by a set of beliefs about what is possible, what is valuable and what is necessary for change. The following table outlines three core trends and posits that each represents a barrier to transformation:

- **Professionalization of the community development sector.**
- **Short-term and quantifiable funding priorities and metrics.**
- **Transaction-oriented organizational pressures.**



Symposium panelists Karen Zuniga of **ONE Neighborhood Builders**, Stacy Spann of **Wells Fargo Foundation**, Omar Carrillo Tinajero of the **Center for Community Investment**, Lisa Richardson of the **Institute of Women & Ethnic Studies & Shift Health Accelerator**, and Melissa Jones of **Bay Area Regional Health Inequities Initiative (BARHII)**, lift up insights from the data and the field for practitioners to reflect on to understand core drivers of systemic change.

If we are to reimagine how to achieve healthy places, we must grapple with the limiting mindsets and resulting impacts experienced by community residents.

BARRIERS	LIMITING MINDSETS	RESULTS
Trends in the field	Assumptions upholding challenges	Impacts on community development efforts
Professionalization of the community development sector	<ul style="list-style-type: none"> • Rigidity and hierarchy are necessary to produce results and to achieve sustainability. • Funding requires structure that is predictable and risk averse. • Community engagement has a cost to organizational success in the sector. 	<ul style="list-style-type: none"> • Top down decision-making and hierarchical organizational structures overshadow opportunities for shared leadership. • Regulatory priorities demand rigid systems that limit community responsive systems. • Investment capital constraints narrow opportunities to develop and prioritize human capital. • Compliance requirements create a culture of risk that sidelines resident voices and leadership pathways.
Short-term and quantifiable funding priorities and metrics	<ul style="list-style-type: none"> • Proving results shapes pathways to secure further resources. • Community engagement is risky and doesn't produce tangible outcomes. • Funding priorities are more important than investing in people. 	<ul style="list-style-type: none"> • Long-term outcomes and qualitative measures are discounted. • A culture of knowing is prioritized over an approach that values emergence. • Return on investment calculations do not reflect a comprehensive vision of community health. • Speed of capital limits the time, resources and impact of investing in trust.
Transaction-oriented organizational pressures	<ul style="list-style-type: none"> • The status quo is what is known and what works well. • Diversity, equity, inclusion and belonging efforts are work done in addition to the existing organizational commitments. • Programs and services are the most essential activities. 	<ul style="list-style-type: none"> • Short-term transactions limit transformational visions and actions. • Programmatic approach to diversity, equity, inclusion and belonging hinder organization-wide infrastructure to embed equity. • New and immediate programs and services are prioritized over long-term systemic change. • Siloed strategies limit holistic, interconnected commitments shared across organizational departments and external partners. • Limited expectation or embodiment of resident engagement as an embedded organizational priority. • Minimal and not meaningful engagement with existing community-led efforts.

Understanding and addressing these barriers means interrogating our mindsets and roles in perpetuating systems that limit transformation. Shining a light on these challenges opens space to unlock possibility and deeper actions that re-center resident voices to drive future efforts at the intersection of health and housing.

New Mindsets Open Opportunities For Co-Creation

Forging a new vision that centers residents will require adoption of new mindsets that actively counter existing perspectives that limit our collective efforts to create healthy, thriving places. Symposium participants boldly named what beliefs and perspectives are needed to envision and create a more equitable future. These new mindsets allow for emergence, learning and adaptation. New mindsets further foster creative solutions and an expanded space for new voices to lead.

- **Vision and belief that transformative change is possible.**
- **Orientation of “Residents are the table. We are guests.”**
- **Willingness to learn, adapt and embrace complexity.**
- **Awareness of history, redlining and systemic inequities.**
- **Attunement to the interconnectedness between determinants and sectors.**

Vision and belief that transformative change is possible

Sarida Scott of The Skillman Foundation said, “You have to believe that change is possible even if you don’t see it or feel it.” The work at the intersection of health, housing and community development is inherently complex. A clear vision and belief that transformative change can happen cultivates trust to build the necessary and trusted relationships needed with community residents to envision a different future. It is an act of “reimagination,” as framed by Lisa Garrett of Leadership Reimagined, to release the ideas of what should be, and to hold the vision residents have with the gravitas to remove the barriers and chart the course to make that vision happen.



Symposium emcee Romi Hall and panelists, Ruth Thomas-Squance of **Build Healthy Places Network**, Paul Singh of **NeighborWorks America**, Sarida Scott of **The Skillman Foundation**, Natalie Burke of **CommonHealth ACTION**, and Malcolm Yeung of **Chinatown Community Development Center** discuss new opportunities, new narratives, and new ways of pushing beyond the status quo toward transformation.

Keynote speaker Natalie S. Burke invites participants to interrogate their own role in creating the conditions to center residents and create a new future in communities



This new mindset takes shape as leaders understand their own role in shaping that new future and celebrating small wins to recognize and leverage incremental achievements as stepping stones to larger and longer-term impacts. When institutionalized, organizations embodying this mindset reflect the community within organizations and build deep infrastructure to center community voices.

Orientation of “Residents are the table. We are guests.”

Natalie S. Burke, of CommonHealth ACTION, reframed a commonly held metaphor to invite the mindset: “Residents are the table. We are the guests.” Oftentimes, the intersection of health and housing focuses on partnerships between sector leaders to advance

shared outcomes, yet too often overlook critical contributions of what is fundamentally important to residents. A new mindset that centers residents is founded on a belief that residents know best about their history in the community and therefore, know what they might need. It further invites sector leaders and practitioners to see their role as a guest in this work, and in turn, opens up opportunities to cultivate new ways of being a good guest in partnership with residents.

This new mindset takes shape as leaders examine their own positionality, at individual, organizational and collective levels. It further takes shape through listening deeply, prioritizing community-led visions, co-designing initiatives, and continuous capacity building in partnership with resident leaders.

Willingness to learn, adapt and embrace complexity

Moving work that centers residents as the drivers and accelerators of change is not a linear path. We heard from participants that if the approach to change is not flexible or solely based on best practices, it misses the opportunity to not only fully incorporate resident voice but it also may not capture the lessons or nuances of the successes of the work. Taking time to build trust, listen deeply and reflect on the lessons learned in relationship with residents requires an approach that is necessarily adaptive. Additionally, work at the intersection of health and housing will be complex. The challenges and inequities that communities across the country are facing did not happen overnight. The expectation that the solutions be simple and quick is not honoring or recognizing the complexity of how conditions were shaped. Accordingly, it is important to recognize it will take complexity to unwind and create space to reimagine a new future.

This new mindset takes shape as leaders create continuous feedback loops to ensure adaptive, flexible and responsive systems, as well as transparency in processes and commitments. It is also reflective in practices such as self-reflection, trust-building, truth and reconciliation that all stand to broaden the landscape of solutions.

Awareness of history, redlining and systemic inequities

Centering residents in meaningful and long-term relationships requires attention to current inequities and a grounding in the historical decisions that led to these inequities. Participants named the importance of naming the impacts of redlining and other key decisions

that have created the conditions that shape poor health. This awareness further opens spaces that position residents as the narrators and storytellers of their past and the future they want to envision. Cultivating an attunement to history reinforces the ways key decisions have shaped the present, and the ability for key decisions — and decision-makers — to impact the future.

This new mindset takes shape as leaders deepen their understanding of anti-racism and consider the myriad ways to mitigate past harms and biases, practice root cause analysis, and cultivate healing. It further takes shape in centering the stories of residents as drivers of new narratives and organizational commitments to health equity.

Attunement to the interconnectedness between determinants and sectors

Resident leaders understand the relationship between neighborhood conditions, housing and health. Centering residents deepens an understanding of the interconnectedness of work at the intersection of health and housing by uplifting the lived experiences of those facing inequities in their day-to-day lives. While the health and housing fields have grown to understand the social determinants of health, a new mindset that fosters new narratives from resident leaders about what is needed from multi-sector actors is critical to identifying and advancing new innovations.

This new mindset takes shape as solutions to systemic challenges are designed by and led by residents. It also manifests in collective approaches to view challenges through a multidimensional lens and actively seeking to cultivate a holistic approach that connects various sectors and levers that influence health.

Co-Creation In Practice

In addition to new mindsets, new practices help demonstrate that resident-led change is both possible and impactful. The following practices build on bright spots in the field that are reorienting work to center residents and reframing approaches to ensure residents feel trusted, safe, and that their voices hold agency in creating a new, healthy future. Co-creation requires:

- **Internal practice** — examining one's own role in inhibiting or creating systemic change.
- **External practice** — creating the organizations, systems and partnerships that recenter residents in the infrastructure of the intersection of health and housing.



Romi Hall and Rachel Fischer share the "bright spot map" highlighting promising practices centering resident voices in health and housing efforts from the Neighborworks America network.

New Leadership: Shared leadership and nuanced positionality

New leadership pathways cultivate resident leaders, examine existing practices and create the enabling organizational structure to activate new leadership models. Organizational leaders at the intersection of health and housing must examine their positionality and influence relative to community members and organizations. In doing so, opportunities to reorient and center community leaders opens up. Shared leadership models then create space for resident leaders to co-design, lead and own initiatives that leverage the investments of community development and health. This can build on existing work in the field, for example, **MiSide's** recent **Building Leaders, Building Communities** (BLBC) training was co-facilitated by local Michigan residents and provided training on leadership styles, community organizing and communication to help design the future that participants want for themselves and their children. Another example is **St. Joseph's Carpenter Society**, which builds the capacity of New Jersey youth to be resident leaders to address priorities identified by fellow residents in their East Camden planning processes and implement local strategies to increase safe physical spaces for their neighborhood.

New Investments: Trust-based, participatory funding

Trust-based, participatory funding centers and resources community values, needs and voices. This pathway invites the creation of a new value proposition and business case for investing in resident leadership and community building initiatives. Participatory funding opens new ways of defining returns and impact, driven by communities. Organizations at the intersection of health and housing each play a pivotal role in amplifying the value case that recenters human capital

over investment capital, to ultimately unlock long-term, sustained funding for community development investments aimed at systemic change. Building on practice spaces in the field, including **trust-based philanthropy** and participatory investing in **philanthropy** and **health**, new investment pathways center residents in decision-making and ownership of funding and capital at the intersection of health and housing. Building on bright spots for the field could leverage **Champlain Housing Trust's** effort to build the capacity of Vermont residents to generate programs and supports within their communities, ensuring that investments in well-being are directed where residents need it the most, particularly amongst unhoused communities.

New Governance: Co-design and equitable decision making

Co-design creates structure to facilitate community voices and organizational voices together shaping a future. This pathway aims to cultivate an environment where uncomfortable questions are not only welcome but essential for growth. Further, new governance approaches yield decision-making processes to reinforce shared leadership pathways. This serves to not only apply co-design to decisions, but also to evaluating internal and external commitments and fostering a culture of accountability and transparency. Ultimately, co-design is about creating systems and processes to hold community voices central to the way organizations operate. Building on bright spots in the field to deepen co-design can look like **Piedmont Housing Alliance's** efforts to include Virginia residents in every stage of the redesign and development of the Kindewood community, building the capacity of residents to be actively involved in decision-making processes such as co-creating initiatives, implementing feedback loops and inclusion on their board of directors.

New Partnership: Collective accountability and relationships

New partnerships rely on commitments from diverse stakeholders to collaborate and leverage organizational resources. This pathway unlocks creative and new ways to advance a shared vision of health. It also can further interconnected and long-term strategies. Uniquely, new partnerships are positioned to create a critical imperative to center and prioritize resident voices and co-design in partnership efforts. Organizational leaders can play a pivotal role in garnering collective commitments to create inclusive spaces, fostering new leadership opportunities and dismantling barriers. In turn, new partnerships can pave the way for collective accountability to resident-led commitments. Again, action pathways can build on existing efforts, for example efforts spearheaded by **Fifth Ward Community Redevelopment Corporation** which serves as the convening organization for 5th Ward GO Neighborhoods in Houston, Texas and is currently co-designing a Quality of Life Agreement with the community to set priorities and guide their work in the coming years.

New Narratives: Opportunities and repositioned risk

New narratives are essential pathways to reimagine the stories we tell ourselves and each other, fostering a narrative landscape where the community is the table. This pathway upends status quo notions about intractable challenges in favor of innovative, emergent strategies that warrant testing. It envisions a world where trust is a cornerstone of transformation, where equitable resources are abundant and where dignity is inherent to every individual. These new narratives imagine a value proposition and return on investment situated in communities and risk being borne by institutions that hold resources, not communities. In Los Angeles, the **Little Tokyo Service Center** cultivates

belonging and roots current neighborhood planning efforts in a shared sense of history and vision for the future.

New Programs: Holistic and aligned interventions

New programs take the long view to shape opportunities for systemic change. This pathway builds on other pathways to leverage partnerships and co-design to align investments toward a shared vision. Organizations at the intersection of health and housing can embed equity commitments throughout the organization to ensure an equitable lens is applied across all aspects of work. Externally, holistic approaches view healthy and thriving places as the responsibility of a range of partners, building on existing community initiatives and vision to resource even more transformative collaborations.

As an example of a bright spot to build upon, **Mission Economic Development Association** in San Francisco, California supports leaders with special training in health education, or promotoras, to then design and implement health programs to address the health access and well-being needs of their communities.

The mindset and action pathways that surfaced during NeighborWorks' symposium are necessarily iterative. The feedback loops, which allow for learning, reflection, refinement and strengthening of the work to center residents, are essential to the ways we might foster a new, healthy future together. Pursuing these pathways with an eye toward continuous adaptation also opens the door for reworking our assumptions about how our fields of health and housing work, how our organizations work, and how we might strengthen our own leadership journeys. Together, new mindsets and action pathways help set the foundation to unlock the possibility of a truly transformative future.

Field Transformation Unlocks Healthy, Thriving Communities

Ultimately, propelling transformation at the intersection of health and housing will require reorienting systems to center resident voices. Returning to the vision of Dorothy Mae Richardson and her neighbors, community development is well positioned to advance a new vision for what is possible when our systems and communities enable, foster and prioritize resident leadership. Likewise, institutions that collaborate with affordable housing and community development, including healthcare systems,

public health, community development financial institutions, housing developers, philanthropy, and all of the others working on social determinants of health, are necessarily implicated in creating thriving, healthy places. When we re-orient toward this vision that centers resident voices, the barriers and assumptions that hold the status quo in place no longer feel intractable, but rather, limiting to a much more equitable and thriving future. Together, therefore, we can challenge those existing and limiting narratives.



Symposium participants used an **Emergent Learning** journey to explore new narratives and practices to propel long-term systemic change leading to health equity.

Earlier in this piece, we named three core trends in the field that create limiting mindsets for our work:

- **Professionalization of the community development sector.**
- **Short-term and quantifiable funding priorities.**
- **Transaction-oriented organizational pressures.**

As field leaders, practitioners and residents together adopt new mindsets and action pathways, these trends shift to open up new possibilities for a healthy, equitable future.

● **From professionalization of the community development sector to resident co-creation and human capital investments.**

Resident leaders hold the wisdom, knowledge and trust necessary to drive a healthy future. A new set of beliefs and norms to open possibility might center human capital and shared leadership and embody an ethos of emergency to allow new ideas to surface.

● **From short-term and quantifiable funding priorities and metrics to long-term investments.**

Activate the business case for investing in resident leaders coupled with long-term sustained funding and outcomes. A new set of beliefs centers trust and creates opportunity for residents and communities to imagine a new vision for investments.

● **From transaction-oriented organizational pressures to transformed systems.**

Centering and embedding equity throughout organizations and systems, creating an imperative for co-design and interconnected strategies are key for transformation.

Systemic transformation means opening space for residents to drive a vision of that future and co-creation around what might be needed to get there. With this reflection, we invite a new dialogue starting from “Residents are the table. We are the guests.” This anchor can help us envision and co-create opportunities for transformation and ultimately, to support resident-driven efforts creating healthy and vibrant places.

Acknowledgements

This paper reflects insights, examples, and ideas surfaced at the 2024 NeighborWorks America Health Equity Symposium, “**Co-creating an Equitable Future at the Intersection of Health, Housing and Community Development.**” NeighborWorks network organizations, field partners, guest speakers, and collaborators brought to life approaches to seed transformation at the intersection of health and housing. We would like to thank the NeighborWorks America’s internal work group for the Symposium which was essential to the event’s success. Finally, we would like to acknowledge our core team, Surbhi Sardana, Senior Manager, Network Learning; Paul Singh, VP, Community Initiatives; Romi Hall, Director of Network and Influence, Center for Community Investment; and, Jen Lewis-Walden, Collaborator, Co-Create Health and Shift Health Accelerator.

About NeighborWorks America

NeighborWorks America is a congressionally chartered and funded nonpartisan nonprofit. NeighborWorks provides communities – through its network of nearly 250 member organizations in every state, the District of Columbia and Puerto Rico—with affordable housing, financial counseling and coaching, training, and resident engagement and collaboration in the areas of health, employment and education. NeighborWorks builds the skills, supplements the resources and amplifies the reach of network organizations so they can empower more individuals and transform more communities than they could on their own. NeighborWorks supports its network and the broader community development field with grant funding, peer exchange, technical assistance, evaluation



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