



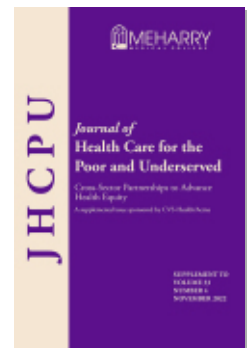
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Assess and Strengthen Cross-sector Partnerships: Lessons
from a Federally Qualified Health Center

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Implementing the Partnership Assessment Tool for Health to Assess and Strengthen Cross-sector Partnerships: Lessons from a Federally Qualified Health Center

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Summary: La Clínica del Pueblo (LCDP), a federally qualified health center that serves the low-income, Latino/a/x community in D.C., used the Partnership Assessment Tool for Health (PATH) to assess two cross-sector partnerships: a medical-legal partnership with a legal services agency and a five-year partnership with FRESHFARM focused on alleviating food insecurity.

Key words: Public-private partnership, cross-sector collaboration, medical-legal partnerships, food insecurity, social determinants of health.

Background

Partnerships bring together institutional capabilities and human resources to tackle problems that are beyond the capacity of a single organization. Recognizing that health outcomes are affected by more than direct services, organizations are increasingly developing cross-sector partnerships to address patients' social needs.¹ In the treatment and care of chronic conditions such as diabetes, it is crucial to address a patient's social determinants of health.² Access to nutritious foods and stable housing, employment status, and immigration status are a few examples of social determinants of health that have a direct impact on a patient's ability to manage chronic conditions.^{3,4}

Even for successful partnerships, it can be difficult to measure the impact of partnership efforts to improve patient experiences and outcomes. Therefore, many efforts

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have been made to formalize partnership evaluation and quantitatively measure improvements of patients' health outcomes that resulted from the impact of the health partnership.⁵⁻⁸ However, few have documented the process of partnership assessment and the resulting impact it has on shaping and molding the workflow of the partnership and its programs. This report describes the process of formal partnership assessment at a federally qualified health center (FQHC), the FQHC's motivations for engaging in partnership and partnership assessment, and the resulting impact the process had on the evolution of its partnerships.

Organizational Context

La Clínica del Pueblo (LCDP) is a FQHC that serves the low-income, Latino/a/x community in the Washington D.C. metropolitan area. La Clínica del Pueblo provides culturally competent primary care, medical interpretation and language access advocacy, and community health education programs. Many patients at LCDP have unrecognized immigration status, limited English proficiency, and low health literacy and are unfamiliar with the U.S. health care system. These circumstances affect how they access health insurance, health care, and community-based services. La Clínica del Pueblo is a grantee of the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*, a five-year program that aims to improve diabetes care and reduce health disparities for vulnerable populations with type 2 diabetes.

Medical-legal partnership with CARECEN. Founded in 1981, CARECEN serves the D.C. Latino/a/x population through direct legal services, human rights advocacy, civic engagement, and grassroots empowerment.⁹ La Clínica del Pueblo was originally founded as a health project of CARECEN to provide free medical services as a volunteer-run clinic in 1983. Over three decades of partnership, LCDP and CARECEN evolved from having a primary focus on access to immigration legal services (e.g., humanitarian applications, work authorization, green card renewal) and non-legal services (e.g., citizenship classes) to now offering advocacy and legal services for a range of needs (e.g., rental assistance, foreclosure prevention, housing rights, bankruptcy, eviction prevention).

Changes in both federal policy during the Trump administration and the onset of the COVID-19 pandemic spurred increased demand for legal services and advocacy for immigrants in the D.C. area.¹⁰⁻¹¹ This political and policy context pushed the partnership between LCDP and CARECEN towards advocacy and legal services focused on housing, immigration legal needs, and government benefits. For example, in response to federal policy changes, CARECEN provided Know Your Rights training to LCDP staff to support how staff could advocate for patients. During the COVID-19 pandemic, factors such as housing insecurity and the burden of eviction among immigrants in the D.C. area pushed the partnership towards advocacy and legal services beyond immigration legal services.¹²⁻¹⁴

Food security partnership with FRESHFARM. FRESHFARM, based in Washington D.C., works to create resilient, equitable, and sustainable access to regional food systems and connect people to their food through hands-on education, farmers markets, and food distribution programs.¹⁵ La Clínica del Pueblo initiated a partnership with FRESH-

FARM in 2017 to support class retention and education strategies for LCDP patients who were enrolled in diabetes prevention and chronic disease self-management classes. Purchasing expensive healthy food was often cited as a barrier for these participants. La Clínica del Pueblo purchased FRESHFARM farmers' market tokens, conducted farmers' market tours with class participants, and distributed tokens to participants for purchasing otherwise unaffordable produce to increase vegetable intake in their diets.

The partnership was formalized in 2020 when LCDP initiated the partnership assessment process. La Clínica del Pueblo recognized the crucial relationship between food access and diabetes management and actively sought a partnership with an organization based in the community where patients lived. FRESHFARM was preferred over larger food providers or distributors because of the emphasis on alleviating food insecurity with access to fresh produce. Moreover, because LCDP and FRESHFARM are active participants in local and regional policy advocacy efforts for those underserved in the community, each organization recognized the inherent value of addressing food insecurity as a step towards improving outcomes for patients with diabetes. During the early months of the pandemic, the partnership adjusted to deliver produce to LCDP patients, and eventually pivoted to produce distribution at LCDP's clinic.

Partnership Assessment Tool for Health

After reviewing literature and available partnership assessment tools, LCDP selected the Partnership Assessment Tool for Health (PATH) to assess their cross-sector partnerships with CARACEN and FRESHFARM. Partnership Assessment Tool for Health was originally developed with support from the Robert Wood Johnson Foundation through *Partnership for Healthy Outcomes*, an initiative of the Nonprofit Finance Fund, Center for Health Care Strategies, Inc., and Alliance for Strong Families and Communities to capture insights on partnerships between community-based organizations and health care organizations.¹⁶ Partnership Assessment Tool for Health is one of several partnership assessment tools for assessing health partnerships, but it is unique in that guiding dialogue among partners and active partner engagement are the cornerstones of the tool during the assessment process. Moreover, it focuses on established partnerships between community-based organizations that provide health care or human services to low-income or underserved populations. Since PATH is designed to maximize impact and facilitate communication among partners regarding partnership workflow, strengths, challenges, and sustainability, PATH is well aligned with LCDP's evaluation goals.

The tool has two components, a partnership check-up which measures along four benchmarks with three to four subcategories and a partnership discussion guide. The four benchmarks are internal and external relationships (subcategories: shared goals, maximizing partner value, leveraging external relationships, internal buy-in), service delivery and workflow (subcategories: service alignment, workflow processes, service delivery capacity, engaging the target community), funding and finance (subcategories: covering full cost, securing revenue, financial goals & priorities), and data and outcomes (subcategories: data collection, data use, demonstrating outcomes). Assessment of benchmark progress is rated on a scale of "needs development" to "well-developed" (1–5) with notes to capture key ideas and examples for each benchmark.

The partnership check-up is followed by guiding questions for each benchmark, which allow partners to identify areas for development and strategies for improving partnership efficacy. Through repeated use of PATH, partnerships can measure improvement in each of the four benchmarks.

Assessment

Following PATH guidelines, CARECEN, FRESHFARM, and LCDP independently completed the PATH assessments for their corresponding partnership(s) twice, once in 2020 and again in 2021. For all four assessments, multiple staff members were involved in completing a single assessment. Participation in each assessment included a range of staff from executive leadership to program implementation staff. Staff reported a score for each subcategory under each of the four benchmarks. The scores are summarized by averaging the subcategory scores and reporting them as the mean benchmark scores from each partner. Approximately two months after completion of the assessment, LCDP met with CARECEN and FRESHFARM to discuss results of the partnership assessment, guiding questions, and determine key areas for further partnership development.

The assessment process itself ensured each partnership could 1) develop and implement joint recommendations and 2) provide accountability for each partner involved. La Clínica del Pueblo and its partners were particularly interested in identifying benchmarks where scoring did not match among the organizations and understanding the cause of the discrepancy. When partners scored benchmarks differently, it may indicate misalignment in that facet of the partnership. Through discussion, LCDP and its partners identified strategies for rebalancing program workload and workflow to maximize involvement of both organizations.

Results from PATH assessments with CARECEN. From the first assessment, LCDP and CARECEN found that alignment in their scoring could improve in three of four benchmarks (Table 1). Through assessment feedback, they identified the need for a referral system, addressing understaffing, long-term funding, and developing robust data collection systems. Through guided discussion, partners collaborated on joint strategies to address these concerns. One strategy was creating a formal, bi-directional referral system that was crucial for increasing service provision to the community after both organizations could no longer accept walk-in referrals due to the pandemic. Recognizing the cost of partnership was not fully covered, partners also developed a joint financing strategy, which led to securing two additional grants to fund the partnership. Moreover, the partners developed a strategy for monitoring data outcomes to report to leadership.

From the second assessment, benchmark scoring improved in three of four domains. Both partners reported decreased benchmark scoring for funding and finance. Through assessment feedback, partners discussed how previously obtained grant funding could no longer support the number of services demanded by clients and the need to secure additional funding. Partners noted a scoring discrepancy of internal buy-in, and CARECEN recognized that newer staff lacked knowledge of the organizations' shared history. Through discussion, the partners developed joint strategies including coordinating regular meetings among partners to discuss long-term financial sustainability of partnership, CARECEN educating newer staff members on the history of

Table 1.

PATH EVALUATION RESULTS FOR LCDP/CARECEN PARTNERSHIP

PATH Benchmarks	Internal and External Relationships	Service Delivery and Workflow	Funding and Finance	Data and Outcomes
Mean Benchmark Score Results from CARECEN (1)	4.3	3.0	3.3	2.0
Mean Benchmark Score Results from LCDP (1)	4.0	3.5	3.7	2.0
Assessment Feedback (1)	1) Both partners agreed that there is a need to create a referral system.	1) Both partners' service delivery capacities were impacted by understaffing. 2) Both partners agreed on a need to further develop engagement with the target community.	1) Both partners highlighted that the costs of partnership aren't fully covered by current funding and that a fully developed, joint funding strategy was needed to gain potential funders outside of the current opportunities.	1) Mutual agreement that data collection and reporting is in need of substantial development to demonstrate project outcomes.
New Strategy for Partnership (1)	Created a referral system	A specific strategy was not implemented due to a focus on the other strategies.	Created a long-term, joint funding plan which resulted in obtaining two grants, including the Immigrant Justice Legal Services Grant.	Monitor data & outcomes and report to partnership leadership.
Illustrative Quotes (1)	"We haven't been able to have walk-ins, we haven't been able to refer anybody over. And, internally I know La Clinica and CARECEN are trying their best to figure out this new norm [COVID-19] and how to be able to have these processes virtually. And I think now that we're settled, it's something that can be developed in the months to come."—CARECEN	"I think there's been a lot of work to set up the workflows, more than being able to evaluate the workflows themselves as of yet. On the other hand, we're understaffed. So, I know that for the medical-legal partnership to be really effective, we would need additional staff and resources on both ends."—LCDP	"I think we have identified and successfully collaborated to seek funding under IJLS initiative and Merck Foundation Bridging the Gap: Reducing Disparities in Diabetes Care. And by doing so we have been able to describe the value of the partnership to funders and done that together."—LCDP	"We are so used to not having to worry about any form of documentation that now putting this into practice creates a challenge and of course current COVID-19 pandemic makes it even harder."—CARECEN

(continued on p. 227)

Table 1. (*continued*)

PATH Benchmarks	Internal and External Relationships	Service Delivery and Workflow	Funding and Finance	Data and Outcomes
Mean Benchmark Score Results from CARECEN (2)	4.3	4.0	2.7	3.3
Mean Benchmark Score Results from LCDP (2)	4.3	3.8	3.0	3.0
Assessment Feedback (2)	1) Both partners rated internal buy-in highly, but CARECEN recognized a limitation was that newer staff may lack knowledge of the organizations' shared history.	1) LCDP rated "Engaging the Target Community" as an area of opportunity and suggested that organizing joint Medical/Legal workshops could help to bring the partnership to the community they serve.	1) LCDP suggested a regular meeting to discuss partnership costs after both partners continued to cite difficulties with partnership costs. 2) CARECEN also suggested rather than looking at how much is available and then leveraging resources, they should be thinking of the total needed to sustain the partnership they want to have.	1) Both partners recognized that while grant expectations were being met, they weren't considering other data to collect in order to improve the partnership. 2) CARECEN stated that data is not being used to drive changes that can be tested and implemented. LCDP discussed some limitations with utilizing data to change service delivery, such as the time and effort needed for thorough data collection.
New Strategy for Partnership (2)	CARECEN will educate newer staff about the history of the organizations to improve internal knowledge and buy-in of the partnership.	A specific strategy was not implemented due to a focus on the other strategies.	LCDP and CARECEN will hold meetings on a regular basis to discuss partnership costs and strategically plan for ongoing sustainability.	Discuss what data or outcomes should be tracked beyond grant requirements and find ways to utilize data to inform and improve service delivery. (<i>continued on p. 228</i>)

Table 1. (continued)

PATH Benchmarks	Internal and External Relationships	Service Delivery and Workflow	Funding and Finance	Data and Outcomes
Illustrative Quotations (2)	“To think about moving forward, as CARECEN, we’re in a much better place to go into another similar type of partnership with La Clínica than we were before.” —CARECEN	“Being generally knowledgeable of the barriers the community was facing during the pandemic opened the doors to an effective modified workflow. Nevertheless, we could have done more virtually and created spaces for virtual workshops. Maybe a medical-legal summit is a space where the community can be introduced to the interconnection of health and legal services.” —LCDP	“Understanding the full cost from a partnership perspective could help us understand shared goals, and what it costs to provide referrals. Also, this could be enhanced by a yearly session prior to implementation and then regular quarterly check-ins that would help both partners project and sustain the partnership costs.” —LCDP	“We plan for almost everything else about execution and program development... but data is something that we need to be just a little bit more intentional.” —CARECEN

Note:
Abbreviations:
PATH—Partnership Assessment Tool for Health
LCDP—La Clínica del Pueblo

the partnership to increase internal support and commitment, and developing data collection systems that equip the partnership to describe the impact and reach of the partnership's programs.

Results from PATH Assessments with FRESHFARM. From the first assessment, LCDP and FRESHFARM found that scoring alignment could improve in three of four benchmarks (Table 2). Through guided discussion, they agreed short-term goals were clear and aligned, but both partners wanted more involvement from the other and acknowledged mutual capacity to support additional opportunities and pilot programs. Partners emphasized the need for a long-term financing plan to maximize sustainability. The assessment revealed mutual recognition of the importance of data collection to demonstrate the impact of partnership on clients and highlighted discrepancies in how each partner scored the data and outcomes benchmark. This discrepancy fostered discussion on a previously unrecognized imbalance in data collection (e.g., collection led by LCDP), limiting FRESHFARM's knowledge of program impact. In response, partners developed a strategy for LCDP to share data more frequently and pursue data collection to capture long-term program impact.

From the second assessment, benchmark scoring improved and became more aligned across all domains relative to the first assessment. FRESHFARM continued to score data and outcomes lower than LCDP. Through discussion, LCDP noted that some data are protected under HIPAA, which inhibits their ability to summarize in aggregate and report frequently. To address the imbalance, the partners identified types of data that they could collect together and with which they could capture program impact when reporting to funders.

Discussion

A tool such as PATH offers a structured assessment process that can yield unexpected opportunities to assess and guide cross-sector partnerships. Partnership Assessment Tool for Health offers a framework for organizations to communicate their individual goals as well as shared goals. Additionally, PATH offers the structure of assessing and rating benchmarks in specific domains, which organizations can track over time to review changes in their discrepancies and alignment. Through PATH's guided discussion, notable discrepancies in benchmark scoring among partners provide an opportunity to assess the factors underlying different perceptions of the partnership, engage in dialogue about their work together, and develop strategies for increasing partnership alignment. Low scores spurred partners to discuss ways to focus their partnership activities and develop strategies to help the partnership evolve. All partners found the use of PATH beneficial for understanding, guiding, and improving the impact of partnerships because of its focus on dialogue and strategy development.

Implementation of PATH was successful because each partner acknowledged the importance of joint decision making, each partner had established relationships with the target population, and external grant funding from *Bridging the Gap: Reducing Disparities in Diabetes Care* supported staff time to engage in the partnership assessment process.

Conclusion. The process of assessment itself can be a powerful tool to redirect,

Table 2.

PATH EVALUATION RESULTS FOR LCDP/FRESHFARM PARTNERSHIP

PATH Benchmarks	Internal and External Relationships	Service Delivery and Workflow	Funding and Finance	Data and Outcomes
Mean Benchmark Score Results from FRESHFARM (1)	3.0	3.8	3.0	2.3
Mean Benchmark Score Results from LCDP (1)	4.0	4.3	3.0	4.3
Assessment Feedback (1)	1) Both partners agreed short-term goals were clear and aligned.	1) Both partners wanted more involvement from the other. 2) Both recognized mutual capacities to support the partnership.	1) Both partners recognized a need for securing external funding, and FRESHFARM used earned income rather than grants. 2) Both partners agreed a joint, long-term plan for financing was important.	1) FRESHFARM was unaware of whether the program was benefiting participants. 2) Data showed short-term benefits to participants, but not long-term benefits.
New Strategy for Partnership (1)	1) Created a long-term shared goals roadmap.	1) Explore ways to have health promoters at FRESHFARM's farmers markets. 2) Host FRESHFARM at more LCDP education sessions.	1) Created a financing plan to secure more funding	1) LCDP offered to share data more frequently with FRESHFARM, and to collect long-term data on program impact.
Illustrative Quotation (1)	"I appreciate the communication, the honest communication, we had about things that weren't working well and how to fine tune that."—FRESHFARM	"There's very clearly defined separation of powers . . . We do the chronic disease education, management, and delivery. And FRESHFARM provides sustainable produce . . . there's very few overlaps in terms of what service each other provides."—LCDP	"In terms of covering the full cost [of the partnership] for this year we are covered, thanks to our different grant streams, but it's still just grant based. In terms of financial goals, I completely agree with FRESHFARM. I think the more we work together in the future, we can closely align more of our priorities and maybe designate specific line items across multiple programs not exclusively dependent on the health promotion side."—LCDP	"With data usage, I put needs development because one of the things that I think I'm particularly self-conscious of is does our program do a good job of delivering value to the clients?"—FRESHFARM

(continued on p. 231)

Table 2. (continued)

PATH Benchmarks	Internal and External Relationships	Service Delivery and Workflow	Funding and Finance	Data and Outcomes
Mean Benchmark Score Results from FRESHFARM (2)	4.3	4.3	3.0	3.3
Mean Benchmark Score Results from LCDP (2)	4.5	4.3	3.3	4.3
Assessment Feedback (2)	Both partners agreed that after PATH results from 2020, both partners improved internal buy-in by supporting the partnership.	Both partners agreed to explore and consider specific ways to expand on communication and delivery of services.	While increase in grants, grant funding is not long-term or reliable, so both partners agreed that a long-term funding plan was necessary for partnership stability and sustainability.	FRESHFARM suggested collecting data together rather than independently, as well as a desire to improve on reporting and reviewing outcomes.
New Strategy for Partnership (2)	1) Continue to prioritize seeking funding opportunities and building external relationships.	1) Encourage open communication with staff to elicit more program improvements and suggestions. 2) Have FRESHFARM speak with groups at LCDP about the benefits of buying local produce and how to source food.	1) Develop a five-year financing plan that includes fundraising strategies.	1) Find metrics to collect together to have more impact when reporting to funders.
Illustrative Quotes (2)	“One of the things that we have articulated is we really rely on the trust and the relationships of our partners. And I think La Clínica is the utmost example of the ways in which we can enter a safe space.”—FRESHFARM	“Implementation staff are in regular communication with each other which can empower them to make program suggestions. This is both like an opportunity and an observation that things are kind of running on autopilot, which I think is great. Adding to that, our weekly communications have improved since last year, I think that things are running really smoothly.”—FRESHFARM	“For us it will be important to keep the fixed prices of the bags because if the costs change, it might be difficult for us to continue with it. And also, it goes back to thinking about more long-term partnership finance goals. We know that if we lose, for example, grant funding now, our partnership might be also at risk. But I think with long-term goals we’ll be able to think about partnership sustainability.”—LCDP	“I think we have a robust data collection system for the food distribution efforts. But . . . I think it might be worth exploring and reviewing what data we’re collecting right now . . . And see if we can actually collect data that can benefit both agencies . . . Maybe to attract more revenue from different sources could be something that we could also do and use data for.”—LCDP

Note:

Abbreviations:

PATH—Partnership Assessment Tool for Health

LCDP—La Clínica del Pueblo

strengthen, and maintain partnerships. La Clínica del Pueblo's PATH experience highlights an assessment process that opens dialogue among partners, assesses the structure and dynamics of collaboration, and identifies ways to strengthen the impact and sustainability of partnership.

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