



COMPREHENSIVE COMMUNITY DEVELOPMENT 4.0: OR CREATING THE *MARKET THAT VALUES HEALTH*

DAVID ERICKSON, FEDERAL RESERVE BANK OF SAN FRANCISCO

“Physical and economic health are inextricably linked. Prosperity is like a Jenga tower: take out one piece and the whole thing can fall.”

–John Williams

President of the Federal Reserve Bank of San Francisco

“Investment makes changes.”

–Risa Lavizzo-Mourey,

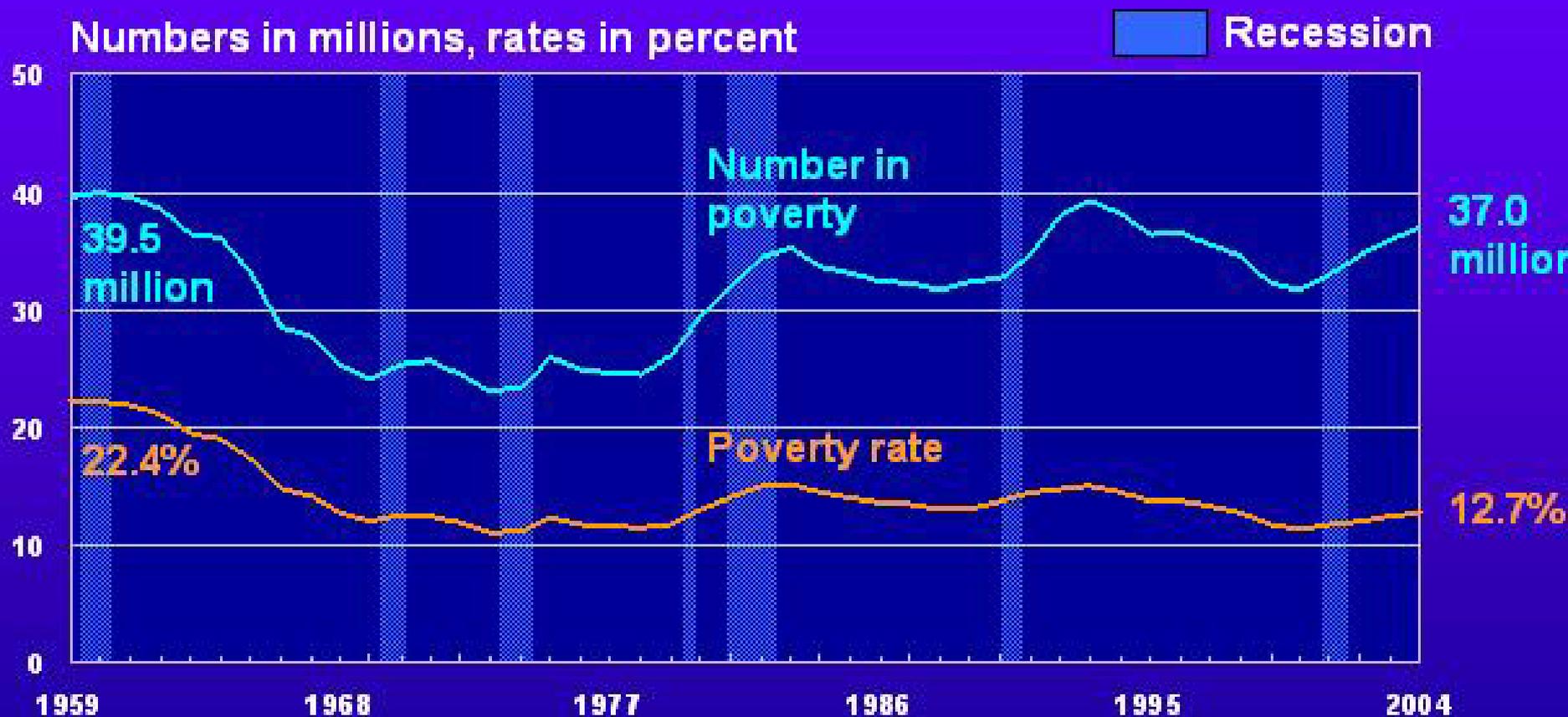
CEO of the Robert Wood Johnson Foundation

“It behooves us not to work with you (community-based organizations) to improve the upstream social determinants of health for our policy holders.”

–Tyler Norris

Vice President, Total Health Partnerships at Kaiser Permanente

Poverty: 1959 to 2004

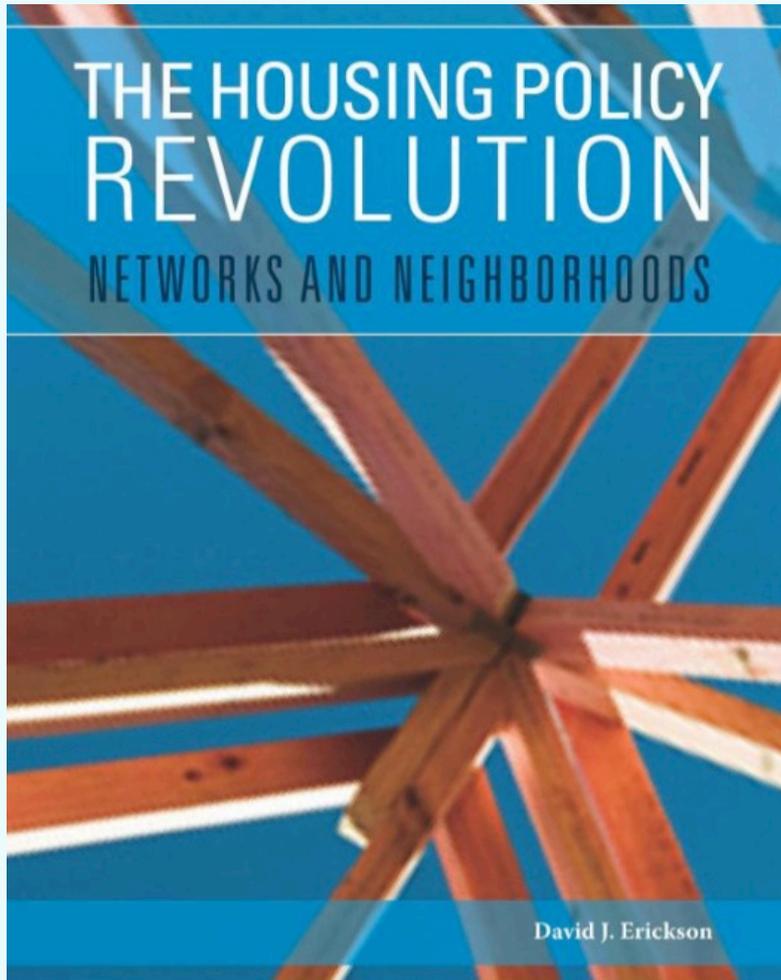


Source: U.S. Census Bureau, Current Population Survey, 1960 to 2005 Annual Social and Economic Supplements.

Four Periods of Cross-Sector Community Development

1. War on Poverty (1960s)
2. Comprehensive Community
Development (1990s)
3. Collective Impact (2012)
4. Creating the Market for Social
Outcomes (2016+)

Now a Networked approach for community development



- Nonprofit community development corporations (**CDCs**)
- Banks and for-profit corporations
- Intermediaries: community development financial institutions (**CDFIs**)
- Partnership with federal, state, and local **government**

COMMUNITY DEVELOPMENT IS IN THE LEVERAGING BUSINESS

\$15 MILLION RAISED IN CAPITAL CAMPAIGN

\$15 MILLION INVESTED IN AFFORDABLE HOUSING



\$15 MILLION AFFORDABLE HOUSING

\$15 MILLION RAISED IN CAPITAL CAMPAIGN

\$5 MILLION INVESTED IN AFFORDABLE HOUSING

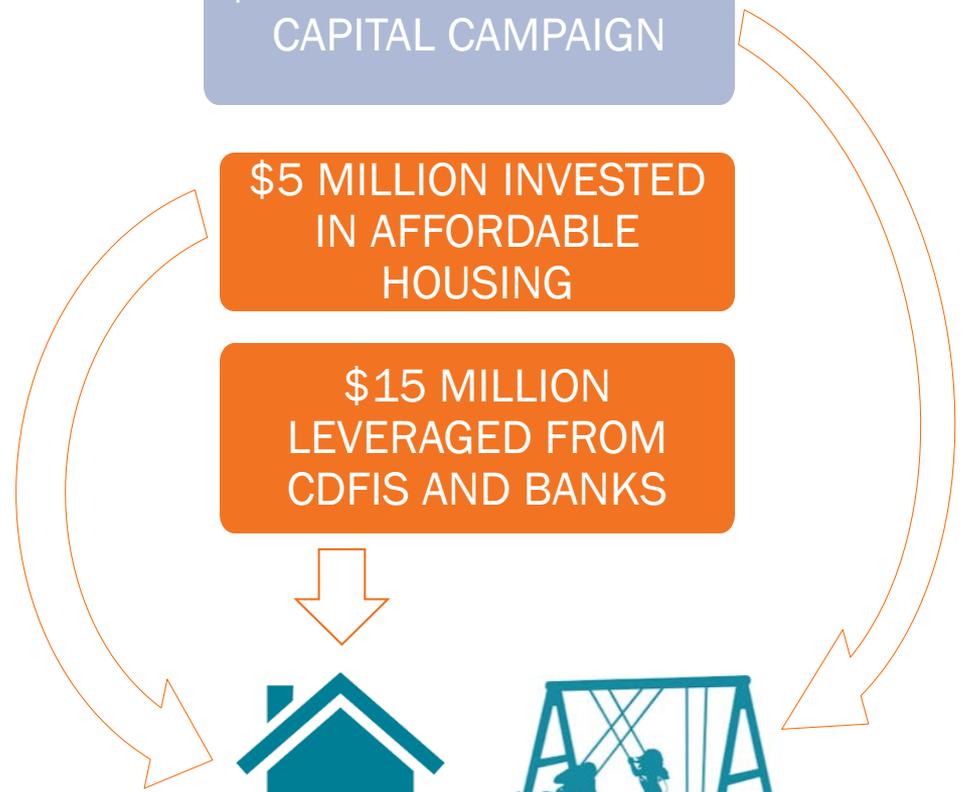
\$15 MILLION LEVERAGED FROM CDFIS AND BANKS



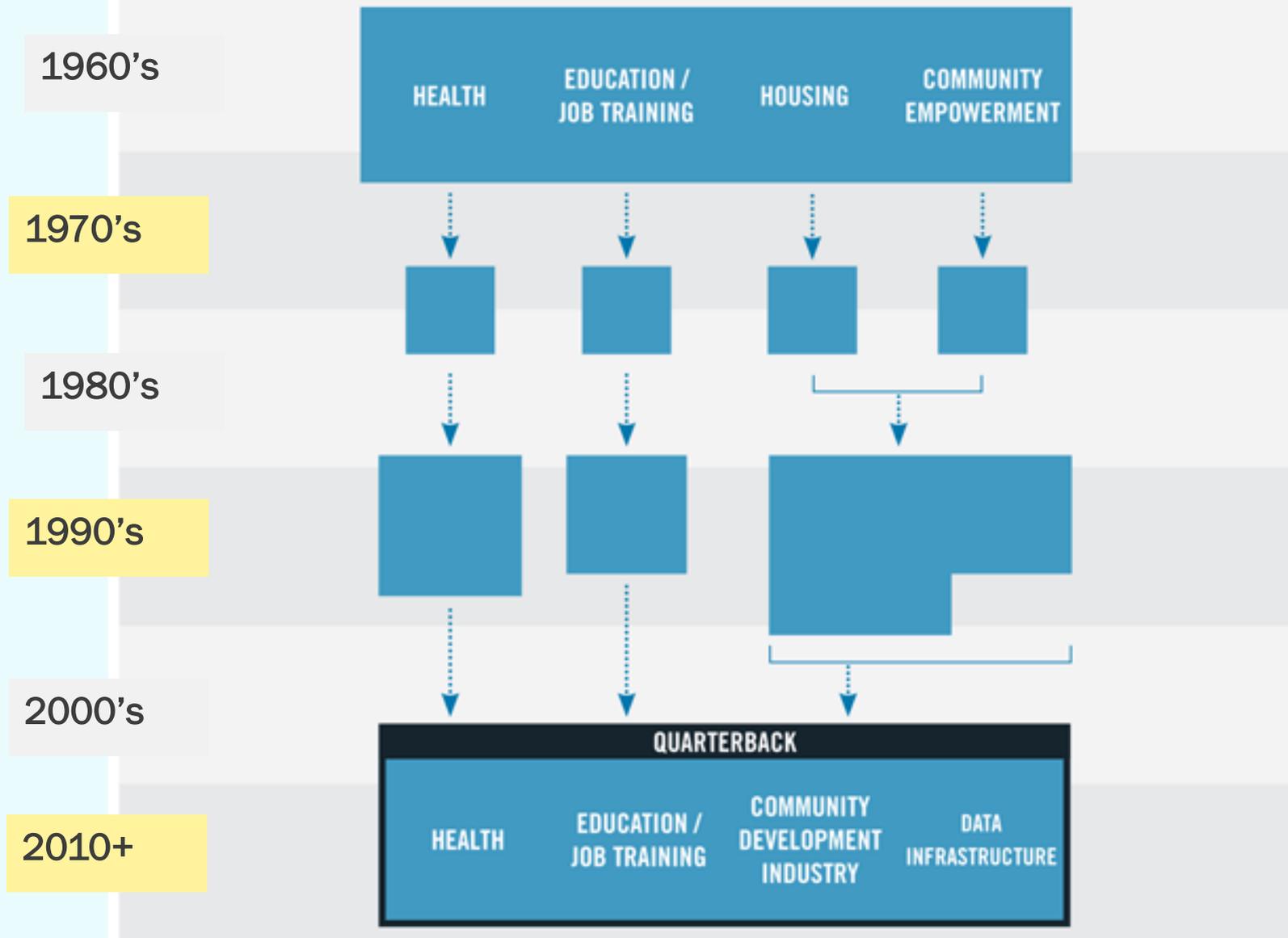
\$20 MILLION AFFORDABLE HOUSING



\$10 MILLION EARLY CHILDHOOD CENTER



Community Revitalization since 1960s

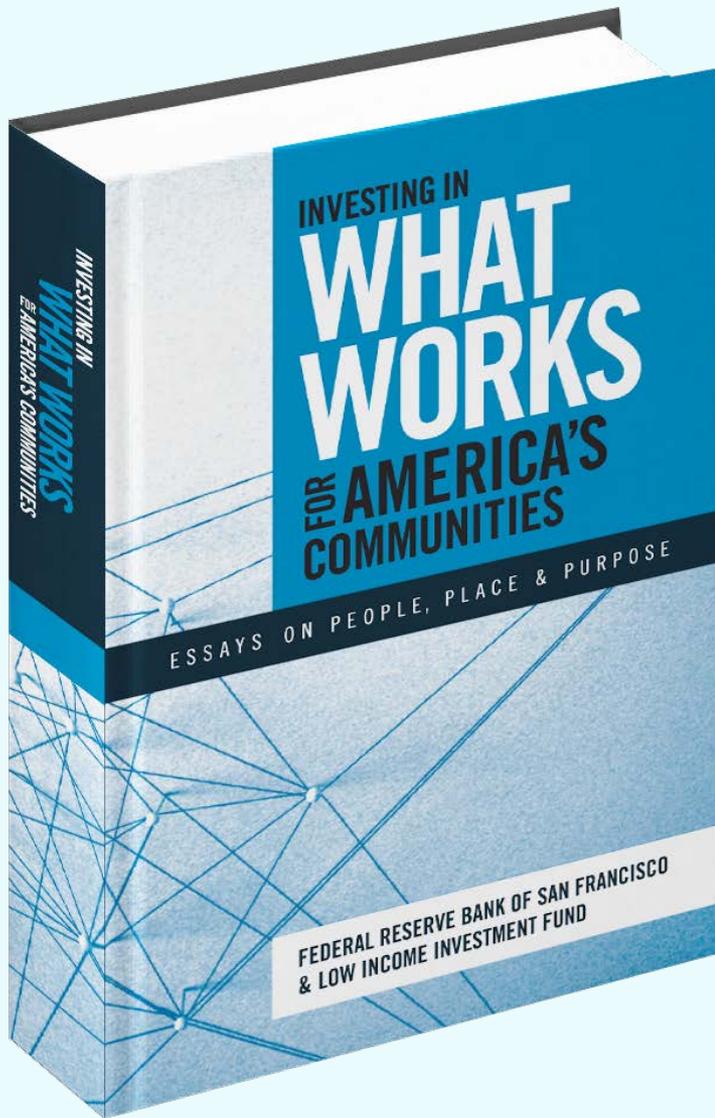


2.0 Comprehensive Community Development



3.0 Collective Impact





“We are likely to look back at this time and wonder why community development and health were ever separate industries.”

RISA LAVIZZO-MOUREY
PRESIDENT AND CEO, ROBERT
WOOD JOHNSON FOUNDATION

WHATWORKSFORAMERICA.ORG

STATE OF THE ART



4.0 The Market that Values Social Outcomes



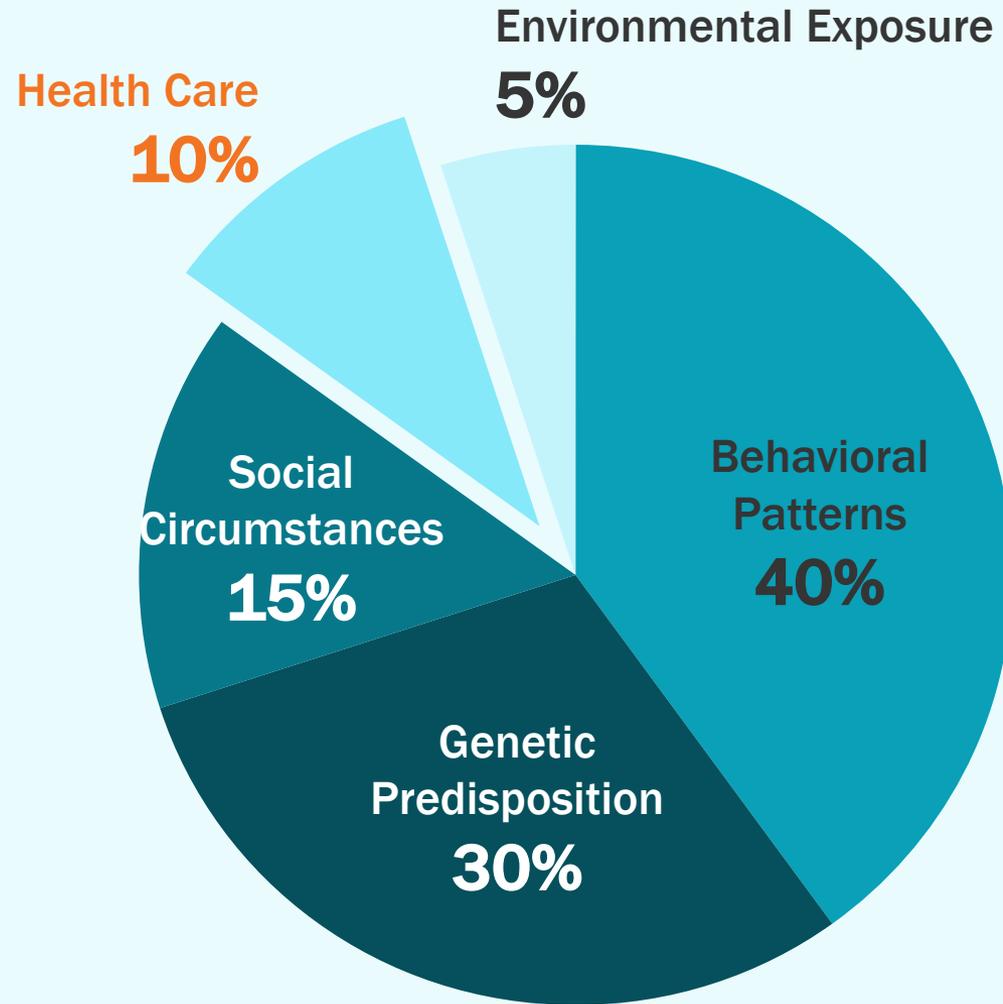
Starting with the Market that Values Health

Health

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Health Care

CONTRIBUTIONS TO PREMATURE DEATH

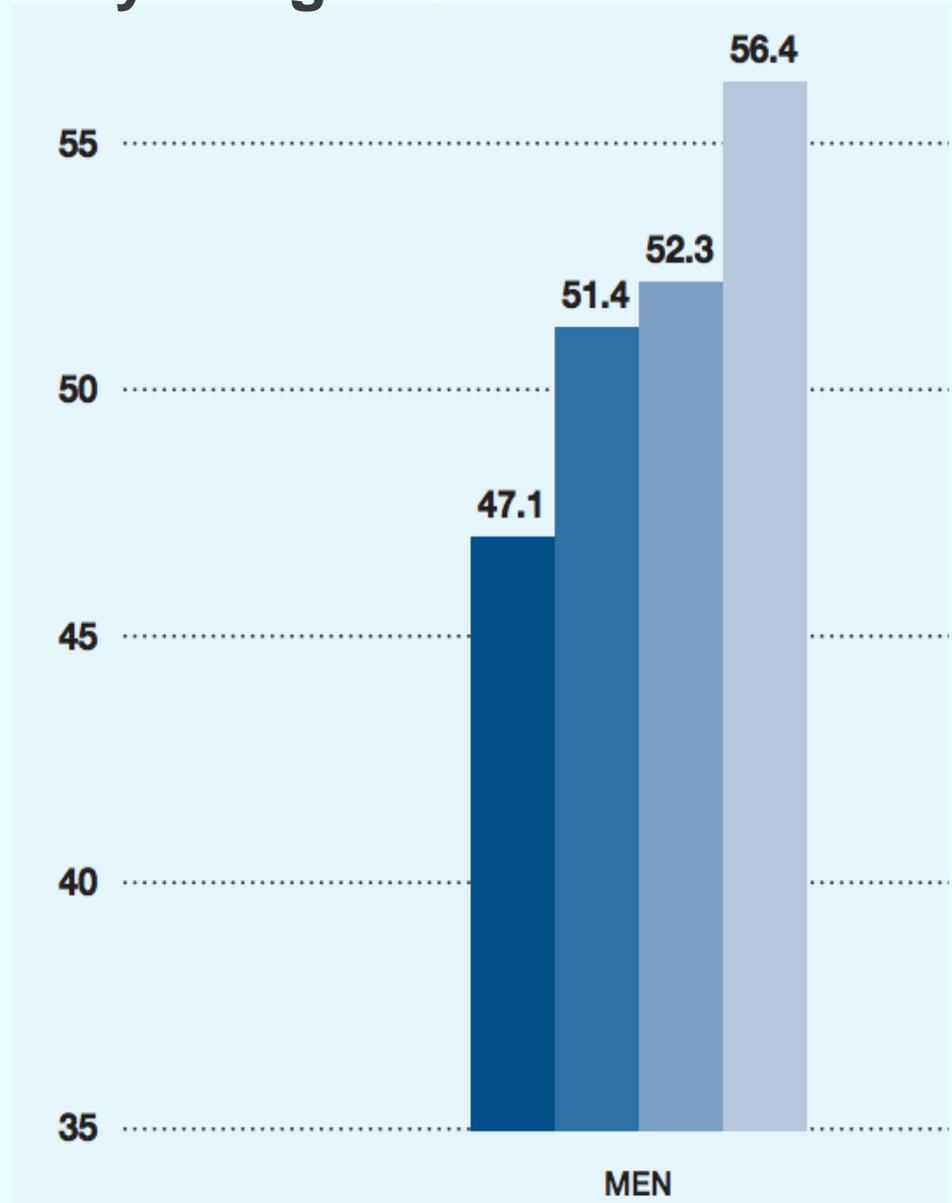


HEALTH = EDUCATION

Life Expectancy at Age 25

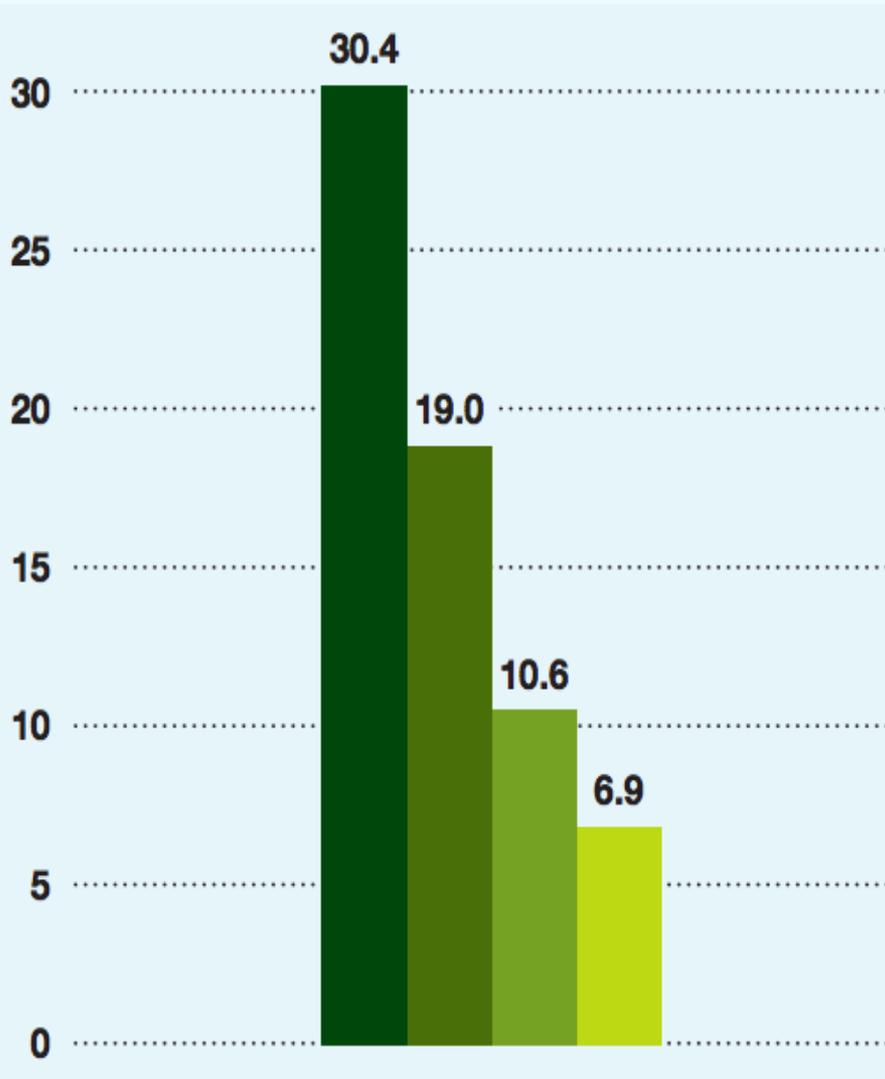
Educational Attainment

- Less than high school
- High-school graduate
- Some college
- College graduate



HEALTH = INCOME

Percent of Children with Less than Very Good Health



Family Income
(Percent of Federal Poverty Level)

- <100%
- 100-199%
- 200-399%
- ≥400%

ACROSS ALL RACIAL/ETHNIC GROUPS

Percent of People with Poor Health by Income





HEALTH DISPARITIES

SHORT DISTANCES: LARGE DIFFERENCES

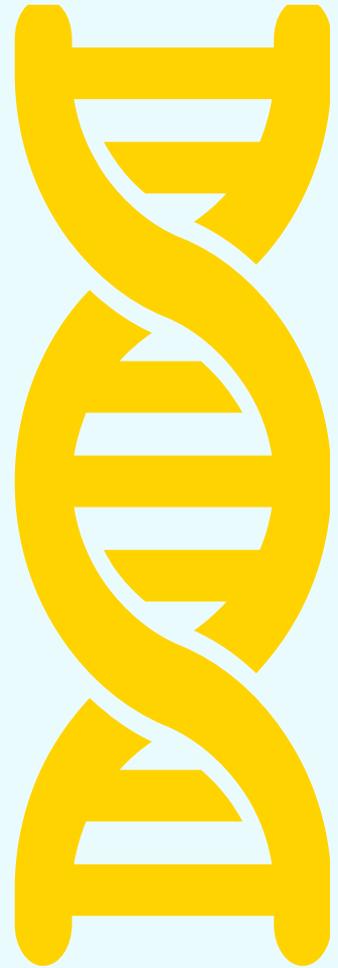
MINNEAPOLIS - ST PAUL



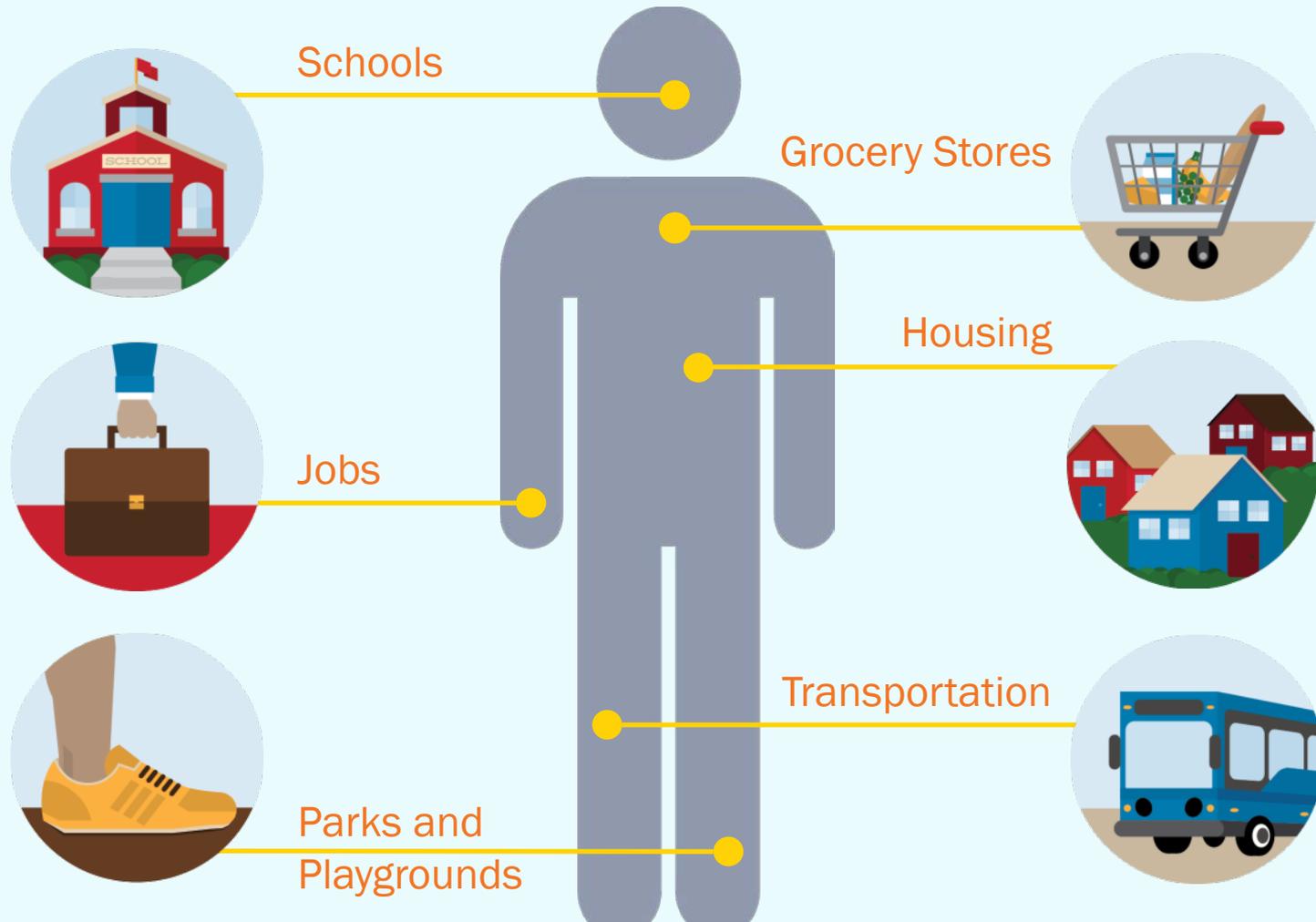
**IN DETERMINING
YOUR HEALTH...**

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PEOPLE GET SICK BECAUSE OF THEIR SOCIAL AND PHYSICAL ENVIRONMENTS



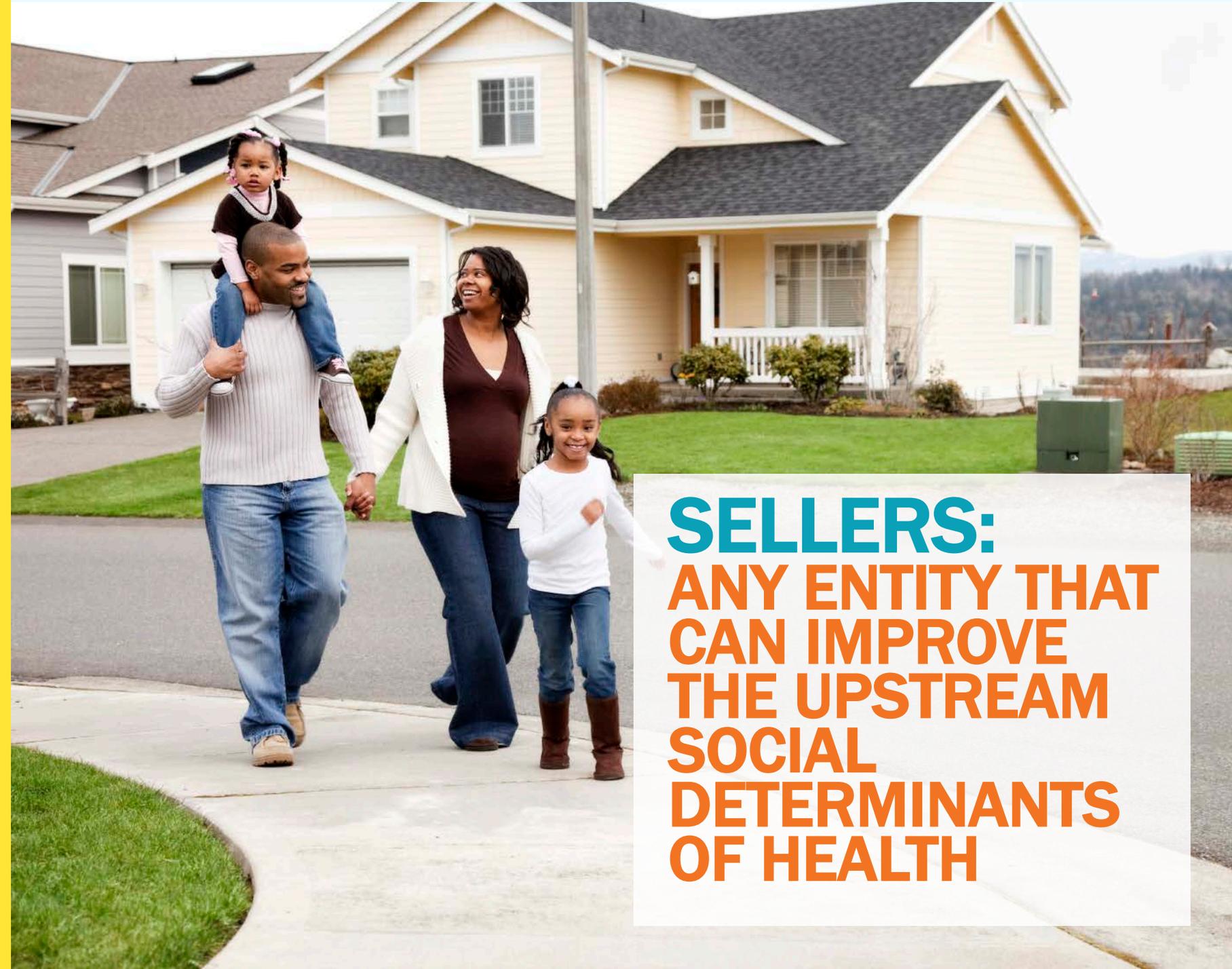
COMMUNITY DEVELOPMENT IS IN THE ZIP CODE IMPROVEMENT BUSINESS



The Market that
Values **Health**



BUYERS:
ALL WHO ARE
WILLING TO PAY
FOR BETTER
HEALTH



SELLERS:
**ANY ENTITY THAT
CAN IMPROVE
THE UPSTREAM
SOCIAL
DETERMINANTS
OF HEALTH**

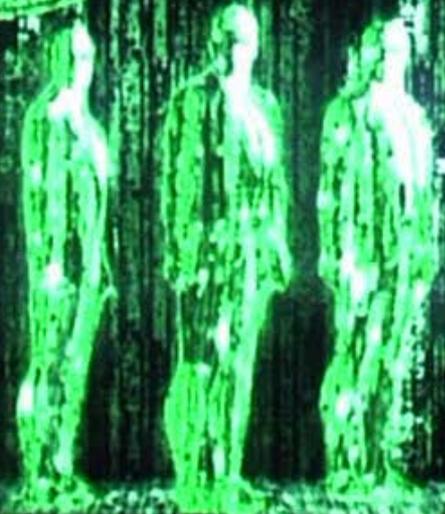
TOOL MAKERS:

**THOSE WHO CAN CREATE THE
TOOLS TO CONNECT BUYERS
TO SELLERS**



The future is here. It's
just unevenly
distributed....

-William Gibson



RESOURCES FOR THE NEXT STEPS



BuildHealthyPlaces.org

By joining forces, community developers and health professionals can have a more powerful impact.

[Learn More About the Network](#)



The Pulse



A monthly roundup of what we're reading and where we've been at the intersection of community development and health.

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AUGUST
Toward health equity

JULY
Proof pours in that home is where the health is

JUNE
How hospitals can improve neighborhoods

THANK YOU!

David Erickson

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