FOUR ERAS OF ANTI-POVERTY WORK

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 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
Health ≠ Health Care
CONTRIBUTIONS TO PREMATURE DEATH

- Behavioral Patterns: 40%
- Genetic Predisposition: 30%
- Environmental Exposure: 5%
- Social Circumstances: 15%
- Health Care: 10%
- Health Care: 10%
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

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Black, Non-Hispanic</th>
<th>Hispanic</th>
<th>White, Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100%</td>
<td>23.9</td>
<td>19.2</td>
<td>20.9</td>
</tr>
<tr>
<td>100–199%</td>
<td>18.3</td>
<td>15.6</td>
<td>14.8</td>
</tr>
<tr>
<td>200–399%</td>
<td>11.2</td>
<td>10.3</td>
<td>7.7</td>
</tr>
<tr>
<td>≥400%</td>
<td>6.8</td>
<td>6.4</td>
<td>4.0</td>
</tr>
</tbody>
</table>
HEALTH DISPARITIES

SHORT DISTANCES: LARGE DIFFERENCES

MINNEAPOLIS – ST PAUL
IN DETERMINING YOUR HEALTH...

59601 >
PEOPLE GET SICK BECAUSE OF THEIR SOCIAL AND PHYSICAL ENVIRONMENTS

- Schools
- Grocery Stores
- Housing
- Jobs
- Transportation
- Parks and Playgrounds
COMMUNITY DEVELOPMENT IS IN THE ZIP CODE IMPROVEMENT BUSINESS
Four Periods of Cross-Sector Community Development

1. War on Poverty (1960s)
2. Comprehensive Community Development (1990s)
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 Revitalization since 1960s

- 1960’s
- 1970’s
- 1980’s
- 1990’s
- 2000’s
- 2010+
2.0 Comprehensive Community Development
3.0 Collective Impact

- **Common Agenda**
  - Keeps all parties moving towards the same goal.

- **Common Progress Measures**
  - Measures that get to the TRUE outcome.

- **Mutually Reinforcing Activities**
  - Each expertise is leveraged as part of the overall plan.

- **Communications**
  - This allows a culture of collaboration.

- **Backbone Organization**
  - Takes on the role of managing collaboration.
“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
Trust and buy-in
Cross-sectoral
Place-based
Data-driven
Community Quarterback
4.0 The Market that Values Social Outcomes

Starting with the Market that Values Health
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
CONNECTORS:
THOSE WHO CAN CREATE THE TOOLS TO CONNECT BUYERS TO SELLERS
A MARKET THAT VALUES HEALTH: New Tools Connect Buyers and Sellers

- PAY FOR SUCCESS (SOCIAL IMPACT BONDS)
- PRIZE-BASED PHILANTHROPY
- ADVANCE MARKET COMMITMENTS
- SOCIAL IMPACT GUARANTEES
- OUTCOMES-BASED LOAN MODIFICATIONS
- INVESTMENT TAX CREDITS
- POPULATION HEALTH BUSINESS MODELS
The future is here. It’s just unevenly distributed....

-William Gibson
RESOURCES FOR THE NEXT STEPS
What Matters: Investing in Results to Build Strong, Vibrant Communities
investinresults.org

Build Healthy Places Network
buildhealthyplaces.org

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THANK YOU!

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