

Community Investments Vol. 9, Issue 4 Building Healthy Communities

Author(s): Jack Richards, Community Affairs Manager, Federal Reserve Bank of San Francisco, in cooperation with Tyler Norris, President, Tyler Norris Associates; Tom Mitrano, Vice President & Manager, Communications and Community Services, Bank of Hawaii; and Joel McCabe, Executive Director, Sunnyslope Village Revitalization and Community Development Coordinator, John C. Lincoln Hospital

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Today's definition of community reinvestment has expanded beyond jobs creation and the development of affordable housing. Successful community reinvestment programs approach community development using holistic applications that take into account, in addition to jobs and housing, other components of healthy communities which include education, transportation and health care. These reinvestment programs are successful because community participants with diverse interests and skills work together to identify issues, seek solutions and measure progress. They do this to foster an improved quality of life within a geographically defined area. Participants in these "healthy community" partnerships may include financial institutions, community-based organizations, local governments, hospitals, businesses, academic institutions and local citizens.

Through their CRA and community development strategies, financial institutions play a critical role in improving the overall health of their communities. By building long-term partnerships with local organizations, banks can leverage their efforts and ensure the creation of community initiatives which have measurable, tangible results. Partnerships among financial institutions, community-based organizations and local governments

are already addressing the need for safe, affordable housing and adequate employment, both of which are components of healthy communities. Success in these areas can be tracked and demonstrated through the establishment and review of specific benchmarks. Developing "community benchmarks" is essential to ensuring that participants with diverse ideas agree on common goals and share the responsibility for attaining these goals.

Tyler Norris, executive director of the Coalition for Healthier Cities and Communities, defines health as "the product of both individual genetic factors and factors related to people's living and working environments." The factors that create health, and therefore healthy communities, include education, adequate housing, meaningful employment, job-skills training, efficient public transportation, recreational opportunities, clean physical environments, and health education and prevention services.

To effectively build healthy communities, Norris says communities must continually develop ways to link information streams, establish priorities and assess resources. For example, in Columbus, Ohio, the Together 2000 Healthy Communities Initiative established a set of long- and short-term community priorities and then sponsored more than 30 community-based initiatives to address the identified local and regional issues. Similarly, the Healthy Detroit Initiative brought together leaders from health care, government, business and neighborhood groups to identify community health issues and develop a plan for improving Detroit's quality of life.

Several major healthy cities initiatives, including most notably those in Jacksonville, Pasadena and Seattle have developed quality of life benchmarks that measure changes affecting these communities. These benchmark indicators vary depending on the focus of each initiative and on the needs of each community. For example, Seattle's "sustainable indicators" track everything from population shifts to the number of salmon

spawning in their native beds. Each indicator has a different community health implication, but each is vital to the ongoing health status of the city and residents of Seattle.

Healthy community initiatives are not limited to cities, since "community" may be defined in numerous ways. Initiatives might occur on the neighborhood level, as in Oakland, California, where activity is focused on improving the health status of the San Antonio neighborhood in east Oakland. Initiatives can be broad, as in Oklahoma City, where a collaborative has been formed which includes four counties and 30 municipalities. A healthy community might even result from the initiative of only one organization, such as Riverside Hospital in Columbus, which has developed a menu of over 150 diverse indicators for measuring the overall health of the communities it serves.

Norris also notes that increased consolidation within the health care industry has accelerated the process of building healthy communities. Recent partnerships among hospitals, HMOs and other insurance providers are resulting in integrated delivery systems which merge diverse interests and require greater consensus within the health care industry. Insurance providers, who traditionally focus on long-term prevention and investment are now partnering with health care providers, who tend to focus on short-term critical care issues. To stay competitive, hospitals and insurance providers are increasingly seeking competitive advantages including an emphasis on preventative measures to improve the health of community members and therefore reduce health care costs. These measures increasingly include the improvement of a community's economic health as an integral part of this prevention process.

Consolidation within the banking industry has also created opportunities to improve banking services and reduce costs, with an eye toward improving the economic health of the communities in which they do business. Tom

Mitrano, communications and community services manager for Bank of Hawaii, believes financial institutions can benefit by combining a focus on long-term investment in the economic health of their communities with the flexibility to meet short-term needs. Mitrano introduced an "assets planning" strategy at the bank which brought him to the attention of the Coalition for Healthier Cities and Communities. This strategy insists that community reinvestment activities produce measurable economic results. Mitrano says "the key to success is to agree on specific, measurable ways a community can be better off, then to structure lending, service, and investment opportunities to deliver those results."

An example of Mitrano's assets planning approach is demonstrated through an agreement that was structured with a local nonprofit to provide job training and life skills for unemployed Hawaiians. In addition to helping the non-profit launch this particular program, the Bank of Hawaii stayed committed to the organization and its long-term goals. It lent bank staff to help the non-profit develop sound financial practices and reduce their reliance on public and private grants. To complete the process, the bank provided targeted investment funds to support these newly created initiatives.

This results-oriented approach has also worked in the Sunnyslope neighborhood of northern Phoenix, where financial institutions have relied on Joel McCabe to help define measurable goals and identify investment opportunities in the area. McCabe, who heads a community development corporation called Sunnyslope Village Revitalization, Inc., has an interest in building a healthy community in part due to his dual role as CDC director and as community development coordinator for John C. Lincoln Hospital, which is located in Sunnyslope. McCabe says the hospital hasn't promoted good health "if it treats someone in its emergency room or outpatient clinic, just to return that person to unhealthy living conditions in the surrounding

community. The hospital believes in preventive medicine for people and neighborhoods."

As director of the CDC, McCabe initially commissioned an Arizona State University community needs assessment for Sunnyslope. Using this document as a blueprint, and through its support of the CDC, the hospital has subsequently been instrumental in the acquisition and development of vacant properties for both commercial and multi-family use. The CDC has partnered with local nonprofits to create a home rehabilitation program in the area, and with the City of Phoenix, local banks, and the Arizona Department of Commerce, has created an in-fill housing program. The Local Initiatives Support Corporation has also been a significant supporter of the CDC's efforts, which are now focused on bringing a supermarket and new businesses into the area.

As a hospital employee, McCabe focuses on community organizations including the development of block-watch groups which have reduced crime in the neighborhoods surrounding the hospital. He points out that there are economic considerations for creating healthier communities. "Hospitals can't stay in business, no matter how good their clinical capabilities, if patients are too fearful to travel to them for services."

As people are increasingly concerned with the health of their communities, "creating the building blocks of good health, such as strong families, good jobs and education, lies largely outside the health care system," according to Norris. "In healthy communities, the health status of community residents is not the sole responsibility of health care providers."

The Healthy Communities Movement

The healthy communities movement can be traced to a 1974 Canadian government report which concluded that environment and lifestyle improvements would make a greater contribution to the health of Canadians

than would improvements to the health care system. This report led to a full-scale effort by the World Health Organization (WHO) to support an effort to improve quality of life in 34 European cities in the mid-1980s. The movement has since spread to more than 1,500 communities in more than 50 countries around the world.

The U.S. Department of Health and Human Services embraced the concept in 1989 when it asked the National Civic League to help launch the U.S. Healthy Communities Initiative, which served as a resource for communities nationwide.

Support for healthy communities projects is available from the WHO Healthy Cities Collaborating Center at Indiana University in Indianapolis as well as from organizations including the American Hospital Association's Hospital Research Trust in Chicago and the Healthcare Forum in San Francisco.

For more information on the Coalition for Healthier Cities and Communities, call Tyler Norris at (303) 444-3366. Information about Sunnyslope Village Revitalization, Inc. is available by calling Joel McCabe at (602) 997-4310.

About the Authors



Jack Richards is Community Affairs Manager for the Federal Reserve Bank of San Francisco. As manager, Jack oversees Community Affairs staff working with financial institutions and communities in the nine western states that comprise the Federal Reserve's Twelfth

District. Previously, Jack worked as a commercial lender, a CRA and fair lending consultant, and as a CRA officer. He is a fellow of the W.K. Kellogg Foundation National Fellowship Program.

Tyler Norris conducts community-based planning and capacity-building processes around the world as Executive Director of the Coalition for Healthier Cities and Communities and as President of Tyler Norris Associates, a consulting firm. Previously, he directed the Civic Assistance and United States Healthy Community Programs for the National Civic League in Denver and the Connections Program for the Windstar Foundation in Snowmass, Colorado. He is also a fellow of the W.K. Kellogg Foundation National Fellowship Program.

Tom Mitrano is Vice President and Manager of Communications and Community Services for Bank of Hawaii. Tom has worked as a legislative advocate and heads the strategic planning committee of the Hawaii Community Foundation.

Joel McCabe is Community Development Coordinator for John C. Lincoln Hospital and Executive Director for Sunnyslope Village Revitalization, Inc. His role is to serve as the hospital's liaison in the immediate vicinity of the hospital and to improve the economic health and well-being of residents in the Sunnyslope Village Revitalization area.