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DOI: 10.1377/hlthaff.2011.0896
HEALTH AFFAIRS 30,
NO. 11 (2011): 2056–2063

Partnerships Among Community Development, Public Health, And Health Care Could Improve The Well-Being Of Low-Income People

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ABSTRACT Safe, vibrant neighborhoods are vital to health. The community development "industry"—a network of nonprofit service providers, real estate developers, financial institutions, foundations, and government—draws on public subsidies and other financing to transform impoverished neighborhoods into better-functioning communities. Although such activity positively affects the "upstream" causes of poor health, the community development industry rarely collaborates with the health sector or even considers health effects in its work. Examples of initiatives—such as the creation of affordable housing that avoids nursing home placement—suggest a strong potential for cross-sector collaborations to reduce health disparities and slow the growth of health care spending, while at the same time improving economic and social well-being in America's most disadvantaged communities. We propose a four-point plan to help ensure that these collaborations achieve positive outcomes and sustainable progress for residents and investors alike.

Community development is an enterprise that helps low-income people and communities by giving them access to financing and other tools to build affordable housing, start businesses, and build community facilities such as charter schools, health clinics, and child care centers. In short, community development helps make struggling communities more vibrant economically and stronger socially. A connection that is not made often enough, however, is why and how these interventions potentially make communities healthier as well.

In this article we discuss the origins and growth of the community development sector; describe some of the ways in which its activities have addressed the "upstream" causes of poor health; provide specific examples of community development programs that have collaborated with the health sector or otherwise focused on advancing health; and offer prescriptions for how the community development sector can collaborate even more closely with the health sector in the future to maximize human health and well-being.

Community development involves partnerships among representatives of the nonprofit, for-profit, and public sectors, including banks, local governments, and real estate developers. But at its heart are two coordinating institutions that often act as the quarterbacks for community development projects. These institutions are community development corporations and community development financial institutions, which can be thought of as nonprofit banks working exclusively on behalf of low-income people.

Community development corporations emerged during the 1960s and 1970s as a voice for the poor, as well as a vehicle to create economic opportunity through jobs, services, and capital investments in poor neighborhoods. Today community development corporations also develop high-quality and social service–enriched

housing for low-income families. Unfortunately, community development corporations have been hampered by a structure that prevented them from attracting adequate capital to support capital-intensive housing projects.

To solve this problem, in the 1980s a second type of community advocate arose: community loan funds, started largely with capital investments from the pension funds of religious orders. Now known as community development financial institutions, these organizations assemble private and philanthropic capital to support community projects of all kinds, including homes, schools, child care centers, and recreational facilities.

The Origins Of Community Development

In its modern form, community development was born out of the War on Poverty. In the debates over the Equal Opportunity Act in 1964, Attorney General Robert Kennedy argued that communities needed new local institutions in order to take control of their political and economic destinies.[1]

Several War on Poverty programs tried to execute Kennedy's vision. Among them were the community action plans and community action agencies of the 1964 Economic Opportunity Act and subsequent programs that included Model Cities and the Special Impact Program. Between 1964 and 1974, poor communities created nearly 100 community development corporations that got their start as community action agencies.[2]

The War on Poverty programs had a strong focus on improving specific neighborhoods by using "place-based" approaches such as building affordable housing. They also took "people-based" approaches by offering programs that put an emphasis on job training, early education (Head Start), and health. Often the various programs would be coordinated at the neighborhood level by a community action agency or a community development corporation.

However, the effort to create institutions that were controlled by local residents enjoyed only limited success in the 1960s. Some of these institutions were quite good at incorporating the contributions of local citizens and delivering services. At the same time, many were inefficient, ineffective, or corrupt. And in all cases, the War on Poverty programs were politically charged and could not maintain the support they received early in the decade.

The late 1960s and early 1970s brought important changes to the funding of antipoverty programs. Most of the community development programs were either cut or put into a new block grant program for local government created by the Community Development Block Grant Act of 1974.

In the 1970s and early 1980s federal antipoverty work through community development nearly disappeared. What is less well known, however, is that during this time of stress and major cutbacks, there was a burst of institution building at the local level. Small nonprofits were formed over conversations in coffeehouses, church basements, and union halls across the country.

The new nonprofits were also linking together in new and more effective ways that leveraged local partnerships with help from larger regional and national partners. Part of this linkage was accomplished by new entities known as intermediaries. Two leading intermediary institutions that were established in the late 1970s and early 1980s were the Local Initiatives Support Corporation and the Enterprise Foundation. From 1980 to 2010, for example, the Local Initiatives Support Corporation worked with thousands of community development corporations and other nonprofits, raising more than $11.1 billion to build or rehabilitate nearly 277,000 affordable homes and develop 44 million square feet of retail, community, and educational space nationwide.[3]

The community development network continued to expand in the 1980s. It comprised legacy organizations and programs from the War on Poverty and the new nonprofits that sprang up in the absence of federal leadership on community development. The network received substantial new funding with the Low Income Tax Credit and the then newly created HOME Investment Partnership block grant.[4] The tax credit and block grants provided sizable new resources, and the community development network grew and matured into the system we have today.

As a result, the once incipient community development network that got its start with federal support in the 1960s, and grew by volunteerism in the 1970s and 1980s, was transformed into a substantial industry with new federal resources. The number of community development corporations, for example, in the hundreds in the 1960s, grew to 4,600 by 2005.[5] And although there were sizable geographic gaps in the community development network, by 1990, 95 percent of cities across the country had at least one community development corporation.[6]

The community development field experienced another important burst of development in the mid-1990s, thanks to two related federal initiatives: the creation of the Community

Development Financial Institutions Fund in the Department of the Treasury, and the advent of a new investment tax credit for small business and community facilities, the so-called New Markets Tax Credit. The fund allocates the New Markets Tax Credit and has awarded more than $29.5 billion in tax credits since 2000.[7] The tax credits help capitalize nonprofit and for-profit lending institutions that, in turn, finance small businesses and create jobs in low-income neighborhoods.[7]

Community development financial institutions have demonstrated an impressive and continued ability to find new and creative ways to finance innovative programs benefiting low-income neighborhoods nationwide. From 1994 to the present, the number of community development financial institutions has grown from fewer than 100 to nearly 1,300; they are located in cities, in rural areas, and on Native American reservations.[8] Total financing from these institutions was $5.53 billion through 2008.[8] It should be noted that this sum represents only the tip of an investment iceberg, because community development transactions almost always draw additional sources of capital.

Funding For Community Development

Today community development blends funding from many federal and local sources: the Community Development Block Grant, HOME Investment Partnership, Low Income Housing Tax Credit, and New Markets Tax Credit, among others. Although small when compared to the vast needs of low-income communities, these programs nevertheless steer billions of subsidy dollars into poor neighborhoods every year. The four programs listed above alone delivered more than $13 billion a year since 2006.[4]

Current subsidy programs, such as the Low Income Housing Tax Credit, are a good investment for the federal government because the community development finance network is able to channel these precious subsidy dollars into much larger transactions that include below-market-rate and market-rate capital. The additional sources of capital include foundations, corporations, and, most important, loans and investments from banks, motivated by the Community Reinvestment Act of 1977. Exact numbers for how much bank capital has been steered to community development are hard to come by, but one tally by staff at the Federal Reserve Board of Governors puts the loan amounts (excluding equity investments) at more than $500 billion from 1996 to 2010 (Phil Daher, Federal Reserve Board of Governors, e-mail communication, August 18, 2011).

To appreciate the scope of the community development industry, it is necessary to look beyond dollar amounts.

To properly appreciate the scale and scope of the community development industry, it is necessary to look beyond dollar amounts. Consider, for example, the number of affordable apartments that have been built for low-income families. Nearly 2.5 million affordable homes have been built with the Low Income Housing Tax Credit since the program began in 1987.[9] These homes received additional funding from other sources, including the block grants and bank capital. To put that accomplishment into perspective, the number of homes built with tax credit funds exceeds the number of government-subsidized apartments that are still in use from every era of federal housing policy since 1937—including the government-financed housing famously known as "the projects" built in the Public Housing and Section 8 eras.[4]

The Overlap Between Health Improvement And Community Revitalization

The community development network has grown in sophistication and capability. It has been able to harmonize many streams of capital—government subsidies and foundation grants, bank lending and investment, and equity investments for tax credits—to address needs identified by local residents and institutions representing the interests of low-income communities.

Among the millions of homes that have been built by community development initiatives, a dizzying array of products cater to a range of ethnicities, communities, and geographies. *The Housing Policy Revolution*, published in 2009, analyzed hundreds of different affordable housing projects and found developments designed for grandparents raising their grandchildren, migrant farm workers, and people living with

HIV, among many others. Billions of dollars have been invested in high-quality charter schools, giving low-income families an alternative to failing public schools, and in local businesses that cater to consumers' ethnic preferences in food, dress, and other goods and services. Increasingly, community development is also focusing on very young children, by providing capital for high-quality child care centers.[4]

The following three examples explore the explicit connection between health improvement and the work of community development that has also become the subject of increased attention.

AFFORDABLE HOUSING WITH SUPPORTIVE SERVICES Mercy Housing is a nonprofit affordable housing developer that has participated in the development, operation, and financing of more than 39,400 affordable homes serving more than 135,000 people in eleven states.[10] Most of those homes were financed using the core federal community development subsidy programs (Low Income Housing Tax Credit, Community Development Block Grant, and the HOME block grant), in tandem with Community Reinvestment Act–motivated bank loans and investments, and corporate and foundation investments and grants.

Mercy Housing has been a pioneer in incorporating health services into its housing projects, creating a much better environment for tenants and often saving the health care system sizable amounts of money. At a Federal Reserve conference in July 2010, the chief executive officer of Mercy Housing, Sister Lillian Murphy, described the Mission Creek Apartments in San Francisco. This project has a branch of the public library and views of the bay. It is both close to downtown and within walking distance of a baseball stadium. It also offers adult day care and was part of an innovative program to shift fifty residents from a city-run nursing home, the Laguna Honda hospital, to the Mission Creek Apartments.

Murphy described the cost savings to the health sector: "Three years after we started this property, we got a letter from the department of public health that said they had estimated that they are saving…$29,000 per resident per year on care for those fifty individuals."[11] The total savings per year to the city is $1.45 million, and the quality of life for the residents is much better.[12]

Mission Creek is part of a larger and longer-term effort by Mercy Housing to work with health systems across the country. The developer's aim: to bring its affordable housing development expertise to bear in helping health systems achieve the dual goals of "reducing the cost of uncompensated care by providing stable living environments for the disabled and formerly homeless and healthy safe homes that reduce illness, while strengthening local community relations."[13]

URBAN REVITALIZATION, ECONOMIC GROWTH, AND ACCESS TO FRESH FOOD Market Creek Plaza in San Diego is a multifaceted commercial development with community facilities, such as an amphitheater. It was constructed on the site of an old aerospace factory, in a neighborhood that had been heavily contested by rival gangs. Today it is a thriving multicultural landscape where local residents have access to fresh food at a new grocery store and are served by a mainstream bank (an important amenity for low-income neighborhoods usually overpopulated with payday lenders and check cashers).

The project was made possible by the leadership of the locally based Jacobs Family Foundation, but many national foundations also invested in this project, along with Wells Fargo Bank and federal, state, and local government agencies. The financial architect of this transaction, which blended nine separate sources of financing, was the Clearinghouse CDFI (Community Development Financial Institution). The developers of the project engaged in an extensive community listening process with more than 3,000 local residents. Residents' input helped tailor the $25 million project to suit local needs.

Chief among these needs was better access to fresh food in what is commonly called a "food desert." Residents therefore attracted a grocery store to serve as the development's anchor business. Residents who lacked access to more distant alternatives no longer have to rely on liquor stores and fast food chains, which offer a more limited and less healthful range of choices at higher prices, to feed their families.[14]

COMMUNITY DEVELOPMENT FUNDING AND TRANSPORTATION INVESTMENTS Another example highlights the need to connect transit to neighborhoods, giving the poor access to opportunities outside their communities and encouraging residents to walk to transit stations. In 2011 the Low Income Investment Fund created a $50 million fund for housing and community services located near mass transit. The fund blends public (Metropolitan Transit Commission), philanthropic, and private (Morgan Stanley and Citibank) capital. Favorable financing is available to developments within walking distance of a train station.[15] Community developers can access flexible, affordable capital to acquire sites near transit lines for housing, retail space, child care centers, fresh food outlets, and health clinics.

In many instances, community development approached the idea of transit-oriented development as a way to connect low-income families to jobs and to save these households money. A study by the Center for Neighborhood Technology showed that households with good connections to public transportation can spend as little as 12 percent of their budget on transportation, in contrast to the more than 30 percent for households whose members must drive long distances for work and services.[16]

But equitable transit-oriented development may have important health effects as well. In a recent study in the *American Journal of Preventive Medicine*, researchers compared two groups of randomly selected commuters in Charlotte, North Carolina, where a new light rail system was built. After one year, those commuters who regularly took the new train were, on average, 6.45 pounds lighter than those who continued driving to work.[17] Additional research suggests that public transportation can particularly help low-income people because as they walk to and from transit stations, they are likely to walk more each day than their wealthier counterparts who do not commute using public transportation.[18]

There is increasing pressure to gentrify areas around transit stations as the popularity of taking mass transit increases. A community development organization such as the Low Income Investment Fund was needed to crack the code in assembling favorable capital so that low-income families could share in the benefits of more walkable neighborhoods that have stronger connections to the regional economy.

How Health And Community Development Can Work Together

Community development has made many impressive gains over the past decades. But to address the root causes of poverty, it must find new approaches, ideas, partners, and sources of financing. Some of the most exciting new partnerships are with the health and health care sectors.

Here we explore how future collaborations integrating health and community development might work, by examining four core strategies: transforming the new generation of federally qualified health centers into community developers; partnering with mainstream medical systems that are reaching out to their communities (possibly as community benefit projects, in the case of nonprofit hospitals); incorporating the measurement tools already used by the health sector into community development activities, to measure and document outcomes that can inform future investments and allow for course corrections; and finding ways to incorporate such integrative activities into a new business model that aligns incentives for all concerned parties.

TRANSFORMING THE NEW GENERATION OF FEDERALLY QUALIFIED HEALTH CENTERS The Affordable Care Act of 2010 authorized $11 billion over the next five years to operate, expand, and build new community health centers.[19] If Congress does in fact appropriate this level of funding, expansion of the system would coincide with planned extensions of health insurance coverage to more low-income people in 2014. Thus, the time may be at hand for a boom in construction of federally qualified health centers.

This dramatic expansion of centers could also provide a rare opportunity to recast the new clinics in the role of community developers. Many clinics already operate this way; they think of the entire community as their concern, in a way that is reminiscent of the War on Poverty clinics that embraced the concept of community-oriented primary care.

This approach harkens back to an even earlier era in South Africa. One leader of that earlier movement, John Cassel, later emigrated to the United States and further refined the model. Cassel emphasized the role of social, cultural, and psychological factors in determining long-term health, concluding that "stress factors were important in the genesis of physical disease whereas social support networks exercised a protective effect."[20]

We would argue that the federally qualified health centers could coordinate more closely with community development financial institutions and community development corporations to become a better builder of Cassel's social support networks. The new bridge between clinics and community development organizations would make it possible for the medical community to plug into a network that already has strong connections to community groups, local governments, local social service providers, and a host of funders— from foundations to banks and socially motivated investors.

ENLISTING THE MAINSTREAM MEDICAL COMMUNITY As ideal as clinics are as coordinators in the integration of health and community development, they do not have the resources to effect the system-level change that would be possible if the larger mainstream medical community were to be enlisted. Recently, Veronica Gunn, the medical director of community services for the Children's Hospital and Health System of Wisconsin, characterized her job as changing the focus of her hospital from treating illness to promoting wellness in its community

Having data to tell the story would also help energize efforts to improve the well-being of disadvantaged US residents.

(Veronica Gunn, Children's Hospital of Wisconsin, e-mail communication, August 9, 2011). But she had never heard of a community development financial institution and was only vaguely aware of community development. Reaching out to hospitals and other medical institutions could bring considerable new resources and expertise. And nonprofit hospitals might also be increasingly motivated to do this type of work if this activity helps them maintain their community benefit status.[21]

Consider the Children's Hospital and Health System of Wisconsin, which has invested in a community engagement initiative to promote its vision of having the healthiest children in the nation. The initiative uses "an evidence-based approach to improving population health that facilitates the development of critical capacity within community leaders such that they are equipped to change the physical, social, and cultural environments which influence health behaviors," according to Gunn. By improving the environment in which health behaviors occur, she observes, "community members (and our patients) are enabled to effectively change the behaviors that lead to improved population health."

If more physicians and medical directors like Gunn knew they had a ready and able partner in community development, they might find themselves able to boost their efforts to work on the social determinants of health in their communities.

INTEGRATING COMMUNITY DEVELOPMENT AND HEALTH An integrative initiative could yield dividends both in terms of smarter community development investments and in the ability to more clearly and compellingly explain the benefits of those investments. Consider the example of access to fresh food in low-income neighborhoods.

There is enthusiasm now for programs such as the federal Healthy Food Financing Initiative, which is a half-billion-dollar-per-year program jointly administered by the Department of the Treasury's Community Development Financial Institutions Fund, the Department of Health and Human Services, and the Department of Agriculture. Measuring and understanding the full health value of improving access to fresh produce and healthful food is essential to determining whether the program is a success and evaluating potential trade-offs. Perhaps there would be better outcomes if the money were invested in school lunch programs. Maybe investing in better transportation to and from existing stores would have a more positive impact. Or maybe some combination of approaches would be most beneficial.

The health sector is skilled at measuring health outcomes. The community development sector would benefit from acquiring the same expertise to help it discern whether limited funding is being spent in the most effective way. Having data to tell the story of health improvements resulting from community development would also help energize efforts to improve the well-being of disadvantaged US residents.

BUILDING THE BUSINESS MODEL The technical challenge of turning properly integrated, cross-sector initiatives into a business model has many possible solutions. In the short term, it is already possible to use existing community development funding streams to make community- and health-improving investments. For example, it is possible today to combine funding from the New Market Tax Credits to help fund new federally qualified health centers or to build new charter schools with bank loans motivated by the Community Reinvestment Act, as the Local Initiatives Support Corporation does with health clinics in the school buildings that serve students during the morning and the community in the afternoon and evening.

In the longer term, it might be possible to create vehicles that borrow from the health maintenance organization or accountable care organization models, so that the financial incentives are properly aligned to reward disease prevention and health-promoting investments. Another strategy to accomplish this same goal is the social impact bond, first piloted in Britain.[22] These bonds allow investors to be financially rewarded if the prevention activity financed saves the government money downstream. This financing tool is still in its early stages of development, and although it is promising, it has not yet proved to be a vehicle that can provide financing on a large scale.

Finally, there need to be long-term initiatives that study the ability of health sector–commu-

nity development collaborations to slow the growth of health spending for the entities ultimately responsible for the bulk of it: the federal government (primarily through Medicare and Medicaid) and private payers, including employers and health insurers. If a health–community development integration initiative can be proven to save medical costs downstream, then participation might be seen as more than a judicious investment and could be justified as a cost-saving strategy.

Conclusion

Community development has a history of being rooted in low-income communities and connecting them to programs and capital sources that help people help themselves. The examples highlighted in this article—Mercy Housing's efforts to keep low-income seniors out of a costly nursing home and living in a more active environment; the work of the Jacobs Family Foundation and Clearinghouse CDFI to turn an abandoned factory into a thriving business district complete with a supermarket to provide access to fresh food; and the use of mass transit to bring about important health improvements in Charlotte—are just a sample of the ways community development can improve health.

Greater opportunities lie ahead. Many of those opportunities involve better coordination of the community development and public health sectors. Moving beyond coordination to integration will require the health sector to see community development as its partner in addressing the "upstream" factors that influence health. Community development will need to rely on the health sector for data and measurement to help build the business case for constructive interventions in low-income neighborhoods. Working together, both sectors can build a new, sustainable business model to improve communities and improve health. ■

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In this month's *Health Affairs*, David Erickson and Nancy Andrews observe that historically the community development sector has rarely collaborated with the health sector or even considered the health effects of its projects. The authors note, however, that collaborations between the two sectors have great potential for helping reduce health disparities and slow the growth of spending on health care while also improving the economic and social well-being of disadvantaged communities.

Toward that end, Erickson and Andrews propose a plan to help ensure that such collaborations achieve positive outcomes and sustainable progress for both residents and investors.

Erickson, the director of the Center for Community Development Investments at the Federal Reserve Bank of San Francisco since 2007, has been with the center since 2005. As editor of the Federal Reserve Bank of San Francisco's journal, *Community Development Investment Review*, which devoted a seminal 2009 issue to the topic of community development and health, Erickson has taken an active role in convening a series of meetings jointly sponsored by the Federal Reserve and the Robert Wood Johnson Foundation in major US cities. The goal: to forge stronger collaborations among members of the health and community development sectors to systematically improve health, lower the rate of growth of health spending, and revitalize America's urban landscape.

Erickson's recent history of community development, *The Housing Policy Revolution: Networks and Neighborhoods*, was published in 2009 by the Urban Institute Press. He holds a doctorate in history from the University of California (UC), Berkeley, with a focus on economic history and public policy, as well as a master's degree in public policy from the Goldman School of Public Policy at UC Berkeley.

Nancy Andrews is the president and chief executive officer of the Low Income Investment Fund.

Andrews has been the president and chief executive officer of the Low Income Investment Fund since 1998. A community development financial institution with $600 million in assets, the fund has invested $1 billion in community development projects over twenty-seven years. Those projects, which include 56,000 affordable homes for families and 180,000 spaces for child care, generate more than $19 billion in benefits for families and society.

Andrews's career spans thirty years of diverse experience in the community development field. She received a master's degree in urban planning, with a concentration in real estate finance, from Columbia University.