



CRA AT FORTY

Revitalizing Health: Investing in Community Well-Being

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MENTAL AND PHYSICAL WELL-BEING

The public health field in the United States has made great strides in the last 20 years. Researchers have begun to understand the relationship between adverse childhood experiences (ACEs) and adult health outcomes. Additional newborn screenings have improved outcomes for infants. Rates of tobacco use have significantly declined and cancer screening rates have increased. Many other milestones have been reached that have positively impacted all of society. Yet significant challenges remain.

Though the United States has secured footing as a leader in technological and medical innovations, the overall health status of its residents lags far behind that of peer nations. Among 35 developed and developing nations throughout the world, the U.S. ranks 26th for life expectancy.¹ Many resources have been dedicated to improving health outcomes by focusing on healthcare, despite the fact that by most estimates, it accounts for less than 10 percent of overall health status.² These investments have not resulted in healthy communities; life expectancy in the United States declined in 2015 for the first time since 1993.³

¹ United Health Foundation, "America's Health Rankings, Comparison with Other Nations, 2016 Annual Report," 2016, available at <https://www.america'shealthrankings.org/learn/reports/2016-annual-report/comparison-with-other-nations>

² Bridget C. Booske, Jessica K. Athens, David A. Kindig, Hyojun Park and Patrick L. Remington, "Different perspectives for assigning weights to determinants of health," University of Wisconsin: Population Health Institute, February 2010, available at <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>

³ Lenny Bernstein, "U.S. life expectancy declines for the first time since 1993," The Washington Post, December 8, 2016, available at https://www.washingtonpost.com/national/health-science/us-life-expectancy-declines-for-the-first-time-since-1993/2016/12/07/7dcdc7b4-bc93-11e6-91ee-1a4ddfe36cbe_story.html

COMMUNITY HEALTH

Social factors play a significant role in overall health status; estimates on their contribution to health range from 20 to 40 percent.⁴ Economic well-being is an essential factor in the mental and physical health of communities, and is considered one of the social determinants of health (SDOH). A report released by the Robert Wood Johnson Foundation defines SDOH as, “...nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health. They are ‘social’ in the sense that they are shaped by social policies.”⁵ Financial stability not only provides access to many of the resources necessary for a healthy life, but is also necessary to positively respond to life’s many challenges. This resilience, or the ability to “bounce back” from adverse situations, can be diminished by financial insecurity at the individual, family and community levels. The consequences of this distress are costly, and are felt far beyond neighborhoods, census tracts and zip codes.

COMMUNITY FINANCIAL HEALTH

There are many opportunities for collaboration among stakeholders that influence the social determinants of health. Economic development within communities remains a challenging SDOH to address within disadvantaged communities, but resources can be aligned to meet complex financial and health needs in ways that advance equity. Anchor institutions, institutions that are rooted in communities and have strong ties to residents through investments, employment and the provision of services, play an important role in the overall well-being of individuals within their service areas. Because of this, the ways in which anchor institutions engage or exclude community members from decisions has a profound effect on overall health. Historical injustices such as redlining and discriminatory lending practices inflicted further disadvantage upon certain communities, and created vulnerability among previously vibrant communities. The impact of these actions reverberates today and is manifested through high unemployment rates, low economic activity and poor infrastructure within neighborhoods targeted by these practices. When a vital component of well-being like economic stability is weakened, individual and community health deteriorates as well.

PUBLIC POLICY

As practitioners in the financial and public health fields work to develop responses to these injustices, it is important to recognize that their actions can either create or perpetuate existing inequities, or prevent and reduce them. Activities designed to remedy historical injustices will not fully realize their positive impact unless those affected by these policies are fully engaged as partners in the planning, development, implementation, evaluation, dissemination and allocation of resources designated for these initiatives. There must be a conscious effort to recognize the strengths and assets of communities, and prevent inflicting further disadvantage upon marginalized and vulnerable populations. Leading these efforts with equity will not only eliminate longstanding barriers, but will also raise the bar for everyone.

⁴ Bridget C. Booske, Jessica K. Athens, David A. Kindig, Hyojun Park and Patrick L. Remington, “Different perspectives for assigning weights to determinants of health,” University of Wisconsin: Population Health Institute, February 2010, available at <http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>

⁵ P. Braverman, E. Arkin, T. Orleans, D. Proctor and A. Plough, “What is Health Equity? And What Difference Does a Definition Make?” Robert Wood Johnson Foundation, May 2017, available at <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

CRA AS A TOOL FOR THRIVING COMMUNITIES

The Community Reinvestment Act serves as a resource to combat economic inequities, and consequently improve community health. The activities, projects and initiatives that have been implemented through the CRA improve the stability of communities – but the potential is much greater. Financial institutions can play a significant role in promoting the health of the most disadvantaged residents in their service areas. Investing in health amplifies social and economic dividends through larger and stronger workforces, reduced financial burdens on the healthcare sector, reductions in “brain drain” from underinvested neighborhoods and even the opportunity for overlooked talent and intellect to be recognized and used to restore community resilience. CRA practitioners should seek to fund activities and projects that align with other strategic health plans that incorporate the social determinants of health. Community members most impacted by historical injustices and disadvantage should be actively engaged as partners in CRA community development activities and not solely viewed as recipients of services. Opportunities for public health and financial professionals to collaborate on health-promoting activities should also be explored and maximized. Although there are various frameworks within each field to conceptualize economic development and implement positive solutions, the potential for collective impact is significant and should not be ignored.

Health is influenced by and influences most aspects of lived experience. Ensuring that investments are made to address economic security as a social determinant of health will result in thriving communities where everyone can enjoy the benefits of a shared culture of health.

ABOUT THE AUTHORS

ARIEL ARTHUR is a passionate, engaged public health professional with a focus on issues of equity and justice. She graduated from The George Washington University in May 2014 with a B.A. in Biological Sciences and a minor in Public Health. Ariel currently works as a Health Policy Analyst with the Kentucky Department for Public Health's Office of Health Equity to reduce inequities throughout the commonwealth. Her work in the Chronic Disease Prevention Branch includes addressing issues of asthma and colon cancer. Ariel is a California native and has also lived in Atlanta and Washington D.C. Now that she calls Kentucky home, she enjoys working to ensure all populations she serves achieve the highest level of well-being.

ABOUT THE BOOK

This article first appeared in **CRA at 40: Views on the Present and Future of Community Reinvestment**, published by findCRA in November 2017. The book was created in celebration of the 40th anniversary of the Community Reinvestment Act. It tells the stories of community development, from the perspective of those working in our communities who bring their knowledge and passion to bear every day in confronting the most critical problems facing communities in need. The book is about real-world experiences told in plain language by those who live them to provide a lens for readers to see CRA at work, ideas for its future and most importantly, what it means in people's lives. To access the full text or order copies of the book, please visit www.findCRA.com/CRAat40.