



Healthy Communities

Community Development and Health in the Chicago Metro Region Key Ideas and Opportunities for Action and Engagement

Introduction

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and goes on to say, “the fundamental conditions and resources for health are: peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice, and equity.”¹

A longer, healthier life is inextricably linked to one’s social and economic conditions. Likewise, strong, vibrant communities are dependent on having healthy residents. With this in mind, health and community development leaders in the Chicago metropolitan region are increasingly recognizing that their fields have shared goals related to addressing inequities, combating poverty, and improving community health and well-being through affordable housing, living wage jobs, economic development in low-income communities, quality educational opportunities, community safety, environmental sustainability, and access to resources for healthy living.

There are many interesting and innovative projects in the region featuring multi-sector partnerships; however, there is still a need to establish broad alignment and collaboration that maximizes the knowledge, skills and financial and human resources of both sectors.

Throughout 2013, diverse stakeholders from across the Chicago metropolitan region engaged in discussions to explore the intersections between community development and health. Activities included:

- » Engaging regional stakeholders, community-based organizations, government agencies, elected officials, and community residents in shared learning about the broad fields of community development and health.
- » Looking at commonalities in purpose, vision, and goals.
- » Exploring innovative and collaborative approaches to community-based interventions, infrastructure development, collaborative systems development, policy, financing, and measuring impact.
- » Beginning to identify opportunities for enhanced collaboration.

Summit

On June 12 and 13, 2013, 171 people participated in the Chicago Regional Healthy Communities Summit. The summit planning team included representatives from the Federal Reserve Bank of Chicago, the Illinois Public Health Institute, Access Community Health Network, the Adler School of Professional Psychology, the Chicago Community Trust, the U.S. Department of Housing and Urban Development (HUD), IFF, LISC Chicago, and the Northern Illinois Public Health Consortium (NIPHC).

The Chicago Regional Healthy Communities Summit focused on three broad areas of potential cross-sector convergence – policy, practice, and finance.

Speakers and participants at the summit represented: affordable housing developers, banking and finance, community-based organizations, community development corporations, community organizers, federal and state agencies, health care providers, local government officials, local and regional planning and economic development agencies, philanthropy, public health departments, and social service agencies.

The Chicago Fed’s Community and Policy Studies department recently published a summary of key takeaways from the summit.²

Community Meetings

In order to engage more community residents in contributing to the vision and identifying opportunities for action and collaboration, three community meetings were held between August and November 2013 in Chicago's Grand Boulevard community, Aurora, and Lansing.³ The community meetings were convened by the Illinois Public Health Institute, the Adler School of Professional Psychology, and Chicago Metropolitan Agency for Planning (CMAP) in partnership with Cook County Department of Public Health, Kane County Health Department, Family Focus Aurora, and Quad Communities Development Corporation. Nearly 100 people participated in roundtable discussions that yielded lively conversation, compelling insights, and clear testament to the need for collaboration between community development, public health, and community partners.

Key areas of discussion at the community meetings included:

- » Collaboration needs to include many stakeholders, and also hold all stakeholders accountable – community members, practitioners, and policymakers.
- » Participants emphasized that community engagement needs to include ways to impact decision-making. Decision-makers and planners (public, private, and nonprofit) often seek to “engage” community members, but rarely include ways to influence final decisions. Participants in Aurora and Lansing discussed ways to empower residents to sustain and strengthen engagement in healthy community development strategies.
- » Participants shared health problems they observed in their communities. Obesity and related illnesses such as hypertension and diabetes were frequently mentioned. Participants also noted that mental illness, depression, anxiety, and general stress are impacting residents. Substance use and violence were also mentioned frequently.
- » Participants also identified many economic, social, and environmental factors that affect health in their communities (known in public health as “social determinants of health”). Participants in all three meetings highlighted the important connections between economic factors and health. Issues such as lack of a livable wage and poverty were identified as having profound impacts on individual and community health.
- » Participants in all three meetings said that a lack of community resources (such as health clinics, recreation centers, youth services and mental health services) and the high costs of accessing some resources were barriers to health. Participants in Chicago and Lansing highlighted health disparities and noted that their communities appeared to have fewer resources than other communities. Health education and health literacy also came up at all three meetings as important areas for improving health.

Key Ideas to Inform Work on Healthy Communities

The following themes emerged - from the summit and community meetings - as important to consider as collaborative work moves forward in the Chicago metropolitan region:

- » **Collaboration - across sectors and with community residents and policymakers** - is essential to impact complex social, economic and health issues.
- » **Community engagement in decision-making and implementation of initiatives** will facilitate greater success.
- » **The region is broad and diverse.** Approaches to collaboration and engagement will play out differently across different contexts.
- » **Changing demographics and geographies of poverty and economic instability** are important to take into account when designing collaborative initiatives.⁴
- » **Continued capacity building, knowledge sharing and multi-sector strategizing** should happen at both the regional and local level.
- » **System infrastructure and capacity** are important because current partnerships between community development and health tend to be one-offs rather than part of any strategic or systems approach.
- » **Shared metrics and approaches to evaluating progress as well as sharing innovative best practices** will facilitate successful collaboration and maximize impact.
- » **Sustainable financing and funding mechanisms need to be developed.** Participants identified the need to align investments from philanthropy, health care, government, business and banks. Participants also pointed to the need to understand return on investment (ROI) and how to address the “wrong pocket” problem.
- » **Addressing the social determinants of health** produces long-term and more sustainable health improvement and requires collaboration across sectors.

Opportunities for Action and Engagement

The Building Blocks – Specific Opportunities for Collaborative Initiatives

» Community Assessment and Planning

- » Coordinate efforts across sectors including hospitals, health departments, United Way, human services, community development corporations, Federally Qualified Health Centers (FQHCs), CMAP, local planning and economic development agencies, foundations, and financial institutions.

» Capacity Building

- » Prioritize meaningful public engagement by residents, especially those that are disproportionately impacted, in planning and decision-making. Some initiatives to build on include: participatory budgeting, health impact assessment, and community-driven development.
- » Promote assessment by health and community development organizations to enhance their internal mechanisms for community engagement and develop innovative approaches to participatory decision-making.
- » Create capacity building and leadership development opportunities in low-income communities to affect decision-making processes. Focus on: grassroots organizing, fundraising, understanding policy, and training to sit on boards and commissions.
- » Develop cross-sector learning opportunities for health, community development and community based organizations. Topics include: data analysis and interpretation, inter-governmental and inter-jurisdictional collaboration, participatory and collaborative decision-making, finance and funding.

» Health in All Policies and Health Equity

- » Incorporate health considerations into economic development, affordable housing, active transportation, sustainability and climate change, food access, and similar plans and projects.
- » Offer training and educational opportunities on tools and approaches for incorporating health and equity considerations in policy, project and program decisions.
- » Leverage CMAP's Local Technical Assistance projects to promote greater consideration of health in local planning processes.

» Data and Measurement

- » Develop strategies to share data to inform cross-sector collaboration, foster innovation, integrate services, and promote public participation.
- » Develop some common indicators, metrics and approaches to measurement.
- » Create systems for data integration that link individual health information, population-level indicators and community development data.

» Affordable Care Act Implementation

- » Leverage ACA implementation opportunities, including community health assessment and community benefit; broadening FQHCs' scope to include more community prevention; the Illinois Plan for Transformation's focus on incentivizing prevention through payment reform, restructuring the health care delivery system, and expanding the role of community health workers; Medicaid funding in supportive housing; and facilitating access to health-related jobs for low-income people.

» Financing

- » Work collaboratively with financial institutions to leverage new CRA guidance to nurture more robust investment in low-income communities.
- » Leverage investments in community infrastructure to maximize health benefits and explore ways to develop integrated bricks-and-mortar infrastructure and healthy community programming.

» Networking and Relationship-Building

- » Support continued coordination between regional entities (CMAP and NIPHC) to facilitate more collaboration between health planners and community development planners.
- » Develop a Chicago Regional Healthy Communities Clearinghouse to share information about ongoing initiatives, communicate with a wider set of stakeholders, and spark innovative partnerships.
- » Build on existing innovative partnerships, such as those related to: healthy food access and local food systems; community safety, violence prevention, and youth development; active transportation and transit oriented development; early childhood education; and environmental justice.

Opportunities for Action and Engagement

Key Contextual Factors

Health and community development are in a period of transformation, and this changing landscape needs to be considered in developing collaborative initiatives.

- » Cross-agency collaboration at the federal level – examples are the National Prevention Strategy and Sustainable Communities Initiative.
- » Affordable Care Act implementation (ACA). (see page 3 for more detail)
- » Interagency Questions and Answers Regarding Community Investment, guidance released by the Federal Reserve, FDIC and OCC in November 2013, provides clarification for financial institutions about how community development investments will be considered for fulfillment of the Community Reinvestment Act (CRA).
- » Innovative financing tools – examples are ‘pay for performance’ investing and social impact bonds, including the state of Illinois’ new program.⁶
- » Grantmakers increasingly looking for initiatives that demonstrate strong multi-sector partnerships, networks, and “collective impact”.
- » Increasing inter-governmental and inter-jurisdictional collaboration in community development and health fields.
- » Technology, policy, and business drivers lead to increased sharing of data between government agencies, service providers and the public.

Long-Term Collaboration for Social Change, System Transformation, and Collective Impact

Achieving transformation and collective impact through alignment and collaboration between community development and health in the Chicago metropolitan region will likely include:⁷

- » Coordinated assessment and planning, with shared metrics and approaches to evaluating progress.
- » Mutually reinforcing action with consistent and open communication.
- » Shared leadership and clear responsibility and accountability for individual partners.
- » Ability to be innovative in leveraging investments and weaving together different funding streams.
- » Coordinated approaches to changes in policy (regulatory, legislative, and institutional).
- » Designated organization(s) to convene and coordinate.
- » Involvement of partners and community leaders with expertise in community organizing.
- » A broad coalition that can have influence from both the top-down and the bottom-up.

Some questions that will need to be addressed in launching and sustaining long-term collaboration include:

- » How narrowly or broadly to define the set of issues?
- » What is the geographic scale?
- » How are community residents engaged in decision-making?

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Footnotes

The Ottawa Charter for Health Promotion, November 21, 1986. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

² Longworth. (2013). The converging Visions of Public Health and Community Development. ProfitWise News and Views. Federal Reserve Bank of Chicago. https://www.chicagofed.org/digital_assets/publications/profitwise_news_and_views/2013/PNVDec2013_FINAL_web.pdf

³The communities where meetings were held have diverse demographic and geographic characteristics, but are similar in the sense that they all face significant community development and health challenges.

⁴Clary, Kreisberg, & Terpstra. (2013). Poverty Matters: It’s now 50/50, Chicago region poverty growth is a suburban story. Social Impact Research Center.

⁵“Wrong pocket” problem refers to circumstances where economic value generated by an intervention accrues to different stakeholders or sectors than those who invested in the intervention (e.g. improvements in child health provide economic value to the education system).

⁶In September 2013, Illinois Governor Pat Quinn announced a rolling request for proposals for social impact bonds.

⁷Several recent studies on collective impact and characteristics of successful multi-sector collaboration informed this list of activities:

Hanley Brown, Kania, & Kramer. (2012). Channeling change: Making collective impact work. Stanford Social Innovation Review.

Trust for America’s Health. (2014). Twin Pillars of Transformation: Delivery System Redesign and Paying for Prevention.

Sprong & Stillman. (2014). Building Healthy Communities by Leveraging Multi-Sector Investments: New Opportunities to Improve the Health and Vitality of Communities. Health Resources in Action.