



TOWARDS A BETTER SOCIAL SAFETY NET

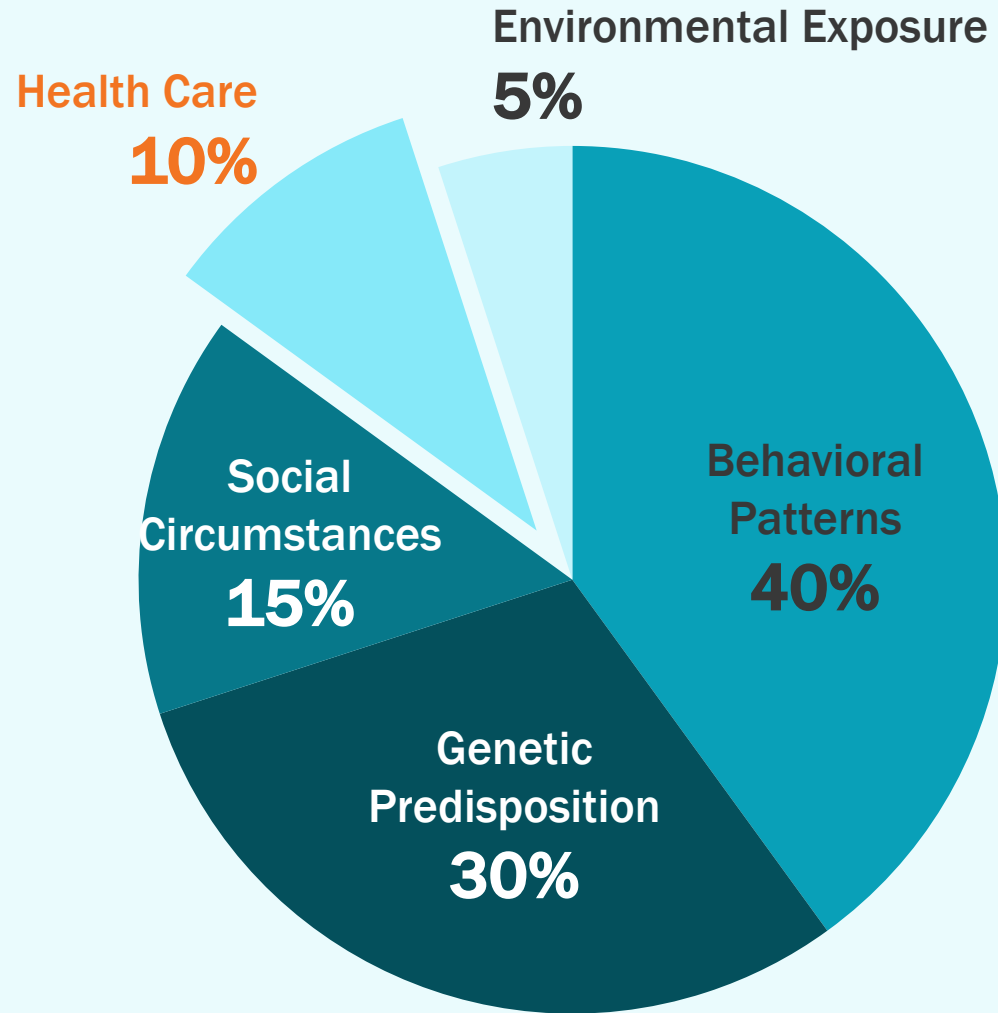
DAVID ERICKSON, FEDERAL RESERVE BANK OF SAN FRANCISCO

Health

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Health Care

CONTRIBUTIONS TO PREMATURE DEATH

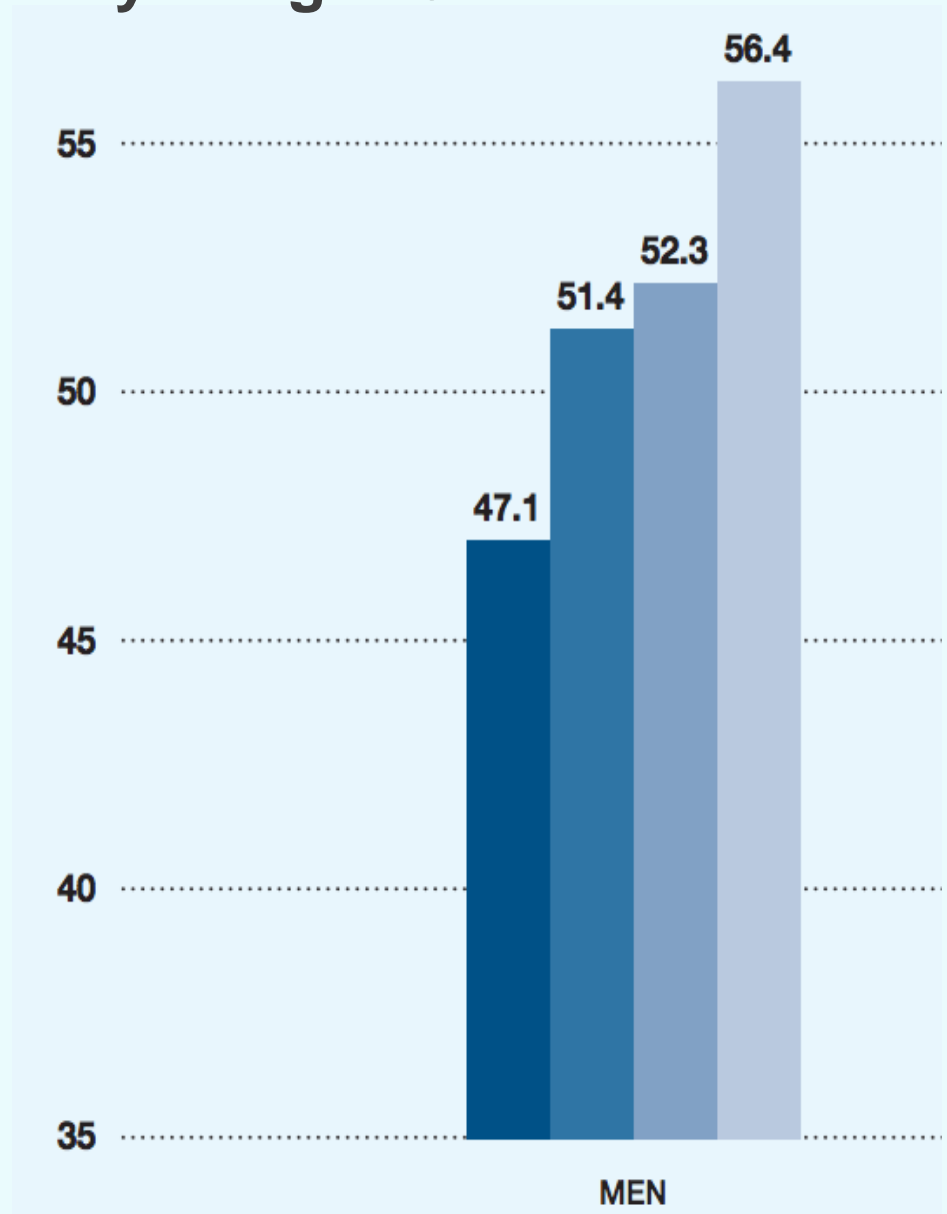


HEALTH = EDUCATION

Life Expectancy at Age 25

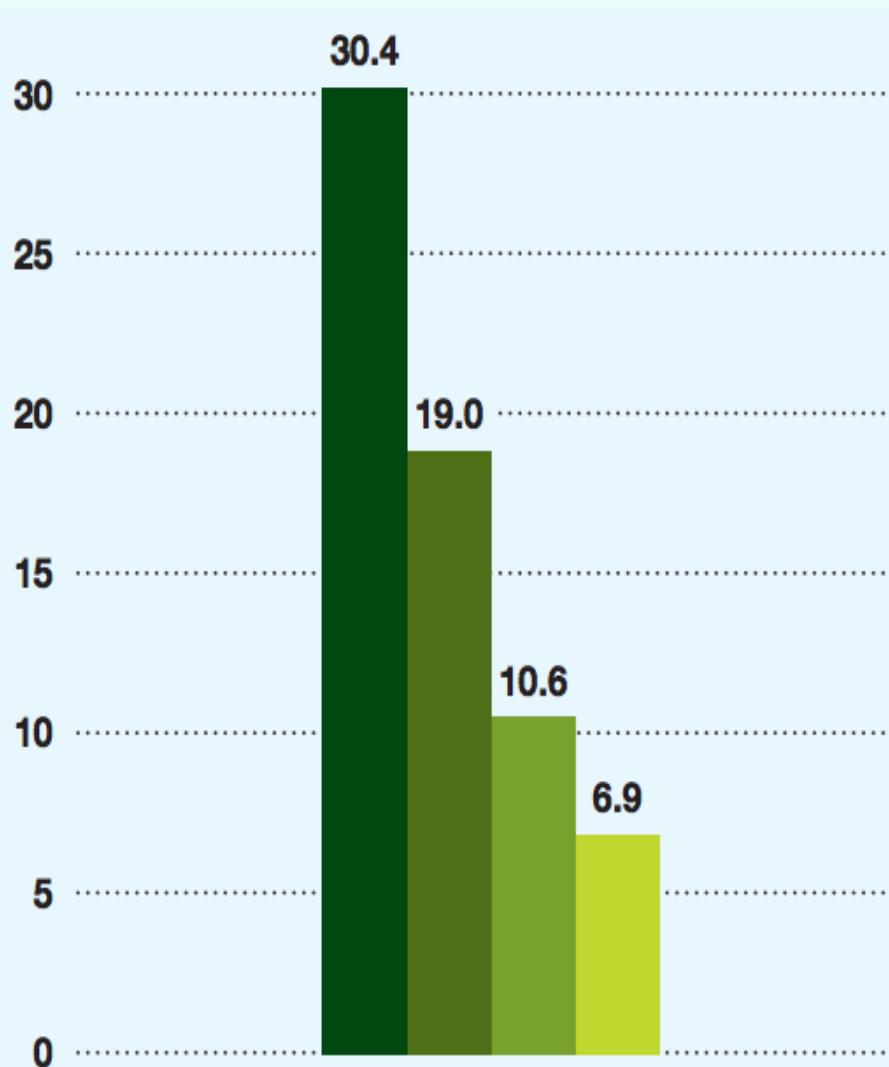
Educational Attainment

- Less than high school
- High-school graduate
- Some college
- College graduate



HEALTH = INCOME

Percent of Children with Less than Very Good Health

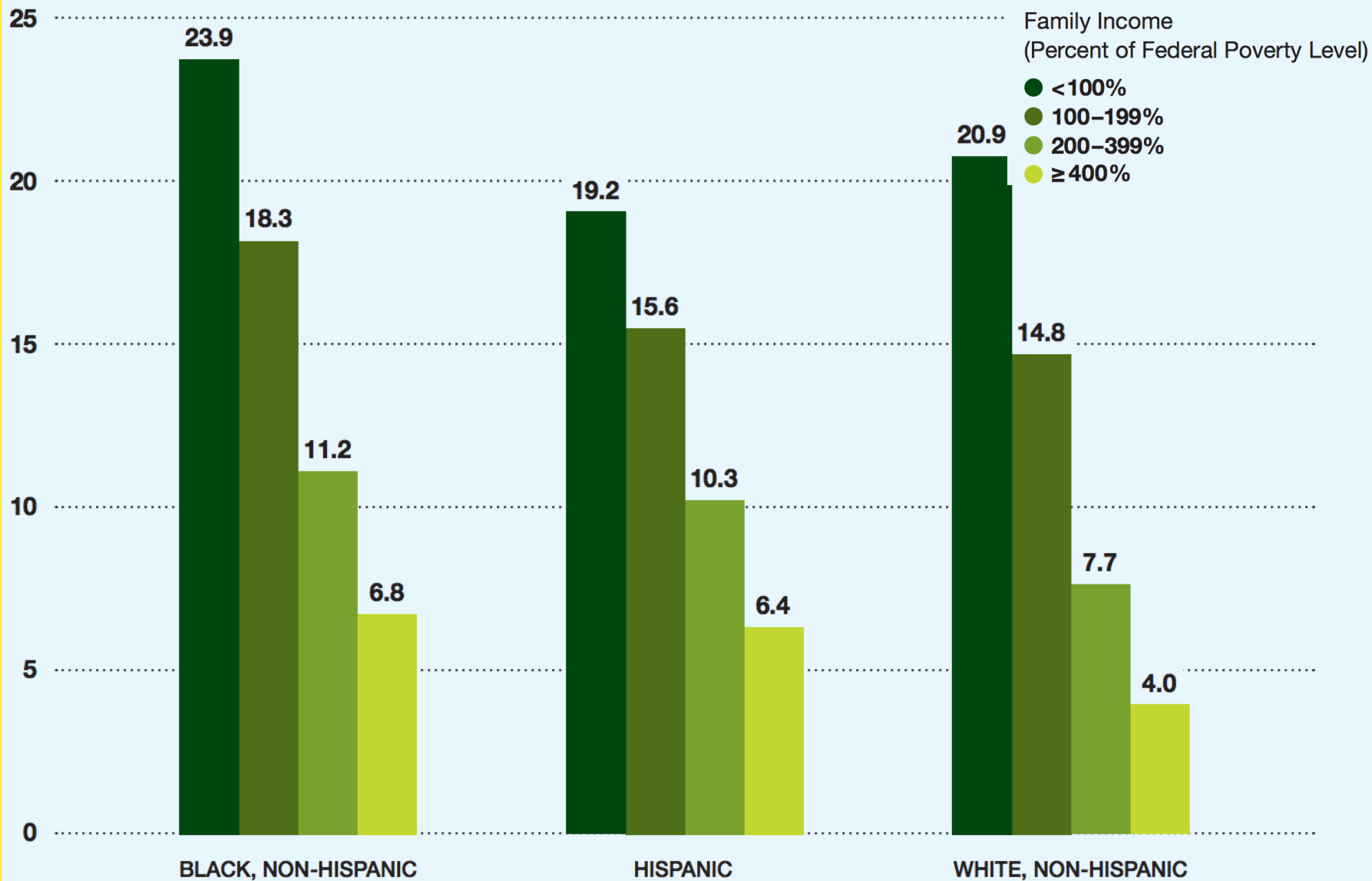


Family Income
(Percent of Federal Poverty Level)

- <100%
- 100–199%
- 200–399%
- ≥400%

ACROSS ALL RACIAL/ETHNIC GROUPS

Percent of People with Poor Health by Income



HEALTH DISPARITIES

SHORT DISTANCES: LARGE DIFFERENCES

MINNEAPOLIS – ST PAUL

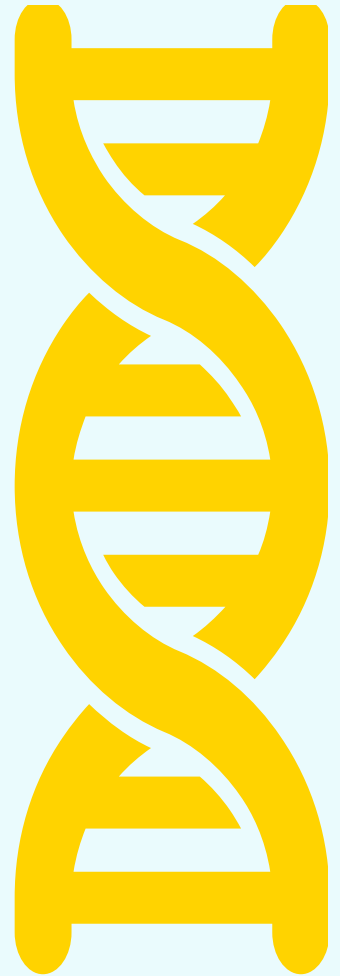
RWJF Commission
to Build a Healthier America

Robert Wood Johnson Foundation

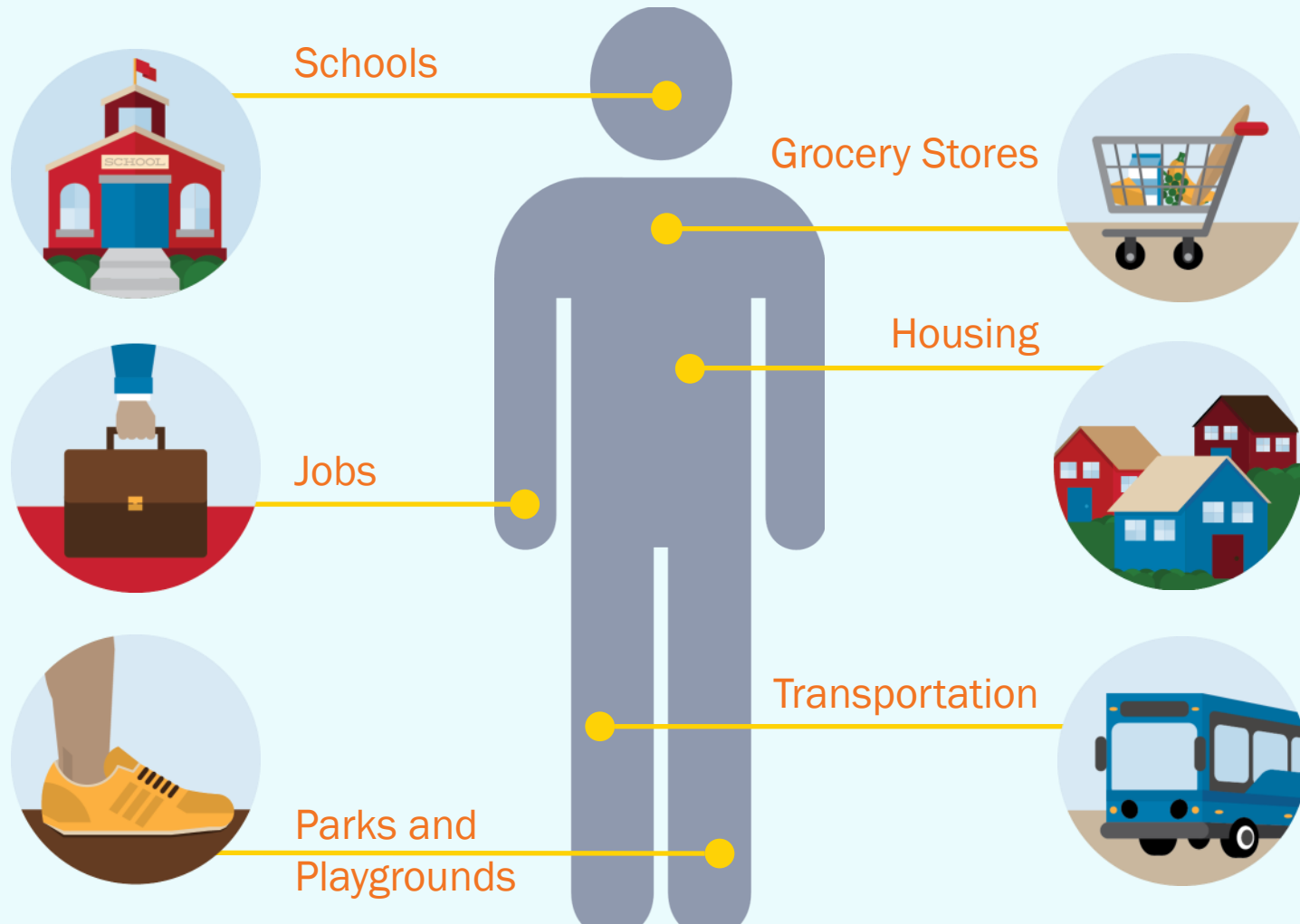


**IN DETERMINING
YOUR HEALTH...**

59601



PEOPLE GET SICK BECAUSE OF THEIR SOCIAL AND PHYSICAL ENVIRONMENTS



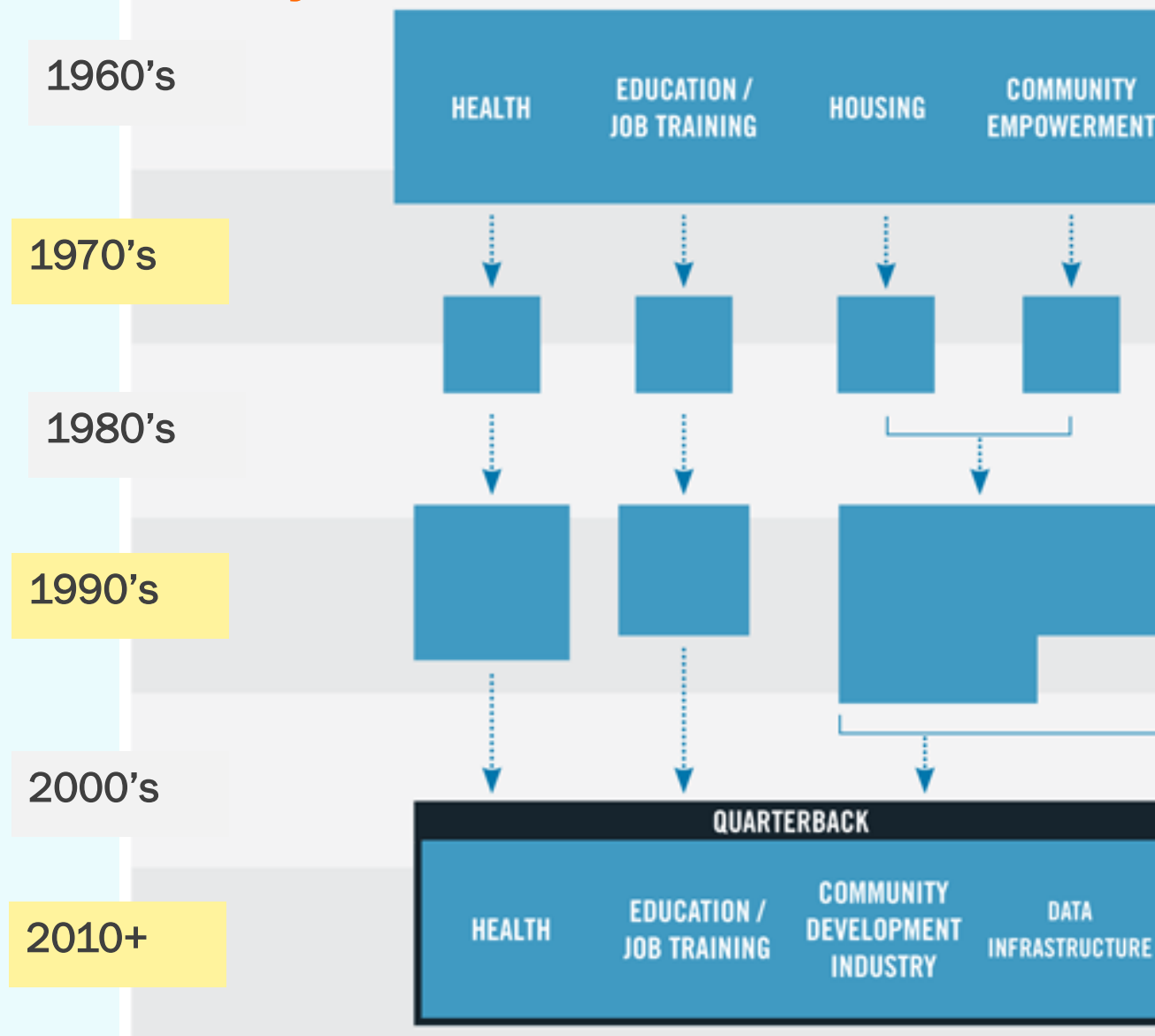
COMMUNITY DEVELOPMENT IS IN THE ZIP CODE IMPROVEMENT BUSINESS



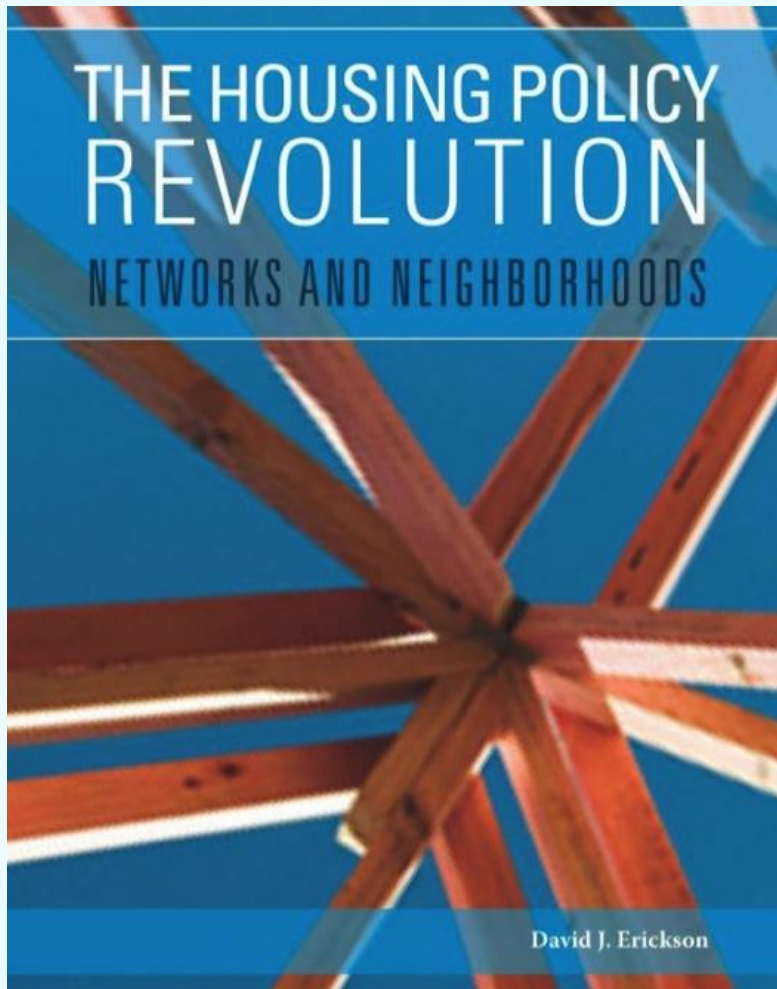
Four Periods of Building a Better Social Safety Net

- 1.0 War on Poverty (1960s)
- 2.0 Comprehensive Community Development (1990s)
- 3.0 Collective Impact (2012)
- 4.0 Creating the Market for Health (2018+)

Community Revitalization since 1960s



1.0 Legacy: Community Development



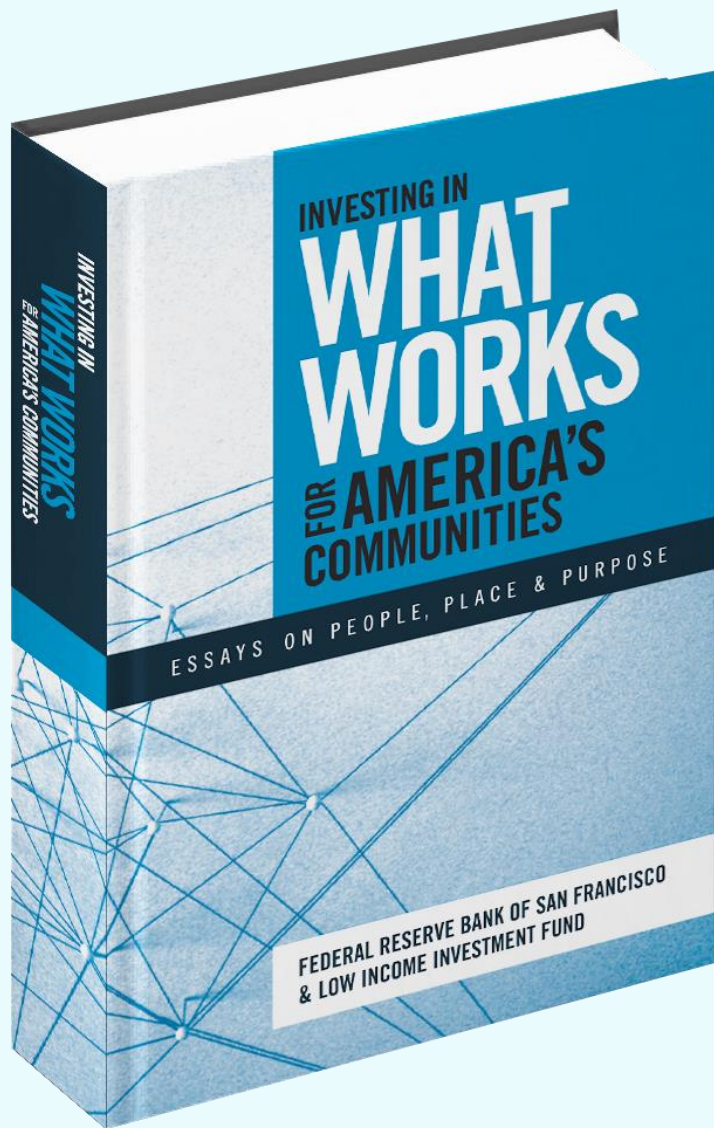
- Nonprofit community development corporations (**CDCs**)
- Banks and for-profit corporations
- Intermediaries: community development financial institutions (**CDFIs**)
- Partnership with federal, state, and local **government**

2.0 Comprehensive Community Development



3.0 Collective Impact





“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

Building Block Ideas for a New Social Safety Net

1. Early Evolution of the Social Safety Net
2. Blaming Capitalism is Not Helpful
3. Differential Diagnosis
4. Health = Sense of Control
5. Complex Adaptive Systems
6. Downstream vs. Upstream
7. Alignment of Interventions is Possible
8. Alignment of Data is Possible
9. Alignment of Funding/Financing is Possible

4.0 The Market that Values Health



BUYERS:
ALL WHO ARE
WILLING TO PAY
FOR BETTER
HEALTH



PRODUCERS:
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

Examples of the Market that Values Health

1. United Health and Chicanos por La Causa
2. Conway Center/Healthy Futures Fund
3. Healthy Neighborhood Equity Fund
4. AIM Healthy Fund
5. LISC \$10 billion/10 years commitment
6. CFSI – Household Financial Health
7. NeighborWorks/Enterprise Health Outcomes Demonstration Project
8. CDC National Center for Chronic Disease Prevention

Health is a state of complete physical, mental, and social well-being and not simply the absence of infirmity.

**—Constitution of the World Health Organization,
1948**

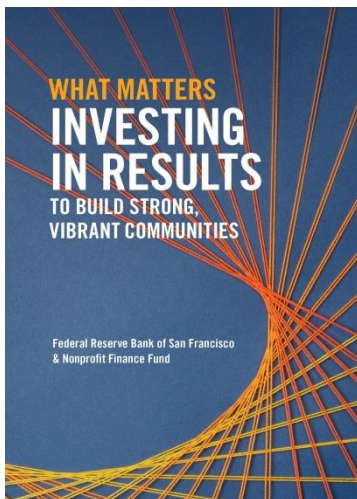
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Medieval towns were: “Non-feudal islands in a feudal sea.”

**—Adam Smith, Wealth of Nations
1776**

RESOURCES FOR THE NEXT STEPS

RESOURCES



What Matters: Investing in Results to Build Strong, Vibrant Communities
investinresults.org



Build Healthy Places Network

Build Healthy Places Network
buildhealthyplaces.org



**FEDERAL RESERVE BANK
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THANK YOU!

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