



Making Up for Lost Time: *Forging New Connections between Health and Community Development*

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*“The best time to plant a tree was 20 years ago. The
second best time is today.”*

—Chinese proverb

In 1915, on the lower east side of New York, dilapidated tenements were packed with the nation’s poorest people and our newest immigrants. Poor air, water, and food were the rule rather than the exception. Tuberculosis, pneumonia and diarrhea were rampant, and early death was common. That year, under the headline of “Poverty Kills 300,000 Babies Yearly,” *The New York Times* reported: “Babies whose fathers earned less than \$10 a week died at the appalling rate of 256 per 1,000. On the

other hand, those whose fathers earned \$25 a week or more—who had what might be called an ample income—died at the extremely low rate of 84 per 1,000.”¹ A century ago, the link between poverty and poor health was both recognized and operating in full force.

Today, health and economic status remain as intimately intertwined as they were 100 years ago. Across the globe, countries with the lowest GDP also have the highest mortality rates. Here in the United States, the infant death rate

in Mississippi, where the typical household earns less than \$36,000 per year, is twice that of New Jersey, where the average income exceeds \$64,000. And in King County, Washington, home to 1.9 million residents, life expectancy in the poorest communities averages seven years less than in the wealthier Seattle neighborhoods and suburbs.

Wealthier people on the whole are healthier, and healthier people are more economically productive. Common sense suggests it should be fairly easy to create mutually re-enforcing strategies and programs that lead to both economic improvement and better health, but it has proven to be much more difficult than expected. Despite shared goals, public health and community development professionals have been curiously slow to partner and benefit from each other's wisdom and expertise. However, three evolving realities in today's public health world are making an obvious and important case for bringing public health and community development efforts together. These include:

- The changing nature of 21st century preventable disease;
- The increasing link between health disparities and place; and
- The early positive evidence from early adopters of combined health and development strategies.

Below, we describe each trend in more detail and explain why we think they are creating new incentives for public health to partner with community development. We also provide examples of efforts from our community—King County, Washington—that are capitalizing on these changes and simultaneously advancing both health and community development.

The Changing Nature of 21st Century Preventable Disease: Chronic Disease Prevention Requires a Community Approach

In 1900, pneumonia, tuberculosis and diarrhea were the leading causes of death in the United States. Public health regulations and programs were enacted to improve sanitation and protect people from unsafe food and drinking water. Vaccines were developed to prevent many communicable diseases altogether. Public health nurses went house to house to help prevent mother and infant deaths in families. These interventions worked; better yet, they were effective regardless of an individual's economic status. The life expectancy of people living in the United States rose from 49 years in 1900 to 78 years in 2000 due in large part to the effectiveness of these traditional public health practices.²

Today, the leading causes of death are heart disease, cancer, and stroke. The underlying preventable causes

of these conditions are smoking, poor diet, and lack of physical activity. Public health's historical approaches—providing medical and technological services or programs and regulations as protection from external threats—are now mismatched with the job at hand. There is no obesity vaccine or pill that will prevent children from smoking their first cigarette. The key to better health now lies in the prevention of chronic diseases, largely through the adoption of healthy behaviors. While behavior is ultimately an individual choice, the ability to make healthy choices is increasingly dependent on the community in which one lives. Eating nutritious food is difficult if fresh produce is not stocked by your corner grocery store. Keeping physically active is hard if you don't have access to bikes or walking trails and your streets are unsafe to walk on.

Improving health today requires interventions that create communities in which the healthy choice is the easy choice. The assets of well-designed and developed communities—like safe streets, a mix of retail stores, local jobs, good local schools, adequate housing, transportation choices, and opportunities to get adequate physical activity—are increasingly recognized as major determinants of the rates of chronic disease. The shift in the nature of preventable disease in this country from infectious to chronic diseases is pushing public health to develop new approaches and to prioritize goals, strategies and interventions that now, more than ever, align with those of community development.

Integrating Health into Community Planning Processes

In King County, as in many other communities around the country, neighborhood planning typically falls to departments of planning and development, transportation, parks, and other experts in land use planning and design. Recognizing that the environment in which people live, work, learn and play is linked to their health, Public Health—Seattle & King County (Public Health SKC) staff have worked for several years to integrate health into these land use and transportation planning processes. To support cities in advancing this approach, the King County Board of Health developed and adopted Planning for Healthy Communities Guidelines in 2010 (see Table 1). These guidelines are designed to inform and provide standards for local land use and transportation planning and development practices that promote health and ensure that all people and communities have the opportunity to make healthy choices regardless of their income, education or ethnic background.

While having guidelines is a necessary first step, it is often challenging for individual cities with limited staff resources to incorporate policies based on guidelines into their city comprehensive plans. Using federal stimulus funds from an American Recovery and Reinvestment Act

Table 1 King County Board of Health Guidelines: Planning for Healthy Communities

| Topic | Guideline | Rationale | Community Planning Element |
|---------------------------------|---|---|--|
| Physical Activity | Residents in all communities in King County have access to safe and convenient opportunities for physical activity and exercise. | Planning and design that encourages and enables access to walking, bicycling, transit, and other means of exercise in safe and inviting environments provides residents with ways to obtain needed levels of daily physical activity. | <ul style="list-style-type: none"> Housing, schools, jobs, parks, and commercial and public services within walkable proximity of neighborhoods; Number, size, and accessibility of parks and open space; Presence of sidewalks, walking and bicycle paths; Transit safely reached by walking or bicycling; Presence of affordable community centers and other recreational facilities. |
| Nutrition | Residents in all communities in King County have access to healthy, affordable foods. | Land use planning incorporates all aspects of the food system, especially access to healthy, affordable, and nutritious foods. | <ul style="list-style-type: none"> A robust local farm to table chain, including community gardens and other food growing opportunities in urban areas; Long-term preservation of farm land; Number and location of healthy food retail outlets including farmers' markets and grocery stores; Safe and reliable transportation options to healthy food retail outlets. |
| Harmful Environmental Exposures | Residents in all communities in King County are protected from exposure to harmful environmental agents and infectious diseases. | Community design and land use, building, and housing standards can reduce exposure to harmful environmental agents in our air, water, food and soil. | <ul style="list-style-type: none"> Building and design standards that create safe, healthy, and accessible indoor environments; Planning policies and practices to reduce generation of and exposure to air pollutants; Water resource management that provides safe water for drinking, recreation, and fisheries; Management of standing water to prevent transmission of infectious disease; Safe management and disposal of solid and hazardous waste and overall reduction of solid and hazardous waste. |
| Injury, walking and biking | Residents in all communities in King County use transportation systems designed to prevent driver, bicyclist and pedestrian injuries. | Land use patterns, roadway design, and availability of and access to safe non-motorized transportation can reduce risk of motor vehicle collisions and bicycle and pedestrian injuries. | <ul style="list-style-type: none"> Safe roadways and roadway design that prevent motor vehicle collisions; Safe pedestrian paths, sidewalks, and street crossings; Well designed and safe bicycle paths and lanes. |
| Injury, violence | Residents in all communities in King County live in safe communities free from violence and fear of violence. | Land use patterns and community design can create environments that reduce violence by fostering a sense of community and security in which residents are safe accessing services, recreation, schools, and jobs. | <ul style="list-style-type: none"> Commercial districts and community spaces designed for interaction and community cohesiveness, safety, and convenient access; Presence of well lit and maintained parks, streetscapes, and other public spaces; Site and building design enables open and unobstructed views of public areas and prevents isolated and hidden spaces. |
| Tobacco Use | Residents in all communities in King County are protected from involuntary exposure to second hand tobacco smoke and children cannot access tobacco products. | Land use patterns, ordinances, and zoning affect access to and use of tobacco products and exposure to secondhand smoke. | <ul style="list-style-type: none"> Policies limiting tobacco use and exposure to second hand smoke; Planning practices limiting tobacco retail outlets near public open spaces and youth-centered facilities, especially schools. |
| Alcohol Use | Residents in all communities in King County are protected from negative impacts of alcohol. | Land use patterns, ordinances, and zoning can affect access to and use of alcohol products and alcohol-related violence and injury. | <ul style="list-style-type: none"> Land use and zoning patterns inform community decisions about access to alcohol; Planning practices managing the location and impact of bars, taverns, and retail outlets that sell alcohol near public open spaces and youth-centered facilities. |
| Mental Health and Well-being | Residents in all communities in King County benefit from community design that maximizes opportunities for social connectivity and stress reduction. | Community design can reduce individual isolation, promote social interaction and community cohesiveness, and alleviate environmental determinants of stress. | <ul style="list-style-type: none"> Safe, inviting, accessible venues and community places that encourage beneficial social interaction and community cohesiveness; Parks and green spaces that provide stress relief, rest, and relaxation; Noise levels managed and mitigated, especially near residential neighborhoods, schools, and hospitals. |
| Access to Health Care | Residents in all communities in King County have local access to health care services. | Accessibility of health care services in a community is an important determinant of community health and well-being. | <ul style="list-style-type: none"> Number and accessibility of health clinics providing routine and preventive medical care; Availability of urgent and emergency care services; Location and response time for emergency response |

of 2009 grant, we have provided funding to allow seven King County cities with high rates of poverty and poor health indicators to translate guidelines into city policy.

Increasing Access to Healthy Food as a Combined Health and Economic Development Strategy

Access to healthy foods is a critical element of obesity prevention, yet many low-income communities lack access to healthy food, with few full-service grocery stores.³ Residents often rely on corner grocery or convenience stores with limited inventory, consisting mostly of high calorie, low nutrition processed foods and beverages. As an early step to help solve this problem, Public Health SKC, in partnership with the City of Seattle's Office of Economic Development, recently launched a "Healthy Foods Here" (HFH) Initiative to make healthy food more available in low-income communities in King County. Funding from a Centers for Disease Control "Communities Putting Prevention to Work" grant and capital leveraged from the private sector are available in specific neighborhoods for low interest loans, grants, technical assistance and marketing resources to help local corner stores carry more healthy foods and to make healthy foods highly visible and accessible.

Specifically, the HFH Initiative aims to increase access to healthy foods through a variety of approaches, including conducting outreach to engage convenience store owners, recruiting them to participate in the program, and developing marketing strategies to drive customers to participating businesses. The initiative is also working to develop the business case that demonstrates profitable methods of increasing healthy food options in convenience stores. HFH provides a package of specific incentives that food-related businesses can use to improve access to healthy foods, including: 1) technical assistance in topics such as merchandising, inventory management, and marketing; 2) assistance with finding suppliers; and 3) financial incentives such as grants, rebates, or access to low-cost financing for working capital, purchasing equipment or completing store improvements. In addition, HFH has created a lending referral network to connect food related businesses needing financing to community development financial institutions, and is working with the lenders to develop specific financial products that provide financial incentives to participating food related businesses such as interest rate buy downs.

Similar efforts to make healthy food more accessible and affordable to people living in low-income communities are gaining traction around the country. For example, Philadelphia's Food Trust has operated for more than a decade. And earlier this year, President Obama pledged over \$400 million to the Healthy Food Financing Initiative, a key goal of which is to bring grocery stores to underserved communities in urban and rural communities

across the United States (see the article "Healthy Food Financing Initiatives" in this issue of CI).⁴

The Link between Health Disparities and Place: Your ZIP Code Is Making You Sick

Race and class are strong predictors of health. In most places, including King County, infant mortality, diabetes, smoking, and cancer rates are higher among low-income and minority populations. And because neighborhoods tend to segregate by race and class, geographic clustering of people with poor health outcomes is inevitable. Recently, however, it has become clearer that clustering of health disparities in poor communities arises from more than just the aggregation of the individual characteristics of the people who live there. We are now recognizing that a neighborhood's characteristics directly affect the opportunities residents have to be healthy.⁵

For example, lower-income neighborhoods tend to have convenience stores rather than grocery stores, fewer parks, walking or biking paths, fewer transportation options, and a higher density of tobacco outlets and liquor stores—all factors that contribute to poorer health. While community developers have been focusing on improving low-income communities for years, public health has only recently begun to fully understand how much place matters⁶, and therefore how much the goals of community development and public health overlap.

Promoting Equity and Social Justice

Health disparities in communities occur in specific neighborhoods and the solutions to these inequities require long term, multi-sector interventions. But mobilizing and coordinating assets over the long term to enable sustainable, comprehensive change requires sustained efforts by the private and public sectors. Public Health SKC is taking a new approach to enable sustainable, comprehensive change by spearheading King County's Equity and Social Justice Initiative. This new initiative requires all departments within King County government—from transportation and natural resources to public health and permitting services—to address inequities across the communities they serve. The Initiative's goal is for "all King County residents to live in communities of opportunity... [where] all people thrive... and have access to a livable wage, affordable housing, quality education, quality health care, and safe and vibrant neighborhoods."⁷ In October 2010, the Initiative was adopted into county statute, making it law that all branches of county government will explicitly tackle equity and social justice in an ongoing, integrated fashion.

The Equity and Social Justice Initiative works across 13 social, economic and physical environment factors which collectively provide multiple opportunities for a lifetime of good health and well-being (see Table 2).

Table 2 King County Equity and Social Justice Initiative
Factors creating health and community well-being:

| |
|--|
| Family wage jobs/job training |
| Community economic development |
| Affordable, quality, healthy housing |
| Quality early childhood development |
| Quality education |
| Healthy physical environment |
| Community and public safety |
| A law and justice system that provides equitable access and fair treatment |
| Neighborhood social cohesion |
| Access to all modes of safe and efficient transportation |
| Access to affordable food systems and affordable and healthy foods |
| Access to parks and nature |
| Access to affordable and culturally appropriate health and human services |
| Equity in County practices |

“The Equity and Social Justice Initiative works across 13 social, economic and physical environment factors which collectively provide multiple opportunities for a lifetime of good health and well-being.”

The Initiative has been operationalized through attention to policy development and decision-making, delivery of county services, and internal education and communication for the 18,500 county employees. In policy development, for example, an “equity lens” tool has been developed to help policy makers in all departments assess how new policies impact inequities. Each year, every county department must develop and commit to specific actions related to their core services, like bus, parks and public health services. Internal education and communication activities have been organized through an intensive training program. Hundreds of employees, starting with managers and supervisors, participated in facilitated discussions about inequity following screenings of the PBS series “Unnatural Causes: Is Inequality Making Us Sick?”⁸

An “equity in all policies” initiative has been compelling to a wide array of county departments. This mantle of equity may prove to be more effective in making changes to the underlying causes of ill health and injustice in communities than a “health in all policies” approach, which risks creating turf battles with departments that don’t see themselves as working in “health.”

Using Global Health Practices to Improve Local Health in Poor Communities

The link between economic and physical health has long been understood by some of the poorest countries in the world. Although much of the U.S.’ health investment

goes into treating people after they’ve gotten sick, many low-resourced countries have recognized that lower-cost prevention activities are often more effective in the long run. Working with less, these countries have been innovative in finding community-based strategies that improve health, often by linking it with economic development.⁹ It is time to profitably adapt these global health strategies to low-resourced local communities.

Seattle is fortunate to have one of the highest concentrations of global health expertise in the world. Leveraging this expertise, we have launched a “Global to Local” (G2L) project to determine if effective community-based health strategies from under-resourced areas of the world can effectively improve the well-being of local residents. SeaTac and Tukwila, two cities in King County with low socioeconomic indicators and poor health outcomes, are pilot communities for G2L and the project has received \$1 million in seed financing from Swedish Health Services, a large, local health care delivery organization. Other partners include the Washington Global Health Alliance, Public Health SKC and HealthPoint (a community health center system).

G2L is implementing a toolbox of strategies (see Table 3) to improve individual and community health outcomes, lower health care costs, and contribute to economic development. Adopting these approaches as a whole is intended to improve both the economy and the health of the community.

Table 3 Global to Local Pilot Project

| Global strategy | Local example and potential partner |
|--|--|
| Training and deploying community health workers | Community House Calls Harborview Medical Center has a network of “Interpreter Cultural Mediators” to guide new arrivals through the health care and related systems. |
| Using technology to leapfrog barriers and transform community health practices | Grameen Technology Center Seattle-based organization using mobile phones to improve access to health-related information and to track patient care. |
| Generating targeted campaigns around priority health issues | Public Health - Seattle & King County Partnered with community organizations and media that serve and reach the most vulnerable to carbon monoxide poisoning hazards to warn people of the risks of operating charcoal grills inside, using pictograms and key messages translated into a wide range of languages. |
| Linking health with economic development | Healthy Food Here and Jump Start Loans The Refugee Resettlement Office in Seattle offers a non-profit microenterprise development program to refugees and asylees in the Puget Sound area and has provided over \$560,000 in micro-loans to 130 recipients. |
| Mobilizing and empowering community-based organizations | Welcome Back Program Highline Community College has recertified over 150 new arrivals that had been certified as health care professionals in their home country, but were ineligible to work in Washington State. |
| Linking the delivery of clinical, primary health care and public health services | HealthPoint Bothell site A collaboration of Public Health - Seattle & King County and HealthPoint to provide primary care and public health services at the same location. |

The Early Evidence from Early Adopters of Combined Strategies: Evidence and Data To Support Community-Based Approaches

Governments and investors are fundamentally cautious and unlikely to invest in expensive interventions without knowing if they are effective. There is good evidence that traditional public health interventions work: vaccines prevent diseases, clean water prevents the spread of water-borne disease, and nurse home visiting improves pregnancy outcomes. However, there are fewer examples of the success of combined public health and community development interventions, since the two fields have only rarely worked together.

Even within the field of public health, the evidence base for how to make communities healthier is only beginning to be collected. As recently as 2003, the Institute of Medicine’s (IOM) report on how to improve the public’s health provided only vague guidance about the role of policy, system and environment changes, and IOM called for more research to determine what is effective practice. Currently, a growing, but still relatively new, body of evidence on community-based public health interventions is available through the CDC’s

“Guide to Community Preventive Services,” an online resource that assesses the strength of the evidence for programs and policies in areas such as adolescent health, alcohol, asthma, cancer, diabetes, nutrition and social environment, to improve health and prevent disease in the community.¹⁰

While we are beginning to gather evidence on the effectiveness of community-based preventive measures, specific indicators that measure the health of the community, beyond summary measures of the health of individuals, are not well developed. There are few standard definitions and little routine data collection of measures of community well-being. However, we need these kinds of data to diagnose problems across communities, direct interventions in the neediest places, and monitor the effectiveness of our interventions. Such evidence is crucial for developing convincing arguments for policy makers about the value of cross-sector collaboration between public health professionals and community development experts. Collaboration will become more common as we build the evidence base that demonstrates that working together, public health and community development can create stronger, healthier communities.

Integrating Housing Development and Asthma Prevention

In King County, as elsewhere, children from low-income neighborhoods are several times more likely to be admitted to the hospital for asthma than children from higher-income communities. Conditions due to mold from dampness, dirt in carpets and fur and dander from pets in substandard housing can trigger respiratory reactions.

In the late 1990s, the Seattle Healthy Homes project trained community health workers to go house-to-house to educate community members about taking asthma medications and home cleaning methods that are proven to reduce asthmatic episodes. When needed, the health workers provided allergy-control bedding, low-emission vacuum cleaners with microfiltration bags, cleaning kits, roach bait, and rodent traps. The intervention worked. Children from the families who received frequent visits, intense education and cleaning materials spent fewer days with symptoms and had half as many trips to the doctor and hospital. The health care savings more than covered the cost of the program.¹¹

The Seattle Housing Authority used lessons learned from this project while renovating the High Point development in West Seattle from 2004 to 2008. Before renovation, residents of these older post-World War II era buildings had asthma at rates as high as 10 to 12 percent. The new development is now a mixed-income community of over 34 city blocks with sidewalks, walking paths, open space, and porches. Of the more than 700 rental units, 60 are “Breathe Easy” units built specially for low-income people with asthma. The units cost about \$5,000 more to build, due to filtered ventilation systems, insulated foundations, moisture-removing fans, cabinets free of asthma-triggering glues, low-outgassing paints, hard floors, and landscaping with low-allergenic plants.¹² Initial evaluation showed that asthma triggers declined 97 percent, and emergency room visits and asthma attacks were reduced by about 66 percent compared to previous rates from the old units.

Gathering Data to Respond to the Needs of the Community

King County’s “Communities Count” initiative is one of the few data projects that has engaged community members to articulate what aspects of their community are important to them and then tracked these measures over time. Communities Count is a collaboration of public and private organizations to measure a vision of a healthy community and track progress toward that vision over time. The project used an iterative community-based approach to select indicators compelling to community members and policymakers. Over 1,500 King County residents participated in the process through surveys, focus

groups and forums. Thirty-eight indicators were chosen related to: 1) basic needs and social well-being; 2) positive development through life stages; 3) safety and health; 4) community strength; 5) natural and built environment; and 6) arts and culture. It has identified and reported on broad indicators of community life over time, tracking social, economic, health, environmental and cultural conditions since 2000. The next report will be released in 2011 and will report 10 year trends across all indicators.

Communities Count reports have been used to shape policy discussions, inform program development, and identify funding priorities. Examples of how the reports have influenced local planning and action include:

- The City of Burien committed \$50,000 to support community-based early childhood development programs after seeing community-specific data on school readiness.
- A new partnership with Sustainable Seattle formed in 2007 to push forward an action agenda around sustainable communities.
- The City of Renton responded to indicators of perceived discrimination by identifying ways that the City could address discrimination in their jurisdiction. The City is exploring staff training and community dialogues about social, economic and racial inequities.
- The Moving Data to Action Initiative solicited proposals from community organizations to address childhood poverty, an indicator of concern for the region. Two community action projects were funded, including a strategic plan to impact childhood poverty in Washington State and the development of an ordinance establishing paid sick and safe days as a labor standard in Seattle to promote women’s full and equitable participation in the workplace.

Moving Forward

As the leading causes of death and disease have shifted from communicable to chronic conditions, public health remedies have changed, requiring collaboration with new partners. These broader interventions are often best implemented in specific places. Rather than working to improve individuals’ health one-by-one, neighborhood characteristics need to be changed to reduce inequitable burdens of ill health and improve the economic productivity of communities. Measuring the community features that need to change and building an evidence base of community-centered interventions will help move this critical work forward. There is a wealth of opportunity to bring public health and community development together to build stronger, healthier communities, but what are the next steps?

“... the relationships that community development organizations and individuals have built with the business and private sector would be a valuable contribution to collaborative projects with the public health sector.”

While public health's experience in economic and community development work is in its early stages, public health professionals can contribute three important resources to the field of community development. First, health is highly valued by the public, and development projects that result in better health outcomes for residents and communities at large may stimulate interest and support, and broaden opportunities for multiple public and private funding sources. Second, the public health field has developed practical evaluation methods that can effectively measure the impact of interventions in communities, such as conducting long-term surveys of population health characteristics that can reveal changes over time. Lastly, the public health field has worked in high poverty neighborhoods since its inception and has developed several approaches to working respectfully and collaboratively with community partners.

On the other hand, public health is lacking specific expertise and relationships that community development professionals can bring to the table. Among many assets, community development professionals can offer an understanding of finance and lending mechanisms for community projects. For example, initial work to make healthy food available has made it clear that public health needs to work with specialized partners to understand how to structure a loan fund. An inventory of various public and private funding streams and guidance on how to match these with specific health projects would be valuable. Lastly, the relationships that community development organizations and individuals have built with the business and private sector would be a valuable contribution to collaborative projects with the public health sector.

In these difficult economic times, resources to do our work are even more difficult to come by than usual. Even so, public health can bring some financing to the table, and community developers may be able to do the same. In the immediate future, one funding stream both health

and community development could benefit from is the Affordable Care Act of 2009. Health care reform offers at least two vehicles for health investments that could overlap with community development. The Prevention and Public Health Trust offers funding for policy, system and environment changes; and the federal community health center investments through the Health Resources and Services Administration (HRSA) offer possibilities of expanding social and health services at community health centers in high-need locations. In short, the skill sets and resources of public health and community development professionals seem to be complementary and working together may get us farther toward our goals than respective individual efforts of the past.

To get started, we need joint ventures. We can work together to propose pilot projects that use community development methods to improve health in specific locations. New community development projects can include chronic disease health indicators as measures of success.¹³ Public health interventions can include lending features to improve the physical and economic health of communities. Both fields can work strategically in high poverty locations to improve underlying conditions and evaluate these efforts. We can work together to build on evaluation findings to leverage resources to scale up promising approaches. We can continue to educate each other about the strengths and weaknesses of our respective fields. We can introduce each other to the best thinkers in our own fields.

The need to accelerate the accumulation of shared knowledge and apply what we've learned is clear. Using rapid change methods like continuous quality improvement, we must identify problems, rapidly develop and test solutions, and reassess and build on success. Given our shared goals of improving the health and well-being of high need communities, public health and community development professionals could have created beneficial partnerships decades ago. Even though we are discovering our shared agenda belatedly, to make up for lost time, the next best time to get started is today.

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Making Up for Lost Time: Forging New Connections between Health and Community Development

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5. For more on place-based initiatives, see the Spring 2010 issue of *Community Investments*, available online at <http://www.frbsf.org/publications/community/investments/1005/index.html>

Banking Conditions in the 12th District: Has the Recovery Taken Hold?

1. For regulatory purposes, capital is divided into two segments, Tier 1 (core capital) and Tier 2 (supplemental capital). Tier 1 (or core capital) includes: common equity, surplus, and undivided profits (retained earnings); qualifying non perpetual preferred stock; and minority interest in the equity accounts of consolidated subsidiaries; less any amounts of goodwill, other intangible assets, interest only strip receivables and non financial equity investments that are required to be deducted, and unrealized losses on Available for Sale investment equity portfolio, as well as any investments in subsidiaries that the Federal Reserve determines should be deducted from Tier 1 capital. Tier 2 capital consists of a limited amount of the allowance for loan and lease losses; perpetual preferred stock that does not qualify for inclusion in Tier 1 capital; certain other hybrid capital instruments; mandatory convertible securities; long-term preferred stock with an original term of 20 years or more; and limited amounts of term subordinated debt, intermediate term preferred stock, including related surplus, and unrealized holding gains on qualifying equity securities.

Addressing the Financing Needs of Small Businesses

1. Laderman, Elizabeth & Reid, Carolina. (2010). The Community Reinvestment Act and Small Business Lending in Low- and Moderate-Income Neighborhoods during the Financial Crisis. Federal Reserve Bank of San Francisco Working Paper No. 2010-05. Available online at <http://www.frbsf.org/publications/community/wpapers/2010/wp2010-05-The-Community-Reinvestment-Act-and-Small%20Business%20Lending%20in%20Low-%20and%20Moderate-Income-Neighborhoods-during-the-Financial-Crisis.cfm>.
2. Chairman Bernanke addressed the challenges facing small businesses, and the Federal Reserve's response, in his Semiannual Monetary Policy Report to the Congress on July 21, 2010, available at <http://www.federalreserve.gov/newsevents/testimony/bernanke20100721a.htm>