

HEALTHY COMMUNITIES: *A Framework for Meeting CRA Obligations*



“There is a symbiotic relationship between the health and resilience of a country’s economy, and the health and resilience of a country’s people. This publication is important because it provides strategic direction to financial institutions on how to invest in healthy communities, and how to communicate the value of these investments to stakeholders.”

—Richard W. Fisher
President and CEO,
Federal Reserve Bank of Dallas



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HEALTHY COMMUNITIES: *A Framework for Meeting CRA Obligations*

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INTRODUCTION

Community Reinvestment Act (CRA) and compliance officers at financial institutions are responsible for making complex decisions about how to invest in community development to meet their CRA obligations. The purpose of this publication is to provide:

1. a roadmap of best practices in community development,
2. a healthy communities framework that highlights the types of investments that are valuable both to financial institutions and their target communities,
3. a list of CRA reference guides to help ensure that planned CRA activities meet regulatory requirements, and
4. a template for how financial institutions can tell their CRA story.

This framework is not prescriptive, as there is no “right” answer, but helps financial institutions make strategic decisions and give comprehensive reasons for their community development activities. This information is vital when CRA and compliance officers share their community development story with internal management, customers, community partners, target communities and bank examiners.

This framework is the “Healthy Communities Framework” because it highlights resources that help make healthy the norm. It involves creating an environment in which there is an abundance of healthy choices. Healthy communities—those in which individuals and neighborhoods thrive and are resilient—matter, as the health of the nation¹ affects the health of the economy, and the health of the economy affects the health of the nation. Low Income Investment Fund president and CEO Nancy Andrews and Harvard Business School senior lecturer Nicolas Retsinas explain this interdependence:

“Today, a child’s ZIP code is one of the most powerful predictors of her future life—health, education, longevity. As [former] Federal Reserve Chairman Ben Bernanke has warned, ‘income inequality is a very bad development. It’s creating two societies.’ . . . If the United States intends to remain the most prosperous economy in the world, we can no longer afford to see 20 percent of our children ill-housed and poorly educated. We can no longer afford an achievement gap estimated at \$1–\$2 trillion annually and between 9 percent and 13 percent of lost gross domestic product, or what McKinsey & Company has called the ‘equivalent of a permanent national recession.’”²

The Healthy Communities Framework is relevant to financial institutions because it helps them avoid the trap of cherry-picking community development activities. It helps bring clarity to what direction a financial institution can take and how its community development activities are valuable both to it and its host communities. Clarity is key as financial institutions, their customers, partners and target communities navigate through the complexities of poverty and the systems that create, facilitate and sustain it.

PART ONE: IDENTIFYING BEST PRACTICES

A new generation of community development models is emerging. Their common purpose is to make successes easier to replicate and expand; their best practices are listed below.

*Best Practices in Community Development*³

1. Use innovative methods to leverage private capital.
2. Blend people- and place-based strategies to realize a broader vision.
3. Provide equal opportunity to quality education so that everyone can reach their highest potential.
4. Measure outcomes to identify what works.
5. Invest resources in what works.

Most of these community development models also strive to promote small businesses and increase access to living wage jobs.

It is recognized that inequalities start early in life, necessitating quality early childhood development resources, namely parental attachment, guidance and supervision, and quality schools and neighborhoods. These investments are fundamental to the health of individuals, communities and the economy. It is far more effective and financially wise to invest in quality early childhood development resources than invest in efforts that try to remediate the effects of poor early childhood development, such as crime, low workforce productivity, teenage pregnancy and unhealthy behaviors. It is important to equitably distribute the costs and benefits of community development investments so as to prevent lower-income communities from being excluded from newly created opportunities.

In addition, when the goal of community development efforts is to transform neighborhoods for the better, it is recommended that efforts focus on a well-defined geography, simultaneously addressing housing, education, private investments and social services, and leveraging the neighborhood's unique assets.⁴

Creating an Environment That Makes Healthy the Norm

Making healthy the norm is the responsibility of not only organizations and groups but individuals as well. And it is easier for individuals to make healthy choices when healthy foods are affordable and convenient, when there are plenty of safe and convenient ways to be physically active and socially engaged, and when the environment—air, soil, water, homes, schools, office buildings, street design,⁵ parks, playgrounds and other public spaces—promotes health.

The importance of having these choices is evidenced in the world's "Blue Zones."

About a decade ago, Blue Zones founder and CEO Dan Buettner worked with National Geographic and longevity experts to find "pockets of people around the world with the highest life expectancy, or with the highest proportions of people who reach age 100."⁶ The pockets they found were in California (Seventh Day Adventists in Loma Linda), Costa Rica, Greece, Japan and Sardinia. Collaborating with additional researchers, they identified the healthy environments and behaviors these communities—Blue Zones—have in common.⁷

Common Environments and Behaviors of Blue Zones

1. Live in environments “that constantly nudge them into moving without thinking about it.”
2. Have a sense of purpose.
3. Have routines that reduce stress.
4. Eat only until 80 percent full, eat the smallest meal in the late afternoon or early evening and don’t eat thereafter.
5. Eat a diet centered on beans, and eat three to four ounces of meat only five times a month.
6. Drink one to two glasses of alcohol a day with friends and/or with food. (Note: Seventh Day Adventists in Loma Linda are the exception.)
7. Belong to a faith-based community.
8. Prioritize all generations of family by keeping aging parents and grandparents at home or nearby, committing to a life partner and investing time and love in their children.
9. Be in social circles that support healthy behaviors because “smoking, obesity, happiness and even loneliness are contagious.”

While there is one Blue Zone in the United States, the Robert Wood Johnson Foundation highlights that this community is the exception to the rule in America.

“America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on earth. Yet on some of the most important indicators, like how long we live, we’re not even in the top 25, behind countries like Bosnia and Jordan. It’s time for America to lead again on health” and that means taking several steps, including “stop thinking of health as something we get at the doctor’s office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It’s time we expand the way we think about health to include how to keep it, not just how to get it back.”⁸

PART TWO: IDENTIFYING OPPORTUNITIES

Financial institutions and their target communities can tap into the numerous opportunities that already exist in “healthy communities.” Below are some examples of how to identify these opportunities.

I. Becoming Familiar With Healthy Communities Experts

All communities can use the new generation of community development models, embrace the best practices listed above and tailor their efforts to meet their unique needs. Knowing how to invest in opportunities to make healthy the norm starts with knowing:

1. The components integral to healthy communities, which are listed in the **Healthy Communities Checklist** (on page 6), and
2. The leading experts, programs, initiatives, organizations and communities that are working in this space.

Financial institutions can ask these experts if they are working in the financial institution’s assessment area. To become well-versed in the experts’ work, it is recommended that financial institutions read this publication’s [appendix](#), which has summaries of dozens of healthy communities experts’ activities, and also review experts’ websites to develop a comprehensive understanding of their mission or purpose, areas of focus, strategies, partners and/or membership. Detailed information can be found in their publications (newsletters, reports, blogs, etc.), conference agendas and explanations about their policy work (if applicable).

If these experts are not working in a financial institution’s assessment area, it is recommended that financial institutions ask them if they know of any healthy communities initiatives—or about a specific type of healthy communities initiative (e.g., building financial capacity, early childhood development and other activities on the **Healthy Communities Checklist** on page 6)—in their assessment area.

A wide variety of other organizations may know about healthy communities initiatives or a specific type of healthy communities initiative. These organizations include national and local foundations and think tanks, colleges and universities, hospitals, public health departments, cities’ community development and economic development departments, health associations (e.g., American Heart Association), industry associations (e.g., Association for Enterprise Opportunity) and the community affairs/development departments of Federal Reserve District Banks.⁹

II. Community Health Needs Assessments (CHNAs)¹⁰

CHNAs are used by “organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being.”¹¹

Financial institutions can contact county public health departments and/or local nonprofit hospitals to request a free copy of their CHNA report.

If this information is insufficient, financial institutions can use the Community Commons’ CHNA Toolkit, which “informs investments and activities related to the Community Reinvestment Act; more explicitly connects the work of banks, trusts, Community Development Finance Institutions (CDFIs) and other related entities—to the work of hospital community benefit and health and social well-being initiatives; [and] provides a means for alignment and outcomes tracking of investments made across different fields and sectors.”¹²

III. Health Initiatives Focusing on Prevention

There are a number of initiatives that focus on prevention; it is common to hear about initiatives or coalitions with, for example, “obesity,” “asthma” or “diabetes” in their names.

Financial institutions can contact county public health departments, hospitals and health associations, such as the American Diabetes Association, to help them identify community initiatives that focus on public health issues. Financial institutions may be interested in participating if these initiatives focus on preventing these health issues, such as through improving access to safe and affordable housing, healthy foods, pedestrian walkways and/or bike trails.

IV. STAR Communities¹³

There are communities across the country that are certified, reporting or participating STAR Communities. STAR stands for “Sustainability Tools for Assessing & Rating” and STAR Communities’ five-star rating system helps local governments measure their communities’ health and locate health disparities. It scores communities on seven factors: Built Environment; Climate & Energy; Economy & Jobs;

Education, Arts & Community; Equity & Empowerment; Health & Safety; and Natural Systems.

Financial institutions can contact STAR Communities to ask if any communities in their CRA assessment areas are certified, reporting or participating STAR Communities. If so, they can plug into the network of local organizations that are working toward a five-star rating.

V. Healthy Communities Institute¹⁴

The Healthy Communities Institute created the Healthy Communities Network to assist communities in improving community health. It provides data and tracks communities' progress in improving health, assists in prioritizing opportunities and spotlights accomplishments.

Financial institutions can contact the institute to determine if anyone in their assessment area is using the Healthy Communities Network. If so, they can get involved in the community coalition using the network.

HEALTHY COMMUNITIES CHECKLIST¹⁵

The Healthy Communities Checklist lists the components integral to healthy, vibrant, resilient communities. It can help financial institutions identify the types of healthy communities activities that they can participate in. Accompanying this publication is an [appendix](#) that lists dozens of prominent healthy communities leaders across the U.S. It provides a summary of each entity's purpose and activities in their own words (from their websites) and then a checklist of the healthy communities components that they focus on. The Federal Reserve Bank of Dallas does not endorse these entities.

- Access to Healthy Food
- Access to Medical Care
- Aesthetics: Clean and Well-Maintained Environment; Landscaping; Art; Culture
- Air, Soil and Water Quality
- Building Financial Capacity: Financial Literacy Training; Quality Financial Services and/or Products that Build/Maintain Assets
- Built Environment (Complete Streets, Housing, Schools and Workplaces, Parks and Playgrounds, Pedestrian Walkways and Bike Trails, Brownfields and Open Spaces)
- Early Childhood Development: Education, Care
- Education
- Employment, Creating and Retaining Jobs, Job Training
- Entrepreneurship
- Personal/Public Safety
- Physical Activity
- Public Transportation, including Transit-Oriented Development
- Senior Needs: Accommodation, Care, Services
- Social Networks/Social Environment; Democracy-Building, Community Engagement
- Social Services

PART THREE: CRA REFERENCE GUIDES

Understanding how their community development activities meet CRA requirements is vital information for CRA and compliance officers when they are communicating with internal management, customers, community partners, target communities and bank examiners.

To help ensure that the community development activities that they are considering or planning meet CRA requirements in a safe and sound manner, financial institutions should refer to the information in the CRA documents listed below and, for more detailed data, the CRA webpage of the Federal Financial Institutions Examination Council. They should also contact their CRA examiners to obtain specific feedback on the strengths and weaknesses of their community development activities and opportunities for improvement.¹⁶

Community Reinvestment Act (CRA) Reference Guides

“Community Development Decision Flow Chart,” e-Perspectives, Volume 7, Issue 4, 2007,
www.dallasfed.org/microsites/cd/epersp/2007/4_3.cfm

“CRA Toolkit,” e-Perspectives, Volume 7, Issue 4, 2007,
www.dallasfed.org/microsites/cd/epersp/2007/4_2.cfm

A Banker’s Quick Reference Guide to CRA, Federal Reserve Bank of Dallas, Sept. 1, 2005,
www.dallasfed.org/assets/documents/cd/pubs/quickref.pdf

CRA Loan Data Collection Grid, Federal Reserve Bank of Dallas, September 2006,
www.dallasfed.org/assets/documents/cd/pubs/craloan.pdf

Interagency Questions and Answers (Q&A) Regarding Community Reinvestment, March 11, 2010,
www.ffiec.gov/cra/qnadoc.htm

Information Useful in Developing a Performance Context 

PART FOUR: A TEMPLATE FOR FINANCIAL INSTITUTIONS TO TELL THEIR CRA STORY

Sometimes what is lost in the conversation of which community development activities to become involved in is the fundamental question of *why*—why should a particular financial institution engage in a particular community development activity? Written below is a template intended to help CRA and compliance officers construct a story that explains their community development activities to internal management, customers, community partners, target communities and bank examiners. How much of the following information to share will differ based on the audience. It would be helpful to bank examiners, however, if this information were included in the financial institution’s CRA performance context report.¹⁷

*Your Financial Institution's Community Development Story**

Section A: BACKGROUND

I. Your mission and/or purpose

II. Your geographic market(s)

III. Define the CRA. Below is sample text.

"Under the Community Reinvestment Act (CRA), it is our responsibility to identify community development opportunities in low- and moderate-income communities and engage in community development activities in a safe and sound manner. These activities must benefit both our financial institution and these communities."

"The CRA defines community development as that which 'Encompasses affordable housing (including multifamily rental housing) for [low- and moderate-income] LMI individuals; community services targeted to LMI individuals; activities that promote economic development by financing businesses or farms that meet the size eligibility standards of the Small Business Administration's Development Company or Small Business Investment Company programs or have gross annual revenues of \$1 million or less; or activities that revitalize or stabilize LMI geographies, designated disaster areas or distressed or underserved nonmetropolitan middle-income geographies designated by the [Federal Reserve] Board of Governors, [Federal Deposit Insurance Corporation] FDIC and [Office of the Comptroller of the Currency] OCC.'"¹⁸

IV. "Below are examples of how our financial institution has met our CRA obligations."

Below is sample text.

- "We provide financial guidance to organization(s) that serve low- and moderate-income communities. Specifically, we serve as the treasurer on the board of the local early childhood education center and community health center. The majority of students at the childhood education center are low- and moderate-income (*give the specific percent*) and the majority of clients at the community health center are low- and moderate-income (*give the specific percent*)."
- "We work with entities that provide financial products and/or services to low- and moderate-income microbusinesses and small businesses. Specifically, we:
 - work with (*list the entities, such as U.S. SourceLink, Small Business Development Centers, ACCION Texas, a local community development financial institution, etc.*) to provide training on business plan development, financial statement preparation and cash flow management. Some of our clients have become quite successful. (*Share success stories.*)
 - sit on the board (*and/or loan committee*) of (*list the entities*) to share our financial expertise." (*Share specific examples of how you provide financial guidance.*)
- "We provide financial support (*list dollar amount in specific time period*) to entities that provide financial products and/or services to low- and moderate-income microbusinesses and small businesses. These entities are . . . (*list the organizations, such as U.S. SourceLink, Small Business Development Centers, ACCION Texas, a local community development financial institution, etc.*)"

*How to cite this publication in your community development story: "Healthy Communities: A Framework for Meeting CRA Obligations," by Elizabeth Sobel Blum, Federal Reserve Bank of Dallas, March 2014.

- “Local community leaders have identified a need for small dollar loans—particularly in low- and moderate-income neighborhoods. In response, we offer creditworthy individuals small-dollar loan products in a safe and sound manner. These loans are valuable to our customers because . . .” *(Note: The FDIC developed “A Safe, Affordable and Feasible Template for Small-Dollar Loans.” For details, see www.fdic.gov/smalldollarloans/.)*¹⁹
- “We help our low- and moderate-income customers build financial capacity skills through our financial literacy trainings. We also provide this service to local high school students.” *(Share specific training data, such as the number of customers and students who received training, how the income level of these customers and students was determined and your assessment of how successful the training was.) (Note: The Federal Reserve Bank of Dallas has a personal financial education resource that presents an overview of personal wealth-building strategies for consumers, community leaders, teachers and students. For details, see www.dallasfed.org/cd/wealth/index.cfm.)*
- “We help our low- and moderate-income customers who have thin or no credit files to build credit. Building a credit score is important because it is often used to determine loan terms such as APR (*annual percentage rate*) and the down payment amount, and rates charged for insurance products such as motor vehicle insurance. Here are examples of how we help them build credit. . . .”
- “We established retail operations in a low- and moderate-income community that did not have a bank but had a strong need for one. *(Explain which community leaders identified the need and how you decided that it made business sense to locate new operations there.)* This bank branch offers the same products and services as our branches in middle- and upper-income areas. This bank’s hours of operation, however, are longer to accommodate customers who lack the flexibility to come during our traditional hours. *(List your traditional and expanded hours of operation.)* Because of our presence, community members have fair and impartial access to credit, have a safe place for their savings and, through our financial capacity classes, are learning how to build, save and invest for their financial future. . . .”
- “We partner with a community development corporation (*list name of CDC*) that builds housing that fits the budget of working households that are low- and moderate-income. Members of these households would otherwise have few options for safe and affordable housing. . . .”
- “We partner with a community development corporation (*list name of CDC*) that builds housing that fits the budget of working households that live or work in a distressed/underserved/designated disaster area.²⁰ These individuals would otherwise have few options for safe and affordable housing for themselves and their families. . . .”
- “We invest in community development loan funds that . . .”
- “We use Low Income Housing Tax Credits to . . . *(describe how the credits were used)*. Our partners were . . . *(list public, private and nonprofit organizations)*.”
- “We use New Markets Tax Credits to . . . *(describe how the credits were used)*. Our partners were . . . *(list public, private and nonprofit organizations)*.”

Section B: OUR CURRENT AREA(S) OF FOCUS

I. Background: The Healthy Communities Framework

“We are now using the healthy communities framework to help guide our community development strategy.”

“Healthy communities—those in which individuals and neighborhoods thrive and are resilient—matter, as the health of the nation affects the health of the economy, and the health of the economy affects the health of the nation.”

“Making healthy the norm involves creating an environment in which there is an abundance of healthy choices. Making healthy the norm is the responsibility not only of organizations and groups but individuals as well. And it is easier for individuals to make healthy choices when healthy foods are affordable and convenient, when there are plenty of safe and convenient ways to be physically active and socially engaged, and when the environment—air, soil, water, homes, schools, office buildings, street design,²¹ parks, playgrounds and other public spaces—promotes health.”

II. Our Community Development Focus

“In low- and moderate-income communities, there are noticeably fewer opportunities to make healthy choices than in higher-income communities. At *(name your financial institution)*, we are becoming actively engaged in helping make healthy the norm, particularly in LMI communities in our CRA assessment area. This area consists of ... *(define the geographic area)*.”²²

“We conducted research to learn the major opportunities and challenges in helping make healthy the norm. Following is an overview of how we conducted this research.” *(Give specific examples. Information should be included from Part Two: Identifying Opportunities of this publication.)*

“We have decided to focus on the following community development activities ... *(list your activities)*.”

“This is how our community development activities meet CRA requirements ... *(refer to specific CRA reference materials)*.”

Section C: OUR PROJECTED IMPACT

Note: The following information may not be important to include in your performance context but will be important to know as you share your community development story with internal management, customers, community partners, target communities and bank examiners.

“We decided to focus on these community development activities because:” *(Below are examples.)*

- “The return-on-investment is expected to be strong for both our financial institution and the communities in which we invest. Outlined below are estimates of the financial returns.”
 - **Financial ROI to your financial institution:** *(Explain who calculated this, how it was calculated, and the estimated time frame.)*
 - **Financial ROI to your community partners:** *(Explain who calculated this, how it was calculated, and the estimated time frame.)*
- “It will generate a savings that is estimated to be ... *(Explain who calculated this, how it was calculated and the estimated time frame.)*”
- “The impact is expected to be positive for both our financial institution and the communities in which we invest. Written below are estimates of the financial, social and health impacts.”

- **Financial impact to your financial institution:** *(Explain who calculated this, how it was calculated and the estimated time frame.)*
 - **Financial impact to your community partners:** *(Explain who calculated this, how it was calculated and the estimated time frame.)*
 - **Social impact to your financial institution:** *(For example, “Our community development activities entail developing and maintaining strong community partnerships, which are vital to building mutual trust and respect between us and the community. . . .”)*²³
 - **Social impact to your community partners:** *(For example, “This is what our community partners are saying about our community development activities. . . .”)*
 - **Health impact to the community:** *(Explain who calculated this, how it was calculated and the estimated time frame.)*²⁴
- “The financial impact to our institution is neutral/negative in the short term but the positive regulatory impact (*good CRA rating*) and intangible goodwill are projected to generate a positive financial impact in the long term. Specifically, the people we help today may grow into our customers tomorrow. Here’s how: . . . *(explain your strategy/plan).*”
 - Describe the community collaborative that you’re involved in that is promoting healthy communities. For example, “In our assessment area we are involved in a collaborative/partnership/initiative called Its purpose is to The collaborative meets our community development obligations by focusing on” *(List at least one of the four community development purposes: 1. affordable housing, 2. community services that target LMI individuals, 3. economic development, 4. revitalization or stabilization. Next, explain the model that the collaborative is using to identify the community’s priority areas and assess its impact. Examples are below.)*
 - “The model that we are using to identify our priority areas and assess our impact is the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), an iterative process that was developed by the Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health and the National Association for County and City Health Officials (NACCHO).²⁵ Following is a list of our accomplishments and plans in the near term.”
 - “The model that we are using to identify our priority areas and assess our impact is the collective impact model.²⁶ *(List the backbone support organizations.)* We play a leadership role by serving on the advisory committee and providing financial guidance. *(Give specific examples of the type of financial guidance you are providing).* Following is a list of our accomplishments and plans in the near term.”
 - “The model that we are using to identify our priority areas and assess our impact is the Prevention Institute’s THRIVE: Toolkit for Health and Resilience in Vulnerable Environments.²⁷ Following is a list of our accomplishments and plans in the near term.”

Section D: OUR LEADERSHIP ROLE

I. Putting Our Leadership Role in Context

“A new generation of community development models is emerging and their common purpose is to make successes easier to replicate and expand. Their prominent features are outlined below.”

*Best Practices in Community Development*²⁸

1. Use innovative methods to leverage private capital.
2. Blend people- and place-based strategies to realize a broader vision.
3. Provide equal opportunity to quality education so that everyone can reach their highest potential.
4. Measure outcomes to identify what works.
5. Invest resources in what works.

“Most of these community development models also strive to promote small businesses and increase access to living wage jobs.”

“It is recognized that inequalities start early in life, necessitating quality early childhood development resources, namely parental attachment, guidance and supervision, and quality schools and neighborhoods. These investments are fundamental to the health of individuals, communities and the economy. It is far more effective and financially wise to invest in quality early childhood development resources than invest in efforts that try to remediate the effects of poor early childhood development, such as crime, low workforce productivity, teenage pregnancy and unhealthy behaviors. It is important to equitably distribute the costs and benefits of community development investments so as to prevent lower-income communities from being excluded from newly created opportunities.”

“In addition, when the goal of community development efforts is to transform neighborhoods for the better, it is recommended that efforts focus on a well-defined geography, simultaneously addressing housing, education, private investments and social services, and leveraging the neighborhood’s unique assets.”²⁹

II. Our Specific Leadership Role

“We are playing a leadership role in our assessment area by supporting the community development best practices listed above/introducing our community partners to the community development best practices listed above and advocating them. Here’s how ... (*List specific examples.*)”

ACKNOWLEDGMENTS

This publication builds upon the tremendous work and insights of leaders working in the “healthy communities” space—where the community development, economic development, public health and health care industries collaborate to create healthier opportunities for all. I would like to extend my thanks to the Federal Reserve Bank of San Francisco, Low Income Investment Fund and contributing authors to their book *Investing in What Works for America’s Communities: Essays on People, Place & Purpose*. The best practices outlined in this paper come directly from their book. I would like to thank Dan Buettner, author of *Blue Zones*, for sharing his and his colleagues’ insights on the ingredients for human longevity. The Blue Zones information in this publication comes from his books and website. I would like to thank the Robert Wood Johnson Foundation for providing a wealth of health information in layman’s terms—it makes health concepts and data more accessible and meaningful to those whose expertise is not in public health and/or health care. Last but not least, I would like to extend my thanks to Richard J. Jackson, whose mentorship is invaluable. With Stacy Sinclair he wrote *Designing Healthy Communities*. My publication highlights many of their book’s examples of communities working to make healthy the norm. In addition, my Healthy Communities Checklist builds upon their “community audit walk” ideas and “checklist of potential [community] issues.” It is my hope that “Healthy Communities: A Framework for Meeting CRA Obligations” generates productive conversations on how everyone—private businesses, academia, health care providers, governments, philanthropies, citizens, etc.—can advance the health and resilience of their communities.

About the Author

Elizabeth Sobel Blum, senior community development advisor at the Federal Reserve Bank of Dallas, leads the Dallas Fed’s work in “healthy communities”—the intersection of public health, health care, community development and economic development. Through research, publications, events and coalition-building, she helps advance discussion about how to create healthier opportunities for all. Her other areas of focus include workforce development, small business and entrepreneurship, housing and community development finance.

Sobel Blum chairs the University of North Texas (UNT) Health Science Center’s Community Advisory Board. She earned an MBA from the University of Texas at Dallas, an MA from American University and a BA from Northwestern University. Currently, she is a STAR Fellow; the Steps Toward Academic Research (STAR) Fellowship Program is run by the UNT Health Science Center’s Texas Center for Health Disparities, a National Institutes of Health-designated Center for Excellence.

The views expressed are those of the author and should not be attributed to the Federal Reserve Bank of Dallas or the Federal Reserve System.

To access the **Appendix: Experts in Healthy Communities** and other resources, visit www.dallasfed.org/cd/healthy/ and select the **CRA** tab.

Notes

¹ Here, the definition of “nation” is “a country’s people and their communities.”

² “Inflection Point: New Vision, New Strategy, New Organization,” by Nancy O. Andrews and Nicolas Retsinas in *Investing in What Works for America’s Communities: Essays on People, Place & Purpose*, Nancy O. Andrews and David J. Erickson, eds., San Francisco: Federal Reserve Bank of San Francisco and Low Income Investment Fund, 2012, pp. 407–08.

³ This information is from *Investing in What Works for America’s Communities: Essays on People, Place & Purpose*, Nancy O. Andrews and David J. Erickson, eds., San Francisco: Federal Reserve Bank of San Francisco and Low Income Investment Fund, 2012, p. 75. For details, see www.whatworksforamerica.org/.

⁴ “It Takes a Neighborhood: Purpose Built Communities and Neighborhood Transformation Investing,” by Shirley Franklin and David Edwards in *Investing in What Works for America’s Communities: Essays on People, Place & Purpose*, Nancy O. Andrews and David J. Erickson, eds., San Francisco: Federal Reserve Bank of San Francisco and Low Income Investment Fund, 2012, pp. 180–81.

⁵ See detailed information about Complete Streets at www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals.

⁶ For details about the Blue Zones Project, see www.bluezones.com/live-longer/power-9/.

⁷ See note 6.

⁸ “A New Way to Talk About the Social Determinants of Health,” Robert Wood Johnson Foundation, Jan. 1, 2010, www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html.

⁹ A map of the 12 Federal Reserve District Banks is available at www.federalreserve.gov/otherfrb.htm. Each Reserve Bank’s website contains information about its community affairs/development department.

¹⁰ For more information about Community Health Needs Assessments, see “Collaboration, Community, and Research: Conducting a Community Health Needs Assessment for Accreditation and IRS Reporting,” by Dawnetta Smith and Jennifer Edwards, June 2013, www.dallasfed.org/assets/documents/cd/healthy/wp_edwards.pdf.

¹¹ The Community Health Needs Assessment definition is provided by Community Commons at <http://assessment.communitycommons.org/CHNA/>.

¹² “Community Health Needs Assessment: About CHNA Toolkit,” Community Commons, <http://assessment.communitycommons.org/CHNA/About.aspx>.

¹³ STAR Communities, www.starcommunities.org

¹⁴ Healthy Communities Institute, www.healthycommunitiesinstitute.com

¹⁵ This list builds upon the work of Richard J. Jackson and Stacy Sinclair in *Designing Healthy Communities*, Hoboken, N.J.: Jossey-Bass, 2012.

¹⁶ There are state and federal requirements concerning public welfare investments, which include community development investments. To ensure compliance with these rules, it is recommended that financial institutions contact their state and federal banking regulators.

¹⁷ For more information about the performance context, see “Information Useful in Developing a Performance Context.”

¹⁸ A Banker’s Quick Reference Guide to CRA, Federal Reserve Bank of Dallas, Sept. 1, 2005, www.dallasfed.org/assets/documents/cd/pubs/quickref.pdf. For the complete definition of community development, see “PART 228—COMMUNITY REINVESTMENT (REGULATION BB)” at www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=635f26c4af3e2fe4327fd25ef4cb5638&tpl=/ecfrbrowse/Title12/12cfr228_main_02.tpl.

¹⁹ Bankers are required to refrain from committing unfair, deceptive or abusive acts or practices (UDAAP). The Consumer Financial Protection Bureau provides guidance on how to perform a UDAAP risk assessment. For details, see <http://files.consumerfinance.gov/f/supervision-manual/PartIIICFPBsupervisionmanual.pdf>.

²⁰ For the list of distressed or underserved nonmetropolitan middle-income geographies, see www.ffiec.gov/cra/distressed.htm. For the list of federal designated disaster areas, see www.fema.gov/disasters.

²¹ See detailed information about Complete Streets at www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals.

²² For a detailed definition of the assessment area, see page 1 of “A Banker’s Quick Reference Guide to CRA, Federal Reserve Bank of Dallas, Sept. 1, 2005,” www.dallasfed.org/assets/documents/cd/pubs/quickref.pdf.

²³ A Dallas, Texas-based firm that does social impact assessments is Social Impact Architects, <http://socialimpactarchitects.com/>.

²⁴ To learn more about health impact assessments, see the Health Impact Project: Advancing Smarter Policies for Healthier Communities, www.healthimpactproject.org/project.

²⁵ In *Designing Healthy Communities*, pp. 203–04, authors Richard J. Jackson and Stacy Sinclair explain in nontechnical terms how the community of West Wabasso, Fla., (population: 500–1,000) used PACE-EH. For detailed information, see the CDC’s website at www.cdc.gov/nceh/ehs/ceha/PACE_EH.htm.

²⁶ For more information about the collective impact model, see “Collective Impact” by John Kania and Mark Kramer, *Stanford Social Innovation Review*, Winter 2011, pp. 36–41, www.ssireview.org/images/articles/2011_WL_Feature_Kania.pdf.

²⁷ For more information about THRIVE, see “THRIVE: Community Tool for Health & Resilience in Vulnerable Environments,” www.preventioninstitute.org/component/jlibrary/article/id-96/127.html.

²⁸ See note 3.

²⁹ See note 4.