


EYE ON THE PRIZE



**Promising Practices at the
Intersection of Health, Healing
and Community Development**



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SAVE TIME OR FOR EASIER
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“In a deeply segregated country, health is entirely entwined with the kinds of neighborhood-level work of community development. A failure to address equitable development is a failure to adequately address social determinants of health. A movement toward anti-racist practice in community development will translate quite literally into more years (and happier and healthier ones) for Americans of color.”

– THE PEOPLE’S PRACTICE, ISSUE 04

The consequences of structural racism on health outcomes are deep, perhaps operating down to a cellular level. These kinds of long-standing, large-scale racialized health disparities are made even worse by the ways we’ve structured communities – segregating people of color into narrow geographies and then starving their communities of investments. Concentrating that kind of lack of opportunity, that kind of poverty and that kind of mental stress compounds what were already large structural barriers to long, healthy lives. It’s reinforced by inferior built environments, inferior systems for accessing healthy food and inferior access to healthcare. The cycle goes on and on and on.

It doesn’t have to, though. This kind of geographic concentration also lends itself to cross-sector collaboration, focused investment and implementing resident solutions to meet the health challenges they face. And fortunately, over the past two decades, there’s been considerable effort to integrate health perspectives and knowledge into community development (and vice versa), to invest in place-based health equity work and to acknowledge the importance of centering those most impacted by health disparities in health decision-making.

In this resource, we’re profiling ways to push that meaningful cross-sector equity work even further. We take a quick look at what our anti-racist community development research has already uncovered around health equity and inequity; consider six promising practices for moving community development and health collaboration forward; and offer prompts for applying learnings to your own work.

Before digging into the research and promising practices, we thought it would be helpful to share a few working definitions around anti-racist community development, healthcare, public health, community health and community healing. These terms can be defined in different ways in different contexts. We recognize our own working definitions may be imperfect, and some of these areas of work can overlap. We still believe it can be helpful to distinguish some key characteristics of each – and to acknowledge that people focusing on each have something important to offer to the intersections between health, healing and community development.

SOME WORKING DEFINITIONS

Anti-Racist Community Development: The policies and practices that people pursue, implement and refine in an attempt to address structural racism within the context of community development. This typically involves formal and informal efforts to address residents' needs around things like housing, wealth and health at a hyperlocal level. Anti-racist community development is not just the absence of racist intent or impact in this kind of work; rather, it's affirmative efforts to challenge and undo structural racism, often by focusing attention and resources toward root causes.

Healthcare: Systems of treatment and care services that aim to improve health outcomes for individuals and small groups. It is typically but not exclusively offered in institutional settings like hospitals and clinics and is carried out by public, nonprofit and for-profit organizations. While this includes preventative care to keep people well, it also involves substantial resources aimed at undoing or reducing harm once someone is already sick.

Public Health: Systems of care services and policy interventions designed to improve health outcomes for entire communities and populations. It is mostly administered by public entities, and while some of its resources focus on reducing harms already caused by illness and disease, it focuses mainly on maximizing wellness and preventing health-related harm before it occurs. Public health also plays a key role in containing exposure to communicable diseases before they spread broadly.

Community Health: Systems of care services and policy interventions that aim to improve health outcomes for entire communities but typically in narrower geographies like particular neighborhoods. While some of this work may occur in institutional settings, it emphasizes engaging community members in less formal settings and addressing both their preventative and immediate needs. Because community health tends to focus on collective outcomes in small geographies, it also tends to involve more emphasis on engaging residents in identifying challenges and solutions.

Community Healing: Systems of care services, group dialogue and planning work to address root causes of health disparities, as well as past and present harms caused by trauma and violence impacting entire communities, often emphasizing individual and collective mental health. It typically focuses on addressing such harms within narrower geographies like neighborhoods but sometimes extends into city, county or even larger geographic focuses. It often emphasizes connecting people across differences of identity and experience, such as across race, ethnicity and gender.

Issue 04

In [Issue 04 of The People's Practice](#), we examine the many substantive intersections between health equity and equitable development. The art, op-eds and Q&As in the issue consider relevant topics like how community development, leadership and finance impact community health; where promising health approaches can be woven into community development practice; and the importance of community healing and repair frames for anti-racist work.

Core Characteristics of Community Development

In our [Core Characteristics of Community Development](#) report, we noted health as a core component of our working definition of community development: "At its best, community development can ... improve *health*, quality of life, and economic, environmental, and social well-being." We also examined how different types of work functions can contribute to health-centered community development. That included intermediaries and networks, which could offer cross-sector support infrastructure when they focus on a "specific theme (e.g. *integration of health attention* and approaches in community development)." We also noted that, while not always highly visible in community development, mass media and pop culture have "arguably played large-scale roles in perpetuating damaging narratives about communities of color, including in areas of sector import like ... *health* ... Such narratives can reinforce implicit (and sometimes explicit) biases that reduce much-needed leadership, financing and policy supports within such communities."

A Brief History of Race, Place and Policy in the Sector

In [A Brief History of Race, Place and Policy in the Sector](#), we highlighted how mutual aid societies "founded between the mid-19th century through the mid-20th century leveraged modest membership dues to circulate community resources that otherwise were structurally difficult to obtain, from *healthcare* to *emergency food supplies* to employment opportunities" and were "particularly common in communities experiencing the brunt of racist policies." We also included several of the federal Great Society policies that helped formalize comprehensive community development approaches, including the Demonstration Cities and Metropolitan Development Act of 1966, which provided "large-scale, competitive grants to support local poverty interventions that took into account both physical redevelopment and *health and human service offerings*."

High-Level Research Findings

In our [High-Level Research Findings](#), we noted that the highly "compartmentalized work" in community development "operating on very tight timeframes ... robs the sector of the ability to take more deliberative, holistic approaches to addressing issues across systems. This has left the sector less able to fully address issues like disparities in *community health*." Conversely, an anti-racist sector could "look like new strategic frameworks – cross-sector and holistic strategies that integrate arts and culture, environmental justice and *public health; healing, reparative and reparations strategies*." We noted that facilitating that kind of holistic approach "requires an authentic appreciation for (and resourcing of) perspectives coming in from outside the sector, such as the relevance of community health workers in organizing and wealth-building." Finally, we noted several interviewees perceiving "a slow decline in the overall amount of attention and passion to champion racial equity and justice efforts from its peak in the wake of George Floyd's murder" within the community development sector, which "has led to feelings of skepticism, hopelessness, and outright exhaustion, particularly opposite the very hard work that community development organizations have had to do in response to the pandemic. Racial equity work is generational work, so we need to be creating infrastructure that can support change over the long haul and that prioritizes people's *well-being and healing*."

WHY HEALTH AND HEALING MATTER FOR ANTI-RACIST COMMUNITY DEVELOPMENT

If community development practitioners don't adequately understand and appreciate social determinants of health, we risk reducing the effectiveness of our investments in things like housing and small business development.

If we don't track health outcomes across geography, we may target our limited funding and time in ways that are less effective and efficient.

If we don't integrate culturally competent health resources into our organizing and communications work, then we'll perpetuate patterns of residents of color being less able to access and maintain quality care.

If we don't take advantage of health sector expertise in topics like food, exercise and mental health, our community planning work will be less effective in developing healthy, equitable built environments.

If we don't integrate understanding and resourcing of mental health supports into our community development strategies, we'll be less able to holistically address issues like community violence.

WHY ANTI-RACIST COMMUNITY DEVELOPMENT MATTER FOR HEALTH AND HEALING

If we don't understand how historic policies like redlining continue to shape health outcomes today, our work will be more susceptible to narratives that poor health outcomes are a result of bad personal choices.

If we don't address the consequences of segregation, it's going to be difficult to address disparities in health between white Americans and Americans of color when so many health outcomes – from infant mortality to illness rates to lifespan – are tied specifically to the conditions of the community we live in.

If we don't adequately study and learn about how different community development interventions impact health outcomes, we may miss important lessons that can inform healthcare, public health and community health practice.

If we don't build relationships with community development practitioners like organizers and program managers, we decrease our access to credible messengers for sharing critical health information with the communities we serve.

If we don't recognize how residents engage with one another at neighborhood and city levels, we'll be less equipped to address social capital impacts on health outcomes and centrality in collective healing work, especially across racial lines.

six PROMISING PRACTICES

These links between health, healing and community development are important, and as we noted above, there's fortunately been a lot of substantive collaboration at this intersection over the past few decades. As a result, community development is much more attuned to the health implications of things like parks, multimodal street design and affordable housing access. Health professionals, meanwhile, are more likely to understand the legacies of segregation and redlining on health outcomes, and health institutions are more likely to recognize their roles as neighborhood anchors. In both sectors, the concept of social determinants of health have been socialized extensively.

Still, in the wake of a global pandemic, ongoing food and housing insecurity and a social safety net that is threadbare and volatile ... there's so much more to do, especially if we're committed to racially equitable community outcomes. Below, we profile six practices that our stakeholder interviews and literature review highlighted as particularly promising. They stand out for a number of reasons. They build from existing knowledge and assets already embedded in community development and health sectors. There is at least some existing reference work that can inspire our own efforts. And most importantly, they cause us to reflect on why the status quo operates the way it does and to have a bigger ambition for what we can collectively accomplish.

PROMISING PRACTICE 1: CENTER COMMUNITY HEALING AND COMMUNITY REPAIR IN COMMUNITY DEVELOPMENT FRAMEWORKS.

Segregation, redlining and displacement have wide-ranging racialized health consequences for everything from asthma to hypertension to diabetes to mental health. The community development sector can play a critical role in addressing these kinds of individual and household-level outcomes, including through some of the practices we profile below. At the same time, focusing exclusively on a community health framework may overlook more expansive opportunities to address place-based racial inequities. Our research suggests that there may be equal or even greater opportunity to think about community development's role in community healing and repair.

That reorientation can be supported by robust frameworks – structured explanations of what community healing and repair mean and what they can look like (especially through a racial justice lens); why they're important and what they can accomplish; and at least some practical actions practitioners can take to begin to reorient their work. Examples include the Healing-Centered Community Development Framework and Truth, Racial Healing, and Transformation. These kinds of frameworks have generally been crafted with the active participation of coalitions of organizations operating across sector lines to address community well-being. Some have called out specific roles for deep partnership between community development and healthcare and public health, including the REPAIR Framework for Community-Institution Solidarity in Racial Healing and the Reframe, Retool, Repair Framework.

PROMISING PRACTICE 2: PRIORITIZE MORE COORDINATED AND HUMAN-CENTERED RESPONSES TO NEEDS OF UNHOUSED.

Homelessness has been steadily increasing since the 1980s, disproportionately hitting people of color and particularly Black and Native people. There is a whole range of different structural barriers to affordable, stable housing impacting folks of color, and those barriers are even higher for people who are also members of the LGBTQ, migrant or disability communities. The Supreme Court's decision in *Grants Pass v. Johnson* has created new crises and even more urgency for organizations working to combat homelessness.

Despite those headwinds, we've seen some really promising efforts to reenvision how we address homelessness. At a federal level, the Continuum of Care program has helped incentivize longer-term, community-wide planning around addressing homelessness. One of the most prominent examples of this type of coordinated approach is Houston's The Way Home, which has engaged more than 100 cross-sector partner organizations and agencies (including from community development, health and human services) and has been credited with playing a major role in local homelessness rates declining considerably. We're also seeing efforts to center more of a sense of humanity and dignity into supports for the unhoused. In places like Lakewood, Colorado, medical respite programs are helping the unhoused recover from injuries and illnesses in safe, supportive spaces. Meanwhile, in Austin, Community First! Village is using master planning to integrate a range of neighborhood-level supports beyond housing, including a health clinic and a farmer's market.

PROMISING PRACTICE 3: PARTNER IN EFFORTS TO BUILD, SUSTAIN AND DEEPEN EQUITABLE FOOD ECOSYSTEMS.

Communities with lower median incomes and higher rates of poverty have significantly less reliable, affordable, healthy food access, and this disproportionately impacts communities of color. Whether framed as food deserts, food swamps or food apartheid, there are well-documented racialized patterns of where food is available, as well as racialized narratives around who is deserving of a food social safety net. At the same time, food has factored prominently in communities of color's own resilience and fights for liberation, including notably within Black and Native food cultures.

Over the past decade, we've seen community development demonstrate increased awareness of, and participation in, local food movements. There are opportunities to push that even further by continuing to resource people of color within food ecosystems, as both consumers and producers, and in and between rural and urban communities. That approach is apparent in the prominence of farming, ranching and food access in regional planning around Native Hawaiian self-sufficiency. You can see it in the leveraging of Afro-Indigenous food heritage to support everything from rural farming, to installation of raised beds in cities, to workshops around uprooting racism in food justice movements. And it's present in connections between a 30-acre farm and Minneapolis-St. Paul Native communities' food and medicinal needs. While food ecosystem work is strongest when it responds to local health and economic contexts, state and national organizations can play important roles in learning infrastructure, including compiling resources around advancing equity in food systems.

PROMISING PRACTICE 4: EXPAND AMBITIONS AROUND WHAT HEALTH ANCHOR STRATEGIES CAN LOOK LIKE AND CAN ACCOMPLISH.

At a local level, inequitable access to care remains a major challenge, and even when healthcare institutions are situated in less affluent neighborhoods, they've received some criticism for being "fortressed" off from surrounding communities and their needs. In response, we've seen more deliberate "anchor" collaboratives forming between healthcare and community development, capitalizing on employment, purchasing and investment power to support resident priorities. Beyond increased investment, anchor emphasis on things like housing and education show potential for directly impacting health outcomes and playing outsized roles in otherwise underserved rural communities. Anchor collaborations have offered clear opportunities for healthcare institutions and community development organizations to partner in substantive ways, but there are opportunities to push them even further as drivers of equitable development.

That can start by ensuring that equity principles are at the very center of collaborations. They can also benefit from more expansive partnerships with community partners to amplify health equity outcomes, like the Somali Health Board's efforts to address health disparities facing immigrants and refugees in King County, or the Rhode Island Health Equity Zones initiative's emphasis on more expansive cross-sector partnerships and on more substantive resident leadership. We can also expand our thinking around what an anchor can be and where they can be located, such as the Jackson Medical Mall's redevelopment of a shuttered mall into a healthcare and community complex.

PROMISING PRACTICE 5: EXPLORE INTERSECTIONS BETWEEN GOVERNMENT REPARATIONS EFFORTS AND COMMUNITY DEVELOPMENT.

The movement to earnestly consider government reparations in the United States is a long one, and one that continues today. Advancing (or avoiding) a systematic, federal reparations effort would have obvious implications across society, but there are also specific links to health and healing practice and policy. Reparations efforts have been applied to medical atrocities like eugenics sterilization, researchers have drawn direct linkages between Black reparations and public health and reparation efforts focused on discriminatory federal housing and land use policy have clear implications for both the community development and health sectors.

Community development can play important, specific roles in reparations efforts. That can start with the sector's potential in supporting place-based healing work and in helping other sectors toggle between place-based reparations efforts and national ones. Even at times when the federal policy environment is hostile to consideration of reparations, community development practitioners can be active players in ensuring that state and local reparations efforts are meaningful. That can benefit from elevating the practical knowledge and experiences that have directly contributed to local efforts, such as those who helped craft Evanston, Illinois' housing-explicit approach. The sector is also well-positioned to advocate for community investment as a core component of reparations work, including investment directly into Black-led community organizations.

PROMISING PRACTICE 6: DEVELOP AND SUSTAIN INFRASTRUCTURE FOR CROSS-SECTOR COMMUNITY DEVELOPMENT AND HEALTH WORK.

Equity-centered community development and health partnerships have benefitted from cross-sector support infrastructure that can reduce friction that otherwise might show up and can also offer insights and lessons for earlier stage collaborations. Social sectors each have their own values and principles, language and terminology, industry standards, status quo and alternative practices, funding sources and financial flows and formal and informal policy mandates. It can be hard to navigate those differences, while also continuing to focus on equitable processes and equitable outcomes.

Cross-sector support infrastructure can help practitioners overcome those challenges. Research and learning supports can help draw out successes and challenges and make intersectional work clearer, exploring themes like the importance of community engagement in health equity work, lessons around how to employ health equity narratives and strategies for doing racial equity work in rural communities. Leadership supports can strengthen joint learning and open up new collaboration opportunities, whether through health equity training and technical assistance, coordinated sharing of best practices across health departments or elevating resident leadership in developing place-based health strategy. Funding supports can help draw explicit connections to promising places for cross-sector partnership, such as increasing health equity through housing, and can ensure that communities of color have resources to actively engage on important topics, like movement-building and advocacy.

In the previous pages, we outlined potentially promising practices with some relevant resources. The truth, though, is that there's no single way to implement those approaches. Rather than standardize one type of action or program or intervention, the community development sector has a unique opportunity to borrow from practices employed elsewhere and refine and test them for the geographic, political and cultural contexts in the communities where *they* work – guided by the priorities and recommended solutions of those communities.

Below, we capture more examples of individuals, organizations and coalitions around the United States who are working to advance these promising practices.

CENTER COMMUNITY HEALING AND COMMUNITY REPAIR IN COMMUNITY DEVELOPMENT FRAMEWORKS.

[Center for Research on Racial Trauma and Community Healing](#)

[Community Healing and Resistance Through Storytelling \(C-HeARTS\) Collaborative](#)

[Health Promotion Practice](#)

[KOMBOA](#)

[National League of Cities](#)

PRIORITIZE MORE COORDINATED, HUMAN-CENTERED RESPONSES TO NEEDS OF THE UNHOUSED.

[Behavioral Health Resource Center](#)

[City of Rockford, Illinois](#)

[Homeless Coalition of Fort Atkinson](#)

[U.S. Interagency Council on Homelessness](#)

[Vocal-NY](#)

PARTNER IN EFFORTS TO BUILD, SUSTAIN AND DEEPEN EQUITABLE FOOD ECOSYSTEMS.

[API Council of San Francisco](#)

[Black Farmer Fund](#)

[Inner-City Muslim Action Network](#)

[La Mujer Obrera](#)

[Planting Justice](#)

EXPAND AMBITIONS AROUND WHAT HEALTH ANCHOR STRATEGIES CAN LOOK LIKE AND CAN ACCOMPLISH.

[Kirwan Institute for the Study of Race and Ethnicity](#)

[Memphis Medical District](#)

[National Initiative on Mixed-Income Communities](#)

[Urban Institute](#)

[Vita Health & Wellness District](#)

EXPLORE INTERSECTIONS BETWEEN GOVERNMENT REPARATIONS EFFORTS AND COMMUNITY DEVELOPMENT.

[East Side Freedom Library](#)

[Greenlining Institute](#)

[LISC NY](#)

[Task Force to Study and Develop Reparation Proposals for African Americans](#)

[Turning Up the Heat: Urban Political Ecology for a Climate Emergency](#)

DEVELOP AND SUSTAIN INFRASTRUCTURE FOR CROSS-SECTOR COMMUNITY DEVELOPMENT AND HEALTH WORK.

[BUILD Community Development Corporation](#)

[County Health Rankings & Roadmaps](#)

[NeighborWorks America](#)

[Partnership for Better Health](#)

[Shift Health Accelerator](#)

We've covered a *lot* of ground when it comes to health, healing and community development – why it matters, what it looks like and how people across the country are working to do it. In the following pages, we're going to focus on how to take that information and put it into action. This kind of action planning can be done independently, within an organization or in broader coalitions and communities. You can also use the prompts to get your thoughts together either on your own or in a small group and then use that to launch dialogue in a bigger group. Before we turn to the specifics, though, it can be helpful to start by just gathering your highest-level reflections.

How are you *feeling* after reviewing the content (e.g. excited, angry, sad, overwhelmed, etc.)? Does the way you're feeling about the content suggest anything about how you might want to approach this work moving forward?

Based on what you've read, where do you think your work has been strongest in terms of contributing to equitable health, healing and equitable development approaches?

Based on what you've read, where do you think you could stretch your work to be even more impactful?

getting GRANULAR

In this section, we want to take a look at each of the promising practices we outlined above to consider how they might fit in our work, the degree to which we're investing in them today and what that might mean for our work in the future. To start, rate how strongly you agree or disagree with each of the statements. If you're working in a group, you may want to start by taking a little time completing ratings individually and then comparing your assessments. After you've finished rating the statements, consider each of the follow-up questions.

STRONGLY DISAGREE	DISAGREE	NOT SURE OR DOESN'T APPLY	AGREE	STRONGLY AGREE
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Centering **community healing and community repair** is relevant and **important** to the community I serve.

Within my work, centering **community healing and community repair** is receiving the **time, attention and resources** that it needs.

Prioritizing **coordinated, human-centered responses to the needs of the unhoused** is relevant and **important** to the community I serve.

Within my work, prioritizing **coordinated, human-centered responses to needs of the unhoused** is receiving the **time, attention and resources** that it needs.

Building, sustaining and deepening **equitable food ecosystems** is relevant and **important** to the community I serve.

Within my work, building, sustaining and deepening **equitable food ecosystems** is receiving the **time, attention and resources** that it needs.

STRONGLY DISAGREE DISAGREE NOT SURE OR DOESN'T APPLY AGREE STRONGLY AGREE

Expanding ambitions around what **health anchor strategies** can look like and accomplish is **relevant and important** to the community I serve.

Within my work, expanding ambitions around what **health anchor strategies** can look like and accomplish is receiving the **time, attention and resources** that it needs.

Exploring **intersections between government reparations efforts and community development** is **relevant and important** to the community I serve.

Within my work, exploring **intersections between government reparations efforts and community development** is receiving the **time, attention and resources** that it needs.

Developing and sustaining **infrastructure for cross-sector community development and health work** is **relevant and important** to the community I serve.

Within my work, developing and sustaining **infrastructure for cross-sector community development and health work** is receiving the **time, attention and resources** that it needs.

Note the practices above that you generally felt were more relevant, important and resourced. These are places where your work might already be taking community health and healing approaches into account. What are some next steps you could take to deepen the impact of those practices and/or build from them to address other community priorities?

Note the practices that you generally felt were more relevant and important but *not* receiving sufficient attention or resources. Are there specific barriers that are preventing that work from being taken up? Are there ways that you could begin to address them? If you're not in a position to address them, are there ways that you could influence the decision-making of people who could?

Now let's consider any practices you generally felt were getting more attention and resources but *were not* necessarily relevant and important to the communities you serve. Are there ways to change approaches to make them more relevant and important? If not, what are the reasons that keep you (or potentially those you work with most frequently) from letting go of that work?

In the practices above, we see lots of promising examples of both health work and healing work. While there's certainly some overlap between the two, they also carry some distinct characteristics. In this section, we want to pause to think through the degree to which concepts from community health, community healing and community development show up in our current work. This can give us a little more clarity about what we're building from – and what we want to focus on in the future.

How does a *community health* perspective show up in your current work? For instance, do you tend to think about health outcomes in geographies like particular neighborhoods? Do you think about how health-related work can happen in less formal settings? Does your work touch on preventative approaches and/or immediate health needs?

How does a *community healing* perspective show up in your current work? For instance, does your work consider and address past community trauma or violence? Do you emphasize mental health, especially across people's different identities and experiences? Does your work touch on root causes of health disparities?

How does a *community development* perspective show up in your current work? For instance, does your work consider how to address issues within hyperlocal contexts? Does it focus on the material needs of people within specific geographic communities? Do you engage residents in identifying challenges and solutions?

Even when practitioners share a common goal of equitable change, if they're collaborating across sectors, they may run into challenges when they don't understand how their sectors are different. If we can be more explicit about how sectors work, we'll be better able to find commonalities to build from and differences that we can bridge ... or at least be aware that those differences might slow us down or cause some friction. It can take some time to map how sectors work. That's certainly true if we've never worked in them, but we rarely even get an opportunity to slow down and explicitly think through how the sectors we're most familiar with work. We can and should start to be more aware of:

Values. We all have individual values that motivate us to do the work we do, but it's also true that sectors can have some core, common values that influence who does the work, how they show up, what kinds of things contribute to our notions of success or momentum and what things frequently lead to tensions.

Narratives. Underneath the more technical parts of sectors, narratives form a pretty powerful part of our collective thinking – how we perceive the world and our roles in it. For more information about dominant narratives in community development and how we can respond to them, check out [Crafting Anti-Racist Narratives For Community Development](#), a resource created in partnership with [Storytellers for Change](#).

Language. Sectors tend to build up their own ways of talking – specific technical language, jargon, acronyms or any other way that we develop our own kind of shorthand for communicating. That language, though, might not mean much at all for lay people or for people who work in other sectors.

Industry Standards. As sectors professionalize (or hyperprofessionalize), they tend to standardize what kinds of credentials are required to enter and to advance, as well as specific processes, guidelines and regulations that might not be legally binding but are still highly formalized. They may be very different from the ways others in our cross-sector partnerships think about their own work.

Practices. Even beyond those expectations within a sector, there also tend to be generally expected approaches and methods for how we get our work done. Even though these might be a lot less formal, they still impact things like how quickly we consider work done, when and how we engage the people we serve and how actively we collaborate with others.

Financial Flows. Funding is a big one. A sector could be primarily publicly or privately funded. It could rely mostly on earned income or grant funding. It could flow in large chunks annually or small amounts on an ongoing basis. It could involve complex financing with lots of income sources and lots of expense categories, and those could be totally different for, say, an organizing campaign fighting to keep a public hospital open and development of a revolving loan fund to support urban agriculture businesses.

Policies. As we discussed earlier, policy can loom pretty large, too, and it can be complex. Sector-related policies could influence how organizations are funded and taxed. They could mandate what an organization must do or prohibit them from what they can't do. They could either actively incentivize racial equity work or thwart it ... and that might vary for the sector at national, state and local levels.

That's just a sampling of the kinds of sector characteristics that can support or get in the way of cross-sector work. It can help to be explicit about where we think there's alignment and misalignment across sectors (in this case, health and community development) ... and where we still have questions or need to establish more collective understanding.

Based on what you know about health and community development right now, what characteristics of those two sectors seem *most* aligned? How could you leverage that alignment in your own work?

Based on what you know about health and community development right now, what characteristics of those two sectors seem *least* aligned? Are there ways that you could start working to address those potential misalignments in your own work?

What are the biggest questions you have about how folks in health do their work? Do you have specific questions about healthcare, public health, community health and/or community healing? Are there places or people you could turn to to start addressing those questions?

What are the biggest questions you have about how folks in community development, and especially community development that attempts to be racially equitable, do their work? Are there places or people you could turn to to start addressing those questions?

what's POSSIBLE

Because there's been a lot of collaborative work around health and community development over the past several years, with a little research, we can find a lot of practices and policies that can inform our own work. That means we can build from what worked ... *and* push even further in support of equitable processes and outcomes. That kind of strategy isn't something we can implement overnight, but now that we've pushed our understanding forward a bit, we're at least ready to put an initial plan into action.

Based on everything you've captured above, what are your biggest aspirations for what equitable health and healing work could look like in the community you serve? How do you see your long-term contribution to that vision?

On the way to that bigger vision, what shifts could you make in your work within the next year to create some positive momentum? Are there specific ways that you can collaborate with others to keep that momentum going?

Based on what you've captured above, what do you think are the biggest challenges or threats those efforts could face over the next year? Are there ways that you could minimize or disrupt those obstacles? Are there people or organizations you can collaborate with to address those challenges or threats?

How will you know if your health and healing work is successful, and specifically, whether it's achieving more equitable outcomes? How will you engage the community you serve to get their perspectives on the work and its outcomes? Are there any concrete actions you can take to increase continual transparency and accountability around health and healing decision-making with the community you serve?

When you look back on your work a month from now, a year from now, or five years down the road, what's one thing you want to remind yourself about where you are right now? What's the final thought that you don't want to lose as you think about community health and healing practice and/or policy?

The People's Practice

We hope you've found something promising in these practices!

Feeling inspired to keep going deep on anti-racist community development?

Visit us at www.thepeoplespractice.org for additional op-eds, Q+As, research, resources and more!

The Anti-Racist Community Development Research Project was produced with support from Robert Wood Johnson Foundation (RWJF) to increase understanding of structural racism in community development and pathways to racially equitable outcomes that promote health equity. The views expressed do not necessarily reflect the views of RWJF.

Developed by



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