Session III – Potential Cross-site Projects connecting Health, Housing and Neighborhoods

Moderator: Sheila Martin

Present: Katie Pritchard, Salma Abadin, Denise Linn, Noah Urban, Gary Painter, Jennifer Newcomer, Maia Woluchem, Mary Buchanan, Kathy Pettit, John Killeen, Nic Moe, Shahrukh Farooq, Clarence Wardell, Oscar Villareal

Relevant links:

* *Predicting Urban Design Effects on Physical Activity and Public Health: A Case Study -* <http://www.ncbi.nlm.nih.gov/pubmed/26275934>
* *LISC Chicago: On-Site Health Centers Open at Elev8 Schools -* <http://www.lisc-chicago.org/Our-programs/Education/OnSite-Health-Centers-Open-at-Elev8-Schools.html>

Sheila – Ok, so let's first decide if people are ok with tweeting. No opposition? We're supposed to set a goal but before we do that I'd like to know why you're interested in this topic so that whatever goal we gat is consistent with that.

Kathy - Why we posted it? When we were planning the health session there were lots of directions to go in. Social determinants, Oakland has done “Wealth equals health” work, other physical housing pieces, access to opportunity, components of a neighborhood, etc. So there are a lot of different touch points. For any sort of thing, and a cross-site idea in particular, you needed to narrow it down for a closer theme. So I wanted to have this to see where the traction is among those different kinds of areas across sites to see where we would take this thing to the next step. Like a concept paper?

Sheila – So rephrased, to identify the frame for health and housing for NNIP.

Kathy - Yep.

Sheila - Any different goals?

Salma - I think it’s interesting to quantify health with the economy. Talking about the role of health economics is an interesting theme

Jennifer – We’re part of a regional transportation collaboration in Denver. And now there's Pay for Success, social impact bond kind of work. And now what are the different economic lists and leverage points that ensure that those pieces are really talked about in the same conversation about health, housing, and built environment? So there's a meeting that hosts the next iteration of funders to talk about a civic-like project to define the [question]. We’ll see if we are able to look at the tradeoff of providing more quality housing and access to transportation over the potential tangible health savings.

Sheila - So the first really general question I want to ask - what are the issues that are best framed with this connection? So you said there’s a relationship between housing and health costs?

Jennifer - Yes

Sheila - Do you mean in the Housing First model or in terms of improved housing?

Jennifer – Yes, more improved access. We have rampant run-up in pricing and lower income families are complaining of being pushed out of all housing, not even good quality housing. So it's an access issue as well. The existing community-based health resources aren't even able to help ensure continuity and care of those residents as they get pushed out and leave.

Sheila - Others?

Noah - For Detroit we've noticed the city is ramping up blight removal. In rental, only 30,000 units of many more units are registered with the city so there's a huge gap in potential violations.

Sheila - So physical housing characteristics that might be having impact on health. The first is on urban form and the second is on the physical characteristics of the neighborhood itself.

Gary - What about aging in place within social impact bonds? There's a lot of money that can be saved with simple rehab.

Sheila - Interesting. So could rehabilitation of homes for aging in place reduce costs as baby boomers age?

Gary - There's a lot of framing. I'm new in this position and as I talk to different people across the issues there’s a lot of foundation money is in the health space. So everything that's connected to health that's in my own research gets that.

Katie - Two broad things. There had two different forces. One is criminal justice leadership and a public health approach to things. And another is the work the Fed is doing with healthy communities. So health, criminal justice, and community development, which is that housing piece. Are there others that might be interested in expanding into criminal justice?

Sheila - I'd like to add on that. So we had a shooting in Southern Oregon in a community college so there's also violence as a public health issue. I'm not sure that it connects to housing but it does connect to neighborhoods. And mental health. And violence in guns but there are other forms of violence. So there's…I'm not super sure of how to frame that. But violence as a public health issue. What other criminal justice things can we account for?

Katie – There’s a focus on mental health. But someone else brought up “frequent flyers”, who are in all systems and causing difficulties or challenges. So that's one stream?

Sheila - Also connects to Pay for Success. If you can get people out of those multiple system streams…

Kathy - Just a flag that social impact bonds are a really high bar for a cross-site project. But UI got a lot of money to do technical assistance about social impact bonds. Now there are a whole league of staff working on that issue. So we can tap into the urban forums on that too, so you can do a cross-site project around that without a full social impact bonds.

Sheila - One of my colleagues did a study of the cost of homelessness and that has their first step into what Housing First could do for them. That's consistent with everything you all are talking about

Gary - So broadening leads to other environmental exposures could be interesting. The data is good and close to real time. So how could you link it? Environmental and police data is close to real time, which connects to neighborhoods. Maybe something about these connections? Just thinking about the day-to-day monitoring. We have LA Long Beach with lots of pollution. When I bought my second house around that area, I moved away from the plume…

Kathy – Yes, this is good framing and captures the big picture. Casey did some work around responsible demolition. I've been talking win the EPA folks and their environmental justice tool and so that's interesting to think about layering the national data as a base to work from. So thinking about...this is kind of a non-traditional funder, the EPA. But they do a lot of community work and grants. Seema in Baltimore is doing work on urban waters and was funded by Department of Forestry. So it's not a usual funder group which is great.

Sheila - Has anyone thought about environmental assets? Tree canopy and escaping heat islands and access to parks? That's another piece of the neighborhood and health continuum.

Kathy - Maybe protective factors?

John - Maybe wellness enhancing factors?

Nic - We have great data on tree canopy cover but the problem is that most of the ovulation is allergic to at least one of the trees in the neighborhood. So that doesn't only affect people who have allergies but it's a causal trigger for asthma. Trees are an interesting one because they have good habits but they can go either way.

Sheila - I could see a map of asthma incidence and trees that cause allergies if a city was thinking about how to enhance canopy without causing allergies. Any other issues?

John - The link between violence and lead in housing? In Durham, there's interest in target properties that they feel are points of control and that they can hack to change neighborhood direction. So they find properties that are violent and have drug issues. So vacant housing and violent crime? An example could be where the housing connects to violence thereby to health?

Sheila – Yeah, that's built environment and physical space leading to health.

John - And stress caused by disorder. Tough to define. That might be something that could be linked to student performance. You could kind of get at something that's even further in the field?

Sheila - Didn't someone present on violence incidents and school performance? Claudia? My second question is what would best leverage the capabilities of NNIP partners? Subject matter, knowledge, data, and skills?

Kathy - The environmental exposures is low hanging fruit because it's focused. But there are other things like low income families or minorities, which would necessitate an integrated data system. Which is good but a longer term plan. That’s almost like a planning grant that shows what kind of data you need?

Sheila - Because you want to develop causality information?

Kathy – Yeah, the Moving to Opportunity work is a complicated evaluation project, for example. So it's almost more of a formative project, sort of planning or sorting out some of the more complicated tings. What kind of data collection would you need? It would be more of a design process that people would go through together rather than an implementation. So the cross-site project is to give some scope. Some have been like $30,000, others have been $100,000. So it's not $500,000 each, to give it some scale.  There's been some quick wins on the $30,000 like school readiness and stuff that had been breaking new ground is on the higher end.

Sheila - Can you talk about what makes a good cross-site project?

Kathy - Good exec committee call question. We need to have four to eight partners deeply interested in this and it needs to be not overly generous funding. It should be on the strategic path of the organization anyway so that it overlaps with their work because it's not enough money to start from scratch on all of it. We usually try to do something that is breaking new ground like civic tech or IDS. Work on parcel systems was new when we did it forever ago. It needs to be something easy to sell as a platform.

Sheila - What about situations where the results in one city don't translate to other cities? Cause we often have weak market versus strong market cities. The potential cross-site on neighborhood change for example, not saying gentrification because it's not happening everywhere. There are weird things about environmental justice in Portland. There's high-end development around other lots, so it's a lot of exposure for high-end people that's bad.

Kathy - We've done it both ways. There's an umbrella there and each partner picks their own interpretation of that. Civic tech is a good example. And there are others where we do exactly the same thing. Kids in Foreclosure is a good example. That was more prescriptive. In the school readiness project, it was more of a framework. Everyone does an environmental scan and the inputs are different but the structures are the same. So there's a lot of different ways depending on what makes sense and how specific the question is. On the school readiness stuff, collaboration and connection was the goal. If it's about pinpointing where vacant housing is causing crime, it's a different thing. That's a range of pieces. Would be helpful to write out the different models.

Sheila - My next question is this. Which of these ideas are most likely to attract funding? We talked about EPA and many of the foundations like health a lot but if we have a variety of projects that have health as part of their outcome, what of these things are most likely to have some funder that's interested?.

Katie - One thought—is anyone doing any health impact stuff? Some big public health analysis of some sort of thing? It's a hot new topic and you could build on skills. The application and the capacity would be different stuff. Maybe doing one that is environmentally focused or mental health focused?

Sheila - Could be an impact assessment of a new park in a neighborhood or of reducing the drug house in the neighborhood or corner store or bike paths?

Kathy - could be more systematic. Maybe increasing LIHTC funding?

Nic - We're always looking for a new project to do. We're health focused already but to go outside of health research, we should have to have that as a model—health impact assessment.

Kathy - Has anyone done that?

Salma - In class. In St. Louis for a new metro stop. We had partners from the metro, transportation, and others working on building a new bike line. The class was split up in different groups and studied vacancy and housing in relationship to that. Used the CDC guidelines. And also through my fellowship at UW-Madison. There are lots of people there who do health in policy concepts and study it that way.

Sheila - I know lots of people who do that and Meg might have been trained on doing that. I have a community partner who might be a good partner in this. Oregon Public Health Institute. That's how I could see working for us, because we are not experts in health impact assessments.

Jennifer - Same for Denver.

Kathy - Wonder how it connects to hospitals. They may have money to pitch in. Thinking about community impacts.

Sheila - one of the things I want to mention is the Q-Corp stuff. It's the Oregon Quality Consortium of Nonprofit hospitals all over the country that overlap between NNIP and these consortiums. They pull the nonprofit hospitals together to do things like community health assessments and the quality of care assessments. They got us the health outcomes data for the equity atlas, took all the data that the insurers were sending and gave it to us so we could map it. They could be a great partner, these consortiums.  <Q-corp.org>. Oregon Healthcare Quality Corporation. Network for regional healthcare improvement is the national network of these consortiums. There's one called Greater Detroit Area Health Council, there's Health Site Utah, etc. Kansas City Quality Improvement Consortium, a lot of overlap with NNIP partners. They told us $30,000 for the regional data for diabetes, asthma, and cardiovascular data for census tract. That's just a potential way to go about it, especially if you don't have the capacity to do that, because we're not HIPAA compliant.

Kathy - Is it re-visits?

Sheila - Insurance claims data. For ER and all of those things. It's diagnosis. It's pretty unique. Not very many NNIP partners have worked with this data before.

Kathy - several partners have hospitalization data at the record level. There's a question about whether you want to handle the confidential data.

Sheila - We have different frames that we could use, what is the frame that would most attract you?

Kathy - One of them was more Pay for Success and social impact bonds, more the cost stuff. That's Denver.

Sheila - How could neighborhood interventions reduce health care costs?

Kathy - Yeah, some of that. Neighborhood-related interventions. There's a lot of funder interest in that now and we could talk to those folks to see if there's money to help with a planning stage.

Sheila – Yeah, I could see a series of indicators about a healthy built environment score. Looking at built environment data and seeing if there's a relationship. But there's all these other factors that we would have to control for.

Kathy - Yes if you were doing some causation. But if you want to mobilize the health people to coordinate with the housing people, you just need to show it on a map enough to get the conversation going.

Sheila - Those are different sorts of scales.

Kathy - Closer to correlation, there's a body of research that does the causation.

Sheila - So that's a broad question - rescuing healthcare costs. We've talked about environmental exposure, exposure to violence, increasing access to healthy behavior

Kathy - Think of places that have changed the bus line to go straight to the grocery.

Gary - Or new subway lines. So there were new subway lines in LA and people are diverting from driving.

Sheila - So there are opportunities there

Kathy - there's interesting stuff about transportation

Katie - Yeah like a food thing

Nic - Has anyone worked with marketing data? From Experian or similar groups like that?

Kathy - We have Experian data around credit records.

Nic - Like scanner data. Like purchase data because that would go into that question of what are people in neighborhoods purchasing and what is the neighborhood and what kind of access do they have.

Kathy - That's been thrown out as a hypothetical. I've never actually seen any analysis. My president at Urban met with a grocery store chain here in Texas about data access and I don't think it went very far but there's the conversation.

Nic - Experian does sell it. They can tell you what you buy in that last year. Since marketers have access to that data, it's something that could be useful?

Sheila - Someone recently did a study on bike lanes and business. There was resistance to replacing parking with bike lanes, but her research showed that the bike lane were better than the parking spaces. I could find out her methodology.

Kathy - Yes it is very very expensive. So they gave us a one percent sample. Urban negotiated the data and there's a fee is you want to use it. More on the financial side and not on expenditure.

Sheila - So on mapping and not on green spaces, there was no real tie to health. It was just an equity issue. I guess we should map the health issue

Kathy – That’s a whole new set of funders really. So we can combine them. But on the built environment side, we've been talking about talking to more of the banks or on one of the projects in Detroit, were mapping CDFI investments.

Sheila - Might be able to change where they're investing their money

Kathy - And then figuring out more strategic work

Katie - You could combine the CDFI investments with the health work?

Kathy - So we have a good link through Ellen Seidman into CDFIs and the CDFI world, and she would probably know the candidates who would do the health pieces. That'd be fun.

Sheila - I'm just interested in the CDFI and what they're investing in. They decided a long time ago and they haven't really changed it. I'd be interested so that I could just know.

Kathy - Will add that to my to-do list.

Sheila - Anything we haven't talked about yet? We have about four different projects, all about how neighborhood level interests could reduce health care costs. A perfect thing for CDFI to work on.

Kathy - There is the social impact calculator that's written up in What Counts. Using the estimate from high quality research that let’s say putting a homeless person in permanent housing, there's a calculator that shows how much a city saves. It's an exploratory tool right now but it is about the money that you're saving without doing the long IDS tracking. It's a meta-analysis. I haven't dug into it very much but it's interesting to think about how that could be used about neighborhoods.

Nic - Another tangent, has anyone used walk score data?

Mary - You have to pay for it but it's pretty good

Kathy - Someone was doing a walk score spatial thing. Julia Krachinski?

Sheila - That's the context tool that the equity atlas is based on?

Kathy - All of us could do a better job on the walk score

Nic - The concept is a good way to measure a lot of things, especially in terms of access. If you don't have a car, and your walk score is different, it's meaningful.

Kathy - We also found our Choice Neighborhoods have really high walk scores. So you could walk if you wanted to take the choice of being hurt by other things. There are other walkability things that are more planner sort of things.

Sheila - But then it also depends on what sort of people you're talking about. My neighborhood is supposedly super bikeable but I have to climb this huge hill to go to work.

Kathy - The general question about access is really good. One of the things that the Regional Equity Atlas does really well. Thinking about next steps, part of the issue is that we try not to spread ourselves too thin. We could write up a few of these ideas and send them out for Google votes. Maybe we take the top two and have phone calls and meet people on those topics. That would be my piece. The other background I could have started with is that we're connecting with Robert Wood Johnson. In the relationship building stage with a bunch of people there. Leah is on the Dash grant review committee, I think we would engage them in helping to shape the idea. Not necessarily as an ask, but because that would help shape the field in an interesting way. Folks like Elizabeth Sobel-Blum could also be helpful to build momentum. We've been talking about whether NNIP partners are interested in Pay for Success stuff. We could have Urban folks do a webinar on the TA side? Could be a good idea for Robert Wood Johnson and health impact assessment folks.