

Session 2: Wednesday 5/6/2015, 3:15pm-4:15pm

Location: Foyer

Session Title: New Cross-site Brainstorming Session: Healthy Housing, Healthy Communities.

Organizer: Max Weselcouch

Primary Notetaker: Leah Hendey

Participants: Max Weselcouch, Eleanor Tutt, Susan Millea, Naomi Cytron, Jane Downing (The Pittsburgh Foundation), Jake Cowan, Ashley Clark, Jacob Wascalus, Sheila Martin, Katie Pritchard

Notes:

Max – potential cross-site projects – with the goal of being really policy relevant. Initial task how can we make sure influencing policy. Tom asked for ideas. Health has come up over and over again. Don't even track blood level lead levels anymore (not enough kids)). Ideas of health in multifamily buildings- how can improvements in buildings affect health. Not an expert in health.

Goal – come up with a proposal for a cross-site project that we could get funding for? Health and Housing in general

Susan – how many are doing community health assessments? We should find out.

Jane – county health department – is doing that but they are behind on data resources

Naomi – a couple of other organizations working on this it – in the What Works – Stewards for Affordable Housing for the Future and Kresge Foundation [chapter](#) SAFH network of affordable housing provided – for how supportive housing has impacts – could we engage with them? [Building Healthy Places network](#) – funded by the Robert Wood Johnson Foundation – trying to bring together population health folks and community development – something might be compelling as a research project across sites and could be an interested in funding. Headquartered in San Francisco – just launched in October and just getting feet on the ground – it could be a good ground level place to get started and explore what this means. Both health-plus and housing-plus there is a lot of opportunity there.

Susan – what kind of variables would be looking at? Adult vs. child?

Max – everything is on the table

Jake – just health outcomes or health assets too? Closing of mental health facilities in low income neighborhoods (e.g.).

Susan – project- related to improving birth outcomes – mapping we did highlighted how segregated it is – (where OB/GYNs are located?) nowhere to go – Medicaid transformation grant – number of these that are being used to drive improved health outcomes in births – targeted to African-American women – disparities – also identified spatially large communities – Hispanic women, less than 8th and high school education – spatial analysis has helped identify the interventions needed and language issues around that- impacting additional work – looking at NICU evidence because that where the \$\$ is spent. –losing count about the spin-off projects – clearly income and housing are all correlated with some of those concentrations.

Jane – any conversation between housing and mental correlation – in homeless advisory realm – different types of supportive housing. Often two spears housing and human services- human services gets money for some many different streams (group homes etc.) chronically homeless- having a place to stay – from a systems integration level that research would be extremely important and useful.

Eleanor – convening a housing funders groups – intersection of policies that could make more housing available. – vouchers reaching out to mental health for example.

Ashley – making the case for supportive housing = got data on ER visits to show cost savings. County provides a lot of the services.

Sheila – similar study in Washington County.

Katie – Milwaukee – coordinated entry to shelter systems- standardize intake – issue of mental health – started new development of other kids (modified BISpdad(?))

Jane – HEARTH act is requiring people to do more coordination and assessments on individual level. This is just starting in the last few years.

Katie – for hospital systems in Milwaukee – they got together and did a health 5 year plan and ignored free services being provided by free clinics which are their main referrals from the ER rooms. But there was no data being collected about inventory and data collection on the free clinics -they have no requirements on reporting.

Ashley – our IDS – project with cancer institute–people with sickle cell disease - test positive for colposcopies – looking at social/community stuff overlap.

Max- if we could say anything about cost savings- is that really possible?

Naomi – what is the return on investment?

Susan – are there any pay for success initiatives?

Jacob- one in Fresno around asthma. Have home health aides go and talk about remediation strategies. Some of the ERs had a lot of kids with asthma attacks.

Jake another angle on cost savings- trying to quantify savings already achieved – might help justify cuts to budgets (preventing cuts to social services)

Susan – early stages of testing pay for success around Nurse Family Partnership program. Obesity?

Eleanor – might be able to get height/weight on driver's license

Sheila – Meg wanted to get that.

Susan – [fitness gram](#) is the tool – standardized- Cooper Institute out of Dallas – Human Kinetics was the vendor- web-based version being adopted to. Obesity info is in that data. Demographic data from the districts that separate - but new version of fitness gram embeds a lot of that. We are still going district by district and developing relationships = can't get data from the Texas Education Agency even though it goes there.

Katie – anyone doing anything on violence and health – community development - ?

Max- research paper on trauma and student performance. Huge effects.

Susan – Toxic stress – American academy of pediatrics – 2012 technical report- eco-developmental model human growth that integrates across many areas of science. Very cross-disciplinary – look at the social determinants and aligning what we can with that – very significant interest within the medical community at looking at maternal depression.

Challenge of cross-site study – still all in development – trying to work with providers to screen women at multiple stages for depression.

Max =- affordable housing and health outcomes or rather unaffordable housing and negative health outcomes

Susan – looking at the school mobility –and or residential by mobility – so much driven by economics and affordable housing and health implications of that.

Leah - health and mobility using Medicaid claims data?

Eleanor – partner with dataset on every person admitted to ER with gunshot wound – where home is and where they were shot- travel between neighborhoods that puts people at risk

Sheila – hot spot policing – didn't seem they were doing anything with it – are there urban form elements that affects crime

Milwaukee- Federal Byrne Criminal Justice grant in Washington park. Shot spotter data.

Susan – child present – is tracked- is a child a victim/perpetrator, witness – not a lot of details

Mallory O'Brien will talk about some of that tomorrow.

Jake – travel – to/from. Food desert framework- can we update this? What's the evolution? – policy and - LISC- half mile buffer – just little pockets geographically -concept didn't apply more – access not the issue as much (food delivery services) .-

Max- or that access doesn't matter- cost and education does.

Jake- no food deserts

Sheila- long distance for food deserts (rural places).

Susan – 15 mile drive to get to grocery store. Housing only.

Jacob- EBT (food stamps) consumption patterns? Can we get that data?

Sheila – Oregon extension has it?

Susan – difficult to get – attempted working with large corporate grocery chains –so proprietary.

Can NNIP advocate for that?

Sheila – real cost of getting food – spending a lot of time on the bus. 16% on average on food – plus cost of transportation

Jake – could you calibrate into a core set of access problems – finding out can you calibrate that.

Susan – Asthma EPA –air quality – don't know how neighborhood is defined –

Max- guidance is really unclear

Pittsburgh Asthma work?

Eleanor – Frame: housing to health vs. health to housing

Ashley – medical health vs. public health

Susan – argument – trying to understand “population health” - in medical community your panel of patients vs. broader geographic population – NNIP trying to pull those two communities together- that’s where the clinical and public health work becomes really important.

Max- might be a cross-site model like – IDS – everyone does something unique

Sheila – tie between chronic absenteeism and health

Susan – drilling down to the reasons where it was health or not – funding issue vs. illness issue. Excused absence plays it not it. We did a study with another educational partner – drilled into definitions and did follow-up with partners – huge % that skipped skill and acute vs. chronic absences.

Sheila- robocall if your kids is marked absent – could you integrated press 1 for x and press 2 for y.

Building healthy communities – Naomi could facilitate connection

Shelia- RWJF – funded a lot for transportation and active living

Jacob- common data set makes it easier.

EBT- checking on that.

WIC data?