NNIPCamp St. Louis, April 2, 2014

Session 2 – Neighborhoods and Health

Led by Kathy Pettit – Urban Institute

Notes by Maia Woluchem

Present: Phyllis Betts, Jennifer Clary, Meg Merrick, Laura McKiernan, Rebecca Hefner, Jay Colbert, Denise Groesbeck, Katie Zager, John Killeen, David Epstein, Jennifer Williams, Pam Perlich, Marge Ricke, Lionel Foster, Kerri Campbell, Alyssa Sylvaria, Patricia Auspos, Joe Baldwin, Bob Waite, Mark Abraham, Janice Outts, Mike Carnathan

Pettit: A few things, there are things that are working with hospitalization data. For some it's the social determinants and telling the story, and others are doing programmatic work. Any questions?

Abraham: ACA requires needs assessment from nonprofit hospitals. It's a great revenue thing.

Carnathan: Yes there are five hospitals that have done them for the IRS

McKiernan: The hospitals did it together to save costs, about fifteen years ago

Carnathan: The regional assessment was separated from individual hospital data

Abraham: There are 200 consultants doing this independently over the country.

McKiernan: And they're pretty crappy. NNIP partners can do much better.

Pettit: Couldn't get past the state level?

Carnathan: In Georgia’s Hospital’s Association, this is a revenue bucket. They take the data and turn around and sell it back to them for the community assessment.

Abraham: It’s only three bullet points in the ACA but the better hospitals they think they should be comprehensive. So they tend to be bigger projects.

Groesbeck: We have to think about the costs because a lot of that is proprietary data

Betts: We’ve had experience with Experian and Mosaic. To predict health outcomes we have seen some products in Memphis and where NNIP could help fill gaps in different cities.

Groesbeck: Some hospitals use Transunion but they use it for their billing system to determine charity care, which is a big business for Transunion. They do individual credit checks to see if they have unreported income.

McKiernan: Anyone started on RWJ impact outcomes?

Colbert: We started on that.

McKiernan: RWJ is giving out money to do things if there's some other policy changes happening concurrently. It’s to see what the impact on health will be. Can do something in housing and education and see what that could mean for health.

Groesbeck: You would want them to adopt a policy where anytime you go to implement something, there is a health impact assessment that goes along with this.

Auspos: PolicyLink has done some other health stuff.  Healthimpactproject.org

McKiernan: So these projects basically focus on health and focus only on that?

Abraham: We’re trying to merge CHIP data with all of the other indicator projects

Pettit: We should schedule a webinar on this topic!

McKiernan: Not nearly as formalized. Just for nonprofits because it's the return for the tax benefits.

Foster: So many of you are on big projects. It seems that health is an organizational principle for determining how a neighborhood is going? Is health an organizing principle for other organizations to think about what's working and what's not?

Unknown: Yes because it has so much carryover. Make the connection that if you're not healthy that you have a lesser chance of succeeding at education and work and other things. An example form Kathy is absenteeism and asthma. It's becoming a part of the conversation about necessity. When dealing with low income communities, you know that you've got issues with high blood pressure and asthma and there are things that are inherent. Always an underlying thing. The groundswell is to get them to pay attention when decisionmakers don't. Because it's not direct, it takes a while. If you go into it saying that you want to make this community healthy? You don't know what exactly your indicators are. We use it like it’s a happy term.

Merrick: Coming together between planning and health. We're going through a planning process in which health is a lens that can guide policy for that plan. Difficult for planners to get their heads around that. Upstream part was hard for the College of Urban Affairs, now we have a MUP and MPH together. Healthy development measurement tool in San Francisco, renamed sustainable San Francisco maybe? So incrementally, this work is doing some real field work on a project by project basis on things like pedestrian environment and whether they're sending street signage. For planners, what's interesting is that literature is sighted for all rationales and some strategic mitigation, so if you put low income housing next to a freeway, you must provide filtration, light and noise mitigation, other stuff like that.

Pettit: The comprehensive health assessments—It seems like we could get paid to help our community. Maybe we should do a webinar on how to do it?

McKiernan: Would like to put in an ask. How can we link up on this? How do you talk to that community?

Baldwin: It is a nightmare, from everything I know, they're still fumbling their way through it.

Pettit: We really need support, they do actually, so that could be a job we could fall into.