

Building a Healthier Community: A Strategic Alignment Forum on Health and Housing in Linn, Benton and Lincoln Counties

Monday, January 25, 2016
Willamette Conference Center
Linn County Fair and Expo Center
3700 Knox Butte Road
Albany, OR 97322
10:00 am – 2:00 pm

EXECUTIVE SUMMARY

Over 150 stakeholders gathered to share ideas on ways to align and integrate their work across housing, social services, and health to improve the health and vitality of Linn, Benton, and Lincoln County residents. This event was sponsored by the Federal Reserve Bank, Oregon Housing and Community Services, and InterCommunity Health Coordinated Care Organization. Regional stakeholders will use input from this forum to guide recommendations for systems alignment and specific health and housing projects.

Two morning panels highlighted issues, challenges, and opportunities for advancing housing and health collaborations at the local, regional, and state levels. Participants subsequently worked in small, facilitated table groups to answer the following four questions regarding the health of their communities:

1. **Core values:** What are the core values that should guide our goal to build healthy communities?
2. **Working together:** How can housing providers, community based organizations, regional collaboratives (Coordinated Care Organization, Early Learning HUB, Workforce Investment Board, etc.) and local governments work together to address local needs and priorities?
3. **Innovation and integration:** What potential innovations and integrations are possible in the region? Do they address local needs and priorities? What agencies should be involved?
4. **Next steps:** What would it take to make the project happen? Who needs to be at the table? Are the necessary resources available to implement?

Facilitators posted responses to each question on the wall and participants prioritized two options from each question. Full results are compiled and organized into general categories by question, ranked according to the number of votes each suggestion received, and are presented following this summary.

Participants identified several **core values** that should guide our communities' work, including:

- Collaboration
- Equity
- Community
- Accessibility
- Sustainability
- Cultural competence, and
- Strengths-based

When asked how housing providers, community based organizations, regional collaboratives, and local governments can **work together** to address local needs and priorities, participants overwhelmingly stressed the need for cross-sector collaboration, communication, and information sharing. In addition, participants recommended using a collective impact model with strong backbone organizations identified to accomplish the work. Other important components of collaboration included shared and integrated assessment activities, data collection, and flexible funding models.

Looking toward **innovation and integration**, participants stressed the importance of looking beyond the “usual suspects” and creating public/private partnerships, prioritizing planning, ensuring that adequate infrastructure exists to support the plan, identifying concrete actionable goals that can be addressed collaboratively, and sharing information about best practices were also identified as key steps. The group felt that health navigators, universal case management systems, community empowerment, bringing services closer to the community, and tiny houses also offered promising opportunities for innovation.

Regarding **next steps**, participants felt that our region has the resources and willingness to think outside of the box to create meaningful change with better alignment. Having the right partners at the table will be critical to accomplishing this, including housing, government, health care providers and systems (including IHN-CCO), community organizations, and consumers. Forum participants felt that a core or centralized housing collaboration hub that convened partners would be helpful. Key ingredients for successfully advancing efforts to advance health and housing integration and partnerships include: collaboration, transparency and accountability, flexible funding, measurable outcomes, policy change, and true community engagement.

Video from the event can be found at <http://www.samhealth.org/healthplans/community/video/Pages/Building-a-Healthier-Community-Forum.aspx>

And **audio** from a radio show about the event can be found at <https://archive.org/details/HousingHealthF64>

Complete results from the workshop can be found below.

COMPLETE RESULTS

INTEGRATION & INNOVATION

1.) What are the core values that should guide our goal to build healthy communities?

- Collaboration (26)
- Equity (24) (racial, geographic)
- Community (Total: 23)
 - Community engagement (2)
 - community inclusiveness
 - Sensitive to community needs/wants (2)
 - Community driven (2)
 - Family and individually-centered (5)
 - Consumer focused/driven (client centered) (5)
 - Buy-in from all – user driven solutions (6)
- Accessibility (22)
 - barrier-free, ease, transportation, location, traffic, safety, language, plain language, awareness
 - to information, service, language, inclusion
- Sustainability (14)
- Culturally competent/aware/sensitive/responsiveness (13)
 - Culture (guided by diversity) (2)
 - Diversity (5)
- Based on needs and strengths, build on existing strengths and resources (13)
- Holistic (12)
- Inclusive (12)
- Empowerment (10)
- Compassion (7)
- Respect (7)
- Housing and wraparound services (all necessary services) (6)
 - housing, health services, rec. activities
 - housing services
 - consider continuum or full spectrum of care
 - How to choose housing
- Affordability (5)
- Availability of rental housing (5)
- Safety (5)
- Systemic solutions to core problems
 - Reduce silos
 - Partnership (5)

- Program design, who are the partners?
- Alignment (4)
- Communication (4)
- Education (4)
- Trust (4)
- Addressing root causes (3)
- Dignity (3)
- Health (3)
 - recreation
 - Focus on well-being
- Societal integration (mixed community development) (3)
- Trauma informed (3)
- Accountability (2)
- Action (make change happen, strategic plan) (2)
- Avoid unnecessary complexity (2)
- Employment at meaningful wage
- “Everybody eats” – LB Food Share (2)
- Funding (how to use? Money follow the values) (2)
 - system change – programming, funding (2)
- Justice (2)
- Open-minded (think outside the box) (2)
 - understanding not assuming (2)
- Encouragement
- Flexibility
- Food, housing, transportation, and services
- Having local control, geographic flexibility
- Innovation
- Knowledge
- Localization
- Look at greater scale rather than individual
- Not enough housing available or medical providers available
- Serve (social SERVICES)
- Service recipients and providers
- Socioeconomic inclusion
- Specialty focus
- Support across region for all (rural/urban)
- Transparency
- Upstream change

2.) How can housing providers, community based organizations, regional collaboratives (Coordinated Care Organization, Early Learning HUB, Workforce Investment Board, etc.) and local governments work together to address local needs and priorities?

Cross-sector collaboration and communication, resource/information sharing (51)

- Communication
 - Build an effective communication channel (18)
 - Regular community partner check-ins (4)
 - Open and regular communication (3)
 - Learn what everyone does (2)
 - Communication of goals and limitations
 - Sharing of strategic plans
 - Information and referral
- Backbone organization reps from all organizations (14)
- Common vision, goals, working ground (5)
- Transparency (3)
 - Reduce duplication (5)
- Advocate for each other (4)
- Bringing the right people together for efficiency and outcomes (3)
- Recognize need to work as a team, not compete for resources (3)
 - Resource sharing/up to date availability of resources (2)
 - Regional plan for collaboration, collective impact (2)
- Active partners and participants (2)
- Increase cross system case level (2)
- Local government/private partnership (2)
 - co-convened, co-led, co-accountability
- Shared language (2)
- Local system navigator to bridge and build linkages
- Experiment and innovate
- Increase cross-disciplinary representation for funded programs and governing boards

Data

- Shared and integrated data (shared community assessment) (21)
 - Align with community health assessment
- Data driven (3)
- Everyone understand local needs (2)
- Long-term monitoring and evaluation (2)
- Survey to understand needs
- Understanding of problem through data collaboration

Policy

- Challenge policy (3)
- Create housing hub – community members and organizations push initiatives and raise priorities (2)
- Leadership/champions and political courage (2)

- Ordinances/laws addressing basic needs
 - Building universal codes
 - Accessibility
- Policies for sustainability

Funding

- Funds that allow for flexibility (4)
- Alignment of funds (2)
- Funding system (2)
 - i.e. Health Navigator funding system, reduces duplication
 - Direct funding to health and healthy communities
- Competition of funds: show collaboration
- Look at how funding is allocated

ROI must be system (2)

- Criminal justice wide
- Social services supports
- Master agreements between agencies/clients ROI (2)

Other suggestions

- Community priority setting (3)
- Open-minded (3)
 - Open to change (2)
- Government program design (2)
- Incentives for builders to build low-income housing (2)
- Advocate for inclusionary housing and local zoning changes (2)
- Differentiate between macro and micro (2)
- Multi-disciplinary service centers – co-location (2)
- Proactive vs. reactive (2)
- Respect (2)
- Collective knowledge base
- Cultural sensitivity
- Joining groups/board
- Learning, reflect, share
- Living documents
- Meetings like today
- Need infrastructure to hang all the strategies and plans that all of the systems have
- Population input
- Use social determinants of health lens to view housing issues

3.) What potential innovations and integrations are possible in the region? Do they address local needs and priorities? What agencies should be involved?

What agencies should be involved?

- Look beyond the “usual suspects” (10)
- Create partnerships with private businesses to coordinate housing and public services/cross sector collaboration (5)
- Housing (4)
 - Housing low income = scholarships, automatic eligibility knowledge
 - Low-income housing managers to do health care surveys
 - Housing/Oxford type
 - Landlords
- Health Care providers (2)
 - CCOs
 - SHS (2)
 - Community Health Workers (2)
 - Hospitals
 - Collaborate with OHSU, other local med/nursing schools
- ALL agencies involved (3)
- Government
 - Social services
 - City planners/zoning (2)
 - Water supply reps
 - Health Department
 - Courts, police, others in the criminal justice system
 - Federal Reserve
- Education
 - school system (2)
 - Early childhood programs
- Engage faith community (3)
- Working with service providers (e.g. paramedics) to find sites that need help (3)
- Develop current list of services and improve connections (volunteer caregivers in Albany) (2)
- OSU students (2)
- All of the CHIP's
- Clients being served
- OCW-COG
- Community Services Consortium
- Corvallis-Albany Connection
- Environmental justice

- Habitat for Humanity
- Health Equity Alliance
- Leadership summit
- Providers agencies/groups, funding, policy setters, community serving
- Senior Companion Program, volunteer caregivers
- Work groups in the community

Innovations and integrations. Do they address local needs and priorities?

Collaboration

- Prioritize plan and making sure there is infrastructure to support plan (9)
- Identify specific actionable goal to address collaboratively (e.g. increasing willingness of landlords to participate in section 8)
- One shared system of information (4)
- Share best practices (4)
 - maximize strengths, minimize weaknesses
 - data sharing agreements (2)
- Align processes (3)
- Info sharing to expedite services (3)
- Create a focused plan (2)
 - bring strategies together, get leadership commitment
- Improve technology
- Integrate technology
- Integrate a standard of collaboration
- Interdisciplinary teams: we have engaged partners
- More money – common resource towards working together
- Sharing of information in a compliant way (e.g. Regional Health Information Collaborative)
- Systematic approach to poverty

Navigators (20)

- Health navigators in schools and neighborhoods
- Money
- Locate in a variety of community settings
- Knowledgeable about an array of services
- Expand
- Case management coordination and standardization (4)
 - whole health navigator/case manager

Community

- Empowerment of the population (13)
- medical/health

- education
- instill volition
- Engage population at the ground level
- Bringing services closer to community or location (11)
- Boys and Girls Club; PDX: community schools (kids activities and parental engagement); Corvallis: school navigators and expanding to parental capacity building and skills
- Systems for client participation in project design. Community feedback (4)
- Community EHR (2)
- Community guidelines – process map

Housing options

- Zoning issues/regulations, “tiny” housing (10)
- Create or find more money for affordable housing (6)
- Co-location/embedded services (3)
- Housing is health care (2)
 - How we build – mixed income, “tiny” houses, integrated housing with health services (2)
- More diverse housing types: “toolkit” approach
- Take possession of foreclosed homes (2)
 - Set aside special needs housing within appropriate zones dispersed throughout the community and pairing with transportation and other services (2)
 - City funds, social service funds
- HUD voucher increase boundary to include transitional
- Housing rehab with community needs
- Building home with garage in back
- Major employers working with health and housing
- More integration of health and housing
- Education on how housing is a health issue and provide funding
- Requiring HIA/considering health factors of new developments for new residents and old
 - Green space policy
- One stop shop for housing services (one app fee for all housing inquiries)
- Make it easier to access services (reduce red tape)
- Universal common application

Service Innovations

- Bring services to residents (5)
- Mobile services, especially rural (4)
- Wraparound services (4)
- Medical home for everyone put into housing (2)
- Outreach services (2)

- THW's, RN's (home visits), special pops (seniors, homeless, family focused/whole family)
- Mobile mental health services
- Move services closer to affordable housing properties

Other suggestions

- Early learning with school districts (kinder readiness) (2)
- Flexibility of government (2)
- Using existing sites to deliver services or give referrals (2)
- Align efforts at state level
- Blending landlord and public housing authority
- Buildable lands inventory
- Consistent vs. persistent increase
- Focus on jobs – economic development, wages
- Local data and benchmarks
- Oral health: education; policies (fluoride)
- Starting to try – don't be discouraged with baby steps
- Time sensitive system and provider feedback and accountability
- Universal case management for people with low income
- We own land to address housing options

4.) What would it take to make the project happen? Who needs to be at the table? Are the necessary resources available to implement?

Who needs to be at the table?

Housing (2) (Total: 25)

- real estate developers (2), landlords and owners (management agencies)
- prioritize funding towards housing, regional housing assessment
- Housing collaboration hub (20)
 - pull partners together
 - coordinate with ELH and CCO
 - have voice of individuals who need help
 - county representation
 - housing groups

Community input (3)

- Public have an active voice/role

- Consumers at the table (9)
- Driven by consumers with support from service sectors (7)
- Training leaders/champions in community (2)
 - A champion (4)

Right people at the table (5)

- A leader from each service category/need (2)

Government

- CHIP (incentive funds managed by CCOs, community benefit funds) (2)
- elected officials
- planners, community reps
- Local (2), county, state (2), federal
- Public health
- Other state?
- Lawmakers
- OHA, HUD, COCs
- City gov, counties, planners
- Police
- legal

Health Care

- CCOs (5)
- Providers (2)
- Hospital
- local health care orgs

Other suggestions

- 211 (3)
- Connect service organization with overall efforts (3)
 - Kiwanis club
 - Rotary
 - Lions club
- Identify convener – to staff, do research, follow up on implementation logistics
- Funder/data expert (2)
- Private funders (2) (gates foundation)
- School system (2)
- Advocacy organizations
- Agency people
- All organizations own
- Backbone organization to drive work
- Faith communities/civic organizations

- Volunteers
- Non-profit
 - WNHS, LBHEA, CSC
- Nutrition
- Transportation
- Utilize student population, may lower financial burden (requires large collaboration, buy-in from all parties)
 - What can OSU do?

Are the necessary resources available to implement?

- Resources
 - Yes! With the willingness to think outside the box
- We have the resources, but they aren't aligned or we don't know what the resources are
- Most resources are available
 - Location, money and policy challenges

What would it take?

Collaboration (Total: 37)

- Collaboration (3)
- Transparency and accountability for all players (6)
- Planning and coordinating between partners (5)
- Change of relationship between developers and local government (5)
- Leader/stakeholders of agencies involvement/commitment (champions within agencies) (3)
- Regular sit-downs with partners (3)
 - "case conferencing" with outreach workers or case managers
- Coordinated service teams (2)
- Political leaders need to take responsibility for serving under-served (2)
 - Build ownership (change attitudes of community leaders)
- Knowledge of available resources
- Less adversarial, more advocacy/collaboration
- Open to learning and active looking for lesson learned (decentralization for learning period)
- Reaching out to other agencies
- Stakeholder buy-in
- Take action
- Timing important for key stakeholder involvement
- Transparency
- What will it take? Commitment, follow-through, agreement from all to work together
- State run – convene – integration of health and housing

Funding/resources (8) (Total: 25)

- Funding flexibility (5)
- Funding (not providing siloed care) (4)
- Money and staff capacity (3)
- Create regional solutions to plan and tie money to them (3)
- There is seed money but no one wants to water the plan. No money for operations (2)

Have clear measures of success/measurable outcomes (11)

- Clear definition of the projects. Know what you're doing (2)
- Knowledge of importance
- Meaningful milestones

Communication (5)

- Appropriate means of communication among stakeholders
- Broader communication channel (2)

Policy

- Policy and advocacy
- Effective policy making (4)
- Reduce red tape and use time for accessing, providing resources (4)

Community engagement (4)

- True community engagement and buy-in (5)
 - one or two plans integrated and interdependent
- Building support/consensus in the community (2)
- Break down barriers and increase understanding (2)
- Consumer input essential (2)
- Economic development in community core (2)

Other suggestions

- Capacity building (training, workshops) (3)
- Universal case management (3)
- Build capacity of under-represented people to participate (2)
- Data and information (2)
- Health and housing plan (2)
- HIAP (2)
- Authenticity
- Balancing assistance and self-sufficiency
- Continuity
- Housing, transportation, health, land use
- Leadership
- Open-minded/creative

- Physical labor, raising money and/or awareness
- Plan to address HIPAA compliance
- Prioritization
- Public will
- Re-allocate resources toward prevention and health
- Remove labels
- Respect
- Rural needs addressed
- Targeting communities (Meier memorial funding)
- Technology
- Trust